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Aging begins young

Two important ideas come together in the paper on p 231 showing that patients who have strokes are much less likely than controls to have taken vigorous exercise when young. The first idea is that aging begins young. Stroke is a disease associated with age, and yet a person's chances of suffering a stroke are determined in part by what he or she did when aged 15-25. Similarly, bone mass at 25 may well be more important than bone mass at 55 in determining the risk of osteoporotic fracture in old age. Those who want to counteract the effects of aging may need to work with young people.

The second idea from the paper is that small effects can have dramatic consequences. It also seems to be true in the law that individual cases can cause big changes. Such a case is described on p 248. It concerned eight families in Worthing who objected to a couple converting their own home into a home for 10 former psychiatric patients; the families were concerned about nuisance and loss in the value of their homes. In a similar case in 1955 the judge talked about "the universal abhorrence felt by ordinary folk for the 'mental case'" and refused the application. This time the judge allowed the conversion, concluding that "there is no evidence to suggest that the conduct of the proposed occupiers . . . would be more or less objectionable . . . [than that of] ten residents chosen at random from the community at large." The judgment

shows how attitudes to mental illness have changed and, importantly, allows community care to proceed.

We publish this week the first results of our continuing audit of the time taken by the *BMJ* to make decisions on submitted papers and to publish accepted papers (p 223). We announced that we would do this in January (p 3), and our audit shows that we have done fairly well with meeting our target (eight weeks) for making decisions on papers that we are going to accept but less well with the time we take to reject papers that we don't referee (target: two weeks) and to publish papers after acceptance (target: eight weeks). We can comfort ourselves with the fact that most medical audits show that people are not performing as well as they thought, but we need to do better.

While we have been auditing our decision making, Albert Davis, a gynaecologist, has been auditing the hobbies of doctors, using *BMJ* obituaries in 1992 as his data source (p 244). Gardening was top, closely followed by literary and musical interests. Most striking, however, is the multiple talents of some doctors: one was a pianist, gardener, actor, hypnotist, member of MENSA, and evangelist; another exhibited paintings at the Royal Academy and was a sailor, polo player, and master of foxhounds. How did they find time to doctor?

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Editor's Choice

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