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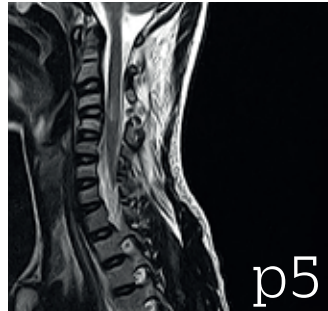
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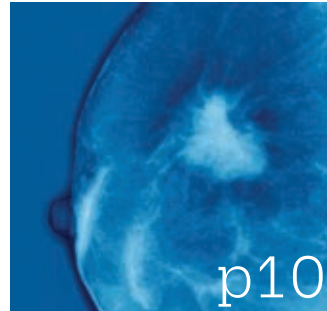
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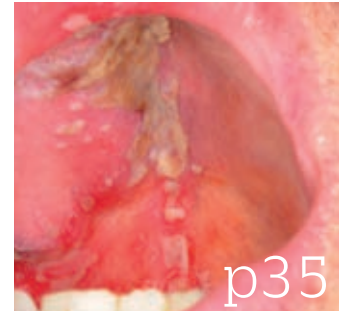
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PICTURE OF THE WEEK

Sunglasses for customers on the "Hangover Bus" in New York City on New Year's Day. The bus offers different intravenous solutions—including so called vitamin boosters—aimed at helping in hangover recovery, according to organisers. The drips, which take about 40 minutes, are offered at prices ranging from \$129 to \$169. In a recent article, *BMJ* columnist Margaret McCartney said that vitamin infusions for hangovers were not evidence based (*BMJ* 2014;349:g5959).

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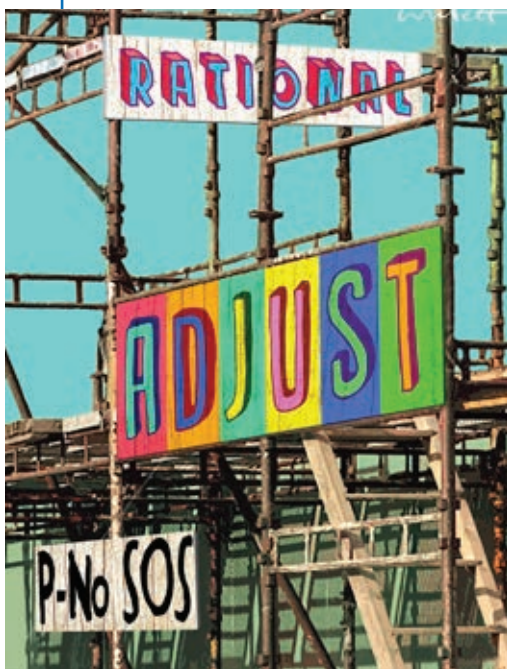
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RESPONSE OF THE WEEK

Acronyms are the devil's spawn

Acronyms are—with some exceptions—hopelessly confusing for those outside the inner sanctum of the subspecialty concerned. There are enough references given in this article that I do not need to add my own written thoughts on the matter. Suffice to say that when preparing an article in 2005, I found 23 trials, pieces of equipment, or procedures all of which had the acronym SMART. Strangely enough, I found not a one with the acronym DULL or STUPID.

Neville W Goodman, retired anaesthetist, Bristol, UK, in response to, "Search for humorous and Extravagant acronyms and Thoroughly Inappropriate names For Important Clinical trials (SCIENTIFIC): qualitative and quantitative systematic study"

• [BMJ 2014;349:g7092](http://bmj.com/2014/349/g7092)

**FROM THE ARCHIVE:
THIS WEEK IN 1915**

H Howard Murphy proposes seven "radical remedies" to tackle overprescribing, which he defines crudely as any prescription drug costing more than ninepence to dispense. Is medical education to blame, he asks, noting that "medical men—while students at a hospital—learn practically nothing of dispensing, and but little of pharmacy beyond what the *British Pharmacopoeia* contains." Murphy's proposals include an increase in insurance funds, removing or reducing the tax on alcohol used for medication, and improvements to the *Pharmacopoeia*, perhaps based on the one devised for hospitals in London. Howard concludes: "These changes proposed seem very radical, but nothing less will make the *Pharmacopoeia* really useful and take the place it should as a standard for the empire."

• [BMJ 1915;1:S9 \(http://bmj.com/ThisWeek\)](http://bmj.com/2015/1/s9)

LATEST BLOGS ON THEBMJ.COM

Suffering for art

Margaret Cooter explores a new art exhibition, held at the Freespace Gallery in London's Kentish Town Health Centre, in which two artists have taken the notion of "suffering for their art" to great lengths.

• <http://bmj.co/artssuffer>

Where your baby is born—informing mothers about the choices they face

After the release of updated guidance from the National Institute for Health and

Care Excellence on the care of healthy women and their babies during childbirth, Aoife Molloy considers the babies of past, present, and future and the choices their mums make.

• <http://bmj.co/mumschoice>

**Would I make it through medical school these days?**

Nowadays, medical students at GP Samir Dawlaty's former university are subject to similar fitness to practise regulations as qualified doctors. How does this affect the raucous sports teams, the satirical comedy shows, the debauched freshers, and black tie events? Does it push bad behaviour further underground?

• <http://bmj.co/makemedschool>

Meeting our patients in the middle of their chaos

Medical culture today seems designed to thrive on order. We have our protocols, our schedules, our guidelines, and our clinical performance metrics, but in the process, wonders William Cayley, are we beginning to miss the point?

• <http://bmj.co/patientchaos>

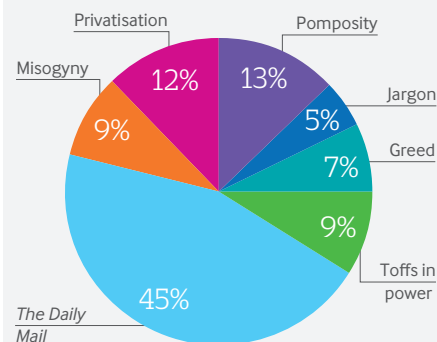
THEBMJ.COM POLL

Last week's poll asked:

Which BMJ Confidential 'pet hate' do you most share?

• [BMJ 2014;349:g7623](http://bmj.com/2014/349/g7623)

Total 362 votes cast



This week's poll asks:

Should doctors encourage patients to record consultations?

• [BMJ 2014;349:g7645](http://bmj.com/2014/349/g7645)

• [Vote now on thebmj.com](http://bmj.com/vote)

OVERHEARD ON TWITTER

- Thought provoking but missing importance of life stage & palliative care? Dying of cancer is best death (@kateadlington) • <http://bmj.co/RSblog>
- Thought provoking read about the balance of power between patients and doctors (@loobicia) • [BMJ 2014;349:g7485](http://bmj.com/2014/349/g7485)
- Didn't realise doctor-patient relationship was a power struggle, or Mastermind competition. Should be caring and compassionate (@lonaMcLean1) • [BMJ 2014;349:g7485](http://bmj.com/2014/349/g7485)



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EDITOR'S CHOICE

NHS not in crisis, but is school rugby?

The current state of monitoring and prevention of rugby injury in schools is a scandal that needs urgent remedy



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If a crisis is the nadir, the turning point, the NHS in England can't yet be judged to be in crisis, said John Appleby of the King's Fund in a BBC interview this week, because things may well get worse (*BMJ* 2015; 350:h50). This is hardly reassuring but probably realistic. Emergency departments around the country are declaring "major incidents" because of a lack of beds or staff or both (p 1), and general practice is under unprecedented pressure. Less realistic but more palatable is the belief of NHS chief executive Simon Stevens that the £30bn funding gap expected for 2020-21 can be narrowed to £8bn. This is magical thinking, says Nigel Hawkes (p 22).

So what's the answer? In a new series of articles we invite commentators to say what they would do if they ruled the NHS. The first, last week, called for an end to the internal market (*BMJ* 2015;350:g7762). This week's outlines a better future for diabetes care (p 23). In the build up to May's general election we also want to capture the experiences of people on the NHS frontline. If you'd like to take part please email voices@bmj.com.

One crucial voice on the NHS over the past 20 years has been Allyson Pollock. Unafraid of controversy, she is viewed by some as a Cassandra, constantly prophesying doom, and by others, myself included, as a courageous commentator whose gloomy analysis that the NHS has become little more than a logo (*BMJ* 2004; 329:1349) may be proved right in the coming months. Pollock recently turned her attention to rugby. Her book *Tackling Rugby: What Every Parent Should Know About Injuries* was published last year. Born of her own worrying experiences as a rugby mum, it documents her attempts to get information on the incidence and types

of rugby injury among schoolchildren. She concludes that no single organisation is responsible for monitoring injuries, an important step in taking injury prevention seriously. This lack of monitoring has led to obfuscation, fragmentation, under-reporting, and misleading reassurances to parents and children. Her own research indicates that the burden of injury among children playing rugby is far heavier than previously thought. And yet this is not a new concern. At the end of her book Pollock reproduces a letter published in *The BMJ* more than 30 years ago highlighting the failure of sporting bodies to monitor rugby injuries (*BMJ* 1977;2:118).

In response to the book we asked the paediatric neurosurgeon Michael Carter for his view. His clinical experience fits the picture Pollock draws: anecdotal accounts of serious injury that are sufficiently frequent to be worrying and that rarely result from other school sports. He reaches the same conclusion as Pollock: there is a dire lack of any comprehensive, coordinated, national dataset of injuries and, worse, a lack of will to set one up. He says, "It is vital that schools, clubs, medical facilities, and, most importantly, regulatory bodies cooperate now to quantify the risks of school rugby" (p 5).

We may not yet be able to use the word crisis to describe the current state of the NHS, but let's call the current state of monitoring and prevention of rugby injury in schools what it is: a scandal. It needs urgent remedy before more children and their families suffer the consequences of collective neglect.

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