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- 3 **Case management for elderly people in the community**  
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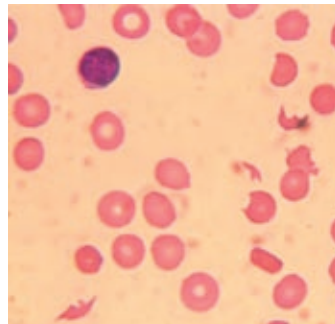
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JEFFERSON COLLEGE, PHILADELPHIA/BAL

## PICTURE OF THE WEEK

A frantic six week fundraising campaign to stop *The Gross Clinic*, Thomas Eakins's 1875 masterpiece, leaving Philadelphia has succeeded. The picture, which shows an innovative surgical operation in the Jefferson amphitheatre, with Dr Samuel Gross present, was originally brought by alumni of the medical school for \$200. A \$68m bid by the National Gallery of Art in Washington, DC, was thwarted after local philanthropists and city museums rallied.

## THE WEEK IN NUMBERS

**0.5** Risk of contracting HIV through vaginal intercourse in circumcised compared with uncircumcised men, according to trials in Uganda and Kenya (News p 11)

**400** Number of plastic surgical trainees currently competing for only 20 places (Personal view p 44)

**18 years** Minimum age for buying tobacco in England and Wales after 1 October 2007, up from 16 (News p 10)

**£1.9bn** Annual savings in England by shifting responsibility for routine check-ups six months after surgery from consultants to GPs (News p 9)

**0.0001–0.0005%** Mortality from endoscopy (Practice p 41)



## THE WEEK IN QUOTES

**"Thursday is the worst day of the week to go into hospital in England for treatment"** A report from the Institute for Public Policy Research (News p 10)

**"How many children will go on dying in Libyan hospitals while the government ignores the root of the problem?"** World Medical Association and International Council of Nurses (News p 11)

**"Self management is at least as effective as medical treatment for men with uncomplicated lower urinary tract infection"** (Research p 27)

**"It's never too early to start planning your retirement party"** (In and out of hospital p 46)

**"Putting patients on to the editorial board means placing the identity of the journal into the hands of novices who have no stake in the intellectual integrity of the journal"** (Review p 45)





## ON THE COVER

Coloured scanning electron micrograph of a *Helicobacter pylori* bacterium, which causes dyspepsia and duodenal and gastric ulcers

Juergen Berger/SPL

See page 41

## EDITOR'S CHOICE

# The new BMJ

Those of you reading this in print will notice, I hope, that the *BMJ* has been redesigned. Those (10 times more of you) accessing the journal on line must wait until later this month for the redesigned website. Either way we hope you'll like what you see. Our aim has been to deliver a journal, both in print and online, that is brighter, cleaner, easier to navigate, and easier to read.

But this month's relaunch is about more than just improving the *BMJ*'s look and feel, important though these things are. If the redesign has made the journal easier to read, we also want there to be more in it that's worth reading. So, as well as publishing the best, most relevant original research that we can lay our hands on (see Trish Groves' editorial on why you should publish your research in the *BMJ*, p4), we have also boosted the non-research content. We want the *BMJ* to lead the debate on the future of health care and to help doctors make better decisions, whether in clinical practice, public health, health policy, medical education, research, or in their own professional lives.

Achieving this across the whole of medicine is probably an impossible task for one journal—which is why we have always been clear that it's not the *BMJ*'s job to tell cardiologists about cardiology or orthopaedic surgeons about orthopaedic surgery. The *BMJ*'s role is to support generalists in bridging the gap between primary and secondary care and to help specialists keep abreast of developments in areas other than their own—we call this high-browsing. The *BMJ*'s role is to engage, inform, and stimulate doctors at every stage in their careers and from every walk of medicine; to keep them in touch with what it means, and what it takes, to be a doctor.

Medicine is blessed with good writers, and the best of them are writing for the *BMJ*, which should make staying informed a pleasure not a chore. We'll have succeeded if readers not only find what they're looking for but find themselves reading about things they didn't know they were interested in. Alongside well established favourites (Clinical Review, Minerva, Short Cuts, News, and Obituaries) you'll find new series that bridge the gap between research and practice (this week we launch our serialisation of *BMJ* Masterclasses, p41), extended journalistic features (p14), in depth analysis articles (p22), a regular Head to Head debate (p20), hard hitting columnists (p19), and a selection of whimsical, funny, erudite observations from our unruly band of contributors in what we still call (in these online days) the back of the journal.

Which leads me to what may be the most important transformation of all. From being a weekly journal in print and on the web, the *BMJ* is coming of age as an online journal. Tony Delamothe, editor in chief of *bmj.com*, will explain more when the new website launches in two weeks' time. Medicine and communication are changing, and so too is the *BMJ*.

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

## PLUS

### In this week's BMJ careers

**Sympathy for the doctor**  
**Valuable training in South Africa**  
**Is greed good?**  
**MSc in cognitive therapy**  
**Fifteen minutes with**  
***Neighbours*' star Dr Karl Kennedy**



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medical breakthrough  
since 1840?

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Chlorpromazine, DNA  
Structure, Evidence Based  
Medicine, Germ Theory,  
Imaging, Immunology, Oral  
Rehydration Therapy, The Pill,  
Risks of Smoking, Sanitation,  
Tissue Culture, Vaccines**

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