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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
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 USA
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PORTRAIT OF GIROLAMO FRACASTORO, AFTER TREATMENT, AROUND 1528/THE NATIONAL GALLERY, LONDON



PICTURE OF THE WEEK

Girolamo Fracastoro (1478-1553) was the Venetian physician who proposed a germ theory for the transmission of epidemic diseases, gave the first European description of typhus in his book *On Contagion*, and named and treated syphilis. This portrait was recently identified as a work by Titian. It had lain undetected in the National Gallery, London, for nearly 90 years.

RESPONSE OF THE WEEK

Moderately elevated BMI obviously does not cause people to live slightly longer than “normal” people and definitely should not prompt us to reconsider the definition of medical normalcy with respect to all cause mortality.

Rather, the result should help us reason about the multiple factors of all cause mortality.

Moderately obese people do not manage their risks better than “normal” people. They just are not as capable of taking risks as “normal” people. They don’t surf, they rarely skydive, ski, run, rock climb, etc. This plain factor is missing in many popular news and press reports about the results of the study.

Biomedical research should stop producing one factor, superficially scientific fashionable news. Yesterday it was “salt,” then “sugar,” then “fat” and “free radicals.” Now this fascinating and, frankly, useless study of “BMI versus mortality.”

Vacslav Glukhov, independent researcher, London, UK, in response to “Overweight people live longest” (*BMJ* 2013;346:f75)

MOST SHARED

Why Rudolph’s nose is red: observational study
 Drug-grapefruit juice interactions
 Inhaled corticosteroids: first do no harm
 When managers rule
 Indian doctors decry decision to move raped woman to Singapore

BMJ.COM POLL

Last week’s poll asked: “Will expansion of the NHS abroad benefit UK patients?”



68% voted no
 (total 438 votes cast)

▶ [BMJ 2012;346:e8493](https://doi.org/10.1136/bmj.2012.346.e8493)

This week’s poll asks:

“Are antidepressants overprescribed?”

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EDITOR'S CHOICE

How science is going sour on sugar

The sugar versus fat debate is far from over. The pendulum is now swinging away from fat as the root of all evil

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When the British physiologist John Yudkin published *Pure, White and Deadly*—his 1972 book linking heart disease to sugar consumption—he met strong opposition from the sugar industry. As Geoff Watts writes in this week's *BMJ* (p 16), “jobs and research grants that might predictably have come Yudkin's way did not materialise.” Attacks also included the abrupt cancellation of conferences suspected of promulgating anti-sugar findings, and the book was dismissed as a work of fiction. Enter fat in the role of chief culprit in the rise in heart disease. The fat hypothesis, the chief proponent of which was the American biologist Ancel Keys, influenced policy makers and captured the popular imagination. Meanwhile, writes Watts, medical interest in the sugar hypothesis faded. Yudkin's book fell out of print, and low fat became the buzz phrase in nutrition.

But in recent years, and with rising obesity becoming one of the main health concerns in the developed world, the sugar hypothesis has started to regain momentum. Recent anti-sugar initiatives include New York city's restriction on the size of fizzy drinks (*BMJ* 2012;345:e6768). At the end of last year Penguin Books reissued *Pure, White and Deadly*, with a new and enthusiastic introduction by US endocrinologist Robert Lustig, which in this week's *BMJ* Jack Winkler hails as a medical classic (p 17). And, as if to forestall any further policy initiatives against sugary beverages, this week Coca-Cola launched a television advertisement in the United States acknowledging the obesity problem and attempting to defend the company's record in producing low calorie drinks.

Two papers in this week's *BMJ* seem to go right to the heart of the sugar versus fat debate. Lisa Te

Morenga and colleagues' systematic review shows an association between the intake of sugars and changes in body weight (p 12), while Lee Hooper and colleagues' systematic review shows that reducing fat intake leads to lower body weight in adults and children (p 13). In an editorial accompanying Te Morenga and colleagues' paper, Walter C Willett and David S Ludwig acknowledge that the association between sugar and poor health has remained contentious over the past few decades, and they attribute this partly to weaknesses in the data and partly to tensions between science and industry—as evidenced by the tale of *Pure, White and Deadly*. Welcoming Te Morenga and colleagues' results, which suggest that sugar increases body weight mainly by promoting overconsumption of energy, Willett and Ludwig ask what is a desirable limit for sugar intake and whether it matters what kind of sugar—glucose, fructose, or sucrose—we mean. “No clear threshold exists for the many adverse effects of sugar intake,” they say. “In general the association seems to be roughly linear, which makes a limit somewhat arbitrary.”

The sugar versus fat debate is far from over, but the pendulum is now definitely swinging away from fat as the root of all evil. Meanwhile, what overall public health message emerges? Willett and Ludwig conclude: “Healthcare providers could play an important role by routinely asking about consumption of sugar sweetened drinks as well as tobacco and alcohol use, by setting a good example, and by assuming leadership in public efforts to limit sugar as a source of harm.”

Trevor Jackson, deputy editor, *BMJ*
tjackson@bmj.com

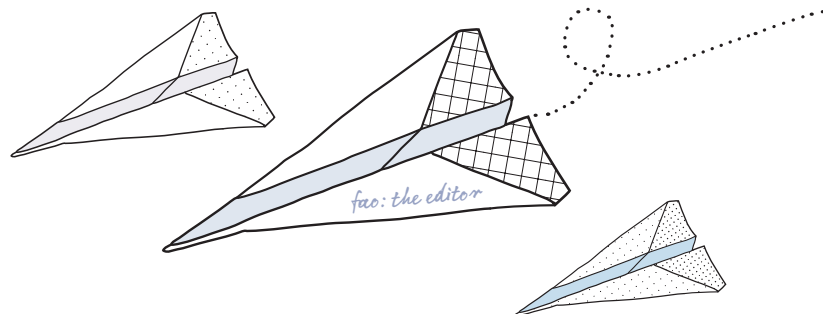
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