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BMJ

Medical science meets public policy

What causes the excess childhood cancers around nuclear installations? The public is worried by this question, and researchers have been attacking it for a decade. Much of the relevant work has been published in the *BMJ*, and one crucial paper—from Martin Gardner and others—published in 1989 suggested that an important cause was fathers being exposed to radiation before their children were conceived. This paper formed the main evidence on which two families sued British Nuclear Fuels. The case became the longest and most expensive in British legal history, and the judgment—delivered last week (p 955)—was that the families had not proved their case. Clare Dyer, our legal correspondent, comments that “The case shows the virtually insurmountable hurdles that plaintiffs face in trying to prove an individual case of personal injury based on epidemiological evidence.”

We publish today two further studies related to the question (pp 959 and 966), and neither supports the Gardner hypothesis. The judge in the court case nodded approvingly towards the main alternative theory—that the increase may in some way be related to viral infections. Both theories will be discussed next week at a meeting being held to commemorate the work of Martin Gardner, who died earlier this year. On the day of the meeting the *BMJ* will also be publishing a book containing most of the studies published so far on cancers around nuclear installations.

Another issue where science meets public policy is the publication of league tables of performance by hospitals, units, surgeons, or whatever. It is hard to

oppose such information being made widely available, but the tables can be highly misleading. An example—to which two papers in this week's journal relate—is the performance of intensive care units. One paper shows that crude death rates vary widely among British units (p 972), and a second shows that adjustment for case severity using a method validated in America still does not allow meaningful comparisons (p 977). A method developed and validated in Britain will be needed, and each country will probably need to develop its own (p 953).

Adjustments may be needed to interpret fully our new league table—on the books that sell best in the *BMJ* Bookshop—but we thought that readers would like to see it. Two BMA books top the list, and our ABCs and Wolfe's colour atlases do very well, but a surprise is our book *London After Tomlinson*. Perhaps the statistics are swayed by our bookshop being so close to the threatened hospitals, or perhaps somebody from the London Implementation Group came in and bought a basketful—either to destroy or to distribute. We will be publishing the list monthly.

Finally, Trisha Greenhalgh sings the praises of Rita, a representative of the secretaries who hold medicine together (p 1012). One day Rita rang the ward where Trisha was working to say that the consultant would be a little late. “He doesn't know it,” said Rita, “but he's about to spend 15 minutes clearing up that pigsty he calls an office.” From what the boss said subsequently, reports Trisha, she managed to put it so tactfully that he thought it was his own idea. That's management.

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