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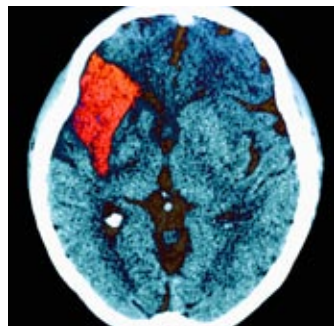
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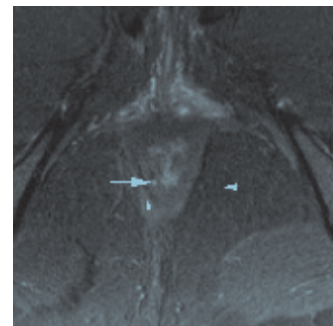
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366 New onset and persistent symptoms of post-traumatic stress disorder self reported after deployment and combat exposures: prospective population based US military cohort study

In around 50 000 personnel deployed in Iraq and Afghanistan by early 2006 exposure to combat was associated with a threefold increase in new onset PTSD

Tyler C Smith, Margaret A K Ryan, Deborah L Wingard, Donald J Slymen, James F Sallis, Donna Kritz-Silverstein, for the Millennium Cohort Study Team

371 Inequalities in mortality during and after restructuring of the New Zealand economy: repeated cohort studies

During this natural experiment in the 1980s and 90s rates of poverty rose and the relative mortality gap between rich and poor widened

Tony Blakely, Martin Tobias, June Atkinson

376 Impact of functional status at six months on long term survival in patients with ischaemic stroke: prospective cohort studies

Six months after stroke patients needing a lot of help with daily activities had poor long term survival and only 45% with severe disability survived five years

Karsten Bruins Slot, Eivind Berge, Paul Dorman, Steff Lewis, Martin Dennis, Peter Sandercock, on behalf of the Oxfordshire Community Stroke Project, the International Stroke Trial (UK), and the Lothian Stroke Register

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380 Management of haemorrhoids

Austin G Acheson, John H Scholefield

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384 Teaching rounds: Teaching when time is limited

Teaching in small increments of time during patient care can provide powerful learning experiences for trainees. This article explores the ways that clinical teachers might do this in a time efficient way

David M Irby, LuAnn Wilkerson

387 Rational imaging: Investigating perianal pain of uncertain cause

This article explores the radiological investigations available to diagnose perianal pain of unknown cause, with particular reference to perianal sepsis

Rebecca Greenhalgh, C Richard Cohen, David Burling, Stuart Andrew Taylor

RESEARCH PUBLISHED AHEAD OF PRINT

Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis

BMJ, doi:10.1136/bmj.39471.430451.BE

Eric Manheimer, Grant Zhang, Laurence Udoff, Aviad Haramati, Patricia Langenberg, Brian M Berman, Lex M Bouter

Rates of medication errors among depressed and burnt out residents: prospective cohort study

BMJ, doi:10.1136/bmj.39469.763218.BE

Amy M Fahrenkopf, Theodore C Sectish, Laura K Barger, Paul J Sharek, Daniel Lewin, Vincent W Chiang, Sarah Edwards, Bernhard L Wiedermann, Christopher P Landrigan

Familial risk of oral clefts by morphological type and severity: population based cohort study of first degree relatives

BMJ, doi:10.1136/bmj.39458.563611.AE

Åse Sivertsen, Allen J Wilcox, Rolv Skjærven, Hallvard Andreas Vindenes, Frank Åbyholm, Emily Harville, Rolv Terje Lie

HOLD THE BACK PAGE!

As you may have noticed, we recently combined the *BMJ* and *BMJ Careers* within one set of covers. This has presented some practical problems, one being the splitting up of the obituary pages. We intend to move the obituaries farther forward so the short and long obituaries are together again and, by doing this, we will gain a page for editorial content at the back of *Minerva*.

We want this to be a fun, interactive medical education page. We are exploring various options, including a regular statistics question, a picture quiz with radiological and clinical images, a short interactive case report, and medical sudoku. If you would like to comment on these suggestions or have any of your own, please contact Amy Davis (adavis@bmj.com).



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JORGE ADORNO/REUTERS

PICTURE OF THE WEEK

People queuing for yellow fever vaccination as supplies begin to run out in Asuncion, Paraguay. The vaccinations are made in Brazil and are in short supply everywhere in the region after Brazil suspended exports and asked to borrow an additional four million doses of vaccine from global emergency stockpiles. The Brazilian Ministry of Health has reported a resurgence of the mosquito borne disease, with 48 cases, including 13 deaths.

THE WEEK IN NUMBERS

3:1 Ratio of soldiers exposed to combat to those non-deployed who reported new symptoms of post-traumatic stress (Research p 366)

30% Prevalence of piles in GPs' patients in London (Clinical Review p 380)

\$2.1 trillion US spending on health care in 2006 (News p 349)

60% Proportion of people who use snus to quit smoking who become chronic users (Head to Head p 358)

0.25% Minimum amount of GDP that the European Medical Research Councils want spent on research within 10 years (Editorial p 341)

“THE WEEK IN QUOTES

“Interventions that reduce dependency at six months [after an ischaemic stroke] might have positive effects on long term survival” (Research p 376)

“Questions are the teacher's primary diagnostic tool” (Practice p 384)

“Rather than throwing them away, we tried to think of how [outlawed white coats] could be recycled” (Letter p 346)

“Big Brother will not be watching you. He has better things to do than snigger about your piles” (Personal View p 390)

“The deals [for GPs] from the government haven't been negotiated; they are inflexible” (News p 351)

EDITOR'S CHOICE

Health, wealth, and politics



COVER IMAGE: STEPHEN MULCAHY/ISTOCK PHOTO

ON THE COVER

What's new in treating haemorrhoids?

Clinical review, p 380

The idea that, in a developed country, more equal distribution of wealth is associated with better health is remarkably provocative. Can it be true? Is it a scientific or political theory? Does it have any place in a general medical journal?

The *BMJ* pitched into this debate more than 10 years ago with a series of articles introduced by Richard Wilkinson, currently professor of social epidemiology in Nottingham (*BMJ* 1997;314:591). Now Tony Blakely and colleagues shed further light on the Wilkinson hypothesis (Research p 371). They examined trends in mortality in a natural experiment in New Zealand during the 1980s and 1990s, when economic reforms led to rapidly increasing and then decreasing levels of poverty and unemployment and widening income inequality. Overall, people in all income groups got healthier over time. But the gaps in mortality between people on high, middle, and low incomes widened as social inequalities increased: this was mainly due to cardiovascular disease, although rates tailed off and cancer started catching up in the 1990s. In adults aged 25-44 overall mortality barely improved over the two decades, and the association between relative poverty and early death—mostly from unintentional injury and suicide—strengthened. The authors cautiously conclude that their findings may be consistent with a causal association between social and economic inequalities and mortality, but they do not and cannot go further than that.

The analysis is complex and not easy to interpret. Our decision to publish this paper is at least partly explained by one of the peer reviewers' comments (on file) that "it is much easier to plough the well-tilled furrows of individual-level analysis of risk factors than to take on the methodological

challenges of mapping associations between trends in inequalities in health determinants and in health outcomes. Yet for an evidence-informed debate about policies to tackle widening health inequalities, it is precisely Blakely-style work that we need."

If you're tempted to write off this week's *BMJ* as too political, don't miss the chance to learn more about survival in stroke (Research p 376, Editorials p 337) and the management of anorectal disorders (Clinical Review p 380, Practice p 387). But politics won't go away. Access to general practitioners has become a deeply politicised issue recently, and, as the *BMJ* went to press, we knew that the BMA was sending out advice to GPs on the government's plan to extend their opening hours (News p 351).

General practitioner Iona Heath writes an open letter to prime minister Gordon Brown and accuses him of offering the public "an unattainable disease-free future [through treating every identifiable risk factor], the satisfaction of every wish, and an impossible availability of individual clinicians" (Observations p 360). Heath doesn't comment specifically on the issue of general practitioners' hours. Her concerns are about constructive joint working when politicians make promises that clinicians cannot keep.

The assumption that doctors and politicians should work together at all may seem alien to *BMJ* readers in many parts of the world. Here in the UK, however, every prime minister has to add to Bill Clinton's 1992 campaign slogan "it's the economy, stupid..." these three words: "...and the NHS."

Trish Groves deputy editor, *BMJ* tgroves@bmj.com

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WHAT'S NEW AT THE BMJ GROUP

Drug and Therapeutics Bulletin (DTB)—February issue

Reviews on grazax for hay fever, treating depression in alcohol misuse, and lidocaine plasters for post-herpetic neuralgia. dtb.bmj.com

International Forum on Quality and Safety in Health Care

22-25 April 2008 New website now live. Check out the programme highlights and confirmed speakers internationalforum.bmj.com

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PLUS

Career Focus, jobs, and courses appear after p 394.

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