



SHARON DOMINICK/GETTY

Clinical Review, p 1265

## NEWS

- 1227 Warnings on two birth control pills are too weak, FDA panel rules  
Poor care leads to some 24 000 premature deaths from diabetes in England each year
- 1228 Directors of Calcutta hospital are arrested after fire kills 90  
English health secretary unveils 60 performance indicators
- 1229 Private healthcare faces investigation  
Review finds abortion does not increase mental health problems in women  
More “responsible” science reporting is needed, Leveson inquiry hears
- 1230 Research into neglected diseases falls for first time since 2007  
High cost of essential drugs forces millions into poverty
- 1231 Childhood obesity can be prevented, says Cochrane  
German health system makes record surplus in 2011
- 1232 Deal to cut emissions is a “modest but significant step forward”  
“Strategic vacuum” after end of NHS London threatens patient care  
Half of acute trusts in London are not viable, say MPs



Premature deaths from diabetes, p 1227

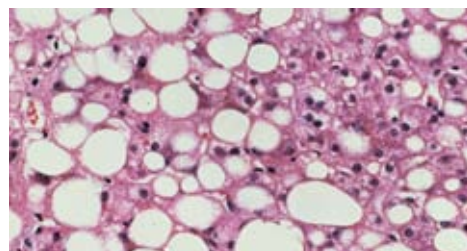
## RESEARCH

- 1239 Research Introduction
- 1240 Research News
- 1242 Statins and prevention of infections: systematic review and meta-analysis of data from large randomised placebo controlled trials  
Hester L van den Hoek et al  
● EDITORIAL, p 1235
- 1243 Risk models and scores for type 2 diabetes: systematic review  
Douglas Noble et al
- 1244 Effect of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months: a randomised controlled trial  
Ola Andersson et al  
● EDITORIAL, p 1233
- 1245 Non-alcoholic fatty liver disease and mortality among US adults: prospective cohort study  
Mariana Lazo et al  
● EDITORIAL, p 1236

## COMMENT

## EDITORIALS

- 1233 Delayed cord clamping and improved infant outcomes  
Enough evidence exists to encourage a routine change in practice  
● RESEARCH, p 1244
- 1235 Do statins reduce the risk of infection?  
Observational evidence of a benefit is now refuted by randomised trials  
● RESEARCH, p 1242
- 1236 Prognosis and staging of non-alcoholic fatty liver disease  
Impact of staging on mortality is unclear, and liver biopsy remains the definitive method  
● RESEARCH, p 1245



- 1237 Violence and poor mental health and functional outcomes  
Information about lifetime experience of violence may have important clinical implications
- 1238 Electronic cigarettes as a method of tobacco control  
Allow them, but research and monitoring are needed so that the risks can be regulated

## FEATURES

- 1246 Is the NHS watchdog fit for purpose?  
The Care Quality Commission is under fire from all angles. Can things get better? They can hardly get worse, says Nigel Hawkes
- 1248 Reality of the NHS budget squeeze  
Constraints on NHS budgets are forcing providers to re-examine the way that they deliver care. Richard Vize looks at how two areas, Devon and Newcastle, are responding
- 1250 *BMJ* Christmas Appeal

## ANALYSIS

- 1251 Major challenges ahead for Hungarian healthcare  
The health sector in Hungary is facing its most serious crisis since the fall of the communist regime. Péter Gaál and colleagues discuss the challenges and how to respond to them



Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened. [bmj.com](http://bmj.com) also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on [bmj.com](http://bmj.com).

Please cite all articles by year, volume, and locator (rather than page number), eg *BMJ* 2011; 342:d286.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

100% recycled

The *BMJ* is printed on 100% recycled paper (except the cover)



Surviving cancer in film, p 1261

## COMMENT

## LETTERS

- 1255 Ensuring quality in primary care; Worst cases of patient care; Private social enterprise; Dabigatran v warfarin; The RTS,S malaria vaccine; Antibiotics and caesareans; Melanoma and military staff; Inherited cardiomyopathies; Lower respiratory infection

## OBSERVATIONS

## ETHICS MAN

- 1259 "How can I avoid being sued?" Daniel K Sokol

## VIEWS AND REVIEWS

## PERSONAL VIEW

- 1260 We must reconfigure healthcare providers  
James A Smallwood

## REVIEW OF THE WEEK

- 1261 Laughter in the dark: the film *50/50* Priya V Joshi

## BETWEEN THE LINES

- 1262 Snobbery with violence Theodore Dalrymple

## MEDICAL CLASSICS

- 1262 The System of Dr Tarr and Professor Fether by Edgar Allan Poe Peter Davies

## OBITUARIES

- 1263 Sammy Franks, and others

## LAST WORDS

- 1275 All a-Twitter Des Spence  
A Christmas lecture James Owen Drife

## EDUCATION

## CLINICAL REVIEW

- 1265 Managing infants who cry excessively in the first few months of life Pamela Douglas and Peter Hill

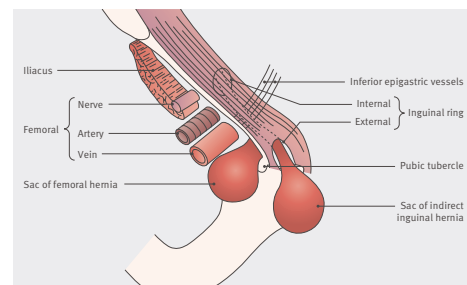
## PRACTICE

## GUIDELINES

- 1270 Assessment and referral after emergency treatment of a suspected anaphylactic episode: summary of NICE guidance M Dzingina et al

## EASILY MISSED

- 1271 Femoral hernias Henry Robert Whalen et al



## ENDGAMES

- 1274 Quiz page for doctors in training

## MINERVA

- 1276 P G Wodehouse and George Bernard Shaw, and other stories

## FILLER

- 1273 Twice blessed

Join your  
colleagues.

BMJ Masterclasses

masterclasses.bmj.com



The Editor, *BMJ*BMA House, Tavistock Square,  
London WC1H 9JR

Email: editor@bmj.com

Tel: +44 (0)20 7387 4410

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 6386

## 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: support@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

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 BMA policy. The BMJ follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://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/](http://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.

©BMJ Publishing Group Ltd 2011 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

Published weekly. US periodicals 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. \$796. Weekly

Printed by Polestar Limited



BEN CAWTHRA/REX FEATURES

## PICTURE OF THE WEEK

Protestors attend a "Muff march" in London's Harley Street last Saturday. They were protesting against the rise in female genital cosmetic surgery. Between 2007 and 2008 there was a 70% increase in the number of labiaplasty operations carried out by the NHS, and last year the Harley Medical Group received more than 5000 inquiries about cosmetic gynaecology. See <http://ukfeminista.org.uk>.

## THE WEEK IN NUMBERS

**20%** Proportion of parents who said that their otherwise healthy baby had cry-fuss problems at two months of age

(Clinical Review, p 1265)

**1 in 3333** Proportion of the population of the United Kingdom who have experienced anaphylaxis

(Practice, p 1270)

## QUESTION OF THE WEEK

Last week we asked "Should the drug industry be given anonymised patient data?"

**52%** voted no (total 901 votes cast)

This weeks poll asks "Should we treat lower urinary tract symptoms without a definitive diagnosis?"

► *BMJ* 2011;343:d6058 and *BMJ* 2011;343:d6038



Lifebox, the *BMJ*'s 2011 Christmas charity, wants every operating theatre to have a £160 pulse oximeter. Atul Gawande explains more in a *bmj.com* video at <http://bit.ly/uuNjPS>

► Donate online at [www.lifebox.org/donations](http://www.lifebox.org/donations) or complete the coupon on page 1250

## QUOTE OF THE WEEK

**"Forty two per cent of NHS Confederation members said the financial situation was 'the worst they had ever experienced.' Over half were cutting staff"**

Richard Vize reports on the reality of the NHS budget squeeze (Feature, p 1248)



## EDITOR'S CHOICE

## On crying infants and clamping of cords

**Of course there's one cry that no parent would want to prevent—the baby's first, traditionally provoked by a slap on the bottom**

All babies cry, and in the first months of life they cry a lot—one to two hours a day on average, according to research quoted by Pamela Douglas and Peter Hill in their clinical review (p 1265). But some cry excessively and continue with persistent crying beyond three months, and Douglas and Hill say it's these babies and their parents who must be taken seriously. Although most will have no long term adverse effects, the strain on the family is associated with higher rates of physical abuse and postnatal depression, as well as behavioural problems in childhood (though cause and effect are hard to establish).

What can you do? History and examination should uncover treatable causes, although gastro-oesophageal reflux disease is no longer thought to be one of them. Feeding problems, functional lactose overload in breastfed babies, cows' milk allergy in those that are bottle fed, or urinary tract infection should all be sought and managed as promptly as possible. Feeding experts play a crucial part, as do mental health experts for women who may have postnatal depression. Once these factors have been excluded, Douglas and Hill recommend an individually tailored approach centred on the mother and family.

Of course there's one cry that no parent would want to prevent—the baby's first, traditionally provoked by a slap on the bottom. Modern childbirth practices tend towards a gentler approach, except for one quite recent and now entrenched intervention: early clamping of the umbilical cord. The *BMJ* has published before on the growing evidence against this practice (*BMJ* 2007;335:312) (*BMJ* 2010;340:c1720) (*BMJ* 2010;341:c5447). So I was surprised to read in Patrick van Rheenan's editorial this week that more than 95% of UK obstetricians and midwives still clamp the cord within two minutes of birth (p 1233).

Van Rheenan explains how this practice became accepted as the norm. First recommended in the 1970s, it became part of the bundle of interventions that made up the "active management of labour," along with use of oxytocics and controlled cord traction, all of which were focused on reducing the risk of postpartum haemorrhage. A systematic review of active management in 2000 found that it did indeed reduce maternal blood loss. But a subsequent systematic review in 2007 looked specifically at the timing of cord clamping and found that delayed clamping posed no risk to the mother.

Any concerns about risks to the baby of polycythaemia or other adverse effects from placental transfusion should have been allayed by another 2007 systematic review, which found that delayed cord clamping is beneficial at birth and into infancy. But since some of the evidence came from developing countries with a high prevalence of infant anaemia, questions remained about how this applied in developed countries. This week we publish a randomised controlled trial from Sweden that addresses this concern. Ola Andersson and colleagues found that delaying clamping for three minutes after delivery improved all measures of iron status at 4 months of age with no neonatal adverse effects (p 1244). NICE's current guidance recommends early clamping but is now under review (<http://guidance.nice.org.uk/CG/WaveR/109>). It's time for a change of practice.

**Fiona Godlee, editor, *BMJ***

**[fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

**Cite this as: *BMJ* 2011;343:d8159**

► To receive Editor's Choice by email each week, visit [bmj.com/cgi/customalert](http://bmj.com/cgi/customalert)

## Twitter

► Follow the editor, Fiona Godlee, at [twitter.com/fgodlee](http://twitter.com/fgodlee) and the *BMJ*'s latest at [twitter.com/bmj\\_latest](http://twitter.com/bmj_latest)

Can you help to shape the *BMJ*?

Every week we strive to give our readers a satisfying mixture of research, education, news, and views. However, with such a diverse audience, which spans not only every branch of medicine but the whole world as well, it is all too easy to fall short for at least some of our constituent groups.

With that in mind we are looking to recruit a reader panel that will help shape

our editorial plans by giving us regular feedback on the relevance, usefulness, and interest of the content we publish. The feedback will be collected via an online survey tool, which will be designed to be quick and simple to complete.

We anticipate that the panel will operate for at least six months and would hope that volunteers will be able to contribute most weeks. For those who stay

the course there will be a small thank you, but we would prefer that you put your name forward because you want to help make the *BMJ* even better rather than to make your fortune.

At this stage we are seeking volunteers, so if you are interested please email the publisher, Phil Johnson, at: [pjohnson@bmj.com](mailto:pjohnson@bmj.com) with the information shown right.

## EXAMPLES

**Name and title:** Dr John Smith  
**Job title:** Consultant/GP Partner/Specialist registrar/Foundation doctor  
**Specialty:** Cardiology/general practice/public health  
**Place of work:** Somewhere Hospital/Anywhere Medical Practice  
**Town/City:** London  
**Country:** UK  
**Primary interest:** Clinical medicine/Research/Public health/Policy/Education/Other  
**How many years have you read the *BMJ*?** 9 years  
**Do you read it primarily in print or online?** Print