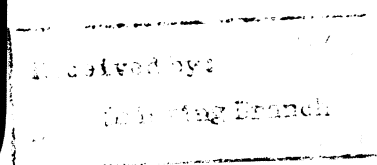


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EDITOR'S CHOICE



Maastricht was until recently a name almost certainly less familiar to readers than Paris, New York, or even Perth, but now everybody in Europe knows about Maastricht. Next month it will host the European summit (p 1284), and today we begin a series that aims at explaining how Europe works in relation to health (p 1319): one thing to note is that the much heralded 1992 actually begins in 1993. But Maastricht is also famous for its innovative medical school and to readers of the *BMJ* for its series of meta-analyses: today we publish a further one showing that most of 35 randomised clinical trials of spinal manipulation for back and neck pain are

of poor quality and that thus there is no convincing evidence that such treatment works (p 1298). Meanwhile, another paper on an unglamorous problem seen commonly in general practice—this time, urinary incontinence—suggests that simple treatment given by nurses with limited training can often be effective (p 1308). The increasing use of nurses in primary care is one of the methods advocated by Geoffrey Marsh to allow general practitioners to have patient lists nearer 4000 than 1000 (p 1312). Many general practitioners will disagree strongly with Marsh that this is the way to go, but none can afford to ignore his paper.