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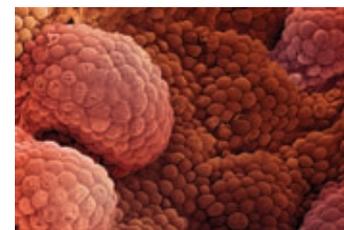
Is modern genetics a blind alley?



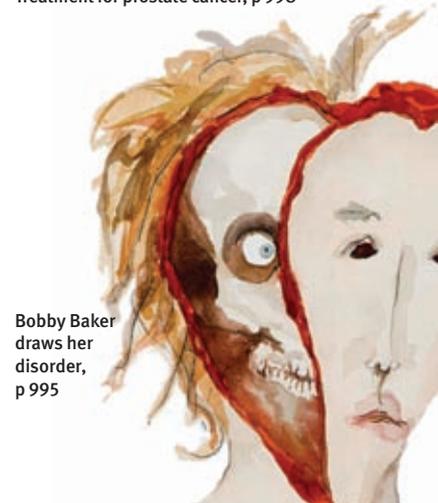
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**Time for a break?  
 Refresh yourself.**

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**The Editor, BMJ**

BMA House, Tavistock Square,  
London WC1H 9JR

Email: editor@bmj.com  
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**PICTURE OF THE WEEK**

Hospital staff at Chulalongkorn Hospital in Bangkok, Thailand, rally against antigovernment protestors. Before, antigovernment "red shirts" had stormed the hospital, and patients were sent to other hospitals. All except emergency services had to be suspended. The red shirts said that they were looking for soldiers and later apologised.

**THE WEEK IN NUMBERS**

**40-74 years** Age group that the UK Department of Health recommends should be invited for cardiovascular risk assessment if they have never been identified as at high risk (Research, p 1016)

**12%** Proportion of children in the United Kingdom who habitually snore (Clinical Review, p 1018)

**246 525** Number of deaths in English NHS hospitals in 2008-9 (Practice, p 1024)

**QUOTE OF THE WEEK**

**"It is a step that thereby will radically 'denormalise' tobacco products, stopping them being seen as ordinary grocery items competing for consumers' attention"**

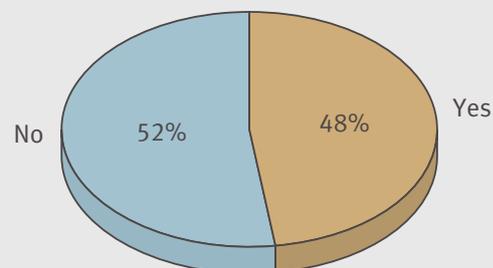
Simon Chapman and Becky Freeman, from the school of public health at the University of Sydney, on the Australian plan to mandate plain packaging of cigarettes (Personal View, p 1035)

See News, p 993

**BMJ.COM POLL**

Last week's poll asked, "Can the NHS cut costs without substantially damaging the quality of healthcare?"

This week's poll asks, "Should medical students be regulated?" Submit your vote at [bmj.com](http://bmj.com)



## EDITOR'S CHOICE

## History will be the judge

**To pull the plug on an institution with a high reputation after 50 years because of short term problems, without consultation or proper explanation, seems rash**

It's easy to dismiss history. As someone has said, "there's no future in it." But the Wellcome Trust's announcement that it will close its centre for history of medicine at UCL has hit a nerve (p 995), which may have surprised those who made the decision.

Some of the disquiet is about how the decision was made. It seems to have been done almost casually, without the academic review required by the centre's terms of agreement, indeed without input from any historians; and not as part of a strategic plan but in reaction to what sound like difficult but resolvable local issues. To pull the plug on an institution with a high reputation after 50 years because of short term problems, without consultation or proper explanation, seems rash.

But the decision itself is also worrying. The centre is highly productive, both in teaching and research. It was given a top ranking in the latest UK-wide peer reviewed research assessment exercise, and it attracts academics from around the world. The trust says it remains fully supportive of the study of the history of medicine, but by dismantling its flagship department with so little regard for those who work in the field it has sent out a very different and damaging message.

I have an interest: I did a BSc in the history of medicine at the Wellcome Institute in London. But all of us have an interest. As members of a profession not always known for its humility, we need to remember and understand the blind alleys that medicine has gone down, the unnecessary suffering it has caused, the important innovations that have been ignored or suppressed, and the ancient professional rivalries that have led to our current divisions. We cannot afford to ignore our history or those with the skills to interpret it for us.

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Career Focus, jobs, and courses appear after p 1038

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The Wellcome Trust would only gain in stature by reconsidering its decision.

History should have a lot to say about the contest between public health and the tobacco industry, and an announcement this week may prove to be a decisive battle. From 2011, all tobacco products in Australia will be sold in standardised plain packets giving only the name of the manufacturer in a standard font (p 993). The Australian government predicts it will cut the number of smokers by 2-3%. A 25% hike in tobacco excise will also help to cut consumption, as well as saving healthcare costs and increasing tax revenues.

In their personal view (p 1035) Simon Chapman, former editor of the *BMJ*'s sister journal *Tobacco Control*, and Becky Freeman explain that the aim is to "denormalise" tobacco products, and stop them being seen as ordinary grocery items competing for consumers' attention. The move has two wonderful ironies nested within it. Firstly, the rationale for the change has come from the industry's own trade publications, which extol the importance of packaging, especially in "dark" markets where tobacco advertising is banned. Secondly, it will use reverse marketing to make the packaging as unattractive as possible, especially to young people.

Given the unpredictability of fashion trends, there is always the risk that the new unbranded packets will become the new cool. Let's hope not. Congratulations Australia. Where you lead the rest of the world must surely follow.

**Fiona Godlee, editor, *BMJ*** [fgodlee@bmj.com](mailto:fgodlee@bmj.com)

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Practical management of coagulopathy associated with warfarin

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Using hospital mortality rates to judge hospital performance

The accuracy of clinical symptoms and signs for the diagnosis of serious bacterial infection in young febrile children

Pragmatic rehabilitation for chronic fatigue syndrome

Estimating the population impact of screening strategies for identifying and treating people at high risk of cardiovascular disease