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EDITOR'S CHOICE



NHS finances are again under strain, as John Appleby explains on page 957. If this raises the blood pressure of clinicians they may care to note the link between urbanisation and blood pressure (p 967), the failure in Scotland to detect and control hypertension adequately (p 981), and the Danish study on the optimum dose of the antihypertensive drug bendrofluazide (p 975).

Pressure sores are estimated to cost the NHS £150 million a year; while their proper treatment would not save that sum, costs could be cut, and, as Dr John Young points out (p 1002), their incidence is "one of the measures that indicate quality of care." Perhaps

Kenneth Clarke's proposed clinical standards advisory group to monitor quality of care in his reformed NHS (p 964) will take this mundane indicator on board. Quality of care may be hard to maintain during a late evening call to a child with earache: doctors tempted to prescribe an antibiotic with a "Call me if he doesn't improve" instruction should read Controversies in Therapeutics on childhood otalgia (p 1005). A final lesson, this one for surgeons, is reported by Minerva (p 1024): a graphic picture of a silk based gall stone shows why absorbable sutures must be used for ligating the cystic duct at cholecystectomy.