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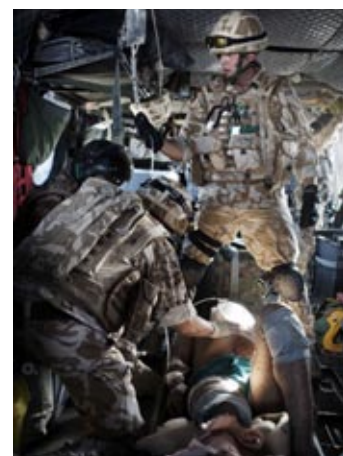
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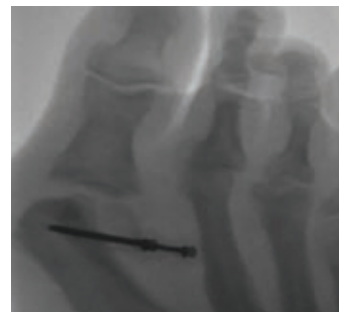
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A.ZHDANOV/UNEP/STILL PICTURES

PICTURE OF THE WEEK

A wedding party protests against air pollution in Russia, in a photographic exhibition, *Hard Rain*, which explores the effects of environmental damage to the planet. Conceived by Mark Edwards, the exhibition is presented as a 60 metre banner, with each picture illustrating a line in Bob Dylan's prophetic song *A Hard Rain's A-Gonna Fall*. *Hard Rain* has been shown at more than 50 venues around the world, in east and west Europe, Scandinavia, South Africa, Australia, and America and is now at Imperial College's South Kensington campus, in London, until 12 March. See www.hardrainproject.com.

THE WEEK IN NUMBERS

£10 Cost of avoiding each additional day of symptoms in urinary tract infection
(*Research*, p 406)

25% Proportion of patients with diabetes who develop a foot ulcer
(*Practice*, p 415)

4000 Results of a search for "prognostic" on the US National Institutes of Health website; "diagnostic" returns 132 000, and "trial" 76 000
(*Research Methods and Reporting*, p 410)

QUOTE OF THE WEEK

"Perhaps the time has come for us to face reality and admit defeat. Like climate change, nuclear waste, and other side effects of our current version of civilisation, we shall just have to learn to live with obesity and its hazards"

Gareth Williams on the Europe-wide withdrawal of sibutramine
(*Editorials*, p 377)

EDITOR'S CHOICE

Interestingly complex stories

Symptoms were less severe and of shorter duration when the doctor took a positive approach to diagnosis and prognosis. "It is not just what is done that matters but how care is provided"

Those who revel in the complexities of primary care should enjoy the four research papers and editorial on managing urinary tract infections in this week's issue. In a series of studies Paul Little and his colleagues examine the clinical (p 405) and cost effectiveness (p 406) of different approaches to managing urinary tract infection; the natural course of the infection (p 407); and women's views about the management and cause of such infections (p 408). The message, according to Dee Mangin in her editorial, is that "empirical prescription, delayed empirical prescription, and empirical prescription based on dipstick results (with back up delayed prescription) are all rational options for different reasons" (p 373). For her the most interesting finding is that symptoms were less severe and of shorter duration when the doctor took a positive approach to diagnosis and prognosis. "It is not just what is done that matters but how care is provided."

Meanwhile conspiracy theorists should read William L Aldis's letter about the influence of "Big Pharma" in a *New York Times* article calling into question the safety and effectiveness of generic medicines (p 381). "By introducing the subject as a problem of generic v brand products the author plays into the hands of the pharmaceutical industry...The problem is of course one of bioavailability, not generic drugs per se." Given that the Department of Health has recently opened a consultation on generic substitution (*BMJ* 2010;340:c135, 8 January 2010), I predict that we will see more articles revisiting the safety and effectiveness of generic drugs—with manufacturers, branded and generic, weighing in on both sides, of course.

Malcolm O Perry, whose obituary we publish this week, had a bit part in one of the 20th century's biggest conspiracy theories (p 423). He was the Dallas surgeon on duty the day President Kennedy was shot in 1963. His comment to the press that the gunshot wound just below the president's Adam's apple could have been an entrance wound helped fan the belief that the assassination was not the act of a lone gunman. Perry

later distanced himself from the comments and rarely spoke about the assassination.

The story behind the withdrawal of the anti-obesity drug sibutramine seems to be more of a cock up than a conspiracy. The European Medicines Agency decided to withdraw the drug after an interim analysis of the SCOUT (sibutramine cardiovascular outcome trial) study found that it increased morbidity from cardiovascular disease. Yet, says Gareth Williams in his editorial, "the odds were always stacked against sibutramine because cardiovascular risk is embedded in its mechanism of action" (p 377). "As well as testing sibutramine to destruction the trial has left behind a mess of uninterpretable data" (though apparently no adverse effect on the company's share price). Williams suggests that sibutramine is no great loss: its fate "reminds us how little anti-obesity drugs have to offer."

The clinically curious will enjoy two other things this week: the continuing correspondence about fever as protection against infection—Gavin Barlow and colleagues show that hypothermia on admission to hospital was significantly associated with 30 day mortality in patients with community acquired pneumonia (p 383)—and this week's *Minerva* picture (p 430). The patient is one of several affected by a drug related outbreak of anthrax caused by contaminated heroin; the European Centre for Disease Prevention and Control expects more cases (p 385).

And, finally, those who enjoy websites that allow personalisation should visit the BMJ Publishing Group's new portal for junior doctors. This brings together relevant content from across the group's activities and allows you to customise the site by dragging widgets around. Do try it and tell us what you think: <http://juniordoctor.bmj.com>.

Jane Smith, deputy editor, jsmith@bmj.com

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Career Focus, jobs, and courses appear after p 428

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