

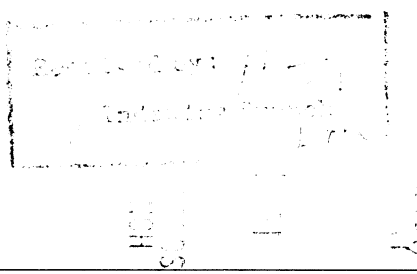
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EDITOR'S CHOICE

BMJ

Fundholding by general practitioners seems to be the NHS change that causes the most emotion, and three articles this week try to contribute light to a debate already full of heat. Martin Roland sets out the case for and against fundholding (p 171) and then takes his own middle path, concluding that "those doctors, fundholders or not, who are able to adapt to the changes will get the best deal for themselves and their patients." Rosalind Eve and Paul Hodgkin from Sheffield are following this advice and show how non-fundholding practices can combine to become possibly the most powerful show in town (p 167). Meanwhile, Patricia Day and Rudolf Klein find wide variation in the amounts being received by fundholders in different

regions (p 168). It will probably take years for the picture to become clear on fundholding, but with breast cancer some countries with good datasets can already take the long view. H Joensuu and S Toikkanen from Turku in Finland have compared breast cancer in 1945-65 with breast cancer in 1980-4, trying to discover whether improved survival rates are explained by a change in management or in the disease (p 155). Smaller cancers with more favourable biological characteristics seem to be the main reason. Surgeons may not be amused by that, but they surely will be by James Owen Drife's parody of operation notes (p 193): "?Why," he asks, "surgeons always write notes in telegraphese with no auxiliary verbs. Save time, perhaps."