



Arach attack

One for spider fetishists and phobics: how bad can a redback spider bite get and how should we be giving antivenom (if at all)? Isbister and Gray (*page 88*) followed up patients from across Australia to find out.

Foxglove fashions

Digoxin, obtained from the leaves of the foxglove, has had a chequered career as a therapeutic agent since at least the 18th century. New agents, different drug combinations and apparently variable trial results late last century led to some uncertainty about its role in heart failure and arrhythmias. Campbell and MacDonald (*page 98*) prime us on the latest evidence-based recommendations for digoxin use in the early 21st century.

A pain in the north

For those who believe the root cause of pain on Sydney's North Shore is its real estate prices, read on. Blyth and colleagues (*page 84*) surveyed over 2000 residents in the Northern Sydney Health Area to assess the prevalence, causes and impact of chronic pain in that community.

GP genetics

Knowledge about genetic testing is another string newly added to the GP's bow. In our continuing series on *The New Genetics*, Mann (*page 109*) covers what a genetics-friendly GP might need to discuss in a consultation.

Activate editorials

Physical inactivity and cardiovascular disease are common themes in this issue's editorials. How should Australia tackle these problems? We could enlist more GPs for starters, say Smith et al (*page 70*).

Woodward and Reid (*page 71*) put the spotlight on the recent *World Health Report*, which shows the scourge of wealthy countries — cardiovascular disease — creeping up the list of causes of death and disability in developing countries. They describe current initiatives directed towards achieving maximal benefit at minimal cost in these countries.

Venous thromboembolism triggered by factors such as short-term immobility seldom recurs. But should people at higher risk of unprovoked recurrence be on long-term, low-intensity warfarin? Eikelboom and Hankey (*page 68*) give us the answers from a recent randomised controlled trial.



More trial reports

The baseline characteristics of participants usually appear in reports of clinical trials, but why bother mentioning them at all? Burgess and colleagues continue our *EBM: Trials on trial* series (*page 105*) with the rationale for reporting baseline data, as well as how to interpret and use them. In the other arm of our series, Doyle (*page 103*) reports on a real-life trial of indomethacin on long-term outcomes for tiny babies.

Troppo over troponin

Regarded as the best thing since the cardiac equivalent of sliced bread, troponins have rapidly replaced CK-MB in the chemical diagnosis of myocardial damage. Troponins have a different activity profile though, and the timing of the test differs from that of CK-MB. Davey (*page 81*) audited requests for troponin assays in three Melbourne hospitals to see how well the tests were being used.

Terminating angst

Two women's hospitals created committees to approve late terminations after a controversial termination of pregnancy later than 20 weeks' gestation was reported to the Victorian Coroner. But is "decision by committee" the way to go when it comes to such complex cases? What's more, whose interests will these committees serve? On *page 92*, Woodrow debates the ethical implications of having such committees.

Town and country

What makes a GP opt for a country practice? Laven and colleagues (*page 75*) conducted a case-control study of over 2000 rural and urban GPs to find out.

The city-country divide can seem like a chasm when comparing super-specialised metropolitan teaching hospitals with rural hospitals. Hore and colleagues (*page 95*) discuss what may be a more relevant approach to providing specialist cover for rural critical care, which requires skills ranging from anaesthesia to retrieval.

Another time ... another place ...

Throughout the ages man has been intent on maintaining some control over his reproductive potential, and his efforts in attempting to induce abortion have continued unabated . . . Only by careful history taking, with direct and specific questioning, can the "interference" factor be assessed . . .

Jones WR (MJA 1966; 1: 1017-1019)