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London’s Shard—normally one of the most striking landmarks of the capital’s skyline—was barely visible on 18 March when the city became engulfed by smog that blew over from Continental Europe. Much of Britain was affected by the cloud of polluted air that was said to emanate from factories in Belgium and the Netherlands. Pollution levels in the capital were estimated at three times the recommended European Union limit, triggering health alerts.

This week’s poll: Will drug makers’ refusal to supply medicines for lethal injections lead to less humane forms of capital punishment?

Total votes cast: 284

YES 31% NO 69%
**FROM THE ARCHIVE: 27 MARCH 1915**

Several readers respond to the military colleges’ condemnation of the rum ration. **“Antialcohol crusader” Sir Victor Horsley asks for proof that alcohol improves shooting, and requests the names of the “splendid shots in the navy, our gunlayers, and petty officers” that an opponent of the abolition of the ration assures readers are all rum drinkers. H Lyon Smith points out that a “sane man is a sober man,” but that he is not necessarily a teetotaller, and Charles A Mercer ends his letter with a quotation: “Oh yes! you call them small doses, but to you, habitual drunkard as you are, a bottle of gin is a ‘small’ dose.”**

**BMJ 1915;1:574**

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**MOST READ ARTICLES ONLINE**

- **Sugar: spinning a web of influence**
  - BMJ 2015;350:h231
- **Average length of a flaccid and erect penis is published to help counsellors**
  - BMJ 2015;350:h1193
- **The Darwin Awards: sex differences in idiotic behaviour**
  - BMJ 2014;349:g7094
- **When somebody loses weight, where does the fat go?**
  - BMJ 2014;349:g7257

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**WORLD TB DAY**

This year’s World TB Day was on 24 March, and several articles on thebmj.com marked the occasion. In India, some experts regard TB as a national emergency and others call for screening measures to detect drug resistant disease. In the wider world, international activists ask for an end to “stigmatising” language in the context of TB: “Labels like ‘treatment defaulter’ and ‘non-compliant’ assign blame and mask the underlying structural reasons for interrupting or ceasing treatment.” Their conclusion: “Changing community norms about tuberculosis is not easy, but a change in the language used by the scientific and medical communities is a necessary step in the right direction.”

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**RESPONSE OF THE WEEK**

When weight loss or weight control are being discussed, hunger or appetite are rarely mentioned. Animals are designed to survive when food is in short supply, and hunger is the mechanism that drives them to seek out food. A constantly satiated animal will reach a steady state body weight that is too high.

Perhaps all these guidelines and diets would be more effective if they pointed out that a diet that entails losing weight will almost always require the individual to feel hungry some, or even much, of the time. The best way to ensure weight loss is to go to bed every night feeling hungry enough for a snack, but not so hungry that you cannot sleep.

Paul D P Pharoah, professor of cancer epidemiology, University of Cambridge, Cambridge, UK, in response to, “NICE recommends small improvements to help people stay at healthy weight”

**BMJ 2015;350:h1427**

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**LATEST BLOGS**

**Breast is best, but it’s also a huge challenge**

Breast feeding is fantastic when it works and both mother and baby are happy. The health benefits are evident, but don’t underestimate just how hard it is to do, writes Juliet Dobson.

- [http://bmj.co/breastisbest](http://bmj.co/breastisbest)

**How can we improve cricket helmet standards?**

The death of cricketer Phillip Hughes has sparked a renewed interest in cricket helmet standards. Andrew McIntosh discusses how these can be improved and why cricketers, cricket bodies, and equipment suppliers all stand to gain from better regulation of sporting equipment.

- [http://bmj.co/crickethelmets](http://bmj.co/crickethelmets)

**Yet another cardiac risk calculator?**

How reliable is the NHS’s recently launched cardiac risk calculator? Not very, finds Carolyn Thomas, who survived a heart attack and worries that this tool may not only miss people at risk, but also mistakenly scare otherwise healthy people into taking statins.

- [http://bmj.co/riskcalculator](http://bmj.co/riskcalculator)

**Playing the percentage game**

With an ever increasing list of targets and outcomes to tick off, general practitioners are stuck playing the percentage game. But while meeting the demands of the system, GP Martin Marshall wonders if we’re losing our edge as clinical artists.

- [http://bmj.co/artmedicine](http://bmj.co/artmedicine)

**“Precision medicine” needs patient partnership**

US President Barack Obama recently presented the outlines of a $2.15 million plan for “precision medicine.” Presented as “healthcare tailored to you,” this would take into account “individual differences in people’s genes, microbiomes, environments, and lifestyles—making possible more effective, targeted treatments for diseases like cancer and diabetes.”

- [http://blogs.bmj.com/bmj/2015/03/20/](http://blogs.bmj.com/bmj/2015/03/20/)
Lessons learnt painfully in the 20th century about the need for drug regulation risk being ignored by a new wave of legislators in the 21st

**EDITOR’S CHOICE**

**What does successful regulation look like?**

Good regulation starts with a genuine need. Steele and colleagues (p 10) identify just such a need in describing the unregulated online market in human breast milk. Surveys reveal a burgeoning informal market, largely among mothers who aren’t eligible for milk from established milk banks. But the message that “breast is best” drowns out safety concerns. Inadequate screening and handling of samples risks transmission of infectious disease and bacterial contamination. Health professionals are urged to support alternatives to breast feeding where needed, but Steele and colleagues argue that legal regulation is also required.

It’s widely understood that new antibiotics are needed to combat increasing resistance. But Peter Doshi argues (p 17) that, in the United States, legislation to speed new antibiotics to market may in fact be failing patients. Three of the five new antibiotics approved in 2014-15 have been judged to be as good as existing treatments for acute bacterial skin infections; but none has been found to be more effective, to meet an unmet medical need, or to tackle antimicrobial resistance. So, the legislative and regulatory push to facilitate the introduction of new therapies may have been counterproductive. Lessons learnt painfully in the 20th century about the need for drug regulation risk being ignored by a new wave of legislators in the 21st. As Gonsalves and Zuckerman note in their commentary (p 18), AIDS activists of the 1980s and 1990s quickly learnt that speedier approval and wider access had downsides as well as upsides.

Successful regulation is not always underpinned by legislation. In the United Kingdom a group of alcohol producers, retailers, and trade organisations pledged in 2012 to remove a billion units of alcohol from the market by the end of 2015. An interim report on this voluntary agreement has announced success. But Holmes and colleagues (p 14) question whether the apparent reduction in alcohol units sold can be shown to have any relation to the pledge. They argue that a significant proportion of the apparent reduction was in fact due to a change in 2011 to the way customs and excise officials recorded data. It is also unclear whether the introduction of more lower strength products has driven particular consumers to switch from higher strength products or simply to add lower strength drinks to their diet. Clearly we need robust ways to assess the effect of any regulation, whether voluntary or statutory.

Perhaps the most that can be said of good regulation is that we know it when we see it. A prime example is outlined in the obituary of M Mujibur Rahaman (p 25). His work at the Cholera Research Laboratory and later the International Centre for Diarrhoeal Diseases in Bangladesh included development of oral rehydration salts and a demonstration that their use in rural villages could reduce diarrhoeal mortality by 20%. His work stretched from direct research to governmental and non-governmental initiatives. Despite working through a liberation war and cooperating with a US government not universally welcomed in the newly independent Bangladesh, he helped develop preventive services, including wells, latrines, and education programmes, that collectively transformed life expectancy and infant mortality rates in rural Bangladesh. Success indeed.

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