



### Taking heart

April 28 to May 4 is Heart Week, and the National Heart Foundation is working hard to motivate the public to look after their hearts “for life”. Several articles in this issue of the Journal look at improving the speed and accuracy of our approach to patients with coronary heart disease.

Considering the frantic pace of many Emergency Departments (EDs), it is not surprising that some patients discharged after presenting with chest pain actually did have a myocardial infarct. So how do we identify these patients, whose risk of dying is four times that of those who are correctly diagnosed and admitted? Boufous et al (*page 375*) used Australian guidelines on the assessment and treatment of chest pain to develop a risk stratification guide for their hospital, and to test its effect on the admission/discharge decisions of their ED doctors.

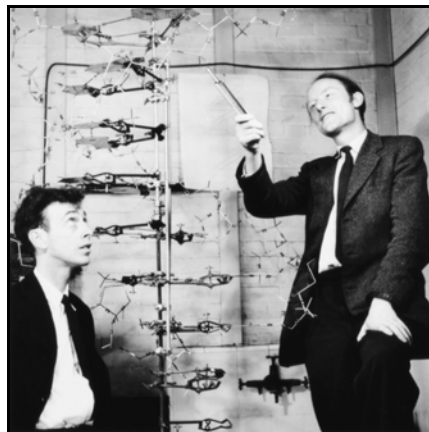
From the same guidelines, Aroney et al (*page 370*) developed a structured clinical pathway for patients with chest pain considered at intermediate risk of adverse outcomes. According to Fitzpatrick (*page 364*), the widespread use of such protocols will improve patient safety and optimise hospital bed use.

The race to reperfuse begins once a myocardial infarct is diagnosed. Kelly et al (*page 381*) report on how often ambulance and hospital services in Victoria are winning this race. Leitch (*page 367*) responds by thinking “outside the square” on how to improve treatment for patients who seem to be disadvantaged by the present system.

### “The intrinsic beauty of the DNA double helix . . .”

This issue of the Journal celebrates the first revolutionary reports of the structure of DNA, which appeared in *Nature* 50 years ago this week. Among the scientists involved, Watson and Crick have gained pre-eminence. But, as Crick has remarked, “it is the molecule which has style, quite as much as the scientists”. Taking a leaf from his book, we embark on a series of articles that will focus on DNA-based genetics and its impact on clinical practice.

Trent and colleagues (*page 406*) launch the series with a description of the four different management realms that the new genetics can take us to: diagnostic, prenatal, presymptomatic and screen testing. But the voyage ahead has to be steered by people, not technology . . .



A Barrington Brown, Science Source/Photo Researchers.

Photographer Barrington Brown’s account of taking this photograph: “I was affably greeted by a couple of chaps lounging at a desk by the window, drinking coffee. ‘What’s all this about?’ I asked. With an airy wave of the hand one of them, Crick I think, said ‘we’ve got this model’ indicating an array of retort stands holding thin brass rods and balls . . . it meant absolutely nothing to me . . . I set up my lights and camera and said ‘you’d better stand by it and look portentous’ which they lamentably failed to do, treating my efforts as a bit of a joke.”

<[http://www.sciencephotogallery.com/articles/DNA\\_howPhotoArticle.php](http://www.sciencephotogallery.com/articles/DNA_howPhotoArticle.php)>

### Fatal distraction

Advertising campaigns warning about driver fatigue are fully justified: more than one in five road accidents are a result of driver sleepiness. In a sobering report, Desai and colleagues (*page 396*) describe the medicolegal outcomes of recent sleep-related fatal accidents. McEvoy’s editorial (*page 365*) gives practical advice on assessing the risk a patient with a sleep disorder poses as a driver.

### Legendary Anzac

This Anzac Day many will again remember Simpson and his donkey. “Simpson”, born John Kirkpatrick, defied orders and bullets to rescue hundreds of wounded from the Gallipoli battlefield. Turn to *page 400* for Pearn’s description of this Anzac’s childhood.

### Not just for history books

The sequence of events after a patient received empirical treatment for a sexually transmitted infection comprises this issue’s *Lessons from Practice* (*page 404*). Chan et al remind us to think of an old infection still alive and kicking today.

### Irukandji syndrome

Is magnesium the answer? See *Letters* (*page 411*).

### Update on the vulva

As one in five women experience vulval symptoms lasting over three months at some time in their lives, an article on vulval conditions is long overdue. Welsh heads a team of dermatologists, sexual health physicians and gynaecologists (*page 391*) to redress the balance with an update and useful pointers to further management..

### Another time ... another place ...

*It seems likely that in the next few years a combination of antibiotics with different antibacterial spectra will furnish a “cribrum therapeuticum” from which fewer and fewer infecting bacteria will escape.*

Alexander Flemming, 1946