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The prostate, a small gland weighing only 20 g in a young man, becomes increasingly irrelevant with age, is eventually a nuisance to almost all men and, by the end of the average male life span, has a 70% chance of harbouring malignant cells. Prostate cancer is about fear, sex, indignity and death. Neill Iscoe and Michael Jewett have edited a series of 13 articles on prostate cancer, the first of which appears in this issue (page 509). Written by experts from across Canada, the series is designed to bring readers up to date on all aspects of prostate cancer, from epidemiology, through causes (there are several good dietary hypotheses), to screening, therapy, complications and palliation. In a brief editorial we further describe this first venture under *CMAJ*'s Clinical Basics flag.

Also new to *CMAJ* is a section called Controversy. Michael Gordon and colleagues (page 493) open the debate with a call for a tax-based alternative to the privatization of medicare. They argue that the costs of using the health care system should be attributed to patients, who should be required to declare health care services as a taxable benefit. Steven Lewis (page 497) responds with a defense of medicare and attempts to demolish the tax argument. A brief rebuttal to each discussion then follows. We welcome suggestions for further topics to debate.

Greater proportions of students in Ontario (and presumably across the country) continue to smoke, drink and use illegal drugs. Reporting on their recent survey of almost 4000 intermediate and high school students, Edward Adlaf and Frank Ivis (page 451) conclude that we are not making much progress in reducing rates of substance abuse among young people. John Millar (page 485), BC's Medical Officer of Health, examines our uneven progress and suggests essential changes that are needed if we want to tackle the problem seriously.

Physicians and patients want to know the relative merits of the wide range of antihypertensive medications that are now available. Pharmaceutical firms also want to know if the particular drugs in their stables are better than those in their competitors' stalls. Thomas Wilson and colleagues (page 469) present the results of a recent multicentre randomized trial of 2 antihypertensive drugs. They found little to choose between them in terms of effectiveness, side-effects and short-term compliance. In an accompanying editorial Finlay McAlister and colleagues (page 488) review the study results and then go on to question the real value of this type of randomized trial.

Lastly, *CMAJ* welcomes Caralee Caplan, who joined us in July for a 12-month term as our first Editorial Fellow (pages 436 and 502).