

the new programme were not a representative sample.

The assembly also fears that the conclusions of a survey intended to provide only general guidance might be used by manufacturers as statistical proof of product safety; MEPs want any attributed use of EHLASS data to be accompanied by a disclaimer.

Arthur Rogers

Visiting medical officers settlement

The three-month-old dispute between visiting medical officers (VMOs) and the New South Wales (NSW) government seems to have been settled without the threatened industrial action (see *Lancet* 1993; 341: 1015). The dispute arose after the NSW Industrial Commission cut VMO payments by more than 20% and imposed conditions on their access to public hospitals. While both sides are making soothing public statements about the importance of maintaining patient care, the settlement is seen as a victory for the NSW government.

To assist with negotiation, the dispute was split in two—pay and conditions. The doctors have appealed against their pay cut to the NSW Supreme Court. The disputed conditions were settled with the assistance of an independent negotiator. In the end, the government's main condition was carried—that it have control over hospital budgets by setting predetermined limits on how much work VMOs, who are specialists paid at either fee-for-service or sessional rates, can do. Effectively, hospitals now have the ability to cap payments to specialists.

But the promised peace may yet be illusory. A conservative group, the Australian Association of Surgeons, has threatened to break away from the Australian Medical Association, which carried the negotiations for the VMOs. It is seeking official recognition from the government that it is a body able to negotiate on its own behalf. Although there are no signs that the government is willing to grant that recognition, the association could still advise its members to withdraw their services.

Mark Ragg

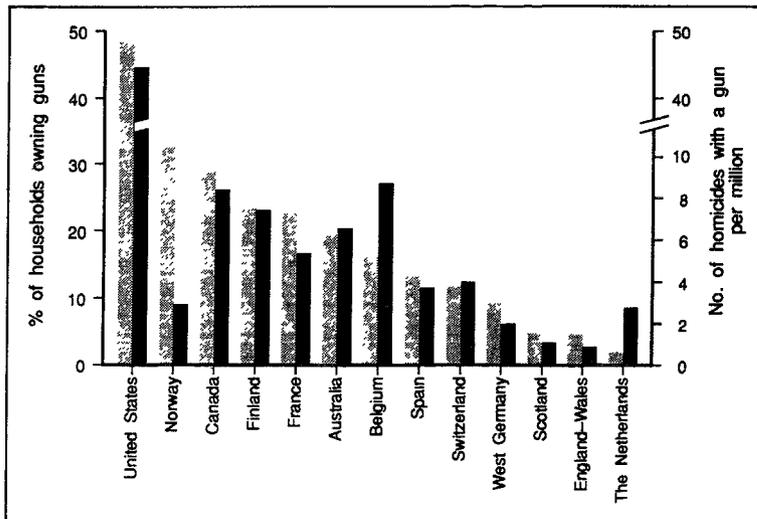
Gun debate continues

In a Californian office a man weighed down with guns and ammunition kills eight people and then himself. Such slaughter would have been difficult to achieve with a kitchen knife. Meanwhile the gun argument rumbles on. On p 111 this week the National Rifle Association of America and others set out the case against what they see as a campaign by the US medical establishment (and by *The Lancet*) against US gun laws. From the other side comes a neurosurgeon with a plea for his specialty to "become advocates of gun control".¹ And from the other side too, this time from Switzerland and in a Canadian journal, comes more demographic evidence.² Killias correlated gun ownership, as revealed in a 1989 telephone survey, with rates of

homicide and suicide with guns for 13 countries in 1983–86. For homicide rates (figure, $r = 0.746$) and for proportion of homicide with a gun (59% in the US) the correlation with gun ownership was significant. Killias recognises deficiencies in his simple approach but his understandable impatience ("how much time do we have left to wait for more research . . .") exposes a target that the rifle brigade may find too good to miss.

David Sharp

- 1 Kaufman HH. Civilian gunshot wounds to the head. *Neurosurgery* 1993; 32: 962–63.
- 2 Killias M. International correlations between gun ownership and rates of homicide and suicide. *Can Med Assoc J* 1993; 148: 1721–25.



Relation between rate of household gun ownership (grey) and rate of homicide with a gun (black)

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AIDS Commission faults US leadership

The US National Commission on Acquired Immune Deficiency Syndrome ended its four-year tenure on June 28 by scolding US leaders for failing to confront the AIDS epidemic.¹ "The appalling lack of frank discussion about the epidemic at all levels of national leadership fostered a woefully inadequate response, yielding death and suffering well in excess of what might have been", the commission wrote in its scathing final report. "Few governors, mayors, members of Congress, corporate executives, community or religious leaders have stepped forward—perhaps taking their cue from previous Presidents. Consequently, the scale of the problem is seri-

ously underestimated, and fear, prejudice and misinformation abound", the report said.

The commission called, as it had in previous reports, for a national prevention initiative. Prevention was key, the commissioners wrote, because "truly curative therapies are unlikely in the foreseeable future and improvements in clinical strategies will be incremental".

President Clinton, who has also been criticised for being slow to act on AIDS, finally appointed his White House AIDS Coordinator, the "AIDS czar", on June 25. She is Kristine M Gebbie, former Secretary of Health for Washington state.

Michael McCarthy

- 1 AIDS: An Expanding Tragedy. National Commission on Acquired Immune Deficiency Syndrome. 1730 K Street, NW Washington, DC 20006, USA.