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EDITOR'S CHOICE

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Doctors in Perth, Scotland, provide detailed confirmation in their population of the claim made by the Secretary of State for Health: the new general practitioner contract has increased the uptake of cervical screening (p 447). Would the same increase have happened anyway? Probably not: which leads us to the thorny question of how much freedom doctors should have to decide their patients' management. On p 450 O'Dowd and Wilson examine the problems thrown up by "set menus" for clinical freedom, and they discuss the difficulties doctors have of translating the results of trials and the recommendations of consensus conferences into practice. Cynics inclined to

ask "But what's the point?" should read Hussey and Clarke's report on the continuing decline of Rh haemolytic disease in England and Wales (p 445). Deaths due to haemolytic disease of the fetus or newborn fell by nearly 90% between 1977 and 1989. Osteoporosis and hip fracture at the other end of life continue to be associated with increased mortality and morbidity. In their review of preventive strategies Law and colleagues highlight two simple measures, which past studies suggest are likely to work (p 453). Regular exercise should reduce the risk of fracture by at least half, and women who stop smoking before the menopause should reduce their risk by a quarter.