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*Instructions to authors appeared in the issue of 2 January 1993, p 55*

### Celebrating two great British doctors

Every country likes to think that it leads the world in all sorts of activities, and most countries deceive themselves most of the time. But when it comes to health Britain can be genuinely proud of its performance in epidemiology and primary care—and two of the men who have led to that happy state of affairs are celebrated in this week's journal.

The work of Sir Richard Doll, probably the greatest name in British medicine, is to be celebrated next week at a meeting at the Royal Society (p 412). Sir Richard, who is now 80, will always be known as the doctor who established the link between smoking and lung cancer. But he has also worked on much more, including the risks of radiation and asbestos in causing various cancers and the importance of testing new treatments in randomised controlled trials. Sir Richard is still active in research and will at next week's meeting present data from 40 years of following up a cohort of doctors.

While Sir Richard developed epidemiology in Oxford and London, Julian Tudor Hart was busy using epidemiological methods to study his patients in his practice in South Wales. His work on hypertension is internationally known, and he has proved time and time again how you can do first rate research work in general practice. In a paper on p 437 he and his

colleagues describe 21 years' follow up of 41 people who developed hypertension under 40. Death and non-fatal cardiovascular effects were much commoner than in controls, and the group concludes that developing hypertension under 40 is dangerous.

It may also be dangerous to have to wait a long time for an outpatient appointment in the National Health Service. A group from Cardiff looked at 55 patients waiting for an appointment in a urological outpatients department and found seven new cases of cancer of the prostate (p 429). The mean waiting time for a urological outpatient appointment in Britain seems to be about eight months, and the authors believe that political attention should be given to waiting times for outpatient appointments as well as to waiting times for operation. In an editorial on p 408 Catherine Pope agrees, pointing out that outpatient waiting times are at the moment invisible as no systematic data are collected.

Finally, Mary Church on p 466 illustrates the maxim about the difficulty of diagnosing thyroid disease by telling a tale of herself, a general practitioner, becoming hypothyroid and her friend, a hospital doctor, becoming hyperthyroid. In both cases the diagnosis was embarrassingly slow to come.

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Editor's  
Choice