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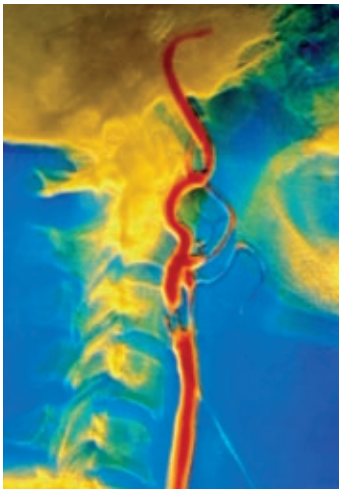

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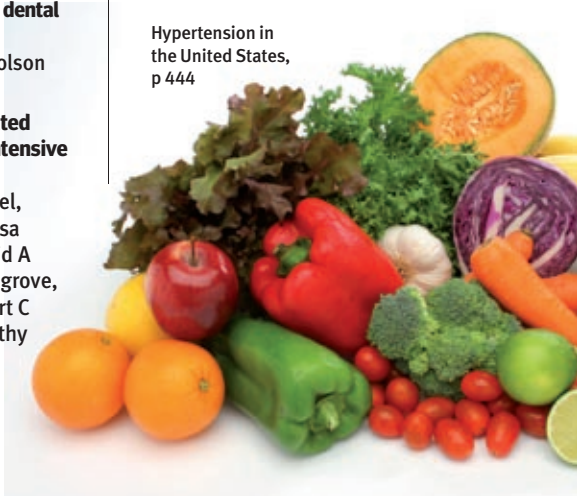

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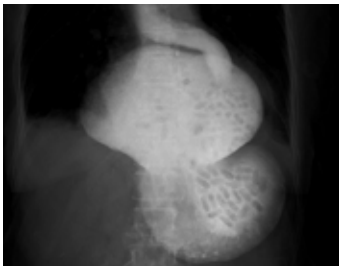

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The Editor, BMJ
BMA House, Tavistock Square,
London WC1H 9JR
Email: editor@bmj.com
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Fax: +44 (0)20 7383 6418
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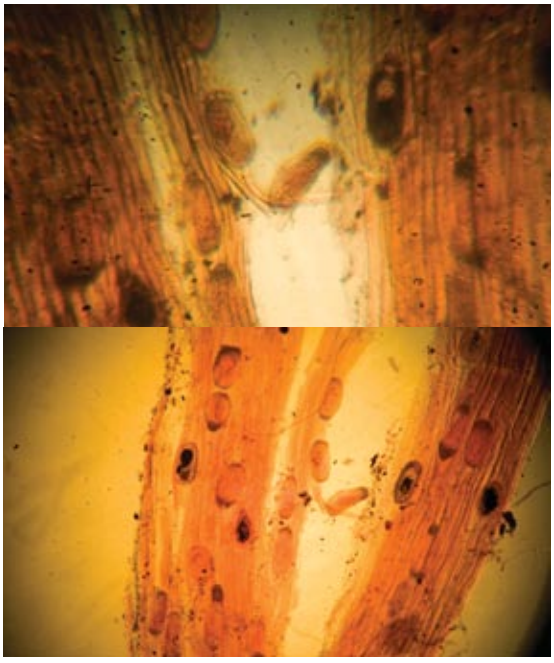


PICTURE OF THE WEEK

Trichinous muscle tissue in an 1890 slide, visualised by a Culpepper microscope from 1720-1738 (above) and an Axioscop microscope from 1994 (below). These images form part of an exhibition by Susanna Edwards.

While artist in residence at London's Science Museum Edwards used Victorian slides to explore the development of microscopy. A series of talks on the history of microscopy and its contribution to medicine accompanies the exhibition, which is at the Hunterian Museum in London until 3 July 2010.

See www.hunterianmuseum.org.

THE WEEK IN NUMBERS

40% Proportion of adults who have experienced syncope **(Clinical Review, p 468)**

£171m Estimated cost of obesity and related illness to the NHS in Scotland in 2001 **(Practice, p 474)**

1.1 Catheter related bloodstream infection, per 1000 catheter days, three years after a quality improvement intervention in Michigan intensive care units **(Research, p 462)**

QUOTE OF THE WEEK

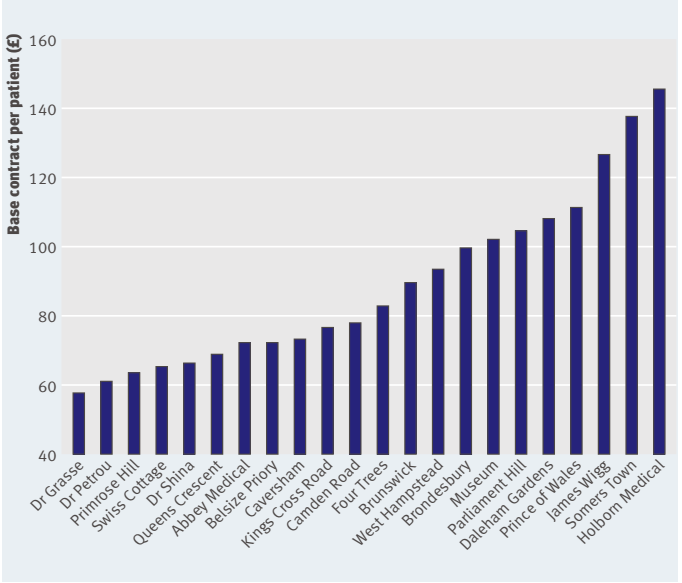
"Survival of the fittest, if victory is measured by who can win a power battle at any price, will give us medical leaders and health service managers primed to continue patterns of abuse into the next generation"

Mary E Black, on the scourge of bullying (Views and Reviews, p 484)

GRAPHIC OF THE WEEK

Differences in funding found between general practices in a London primary care trust, discovered as a result of a request made under the Freedom of Information Act.

See NEWS, p 443



EDITOR'S CHOICE

Lessons and legacies of war

What does a civilised society owe those who have risked life and limb in its service?

Debate about the care of the UK's veterans had for most of us been comfortably relegated to the week or two before poppy day. But it's now back on the agenda as more and more young men and women return from Afghanistan after surviving what before would have been fatal injuries. What does a civilised society owe those who have risked life and limb in its service? Should they get priority over others for health and social care?

Julian Sheather says this is a political judgment (p 453). And our politicians have already decided that veterans should have priority, even if this goes against the NHS's founding principle of allocation of resources solely according to health need rather than a person's role in society. As Helen Macdonald describes in her second article on the care of injured soldiers (p 450), the veterans' priority scheme, set up in January 2008, means that GPs can refer veterans with service related medical problems to secondary care faster than other civilians with a problem of the same urgency. This is worth pointing out because a MORI poll last year found that a third of GPs were unaware of the scheme. New NHS plans also include a customised healthcare plan for veterans that will be adjusted to their needs for the rest of their life.

Macdonald's first article, published in last week's issue (*BMJ* 2010;340:c379), told of the extraordinary improvements in trauma care achieved at Camp Bastion, the field hospital in Helmand Province where casualties are taken for immediate attention. "Seniority saves lives," said one army surgeon describing their consultant led service. A recent audit in Afghanistan applauded training in advanced airways management for pre-hospital staff, timely computed tomography, anaesthesia during trauma resuscitation, and 100% presence of emergency medicine consultants.

Other seemingly excellent initiatives I picked out from Macdonald's article were the development of critical care hubs, aggressive blood transfusion protocols, and trolleys prepared with heating pads and radiography plates for immediate digital images of the chest and pelvis. NHS trauma patients will benefit from these developments, but how quickly? I'm sure you will let me know if and where this is already happening.

From lessons of war we move to its possible legacy. Have concerns about national security, heightened by the wars in Iraq and Afghanistan, helped to damage the UK's traditionally open coroner's system? Tony Delamothe laments the prospect of secret coroner's inquests, made possible by the new Coroners and Justice Bill. Gone is the 800 year old right of every citizen to a coroner's inquest in open court in the event of an unexplained death (p 454). It's not only the investigation of the death of UK weapons inspector David Kelly that has been less than openly reported. We must hope that the new chief coroner will shake things up for the better.

Fiona Godlee, editor, *BMJ*, fgodlee@bmj.com

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Career Focus, jobs, and courses appear after p 484

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