



Anniversary of Bali bombing

The bombing of two Bali nightclubs on October 12 last year caused 202 deaths, while destroying even more lives and any illusions that the Asia Pacific region might be immune from terrorism. This issue of the Journal commemorates the efforts of Australians involved in the aftermath of the bomb blasts.

Early on Sunday, 13 October 2002, a man with minor injuries arrived at Royal Darwin Hospital telling of his dramatic escape from a blast in Bali. The relative calm of the emergency department was about to be shattered. Palmer and fellow staff members (*page 358*) recount what happened afterwards in the Australian hospital at the receiving end of our largest-ever offshore disaster.

Many victims were evacuated to Australia, as Balinese resources were rapidly overwhelmed and lacked specialist burns facilities. The complexities of coordinating the civilian aeromedical evacuation are described by Tran et al (*page 353*). Qantas had a major role operating evacuation flights to return over 4500 people, including the injured, to Australia.

The grisly task of identifying severely burned and fragmented bodies at the bomb scene involved Australian experts such as Lain and colleagues (*page 362*). Their report is not merely an account of the process but of their own responses to dealing with grieving relatives, others around them, and the sights, smells and political obstacles they encountered.

Cardiovascular aftermath

This issue canvasses some controversial aspects of stroke management: Hoffman's editorial (*page 333*) asks whether enthusiasm for tissue plasminogen activator in acute ischaemic stroke has overtaken judgement, while previous *MJA* articles provoked some vigorous correspondence (*page 386*).



The benefits of structured cardiac rehabilitation are less controversial, but Scott et al (*page 341*) show that such outpatient facilities are underused in Queensland. Bunker and Goble (*page 332*) give possible reasons and solutions for this.

Iodine story continues

Urinary iodine levels in a group of NSW children were on the low side. What does this mean? Guttikonda et al (*page 346*) checked the children's thyroid volumes to find out.

Stick 'em up, Minister

It was a hold-up, complained state premiers when asked by the federal government to sign the 2003–2008 Australian Health Care Agreements. Yet sign they did. So where does this leave our supposedly crisis-ridden health system? At the recent Australian Health Care Summit, health reform expert John Menadue AO gave a remarkably frank keynote address condemning leadership failure. His proposed solutions can be found on *page 367*, the first of several addresses at the Summit being published by the Journal.

Van Der Weyden (*page 336*) echoes these sentiments, drawing on real life in NSW for an example of what happens when a state health minister uses his power for good, rather than being bedevilled by political inertia.

Axis of endocrinology

The *MJA Practice Essentials* — *Endocrinology* series starts now! The editorial by Series Editors Zajac and Chisholm (*page 378*) presages articles that will help us and policymakers catch up with the explosion of new endocrine tests and therapies. Shaw and Chisholm (*page 379*) discuss the epidemic of type 2 diabetes and metabolic syndrome: the photo says it all — or does it?

Mission to quit

In the hunt for the best way to achieve smoking cessation, Macleod et al tried adding telephone counselling to nicotine patches. They report their randomised controlled trial on *page 349*.

One black dog, many breeds

Mental Health Week and World Mental Health Day fall in the second week of October, and are marked by Parker's editorial (*page 335*) on current diagnostic and treatment models for depression. Be prepared to have your paradigms challenged (and your vocabulary expanded)!

Dislocating myths

Even as students we all knew someone, sometime, whose dislocated shoulder was treated in a sling. But this time-honoured treatment may be sacrificed on the altar of evidence, according to Murrell's reading of recent studies (*page 370*).

The oracles also give short shrift to steam inhalation for croup, but they're a bit hazy on whether GPs should treat mild croup with oral steroids, say Fitzgerald and Kilham (*page 372*). However, we do know the right moves for children with moderately severe croup turning up at the emergency department.

Another time . . . another place . . .

On October 12, 2002, an explosive-packed van exploded . . .

CBC News 13/10/2002