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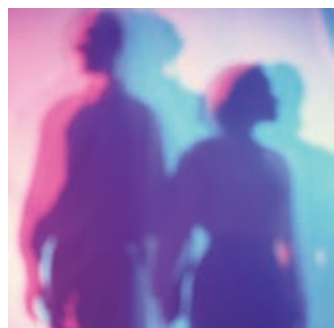
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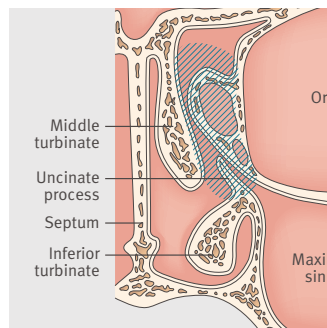
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CAMERON COLLECTION

PICTURE OF THE WEEK

The Reward of Cruelty, Plate IV of *The Four Stages of Cruelty* by William Hogarth, exhibition at Tate Britain, London, until 29 April.

This 1751 etching and engraving shows the dissection of highway robber Tom Nero for the purpose of studying anatomy, as was typical for executed criminals. Nero started his career of cruelty by torturing animals and was hanged for murdering his lover and partner in crime. "The whole scene indicts self interested, legalised cruelty," says Hogarth's biographer, Jenny Uglow.

THE WEEK IN NUMBERS

2 million Visits of unintentionally injured children annually to emergency departments in the UK (News p 331)

4-10% Incidence of infections acquired by patients in European hospitals (Practice p 362)

2% Cases of sinusitis complicated by bacterial infection; sinusitis is generally triggered by viral infection of the upper respiratory tract (Clinical review p 358)

2.8 million Deaths a year caused worldwide by HIV (Head to head p 344)

59% Proportion of voters in Portugal who want the law reformed to allow abortion up to the 10th week of pregnancy (News p 332)

THE WEEK IN QUOTES

"Peer review will become the job of the many, not the select few" (News p 330)

"We are concerned about the Department of Health ... they have not been meeting their obligations under the law" (News p 332)

"The royal colleges are gangs—their membership marked by polyester association ties, polymix suits, and comfortable shoes" (Personal view p 370)

"They were given the impression that they'd be able to spend their whole careers in the UK. Then the rules changed and many were forced to leave." (News p 333)

"It was said the patients were sending messages to the Luftwaffe from the hospital roof" (Between the lines p 371)



ON THE COVER

Are we spending too much on HIV?

See Head to Head, p 344

COVER IMAGE: NIBSC/SCIENCE PHOTO LIBRARY

PLUS

In this week's BMJ careers

Gore or glamour

Junior doctors' welfare officer

A career in public health

Fifteen minute interview with John Geddes

EDITOR'S CHOICE

Controversies revisited

Last September Malcolm Potts and colleagues caused a small furore in our rapid responses by suggesting that some interventions were so obviously effective that they did not need evidence from randomised controlled trials. Correspondents took them to task over their specific examples (misoprostol for postpartum haemorrhage and circumcision for preventing HIV transmission, but, interestingly, not for oral rehydration therapy) or simply for arguing that "obviousness" was a reasonable criterion.

This week Paul Glasziou and his colleagues tease out some criteria for when observations may speak for themselves (p 349). Their analogy is that of the signal to noise ratio: "how much difference between the treatment outcome (signal) and the natural outcome (noise) is enough? We know that confounding is common and often not obvious; indeed, this was the basis for inventing randomised controlled trials." But there may be some cases where the signal is strong enough. They suggest that a relative rate between the effects and the natural outcome of over 10 is highly likely to reflect a real treatment effect. One of their examples is the "mother's kiss" technique for removing a foreign body from an infant's nostril: this, they show in a single case, has a rate ratio of 1440. Will they get a better hearing than Potts et al?

Another controversy revisited in this week's issue is how healthcare organisations should conduct their relationships with the pharmaceutical industry (p 338). Michael Day seems to tell a simple story: the WHO can't take money from commercial organisations, but it can take it from patients' organisations. So when a WHO division seeks help in funding a report on neurological diseases it talks to a patient organisation, who in turn asks a drug company, which offers funds—which WHO then suggests would have to be seen to come from the patient organisation not the drug company. Except in this case the drug company didn't like the lack of transparency and withdrew the funds and the WHO official said he never meant to ask for the money. The picture is muddled because drug companies are sensitive about their relationships with patient organisations and WHO is cautious of the constraining influence of some relationships with industry.

While some people worry about where money comes from, others worry more about how wisely it is spent. In this week's Head to Head Roger England piles up evidence that spending on HIV is disproportionate to the burden of disease it causes, to the proportion of deaths, to the costs per DALY averted (p 344). And "because HIV interventions are not integrated into health services this excessive spending is not effective." Paul de Lay and colleagues, however, point out that 31% of communicable, maternal, perinatal, and nutritional conditions were attributable to HIV and by 2030 it will be the third highest contributor of DALYs globally (p 345). They both agree on the need for stable funding for all international health and development, and England suggests that the Global Fund for AIDS should abandon disease specific support to become that fund.

Jane Smith deputy editor (jsmith@bmj.com)

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