employee's contribution, coming on the heels of a 2\% increase in November, is no mean amount for a man earning $10 a week; and with developing a cost of living index, it is true that he can look forward to some increase in family welfare benefits; and the full assurance of this increase is to be received from those who pay the tax at the standard rate. Thus selectivity has been introduced for social-security payments: and a Chancellor of the Exchequer hopes to widen this selectivity. The next step should be to extend it downwards, with specific measures for the control of living standards of the lowest benefit-level. The Government has already gone a long way towards establishing these measures, and it is stated in the Budget statement that it is not to face delay in coming to their aid; for they have been badly hit by successive steps to right the economy.

PROSTATE AND CANCER

The rate of death from the disease, according to Wood 2 observed that prostate cancer develops around malignant cells, causing them to adhere to the vascular endothelium and invade the vessel wall. He later found that treatment with a combination of x-rays and surgery could prevent this by destroying the fibrous and thus freeing the cells. O'Meara 3 found that fibrous tissue in the form of an infiltrating tumor and prevents the normal cells from developing. Clifton 4 then studied the effects of fibromyxoid treatment of prostate cancer, finding that the treatment reduced the tendency of cancer cells to metastasize in animals, and he concluded that the incidence of metastatic tumors was reduced by fibromyxoid treatment of fibromyxoid lesions that Lutzen and his colleagues 5 gave intravenous injections of plasma to 11 patients with metastasizing or inoperable cancer, and in 4 there was evidence of regression of the site of the tumour.

Results of treatment of fibromyxoid in cancer have been studied by activating the sinusoidal-plasminogen system, but now Dr. O'Brien and his colleagues (p. 73) report the activity. Our contribution of the fibrinolytic enzyme from Streptococcus viridans, is in 13 patients with cancer and 1 with occlusive vascular disease. As expected, and fibromyxoid activity, significantly reduced, but anastomosis level was lower. Patients with cancer tended to have high levels of anastomosis and votes of resistance. In one patient, treatment inhibited both human thromboplastin and the anastomosis activity of serum, and unexpectedly the inhibition of anastomosis by a protein was enhanced when thromboplastin was included in the test. Since the fibrinolytic factor in human sera has anastomosis levels that should the effect of the addition of thromboplastin in vitro in vivo then the action of proteins might be to act in vivo.

Prostate seems to be almost non-responsive, and side-effects, apart from pathological fibrinolytic activity in 3 patients, occurred with diabetes in 7 patients. The dose of heparin for a 2 day period was 1000 units, and in 3 patients it was 300 units. The side-effects were not serious. O'Brien and his colleagues suggest that, by removing fibrous, treatment with protein may limit the motility of cancer cells and thus render them more susceptible to cytotoxic therapy. This work again draws attention to the importance of research into cancer, as a malignant, and suggests a further means of attacking the cancer cell by destroying the supporting framework it needs for survival and for dissemination.

MARRIED AND NURSING

As the age for marriage gets younger and younger (a trend that is evident in the increase of dual-career families), the question of how a woman can give to her profession immediately after qualification becomes progressively shorter; but this is not the main point about the new nurses, which may be expected after childbearing and early child-rearing are completed. The indication that young women are courting bachelors means that more and more nurses would like longer to work outside the home. Are we making the fullest use of this last remaining reserve of woman-power? This problem affects all women, but especially those who have taken a long and expensive professional training: and these include doctors, sisters, social workers, physiotherapists—people whom the National Health Service desperately needs.

The Dan Mason research committee has been studying this question in its research in nursing. A questionnaire was sent by post to a sample of registered and enrolled nurses who had qualified six, eleven, and fifteen years before. Unfortunately only 50% of the registered nurses and 40% of the enrolled nurses replied; but it is clear that nurses are not nursing and whose responses for this inquiry would have been of the greatest interest. Even so the results of the survey are of value in the study of nursing as well as nursing.

Of the registered nurses who replied, three-quarters were married and were the five-fifths of the enrolled nurses; 61% of the registered nurses and a still higher proportion of the enrolled women, whose age-range was greater, were married. In both groups the proportion of unemployed or part-time employed was much higher. It is also of interest that children under the age of four did not hold the view that caring for their family should be a full-time occupation, and that this view seems to have become known that in the last 50% of the nurses is inactive the less likely she is to return to work.

Married nurses, both registered and enrolled, agreed that the choice and flexibility of working hours and the possibility of refresher courses would be the best means of persuading them to return to occupational nursing. In other words, they seem to have discovered how to eliminate it.

In another trial of urinokinase in acute pulmonary embolism, 8 patients were treated, the drug was most used for eight hours directly into the pulmonary artery through a catheter which had been used to measure pressure, and to know if there was increasing congestion. Lung scans, pulmonary arteriography, and haemodynamic measurements were carried out before and after 12 hours after completion of the urinokinase therapy. Heparin was then given intravenously for five to twenty-one days before changing to oral anticoagulation. The control group were not treated, and 3 improved, although improvement was excellent or good.


