their lifetime, doctors are relatively often faced with dilemmas about the initial diagnosis and deciding which patients need to be referred to a specialist or given antiviral treatment. The authors present an evidence based policy for treating immunocompetent patients.

Re-examining SSRIs for depression

In a clinical review on page 155, Moncrieff and Kirsch take a close look at available evidence for and against the use of selective serotonin reuptake inhibitors (SSRIs) in treating depression. Current approaches to depression should be re-evaluated, they say, and alternatives to drug treatment should be developed further. Since antidepressants have become society’s main response to distress, the authors say that expectations raised by decades of use will also need to be addressed.

Editor’s choice

A small victory

The fact that you are reading this is a small but significant victory. When the bomb exploded last Thursday morning, ripping apart the number 30 bus outside BMA House, killing 13 people and injuring many more, we were two days into work on this week’s journal. Early copies of the previous issue, put to bed on Tuesday evening, were due to arrive by courier. Members of the editorial team were in meetings, checking proofs, laying out pages, and commissioning and editing news, reviews, and editorials. It was a sunny day of little consequence but filled, I suppose, with our usual small concerns.

The bomb blast shook the building and stopped this tightly scheduled weekly routine in its tracks. Within seconds the journal office was empty as staff found their way to the back of the building and eventually home. The doctors among us did what we could. Andrew Dearden, a GP who was at BMA House for a meeting, helped people off the bus (p 127): “My most vivid images were the bus, the purse, and the limb. Each seems to say something of the tragedy and suffering of the day.” Kieran Walsh, editor of BMJ Learning and 18 months out of practice, tended people on the street (p 127): “There was blood and flesh on the walls of BMA House—up to the second floor.” For Graham Easton, editor of Career Focus, 12 year old memories of accident and emergency came flooding back (p 167). Alexander Wai Ying Chen was at work in casualty nearby when the dead and injured started to arrive (p 166): “I have never been more proud to be both a healthcare professional and a Londoner.”

Since then, BMA House has been closed to all but a few essential staff. Its grand façade is damaged, and forensic teams have needed time to do their work. But the BMJ has never failed to come out in its 160 year history—not even when the BMA was bombed in 1941. While editors and administrative staff worked from home, a small team installed itself in our business continuity unit near Old Street, set up a year ago in what seemed at the time a fanciful precaution. We never imagined it would be needed, and certainly not so soon.

As the dust settles on London, there are many questions but few good answers: questions about courage and competence—I saw examples of both on 7 July; about the chain of causation that led to this devastation on our doorstep; about this country’s dismal involvement in the Middle East, sullied by self interest and addiction to oil; about the ill-fated war on terror, the invasion of Iraq with its shifting and never about whatever creed, and the global injustice that gives it its argument. We never imagined it would be needed, and certainly not so soon.

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