

IN THIS ISSUE

Upping the ante

Antenatal care has been a part of pregnancy since the early 20th century, but its practices have rarely been critically examined. Hunt and Lumley (page 255) report on the consistency between antenatal protocols of Australian hospitals and Divisions of General Practice and national policies and guidelines. In a linked editorial, Dodds et al (page 253) argue that it's time to rigorously test the principles of antenatal care against current evidence.

As part of National Pregnancy Loss Awareness Week (21 to 28 March), Boyce et al (page 250) highlight the importance of following up women after early pregnancy loss given the high risk of psychological sequelae.

Reality check

An attempt to test a brief intervention for hazardous alcohol use among Indigenous Australians failed after two false starts. Sibthorpe and colleagues describe the events leading to the demise of their randomised controlled trial (page 273), while Jamrozik's editorial (page 248) analyses the lessons learnt.

Tick the diagnosis

Bushwalking enthusiasts take note. After a walk through bushland, a man presented with tick infestation, requiring removal of 44 ticks (yes, 44). He later developed facial-nerve palsy. This issue's *Notable Case* (page 264) is the first known case in the literature of delayed local neurotoxicity after tick removal.

Happy 10th birthday

Australia's national screening mammography service turns 10 this year, coincidentally at a time of some controversy. In 2000, two members of the Nordic Cochrane Centre published a review in the *Lancet* that challenged the justification for mammographic screening. Editors of the Cochrane Breast Cancer Group later disowned this work as not fulfilling the Cochrane Group protocol, and a furore ensued.

So where does the truth lie? Turn to the editorial by Rodger, a member of the Cochrane Breast Cancer Editorial Group (page 247), who also comments on a systematic review by Barratt and colleagues (page 45) on screening women over 70 for breast cancer.

In a fit state?

The wife of a patient who recently had a seizure reveals that her husband is still driving his car, recently had a "prang", and hasn't seen the neurologist for treatment. Where does your responsibility to an individual patient end and that to the community begin? In our *Clinical Ethics* series, Tobin and colleagues (page 279) tease out the ethics of this scenario.

Oh what a feeling!

The Northern Territory has the unhappy distinction of having road fatality rates four times the Australian average, a high proportion of which are due to single-vehicle rollover accidents. Treacy and colleagues analyse the extent of the problem (page 260), which leads them to advocate stronger injury-prevention measures targeting high-risk groups.



Photo courtesy of Dr Kevin Lee

After September 11

How prepared would Australia be if bioterrorism became a reality here? Smallwood and colleagues, from the Commonwealth Department of Health and Ageing (page 251), outline how real the threat is for us, and how our health authorities plan to handle any incidents. They also advise GPs how to respond to enquiries from their patients, particularly about smallpox and anthrax.

Ward rounds by infection

New or particularly dangerous hospital-acquired infections nearly always hit the headlines. Small wonder, as the impact of such infections can be considerable. In the second of the *MJA Practice Essentials — Infectious Diseases* series, Spelman (page 286) examines how hospital-acquired infections arise and how we can prevent them.

Stroke correction

In the latest from our *Trials on Trial* series, Tonkin (page 283) examines the multicentre PROGRESS study, which tested the effect of lowering blood pressure on the risk of recurrent stroke. Brighton et al (page 281) describe what constitutes an adequate description of an intervention in the reporting of randomised controlled trials.

Expert in the dock

With the benefit of hindsight, it's often easy to say that a patient should have been managed differently — especially if the case is the subject of a malpractice claim. Hugh and Tracy (page 277) give the evidence for hindsight bias in medicolegal expert reports. Enough to convict? You be the judge...

Another time ... another place ...

The only way this [antenatal care] can be effected with certainty is by the establishment in every convenient district of well-equipped pre-maternity clinics placed in the charge of competent obstetricians

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