



“A clown is like aspirin...

... only he works twice as fast,” said Groucho Marx. Medical news also works fast but its effects may not be quite as beneficial: a brief conference presentation in May linking gastrointestinal bleeding more often with aspirin than with other NSAIDs led to a media frenzy about aspirin’s “deadly” potential.

In response, Van Der Weyden (*page 372*) discusses the need for accountability in medical reporting, while Aroney (*page 374*) warns of the dangers of putting sensationalism before science. Bolin and Bertouch (the aspirin study investigators) argue that dogma should be questioned (*page 374*), while Robotham and Whitehead (from the newspaper which first “broke” the story) maintain that the media’s role is to report, without fear or favour (*page 375*). Meanwhile, Sweet (*page 341*) advocates a cautious approach to conference “news”.

Back to the evidence — Hankey and Eikelboom (*page 343*) balance the benefits and harms of using aspirin for primary stroke prevention.

Beginning again

In this issue we begin a new *MJA Practice Essentials* series —

Rehabilitation Medicine. This is a growing area as our population ages, and survival after major illnesses and trauma improves, say



Disler et al (*page 385*). It also has a growing evidence base, which the series’ authors will examine and discuss. Cameron and Kurrle make a start on *page 387* with a contribution on rehabilitation and older people.

Hosing down (HRT) panic

“Breast cancer rates increased by 26%” in women receiving combined HRT, said some of the press reports of the recent US study. Would this have struck as much dread if all reports had focused instead on the absolute risk — which rose from 30 to 38 per 10000 person-years? An editorial by Patel et al (*page 345*) argues that journals should comply with a checklist of essential information when issuing press releases, and publish similarly vetted key messages for the public at the end of research articles.

In another twist on the HRT story, Durna and colleagues (*page 347*) examined HRT use and the risk of recurrence and death in over 1000 postmenopausal breast cancer survivors, and Dixon (*page 340*) summarises current knowledge on whether HRT is safe for such patients.

RIP APTT

Low molecular weight heparins are convenient, safe and effective in most situations where heparin is indicated. How and in whom should (and shouldn’t) they be used? Eikelboom and Hankey update us in *New Drugs, Old Drugs* on *page 379*.

Ross River recovery

Patients fear Ross River virus not just because of its acute effects, but because some reports have suggested that joint problems and systemic symptoms may persist for years. With these concerns in mind, Harley et al (*page 352*) and Mylonas et al (*page 356*) studied separate cohorts of patients over six months and 12 months after diagnosis, respectively. Both studies suggest that the road to recovery may be shorter than is commonly believed.

Jellyfish fatality

When two tourists died after jellyfish stings in Queensland waters earlier this year, the news made headlines. Of concern is the fact that they were the first known deaths from the Irukandji syndrome. Fenner and Hadok present the clinical details of one of these patients on *page 362*.

A word from our sponsors

This year the Australian Society for Medical Research chose US geneticist Leon E Rosenberg as its medallist. Professor Rosenberg has been a bench scientist, a medical school dean and head of research and development at a pharmaceutical company (among other things), so he was well qualified to talk about research funding when he addressed the Society recently. On *page 368* we present an edited version of his oration.

Speaking of sponsors, the *MJA* editors have been taken to task for flagrantly flirting with industry in a recent supplement. Read the damning observation and our attempts to pour oil on troubled waters on *page 400*.

... and do try to read more than the sponsorship details in the supplement included with this issue.

Preventing Depression is a topic that deserves your attention.

Looking ahead

Every prescription we write for a preventive medication carries with it a complex set of issues regarding benefits, risks and costs. Enter epidemiological modelling, which can be used to ensure that prescribing decisions pertain as much as possible to individual patients. Liew et al explain how on *page 364*.

Another time ... another place ...

Those who are to be the leaders ... of medical science for the coming generation must earn their position by persistent, original investigation, and by faithfully recording their experience in the permanent literature of the day.

Shrady G. Medical Record 1867; 2: 445-446