patients with varying prognosis. It may be valuable to construct graphs like figure 2 for important subsets of patients, such as by stage or cell type in the example.

Discussion

The need for absolute as well as relative measures of effect is increasingly recognised.² The number needed to treat has recently become a quite popular way of reporting the results of clinical trials.¹ The number needed to treat will usually tend to fall as the time from start of treatment increases. Sackett et al suggested a simple correction for length of follow up, in which the observed number needed to treat is multiplied by the ratio of the actual average duration of follow up to the duration of interest.³ This calculation assumes that the effect of treatment (relative risk reduction) is constant over time, and that events occur at a constant rate over time. Under these strong assumptions a number needed to treat of, say, 6 derived from a study in which patients were followed on average for 2 years would imply a number needed to treat of 3 if patients were followed for 4 years. Following this approach, Miller presented for several trials numbers needed to treat per year, calculated as the overall number needed to treat multiplied by the average length of follow up in years.¹¹

When actual times to an event of interest are recorded, numbers needed to treat can be obtained as a function of follow up time. For many published papers it will be possible to use these methods to obtain numbers needed to treat, perhaps adjusted for other variables. This measure should be valuable for those reviewing papers for journals of secondary publication, with the number needed to treat calculated for one or two specific time points.

The confidence interval for the number needed to treat on the basis of the Cox model may be too narrow ("conservative") because the method ignores the uncertainty in the estimate of the survival probability. This deficiency applies equally to the confidence interval obtained for the number needed to treat derived

from the log odds ratio estimated from a logistic regression model. There is no way around this problem when describing the number needed to treat from information given in a published paper. An unbiased confidence interval can be obtained from the raw data, but the method is rather complex and we have not presented it here.

The number needed to treat is valuable additional information that can be provided in reports of randomised trials where the outcome of interest was time to an event. We have shown how to calculate the number needed to treat for such studies in several ways. In general, it will better to make such calculations directly, rather than making the strong assumption that the risk reduction is constant over follow up time.

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A memorable dream

Plagiarism

Renewed plans for reforming the upper house of parliament reminded me of the old story of the peer who dreamt that he was making a speech in the House of Lords and woke up to find that he was. My dream was similar but different. After three years at Oxford on Wednesday afternoons spent postprandially in the warmth and darkness of histology instruction I often close my eyes in lecture theatres to concentrate better.

At international conferences I try at least to go to state of the art lectures in my field. At one congress I dreamt that I was lecturing on my particular area and was showing my favourite series of slides solving, at least to my satisfaction, a critical pathophysiological problem. And then I woke to find that the lecture was being given not by me but by a Ruritanian professor who was showing as his work slide after slide of mine. Years later I again dreamt that I was lecturing, on a different pet topic, and woke to find the speaker using a series of slides in the same order as in one of my papers.

I did not reproach either lecturer. However, when I read in an authoritative monograph consecutive paragraphs with a graph which seemed cogently and convincingly to solve several specific

scientific issues, I suddenly realised that the illustration and these paragraphs had been lifted word for word, without acknowledgment or citation, from one of my articles. I did write to the eminent publishers who wrote that the author had indeed transcribed my paragraphs but unfortunately and inexplicably had omitted to place them within quotation marks or to attribute them to me or to cite my paper.

I know that imitation is said to be the sincerest form of flattery, but I still find plagiarism galling.

Jeremy Hugh Baron *honorary professorial lecturer, New York*

We welcome articles of up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.