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1. **Offline: The great European betrayal**

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“I believe that doctors could make more use of odours than they do, because I have often noticed that they change me and affect my spirits, whatever they may be.” These words were written by Michel de Montaigne in 1588. They have been long forgotten. Most of our hospitals and clinics smell, if they smell of anything, of solvent or something less pleasant. Perfumes make up little of our modern pharmacopoeia. Which is strange. In the Middle Ages perfumes were endowed with the ability to cure many human ailments. Fragranced substances were an essential ingredient of remedies. And they were not only applied to mask malodorous airs. People believed they actually contributed to cures. We think ourselves wiser now. But each of us knows the powerful psychological effect of a beautiful aroma. Montaigne's observation should be revisited for modern noses.

An American reader, Prof David Wolfe, writes: “The term ‘Obamacare’, as has been pointed out by Paul Krugman, was generated as a term of opprobrium for a programme they hate. It has become so common that it is used by the standard media, and now by you.” I apologise. Still, Zeke Emanuel did describe Obama's Affordable Care Act as a “world historical event”. So could we perhaps claim “Obamacare” back from the Republicans? Could we not justifiably say that Obamacare is a thoroughly well-deserved eponym for a small and long overdue revolution that is now taking place in US health care?

There is a general feeling of depression surrounding the forthcoming UN General Assembly Special Session on Non-Communicable Diseases—to be held in New York next month. What looked like an opportunity to rewrite the world's agenda for global health is now turning into a fiasco, one in which corporations are successfully applying pressure to governments to block any attempt to produce an outcomes document with teeth. The European Union, for example, wishes to delete a paragraph saying that resources devoted to NCDs are not commensurate with the magnitude of the problem. The G77 group of nations wishes to retain that truthful statement of fact. Together with the US, Europe wants to erase all statements that mention access to medicines. Not surprisingly, the G77 disagrees. On targets, the G77 wants WHO to establish global goals by the end of 2012. The US fiercely opposes this recommendation, preferring instead only voluntary targets. Major tobacco manufacturing nations, including Japan, the EU, and the US, oppose any language on tobacco taxation. And the G77 wants to have a full review of progress towards preventing and controlling NCDs in 2014, before the target date of the MDGs. Deliberations about health in a post-MDG era can then fully take account of NCDs. EU and US governments again oppose this sensible proposal. For all their fine words about commitments to global health, the capitulation of EU nations and the US government to the tobacco, food, and drinks industries reveals their true allegiances—not to those at risk of chronic diseases, but to businesses growing fat on the early deaths of their consumers.

Finally, another letter, this time from Prof Hugh Simpson, a senior research fellow at the Academic Unit of Surgery, Glasgow Royal Infirmary. Entitled “Lower breast cancer metastasis risk occurs when there is prevailing bilateral mammary hypovascularity”, he calls it a “Letter of General Interest”. He writes that “grading of the tumour is standard and serious therapeutic consequences occur if the tumour is ‘graded 3’ ie highly malignant.” Prof Simpson reports that he has preliminary evidence that the cancer may be more benign if it is hypo-vascular. He describes a new device that can measure temperatures deep in the breast. From these temperatures, mammary vascularity can be calculated. He says he has filed a patent for the test, and goes on: “Since the grading is so widely accepted in contemporary practice it seems to us a matter of urgency to raise the vascularity issues in this letter and that is why the data have appeared in this form, as an urgent matter.” These data, such as they are, come in the form of a two-page typed attachment, not a published paper. Only 36 women are described. A difficult-to-interpret table is included. I'm grateful to Prof Simpson for the letter. But is this really the way the University of Glasgow, on whose letterhead Prof Simpson writes, wishes to dip its academic toes into translational medicine? Without a full and independently reviewed evaluation, it seems astonishingly speculative.