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Nobody likes waiting in line for a medical procedure, and the lineup for coronary artery bypass grafting (CABG) is probably one of the worst to be in. Coronary artery disease remains the commonest cause of death in Canada, and we know that CABG can prolong life and relieve suffering. So why should patients have to wait?

George Fox and colleagues investigated CABG, including waiting lists, in Newfoundland and Labrador (page 1137). The results? Not bad, but clearly not good enough. For example, of the 391 patients referred for CABG in the 1-year study period, 153 needed the procedure on a very urgent or urgent basis, but only 37 (24%) of these had it within the recommended 24 or 72 hours respectively. Furthermore, over the 12 months, the waiting list grew by about 20%. David Naylor comments on the more general problem of queuing and puts these results in a global context (page 1151). He points out that a lengthy but stable queue needs only a one-time infusion of resources to eliminate the backlog. Thereafter, the resources already in place should be adequate to keep the queue short or nonexistent. However, a queue that is lengthening (as was the case in Newfoundland and Labrador) is evidence of a more permanent mismatch between supply and demand, and permanent additional resources will be needed.

Food banks were originally designed to supply emergency relief during periods of food shortage, but who actually uses them today? Linda Jacobs Starkey and colleagues surveyed a random sample of 490 clients at Montreal agencies providing bags of groceries directly to those in need (page 1143). Relative to the general population in Quebec, the proportion of food bank

users who were younger than 50 was higher and the proportion who were married or living with a partner was substantially lower. More than 80% were receiving social assistance benefits, and about two-thirds used a food bank at least monthly. The researchers also found a relatively high level of education, especially among the men (the proportion who had completed a postsecondary program was twice that of the general population in Quebec), and low proportions of single-parent households and people with chronic health conditions. Nonetheless, the study participants had a food-spending shortfall of about \$45 per month. We hope that this paper will stimulate further inquiry into the adequacy of resources for the poor.

David Goldbloom, an associate professor at the University of Toronto, sent us the text of his 1995 address to the U of T graduating class (page 1167). A “non-event,” perhaps, but he also included a text delivered by his grandfather (a 1916 medical graduate) to the 1966 graduating class of McGill University. Along with comments from the “middleman,” David’s father (also a physician), these lectures present a fascinating portrait of aspects of medicine that have changed during our century and, more important, many fundamental values that have not.

Our series on unconventional therapies for cancer continues in this issue with an assessment of the evidence for the safety and effectiveness of Iscador, an extract of mistletoe (page 1157). Accompanying the article is a general information piece for patients about choosing unconventional therapies (page 1161). We hope that physicians will use this tool to open up lines of communication with their patients who are interested in exploring this subject. ?