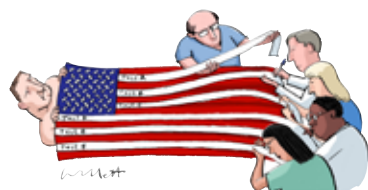


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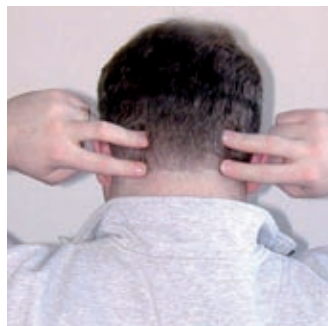




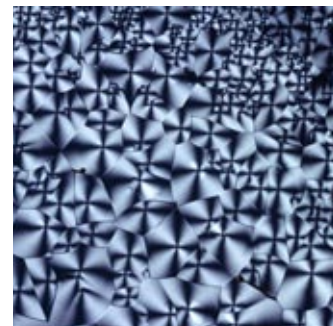
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### 77 Physical interventions to interrupt or reduce the spread of respiratory viruses: systematic review

Handwashing, masks, and isolation of potentially infected people were effective in preventing the spread of respiratory virus infections but the quality of the 51 studies was generally low

Tom Jefferson, Ruth Foxlee, Chris Del Mar, Liz Dooley, Eliana Ferroni, Bill Hewak, Adi Prabhala, Sree Nair, Alex Rivetti

» Editorial p 55

### 80 Chloramphenicol versus ampicillin plus gentamicin for community acquired very severe pneumonia among children aged 2-59 months in low resource settings: multicentre randomised controlled trial (SPEAR study)

Parenteral chloramphenicol is the standard treatment but has not been rigorously tested, and in this trial it led to significantly more treatment failures than parenteral ampicillin plus gentamicin, particularly against *Streptococcus pneumoniae*

Rai Asghar, Salem Banajeh, Josefina Egas, Patricia Hibberd, Imran Iqbal, Mary Katep-Bwalya, Zafarullah Kundi, Paul Law, William MacLeod, Irene Maulen-Radovan, Greta Mino, Samir Saha, Fernando Sempertegui, Jonathon Simon, Mathuram Santosham, Sunit Singh, Donald M Thea, Shamim Qazi, for the SPEAR (Severe Pneumonia Evaluation Antimicrobial Research) Study Group

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### 85 Risk of respiratory morbidity in term infants delivered by elective caesarean section: cohort study

Compared with babies delivered vaginally those delivered by planned caesarean section have an increased risk of respiratory morbidity: this is increased fivefold for delivery at 37 weeks and fourfold at 38 weeks, and the authors recommend postponement until 39 completed weeks of gestation

Anne Kirkeby Hansen, Kirsten Wisborg, Niels Ulbjerg, Tine Brink Henriksen

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Pregnancy can complicate an eating disorder as changes in body shape may increase anxiety about weight gain. Pregnant women with eating disorders need enhanced monitoring and postnatal support

Veronica Bridget Ward

### 96 Lesson of the week: Severe weight loss caused by chewing gum

Sorbitol intake should be considered in patients with bowel problems, chronic diarrhoea, and weight loss

Juergen Bauditz, Kristina Norman, Henrik Biering, Herbert Lochs, Matthias Pirlich

## RESEARCH PUBLISHED AHEAD OF PRINT

**Comparison of analgesic effects and patient tolerability of nabilone and dihydrocodeine for chronic neuropathic pain: randomised, crossover, double blind study**

*BMJ*, doi:10.1136/bmj.39429.619653.80

B Frank, M G Serpell, J Hughes, J N S Matthews, D Kapur

## WHAT'S IN STORE FOR JUNIOR DOCTORS' TRAINING?



The *BMJ* would like to hear from you. Do you want to know what's in store for junior doctors' training? Or are you wondering why MTAS seemed to go horribly wrong? In the first broadcast between the *BMJ* and both the BMA and Remedy UK, we put your questions to Ram Moorthy, chair of the BMA's Junior Doctors' Committee, and Chris McCullough from Remedy UK. Please send us your question as a rapid response by following the link on [bmj.com](http://bmj.com)'s homepage.

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REUTERS/JOHANNES EISELE

## PICTURE OF THE WEEK

A restaurant owner smokes a cigarette through holes in the wall of his restaurant in Goslar, Lower Saxony, Germany. He made the holes so that customers who want to smoke can stay warm while doing so. Lower Saxony and Baden-Württemberg in the west and Mecklenburg-Western Pomerania in the east were the first German states to ban smoking in public places. The other 13 have pledged to follow with bans this year.

## THE WEEK IN NUMBERS

**>150 million** Number of cases of pneumonia occurring annually worldwide (Editorials p 54)

**£13 000** Additional amount needed to be spent on cancer treatment each year per patient to extend a life by one year in England (News p 64)

**300** Number of addicts in the UK regularly prescribed heroin (Feature p 68)

**180** Days per year with headache to reach a diagnosis of chronic tension-type headache (Clinical Review p 88)

**\$Z17 million** A typical nurse's monthly salary in Zimbabwe—transport to and from work can cost \$Z400 000 each day (Personal View p 98)

## THE WEEK IN QUOTES

**“It's impossible to work freely when you know there are armed soldiers outside the door”** (News p 64)

**“We need talented researchers who know how to work at the interface of research, practice, and policy making”** (Analysis p 74)

**“Neonatal respiratory morbidity may be reduced if elective caesarean section is postponed until 39 completed weeks of gestation”** (Research p 85)

**“Much of the best quality evidence for the treatment of tension-type headache is decades old”** (Clinical Review p 88)

**“Mothers with eating disorders may be particularly controlling of their infants”** (Practice p 93)



## EDITOR'S CHOICE

## Next to cleanliness



COVER IMAGE: DEA

## ON THE COVER

Heroin: should it be prescribed to misusers?

Feature, p 68

Head to head, p 70

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to [bmj.com](http://bmj.com). [bmj.com](http://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 **extra** on [bmj.com](http://bmj.com).

Whether or not pandemic flu is on its way, it's likely we'll see an increase in flu cases this winter, with all their attendant misery and cost. We have vaccines and antiviral drugs, but how effective are simple hygiene measures—hand washing and face masks?

Tom Jefferson and colleagues have looked at the evidence, sifting through 2300 articles to find 51 studies worth considering (p 77). They conclude that these simple and low cost interventions can reduce spread, with the most impressive reductions in respiratory illness coming from high quality cluster randomised trials of hand washing in younger children. They extrapolate from case-control studies from SARS in Asia to derive numbers needed to treat and estimate that washing hands between patients or wearing masks, gloves, or gowns in four to six hospital or community initiatives would contain one epidemic. Combining the individual measures brings the number needed to treat down to three.

But the evidence is thin, and most studies were of poor quality. Why has there been so little good research in this area? In his editorial (p 55), Martin Dawes points out that of the 336 trials on influenza registered on WHO's international clinical trials registry, only three are about reducing transmission through physical distancing or barrier methods. Is this another manifestation of drug industry dominance over clinical trials (see last week's editor's choice), or does it run deeper than that? In a rapid response Peter Doshi comments that the US Centers for Disease Control and Prevention's recommendations on influenza are 25 000 words long but contain only one dismissive sentence on non-pharmaceutical interventions ([www.bmj.com/cgi/eletters/bmj.39393.510347.BE1](http://www.bmj.com/cgi/eletters/bmj.39393.510347.BE1)). He asks why the response

to Jefferson et al's review has been muted: "The evidence indicates that these methods are effective, relatively easy to employ, and cheap? Is this not cause for celebration?" If it's not a drug or a vaccine, it seems we're not interested.

Jefferson and colleagues call for more and better research, a plea echoed in a response from Joshua Jacob and colleagues in Tokyo ([www.bmj.com/cgi/eletters/bmj.39393.510347.BE1](http://www.bmj.com/cgi/eletters/bmj.39393.510347.BE1)), who also say randomised controlled trials will be hampered either by strong cultural beliefs in the efficacy of face masks (as in Japan) or by strong resistance among healthcare providers to wearing them (as in America).

Which leads me to the main subject of discussion among UK doctors I've met this week (apart from the Tooke report on the future of specialist training (p 54 and p 61) and Gordon Brown's shock announcement about the need for more prevention (p 53 and p 62): the government's recent directive that doctors should be "bare below the elbows"—short sleeved shirts, no ties, no white coats, no wrist watches. The evidence for this new policy is sadly lacking, as the government admits (<http://tinyurl.com/2mtszi>). I am semi-reliably informed that the policy emerged from a conversation with doctors at one tertiary referral hospital. No one wants to be grouped in years to come among those who laughed at Lister or sneered at Semmelweis. But I'm with Michael Moses, a plastic surgeon, who asks in his rapid response ([www.bmj.com/cgi/eletters/336/7634/10](http://www.bmj.com/cgi/eletters/336/7634/10)) how the risk of infection from wrist watches stacks up against the risk from 100% bed occupancy.

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