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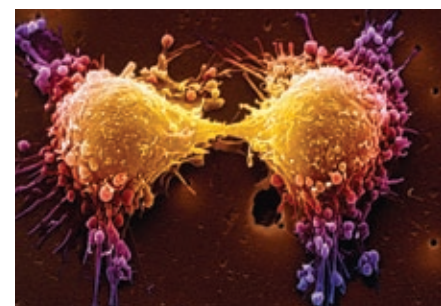
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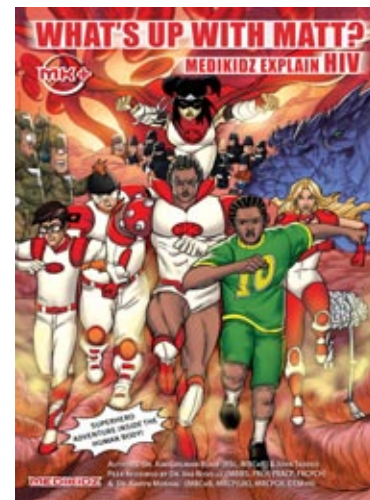
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## PICTURE OF THE WEEK

Dr Carrot and his companion Potato Pete were two popular wartime creations, and Pete even had a song about him sung by Betty Driver of TV's *Coronation Street* fame. The Imperial War Museum, London, has opened an exhibition called *The Ministry of Food* to show how the British public adapted to a world of food shortages by "Lending a hand on the land," "Digging for victory," taking up the "War on waste," and being both frugal and inventive on the "Kitchen front."

Visitors can discover that growing your own food, eating seasonal fruit and vegetables, reducing imports, recycling, and healthy nutrition were just as topical in 1940 as they are today. The exhibition is on until 3 January 2011. See <http://food.iwm.org.uk>.

See **ANALYSIS**, p 573, and **REVIEWS**, p 600, for the use of cartoons in medical education and patient care.

## THE WEEK IN NUMBERS

**3 years** Age at which peanuts should first be included in the diet (**Practice**, p 593)

**63%** Proportion of knees that undergo arthroscopy that are found to have disease in the articular cartilage (**Clinical Review**, p 587)

**5-7 years** Extra sexually active life gained by men aged 55 in very good or excellent health compared with peers in poor or fair health (**Research**, p 580)

## QUOTE OF THE WEEK

“Every eight cases diverted to an independent sector treatment centre costs the taxpayer the equivalent of almost 10 cases dealt with by the NHS”

Hamish Meldrum, BMA Council chairman, on how the private sector initiatives in the health service have led to inefficiency (**Observations**, p 571)

## EDITOR'S CHOICE

## Reform our libel laws, but not our NHS

**It's clear that under the current law, as Smith says, "the side with the deepest pockets can almost always see off the other side"**

We need to reform England's libel laws, not because suppression of scientific debate is getting worse—it may be; it's hard to tell—but because it has been going on for so long. Years before *Wilmshurst v NMT Medical* (*BMJ* 2010;340:c967) and *Singh v the chiropractors* (*BMJ* 2009;339:b4269), there was *BMJ v Drummond-Jackson*, one of the longest running libel cases in legal history.

As former *BMJ* editor Richard Smith recounts (p 565), Drummond-Jackson, a Harley street dentist, sued the BMA (as owners of the *BMJ*) in 1969 for publishing a study critical of a technique with which he was closely associated. The case cost the *BMJ* a quarter of a million pounds in legal fees alone, equivalent to several million pounds today, before it was eventually settled out of court.

The weekly account of the trial is available from the archive on [bmj.com](http://bmj.com) (*BMJ* 1970;1:509-10). Smith quotes from this account the words of Lord Denning, a famous former law lord, "It would be a sorry day if scientists were to be deterred from publishing their findings for fear of libel actions. So long as they refrain from personal attacks, they should be free to criticise the systems and techniques of others. It is in the interest of truth itself. Were it otherwise no scientific journal would be safe."

Some believe that the sorry day is already here. Either way it's clear that under the current law, as Smith says, "the side with the deepest pockets can almost always see off the other side." This is no way to get to the truth and no way to serve patients or the public interest.

Politicians are beginning to get the message. In December justice secretary Jack Straw announced

plans to cap the level of fees payable in successful defamation cases; the Ministry of Justice has set up a working group on libel with a mixture of lawyers, journalists, and scientists ([www.justice.gov.uk/news/announcement270110a.htm](http://www.justice.gov.uk/news/announcement270110a.htm)), and more than 200 MPs have now signed the early day motion calling for libel reform. You can help to convince those who haven't by signing the petition at [libelreform.org](http://libelreform.org).

And so to the other great issue of the day—the NHS and the market. Will markets improve quality and reduce costs more than central planning ever could? We have views on both sides (p 568) and lobbies of every hue including, in opposite corners, the BMA (p 571) and Nurses for Reform (p 567). Are we witnessing the cold blooded dismemberment of the NHS, as some would like? Or is the market just being used to shake things up a bit, as Nigel Hawkes implies is the case for primary care (p 562)? Making the NHS compete with private providers may have improved some aspects of care, but I see no evidence that it has improved quality and efficiency overall. And I'm not convinced by Stephen Smith's suggestion (p 568) that markets will drive down the use of expensive secondary care. With foundation trusts touting for business and primary care trusts still unequal to their task, I would say quite the opposite.

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Career Focus, jobs, and courses appear after p 602

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