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EDITOR'S CHOICE

BMJ

"The problem is that the research articles about AIDS represent tiny steps in progress toward an understanding of the disease, steps so tiny that they are not helpful to practising physicians." The letter was from a Californian physician to *JAMA* last month, asking that articles about AIDS should be restricted, but a similar plea could have come from a shires GP to the *BMJ*, and at last year's conference juniors spoke of my obsession with the disease. Complaints could certainly be made of the number of articles in this week's issue (pp 411-23) together with an editorial (p 401) and a news item (p 408). Yet we would defend our policy: with its manifold aspects, both medical and societal, both basic scientific and clinical, AIDS is too important to leave to the specialty journals—and what

would readers in the 1850s or the 1950s have said if we had eliminated articles on cholera or polio (diseases that now affect relatively few)? As usual, moreover, the searcher elsewhere in the journal will be rewarded—by a description of what sounds like less than adequate standards in family medicine (p 466), by memories of a royal college president dying in office who did much to bring doctors in the south and north of Ireland together (p 452), and by a complaint of insufficient respect for the union jack in pharmaceutical advertisements (p 461). And, by the way, if you're going to be a manager in the new NHS read Jim Drife's piece on executive skills—management is an end in itself, cash the incentive, and quantify the priority rather than quality in health care (p 465).