

EDITORIALS

- 719 Staples for skin closure in surgery**
Are quicker than sutures, but may increase complications, say B I Singh and C Mcgarvey
» *Research*, p 747
- 720 BCG vaccination in developing countries**
Important interactions occur with other vaccines, vitamin A, and the organisms that cause fatal pneumonia, says Frank Shann
» *Research*, p 749
- 721 Critical illness as a result of influenza A/H1N1 infection in pregnancy**
Mortality is high, but lower than expected, says Stephen E Lapinsky
» *Research*, p 751
- 722 Passive smoking and children**
Full protection is needed urgently, says Roberta Ferrence
- 724 Over the counter chloramphenicol eye drops**
The biggest concern is not resistance, but ineffectiveness, says Geoff Scott

LETTERS

- 725 Markets in health care**
- 726 Aspirin in primary prevention; Long term care; Data integrity**

NEWS

- 727 Religious leaders call for fair treatment for people with HIV**
Protests follow US Congress's passing of health reform bill
- 728 A third of £11bn public services savings will come from the NHS**
GMC panellist did not disclose his links with Scientologists
Greater awareness leads to rise in safety incidence reports
- 729 Obesity treatment is being neglected in favour of prevention, doctor says**
- 730 Spanish transplant model in EU would save 20 000 lives a year**
Labour pledges to reform libel laws in England and Wales
Doctors can decide which tool to use to assess heart risk
NHS commissioning system may need to be scrapped, MPs say
- 731 Attempt to introduce a full smoking ban in public places fails in Poland**
- 732 MPs praise treatment of injured soldiers but call for better planning**
Ten more trusts are told to make urgent improvements
- 733 HPV vaccine project stirs controversy in India as protestors claim that its price is prohibitive**
Nepal's premier medical school closes over alleged bribery for exam papers

SHORT CUTS

- 734 What's new in the other general journals**

HEAD TO HEAD

- 736 Is ADHD a valid diagnosis in adults?**
Philip Asherson and colleagues argue that the concept of ADHD in adults is valid, but Joanna Moncrieff and Sami Timimi believe that it is supported by little more than aggressive marketing

FEATURES

- 738 End of the peer review show?**
Several recent high profile cases have raised questions about the effectiveness of peer review in ensuring the quality of published research
Mark Henderson investigates

OBSERVATIONS

NOW AND THEN

- 741 Is the NHS three times better than in 1979?**
Richard Smith

US HEALTH REFORM

- 742 Obama's reform: no cure for what ails us**
David U Himmelstein, Steffie Woolhandler

ANALYSIS

- 743 Multidisciplinary team working in cancer: what is the evidence?**
Cancer care is increasingly delivered by multidisciplinary teams. Cath Taylor and colleagues argue that stronger evidence is needed of their effectiveness

RESEARCH

- 746 Research highlights:**
the pick of *BMJ* research papers this week
- 747 Sutures versus staples for skin closure in orthopaedic surgery: meta-analysis**
Toby O Smith, Debbie Sexton, Charles Mann, Simon Donell
» *Editorial*, p 719
- 748 Local anaesthesia for pain control during outpatient hysteroscopy: systematic review and meta-analysis**
Natalie A M Cooper, Khalid S Khan, T Justin Clark
- 749 Effect of revaccination with BCG in early childhood on mortality: randomised trial in Guinea-Bissau**
Adam Edwin Roth, Christine Stabell Benn, Henrik Ravn, Amabelia Rodrigues, Ida Maria Lisse, Maria Yazdanbakhsh, Hilton Whittle, Peter Aaby
» *Editorial*, p 720



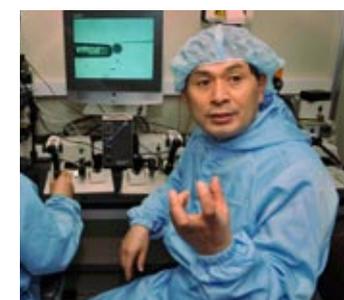
Editorial, p 719, Research, p 747
Skin closure in orthopaedic surgery



A/H1N1 flu in pregnancy, pp 721, 751



Treatment for obesity, p 729



Hwang Woo-suk: peer review failed, p 738



Smoking bans,
pp 722, 731

- 750 **Randomised controlled trial of integrated care to reduce disability from chronic low back pain in working and private life**
Ludeke C Lambeek, Willem van Mechelen, Dirk L Knol, Patrick Loisel, Johannes R Anema
- 751 **Critical illness due to 2009 A/H1N1 influenza in pregnant and postpartum women: population based cohort study**
The ANZIC Influenza Investigators and Australasian Maternity Outcomes Surveillance System
» Editorial, p 721

CLINICAL REVIEW

- 752 **Long term treatment of depression with selective serotonin reuptake inhibitors and newer antidepressants**
Steven Reid, Corrado Barbui

PRACTICE

GUIDELINES

- 757 **Assessment of recent onset chest pain or discomfort of suspected cardiac origin: summary of NICE guidance**
Angela Cooper, Adam Timmis, Jane Skinner, on behalf of the Guideline Development Group

EASILY MISSED?

- 759 **Lichen sclerosus**
Kate Dalziel, Sarah Shaw

OBITUARIES

- 762 **Gertrude Blamires; James Irvine Cromarty; John Marvale Crossley; Arnold Elliott; Andrew Philip Thomas; Robert John Stuart Weir; Bernard Wilkins**

VIEWS AND REVIEWS

PERSONAL VIEW

- 763 **Lockerbie: why we should be proud of Al-Megrahi's doctors**
H Swire

REVIEW OF THE WEEK

- 764 **Starfish** By Judith Johnson
Beth Hibbert

BETWEEN THE LINES

- 765 **An author spurned**
Theodore Dalrymple

MEDICAL CLASSICS

- 765 **A Companion to Manuals of Practical Anatomy** by E B Jamieson
Martin Eastwood

COLUMNISTS

- 766 **Politics of conflict**
Des Spence
- Old dogs and new tricks**
Ike Iheanacho

ENDGAMES

- 767 **Quiz page for doctors in training**

MINERVA

- 768 **Verbal abuse, and other stories**

FILLERS

- 761 **Always take a careful history**



Chronic low back pain, p 750



An anatomical medical classic, p 765



Teaching children about clinical trials, p 764

Too much information and not enough time?

BMJ Masterclasses

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MARK PETERSON/REDFUX/EVERETT

PICTURE OF THE WEEK

The celebrity chef Jamie Oliver has turned his sights on unhealthy school lunches in the United States. In his new show, *Jamie's Food Revolution*, he travels to Huntington, West Virginia, dubbed the most unhealthy city in the US, to try to change eating habits. But schoolchildren were not impressed by his pea pod outfit or his demonstration of making chicken nuggets from skin and carcass.

► [bmj.com archive](http://bmj.com/archive)

Read Des Spence's review of the UK television programme *Jamie's School Dinners* (2005;330:678) and David Payne's blog "What the world needs now," at blogs.bmj.com/bmj

► [bmj.com poll](http://bmj.com/poll): "Which situations worry you most in your career?"

- Appropriate off-label prescribing
- When it's in the public interest to breach patient confidentiality
- Talking to patients about cardiopulmonary resuscitation and a do not attempt order
- Maximising people's ability to consent to research involvement
- Breaking bad news and advance care planning

The dilemma voted to be the biggest concern will be the subject of a new GMC interactive case study at www.gmc-uk.org/gmpinaction

THE WEEK IN NUMBERS

4.8 years Mean duration of antidepressant prescriptions for depression (*Clinical Review*, p 752)

25% Proportion of emergency hospital admissions that are due to chest pain (*Practice*, p 757)

3.83 to 1 Risk of developing a superficial wound infection after staple closure compared with suture closure after orthopaedic procedures (*Research*, p 747)

QUOTE OF THE WEEK

"Some editors, they say, are reluctant to upset favourite scientists by overturning their reviews, for fear that they will stop submitting their work to that journal"

Mark Henderson, on the flaws of peer review (*Feature*, p 738)

EDITOR'S CHOICE

Science, debate, and compassion

“We should be proud of the doctors who supported [Al-Megrahi’s] compassionate release,” says Jim Swire

Two meta-analyses in this week’s journal evaluate topics of particular interest to surgeons: anaesthesia and wound closure. Natalie Cooper and colleagues ask which is the best form of anaesthesia for women undergoing hysteroscopy as outpatients (p 748). From their meta-analysis of 15 randomised controlled trials, they conclude that neither instilling local anaesthetic into the vaginal cavity nor applying it topically to the cervix does much to reduce pain from the procedure. By comparison, intracervical injection works, but most effective of all is paracervical injection. We can have some confidence in their conclusions since the significant difference was most marked when only a sub-group of the highest quality studies was analysed.

Studies comparing different methods of wound closure in orthopaedic surgery are generally of poorer quality. Toby Smith and colleagues found six studies comparing nylon sutures versus metallic staples in orthopaedic procedures. Only three were randomised controlled trials, and only one of these was appropriately designed and reported (p 747). The authors are suitably circumspect but conclude that sutures carry less risk of wound infection. As B I Singh and C Mcgarvey point out in their editorial (p 719), the excess risk was most apparent in patients undergoing non-elective surgery after hip fracture. In these patients at least, the extra few minutes it takes to suture rather than staple the wound seem to be time well spent.

Meanwhile Geoff Scott argues that UK regulators were wrong to allow pharmacies to sell chloramphenicol eye drops without prescription (p 724). The decision five years ago by the Medicines and Healthcare Regulatory Agency has led to a substantial increase in over the counter

sales. This change doesn’t seem to have contributed greatly to antibiotic resistance, says Scott, but nor has it helped patients or NHS budgets, since the treatment is ineffective. This experience should make regulators think twice before adding other antibiotics to the list of drugs that can be sold without prescription.

Last week the journal hung out the flags for US healthcare reform (*BMJ* 2010;340:c1674). This week we are in more reflective mode. David Himmelstein and Steffie Woolhandler are members of Physicians for a National Health Service. They see Obama’s bill as conservative, drafted in close consultation with the pharmaceutical and insurance industries (p 742). Its central tenet—that government should force all US citizens to buy coverage from for-profit insurance companies—was first proposed by Richard Nixon in 1972, they say, concluding that, “for now, we will continue to practise under a financing system that obstructs good patient care and squanders vast resources on profit and bureaucracy.”

In case, like me, you find this depressing, there is hope and reconciliation to be found in the personal view from Jim Swire (p 763). He has followed with great personal interest the conviction, illness, and repatriation of the “Lockerbie bomber”—his daughter Flora was killed in the bombing. Now a retired GP, he welcomes the improvement in Al-Megrahi’s health and says we should be proud of the doctors who supported his compassionate release.

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

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Career Focus, jobs, and courses appear after p 766

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