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EDITOR'S CHOICE

BMJ

The proponents and opponents of lithotripsy as treatment for renal stones are locking horns again. Those who are following this fascinating story may remember that back in March 1986 we published alongside each other a study that showed that stones were better treated with lithotripsy than with surgery and an account of how urologists had refused to conduct a randomised controlled trial of lithotripsy because its benefits were so obvious. Hugh Dudley umpired in a leading article, concluding that a "blind" clinical trial was not necessary. Today (p 253) we publish a further study that suggests that surgery may be better. The debate will continue and is, of course, of

wide interest because the same arguments apply to all new technologies. Another intense debate—this time over the future of the Hammersmith and the Clinical Research Centre—is continued on p 291, where Dai Rees, secretary of the MRC, outlines the council's thinking and calls on clinical researchers to look forwards rather than backwards. Meanwhile, in another letter (p 288) Edwin Martin examines the tendency to set up special clinics in general practice and contends that "it is possible to give an excellent service in one aspect of care in the community and yet be a bad general practitioner." Generalness, let us not forget, is the essence of general practice.