



Calling all scriptwriters

Hollywood may not be beckoning for your “scripts”, but the general public is. Yet it seems that the “plot” of many published reports continually calls for better prescribing practices. In this issue of the Journal, South et al (*page 207*) describe a novel but simple technique to improve antibiotic prescribing in hospitals. Newby et al (*page 210*) characterise some of the downsides of computer prescribing, and Liaw et al (*page 203*) voice GPs’ distinct reservations about the Authority Prescribing System. Meanwhile, Bennett and Glasziou have reviewed the evidence on the effectiveness of both computerised reminders and feedback in medication management. Which works best — a good prompt or a searing review? Find out on *page 217*. In an “epilogue”, Moulds (*page 196*) describes previous initiatives — some less successful than others — to promote good prescribing on the Australian stage, and provides direction for the next act.

Primum non nocere

Disquiet has recently arisen in several countries about serious adverse effects in children treated with high-dose inhaled corticosteroids. Macdessi et al (*page 214*) present the first Australian report of adrenal crises in some of these children. Meanwhile, Powell and Gibson (*page 223*) have used Cochrane data to determine the ideal balance between “number needed to treat” for various doses of inhaled corticosteroids and the less attractive concept of “number needed to harm” through side effects.

Pathology’s plummeting popularity

Will the current educational craze of problem-based learning be the downfall of pathology as a discipline? As part of Pathology Week (March 10–16), David Weedon, President of the Royal College of Pathologists of Australasia, makes a case for its resurrection (*page 200*).

After rape

The idea of managing a patient who has been sexually assaulted can be daunting to doctors, as the situation may have major physical, psychological and medicolegal implications. Mein et al (*page 226*) head a team of experts from Australia and New Zealand to present a concise and practical approach to managing patients in this predicament.



A sound investment

Australia has had needle/syringe programs since 1985. The cost-effectiveness of this controversial strategy has been the subject of a recent Commonwealth Government report. On *page 197*, Law and Batey discuss the report’s findings and consider the future of harm minimisation in Australia.

Surviving lymphoedema

Your patient has survived breast cancer, but her surgery has left her with the uncomfortable and distressing problem of lymphoedema. What treatments are available and, more importantly, do they work? Johnston et al (*page 236*) searched the literature to answer this question for a lymphoedema clinic, while Brodie (**Letters**, *page 244*) suggests a novel therapy.

Seven sane steps

More than half the people with dementia experience behavioural and psychological symptoms, ranging from apathy and mild depression to severe depression, aggressive behaviour and agitation. Presently, the care of these people is *ad hoc* and fragmented, say Brodaty et al (*page 231*), but, as the population ages, the need for organised service delivery will become more pressing. They suggest a model for dealing with this aspect of an ever-growing problem in Australia.

Grappling with GBS

Group B streptococcal infection (GBS) is the commonest cause of neonatal sepsis. Pregnant women can be screened for colonisation by the bacteria or treated on the basis of known risk factors, but both strategies will lead to many needless doses of intrapartum antibiotics. On *page 199*, Gilbert explains why experts are still arguing the toss about the best way to tackle GBS in the Australian context.

Rehabilitation rehabilitated

Another time ... another place ...

1 The first two articles in our four-part **MJA Practice Essentials — Rehabilitation** series whetted your appetite late last year. This issue sees the continuation, as Geffen provides a practical approach to rehabilitation of musculoskeletal injuries (*page 238*). Another time ... another place...

His writing was even more illegible than that of most busy doctors ... The wife of one of the Canons of Christ Church had invited Acland to dinner, but was quite unable to decipher his reply. The Canon suggested that she should take the letter to a chemist in the High, who would certainly be able to read the Regius Professor’s writing ... He retired with it to the back of the shop. Five minutes later he reappeared. “That will be half-a-crown”, he said, as he handed the lady a bottle of medicine.

Arthur Hurst [1879–1944]