

## IN THIS ISSUE

### All that wheezes is not asthma

A day's consulting for any GP would not be complete without at least one wheezy toddler. But diagnosing and managing such patients is far from straightforward, and has prompted Australian paediatric asthma experts to meet to formulate key research questions for a better understanding of this condition. The discussions at this colloquium appear in this issue's **Supplement "Early childhood asthma: what we know and what we need to know"**.

Recent reports of adrenal suppression and even death among children taking inhaled steroids for asthma have sparked community concern. Where did we go wrong and what should be done about it? Wilson and Robertson tackle this important issue on *page 288*.

And not to forget adults, Goeman and colleagues (*page 295*) explore the impact of asthma on the lives of adults presenting to emergency departments with this condition. Their findings are important for any doctor trying to achieve a therapeutic alliance with their patients.

### Latest shock: Health Ministers in agreement!

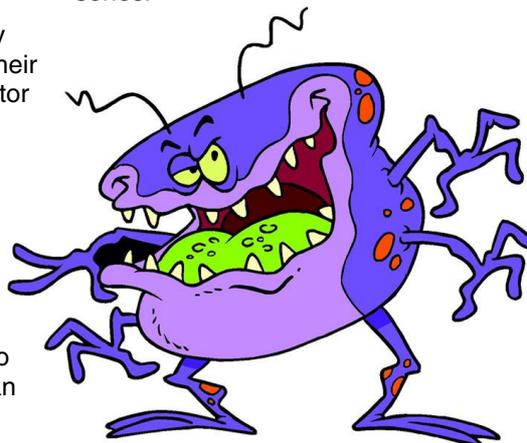
In April this year, Australian Health Ministers acknowledged that they've previously focused too much on health funding rather than health outcomes. So, what if they shift their duty from protecting the Budget to honestly exploring the difficult issues: demoralised doctors and nurses, dissatisfied patients, dilapidated public hospitals, obfuscating bureaucracy? Paterson (*page 313*) and Reid (*page 310*) put these to debate.

### Multitasking firefighters

That's right, not only do they fight fires and carry out heroic rescues, firefighters in Melbourne now also treat cardiac arrests. Smith and colleagues (*page 305*) describe the first year of Melbourne's Emergency Medical Response program, in which firefighters, trained in CPR and equipped with automatic defibrillators, are sent to the scene of suspected cardiac arrests at the same time as ambulance paramedics. This new initiative aims to improve the response times to cardiac arrest, and therefore to improve survival, but is this the answer? Read O'Rourke's editorial (*page 284*) for other possible approaches.

### The superbug story

What would life be like without antibiotics? As we lurch toward ever-higher levels of antibiotic resistance, we may well find our situation resembling the pre-penicillin era. So, what should we do as microbes become resistant to "last-line" antibiotics? Collignon (*page 325*) describes how to combat and prevent antibiotic resistance in the final chapter of our ***MJA Practice Essentials – Infectious Diseases*** series.



### Lumpy riddle

What's the diagnosis when someone on insulin presents with a painful mass in the thigh? Turn to this issue's ***Lessons from Practice*** by Maclsaac et al (*page 323*) to find out.

### Assault on violence

An analysis by Williams and colleagues (*page 300*) of assault-related hospital admissions in Central Australia yields some sobering facts. Documenting this is important, say Atkinson et al in a linked editorial (*page 286*), but let's move beyond statistics to the solutions.

### Ads, ads and damn ads

Open any brochure advertising computers and you'll find details on price, specifications and performance. Is it too much to ask that drug advertisements also include this information, ask Newby and Henry (*page 285*) in an editorial. They are spurred on by the findings of Loke and colleagues (*page 291*), who have analysed pharmaceutical advertisements in six popular Australian medical publications.

### Stemming potential

Mix the ethics of embryo research with a potential cure for debilitating disorders and you get the stem-cell controversy. Politicians, scientists, journalists and corporations are weighing into the debate. In this issue of the *MJA*, Galvin and Jones (*page 316*), in ***From Bench to Bedside***, discuss a relatively new (and less controversial) source of neural stem cells — the adult brain. They describe the potential for such stem cells to treat Parkinson's disease and spinal cord injury, but add a note of caution.

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

*Because it incorporates significant design errors and ignores important principles, Medicare will increasingly be subject to adjustments to keep it economically and electorally feasible. No amount of manipulation can convert an FJ Holden into the BMW the electorate was promised.*

John M Duggan  
*MJA 1985; 142: 360-362*