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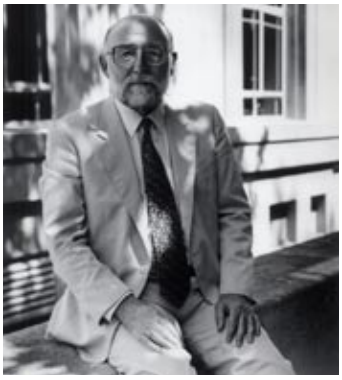
Depression in adolescents, p 254



Donald Acheson has died, p 263

In praise of cows, p 268

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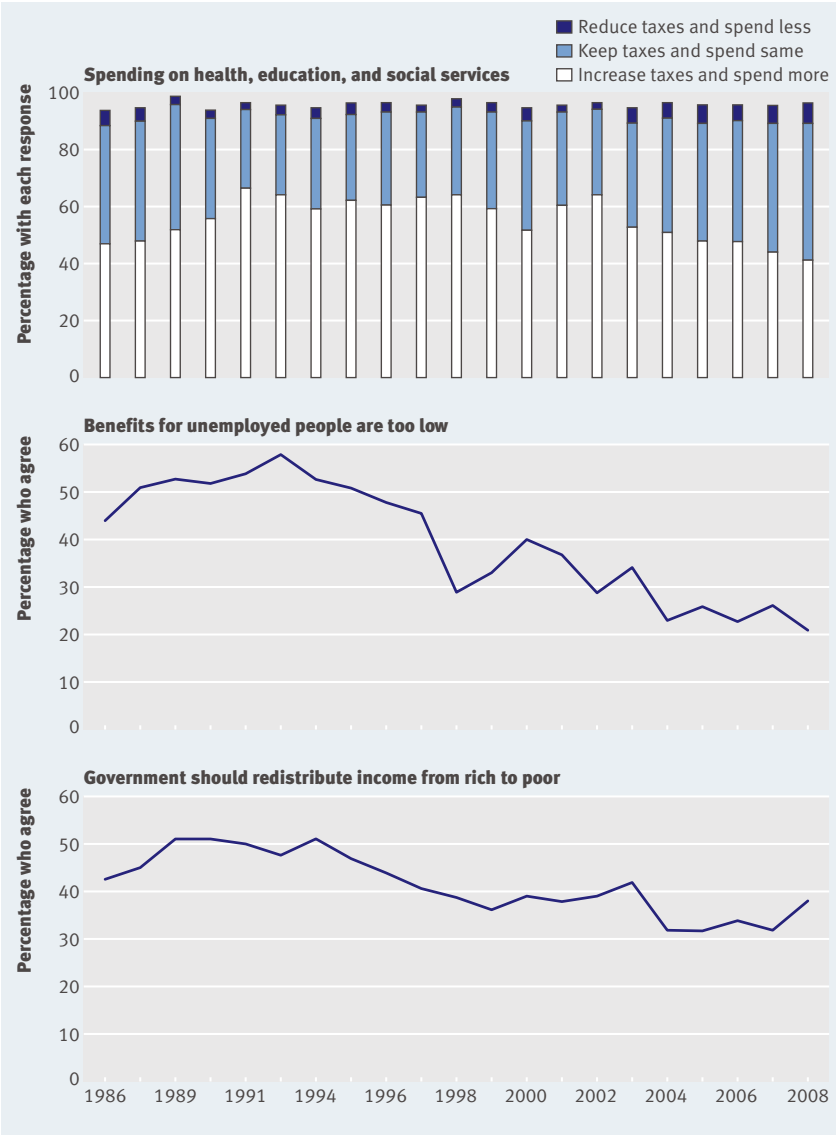
GRAPHIC OF THE WEEK



Changes in British values over two decades, from the 26th survey of British social attitudes by the independent National Centre for Social Research. Each year it asks about 3000 people what it's like to live in Britain and how they think Britain is run. The survey tracks people's changing social, political, and moral views and informs the development of public policy. See www.natcen.ac.uk

THE WEEK IN NUMBERS

1-6% Proportion of adolescents affected worldwide each year by depression **(Clinical Review, p 254)**

25 000 Deaths in England each year attributable to hospital acquired venous thromboembolism **(Practice, p 259)**

45 g Fall in mean self determined meal size of participants who use a Mandometer **(Research, p 250)**

QUOTE OF THE WEEK

"Unless an alternative use can be found for them [the unused oseltamivir tablets], the government stands condemned. They would be great for gritting the icy roads"

Paul Flynn, Labour MP for Newport West, who filed an early day motion in the House of Commons on 20 January to highlight concerns about the intended mass use of Tamiflu in the UK **(News, p 232)**

EDITOR'S CHOICE

Seeing things differently

As well as being fascinating, it turns out to be common—one in a hundred of us is a synaesthete. And if you don't know what it is, you might mistake it for something serious.

Synaesthesia is a harmless condition for which patients almost never seek medical help. So why have we got an article and an editorial about it? Because as well as being fascinating, it turns out to be common—one in a hundred of us is a synaesthete. And if you don't know what it is, you might mistake it for something serious. As David Eagleman beautifully evokes in his editorial (p 221), synaesthesia is "a fusion of different sensory perceptions: the feeling of sandpaper might evoke an F sharp, a symphony might be experienced in blues and golds, or the concept of February might be experienced above the right shoulder."

Most synaesthetes accept the reality presented to them as entirely normal, as we all do. But Eagleman says that doctors, parents, and educators need to be aware of the condition so they don't show inappropriate concern when hearing someone give what seems to be an unusual description of the world. The author of our Patient Journey (p 261) sought medical help for depression and had an MRI scan after reporting difficulty recognising words, which she described as visual loss. As a child she had stopped telling people that she saw numbers as colours after a friend called her weird. Luckily her psychiatrist, who writes an accompanying commentary, understood the difference between her symptoms and schizophrenia. "Had I been diagnosed with schizophrenia, my life would have changed greatly," writes the patient.

There's another interesting little oddity in this week's *BMJ*—a letter reporting some in vitro research. Following up discussions in the journal about fever possibly being a beneficial response to infection, Garth Dixon and colleagues summarise their experiments on *N meningitidis* incubated in whole blood (p 230). They found reduced bacterial growth at higher temperatures and conclude that antipyretic treatment may be counterproductive.

No doubt new antipyretics are being developed as I write. But will they be sufficiently innovative and useful to merit the spending of public money? Robin Ferner and colleagues point out that only about one new drug in eight provides average health gains of more than 1 QALY. We badly need innovation in drug development, but the NHS should pay over the odds for new drugs only if they benefit patients, they say. Where such benefit is uncertain, the costs of stimulating and rewarding innovation should fall to drug companies and to the department for business, innovation, and skills.

Finally, we celebrate the life and achievements of Donald Acheson, England's former chief medical officer, who died three weeks ago (p 263). Despite his Calvinist upbringing, he instinctively understood that secrecy and shame would fuel the spread of AIDS. In the UK he effectively marshalled politicians and the media, getting ministers to drop plans for compulsory testing and to promote harm minimisation as the main message. So we have needle exchanges and encouragement of safe sex rather than no sex. Internationally he developed programmes for AIDS prevention. Without his courage and insight, things would have been very different.

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Career Focus, jobs, and courses appear after p 268

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