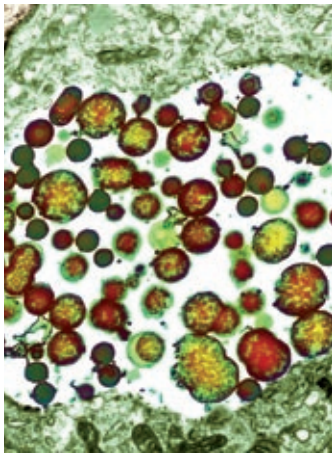


Chlamydia trachomatis, pp 703, 725

Better use of anticoagulants p 714

Mass vaccination of girls, p 721

EDITORIALS

LETTERS

NEWS

FEATURES

OBSERVATIONS

BODY POLITIC

ANALYSIS

RESEARCH, CLINICAL REVIEW, AND PRACTICE

See next page

VIEWS AND REVIEWS

PERSONAL VIEW

REVIEWS OF THE WEEK

COLUMNISTS

MEDICAL CLASSICS

OBITUARIES

MINERVA

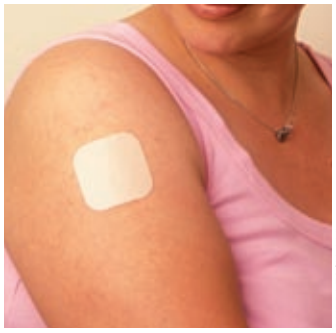
FILLERS

Keeping it secret, p 747

BMJ


ARS
Testing for coeliac disease, p 729


NCCK
2006 WHO child growth standards, p 733


BUBBLES/ALAMY
Managing the menopause, p 736


PHOTOS.COM
Type 1 diabetes and pregnancy, p 742

RESEARCH

CLINICAL REVIEW

PRACTICE

LATEST RESEARCH ONLINE

BMJ
7 April 2007 Vol 334

The Editor, BMJ
BMA House, Tavistock Square, London WC1H 9JR
Email: editor@bmj.com
Tel: +44 (0)20 7387 4499
Fax: +44 (0)20 7383 6418
BMA MEMBERS' INQUIRIES
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6642
BMJ CAREERS ADVERTISING
Email: sales@bmjcareers.com
Tel: +44 (0)20 7383 6531
DISPLAY ADVERTISING
Email: sales@bmjgroup.com
Tel: +44 (0)20 7383 6350
REPRINTS
UK/Rest of world
Email: ngurneyrandall@bmjgroup.com
Tel: +44 (0)20 8445 5825
USA
Email: mfogler@medicalreprints.com
Tel: + 1 (856) 489 4446
SUBSCRIPTIONS
BMA Members
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6642
Non-BMA Members
Email: subscriptions@bmjgroup.com
Tel: +44 (0)20 7383 6270
OTHER RESOURCES
For all other contacts:
resources.bmj.com/bmj/contact-us
For advice to authors:
resources.bmj.com/bmj/authors
To submit an article:
submit.bmj.com

BMJ Group

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the BMJ. The views expressed in the journal are those of the authors and may not necessarily comply with BMJ policy. The BMJ follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics.org.uk/guidelines/).

The BMJ is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the BMJ or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

US second class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. $640. Weekly
Printed by Precision Colour Printing Limited

GETTY IMAGES

PICTURE OF THE WEEK

Smoking in enclosed public spaces became illegal in Wales on Monday to protect workers from secondhand smoke. The ban has few exemptions and includes lorry cabs and theatre stages in addition to pubs, restaurants, and offices. A telephone line has been set up for the public to report smokers breaching the ban, who face £50 on the spot fines. Premises could be fined up to £2500 for failing to prevent smoking.

THE WEEK IN NUMBERS

1:7 Ratio of known to undiagnosed cases of coeliac disease **(Research p 729)**

60% Drop in risk of heterosexually acquired HIV infection associated with male circumcision **(News p 712)**

9 years Age of UK girls from which Gardasil is licensed for vaccination against human papillomavirus **(Feature p 721)**

32-52% Drop in children eligible for food supplementation in three refugee camps if the WHO 2006 growth standards were applied as recommended **(Research p 733)**

42 days Period of organogenesis at the start of pregnancy in which hyperglycaemia can have teratogenic effects **(Practice p 742)**

THE WEEK IN QUOTES

"A high proportion of high risk patients with positive serology turn out not to have coeliac disease on biopsy" (Editorial p 704)

"Risk factors can seriously damage your peace of mind" (Between the Lines p 751)

"Desire to believe in chlamydia screening seems to have displaced alternative explanations, such as changing sexual behaviour" (Analysis p 725)

"Money that owners spend on their animals is money that might otherwise be spent enlarging carbon footprints on foreign holidays" (Letter p 710)

"Even doctors end up in bad relationships" (Personal View p 747)

ON THE COVER

Adult coeliac disease

See Editorials, p 704
Research, pp 729, 732

COVER IMAGE: PROFESSORS P M MOTTA AND F M MAGLIOCCA/SPL

PLUS

In this week's BMJ careers
Medicine to ministry
Working in rural South Africa
Letters page

Articles appearing in this print journal are likely to have been shortened.
To see the full version of articles go to bmj.com.
bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references will be given as w1, w2, etc) of the article and be labelled as *e*xtra on bmj.com.

EDITOR'S CHOICE

Sex and violence

Sexually transmitted infections are tricky: prevention is always going to be difficult, especially if it involves changing behaviour, but the case of human papillomavirus suggests that preventive methods can be controversial even when they don't demand behaviour changes. On p 721 Rebecca Coombes explains why a new vaccine against human papillomavirus that is designed to prevent cervical cancer is causing controversy in the US. The vaccine is given to preteen girls and is expensive. Some think that a mandatory universal vaccination programme undermines parental responsibility and promotes underage sex; it doesn't help that the manufacturer has been heavily promoting the vaccine.

If preventing an infection isn't easy, the next best thing is to identify cases and treat them. Identification is difficult when an infection is initially asymptomatic, so when evidence from Sweden showed that screening could control transmission of chlamydial infection and reduce morbidity of the female reproductive tract several countries started screening programmes. But, argues Nicola Low on p 725, the evidence that screening works isn't strong and "misinterpretation of what comprises a screening programme" has led to uncritical acceptance of chlamydial screening before benefits and harms have been evaluated. Rachel Jones and Fiona Boag also question the effectiveness of an opportunistic approach to screening, rather than a proactive one that targets an entire population (p 703).

The third infection to dominate this week's issue is *Clostridium difficile*. Rates of infection are increasing in the UK, and the government has asked health authorities to set targets for reducing them. As M A Cooper and P M Hawkey explain on p 709, because the rates are increasing and the targets (for a percentage reduction in rates) are based on rates in 2004-5, the targets already look impossibly tough. They urge the government not to set non-negotiable targets as it did for MRSA. Indeed, John Starr argues that *C difficile* and MRSA should not be lumped together and treated the same (p 708). *C difficile* may well be community acquired, rather than hospital acquired, and different measures are needed to prevent it. This is a classic example of where we need to understand the problem better (and design and test solutions), before leaping to a solution—and a set of targets.

If infections are at one end of the spectrum of matters that doctors deal with then domestic violence is at the other. As Lorraine Ferris says in her editorial, we know more about the epidemiology of domestic violence than how to identify, treat, and reduce it, but a recent WHO report identifies what doctors can do: have protocols, use referral systems, ensure confidentiality, and make women's safety a priority (p 706). That doctors too may be subject to domestic violence is illustrated by our anonymous personal view. The writer not only describes the shock of attack but also the difference that good doctoring can make: "I sat in the consulting room of a GP 10 years my junior who documented my injuries . . . with kindness and a non-judgmental compassion that made me cry."

Jane Smith, deputy editor jsmith@bmj.com