

**OH, BABY**

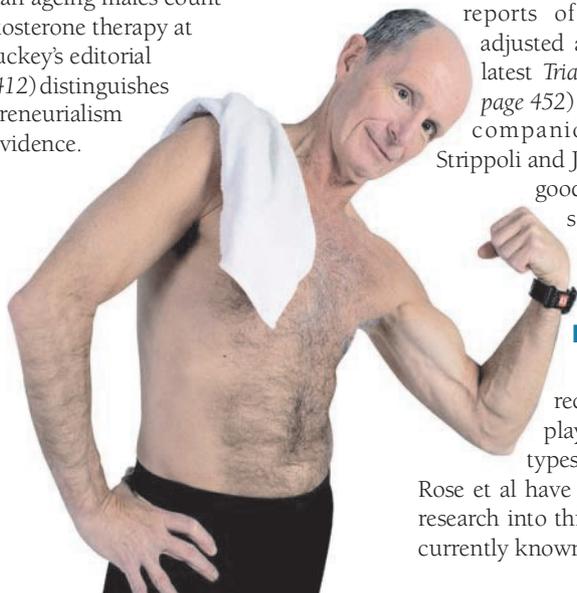
With the complex politics that surround childbirth, you could be forgiven for wondering whether the “experts” have forgotten the desired outcome that is foremost in the mind of every expectant parent — a healthy baby. Musing on yet another media report on the importance of women’s experience of childbirth and on the theme of National Babies Day (October 15), we asked de Costa and Robson (page 438) to consider the issue from the baby’s perspective.

Back on the subject of mothers, Australia has one of the lowest maternal mortality rates in the world, but we still monitor it carefully. “Why?” ask King et al (page 413), as they present the latest triennial results. Partly because these deaths represent the “tip of the iceberg” of the larger problem of maternal morbidity.

**GO WEST, YOUNG MAN**

Testosterone prescribing rates tell a riveting tale in an analysis by Handelsman (page 419), across Australian states from 1991 to 2001. Why the “striking upsurges” and declines in trends? And why that spectacular peak in Western Australia? Well, it certainly wasn’t due to an outbreak of Klinefelter’s syndrome (one of the few clear indications for prescribing testosterone) . . .

So, can ageing males count on testosterone therapy at all? Stuckey’s editorial (page 412) distinguishes entrepreneurialism from evidence.



**TUBE-FED AND DYING**

Can we lawfully withdraw or withhold artificial nutrition and hydration from a dying patient? Yes, said the Victorian Supreme Court last year for a woman in the final stages of Pick’s disease. Ashby and Mendelson (page 442) take us through the process of making end-of-life decisions in the light of this ruling.

**AN END TO INRs?**

Over the next decade we are likely to see the emergence of a number of new, more “user friendly” anticoagulants. First off the block (although somewhat impeded by a recent decision by the US FDA to gather more safety data before recommending it) is ximelagatran. On page 432, Brighton details what we know so far about this promising drug.

**RSVP FOR COLONOSCOPY**

An important aspect of successful screening is the ability to recruit a high percentage of the at-risk population. In the ACT, Corbett et al (page 423) wondered if people would respond more readily to an invitation for screening colonoscopy directly from their GP or via a letter generated from the electoral roll . . . As good a reason as any to enrol?

**STATISTICAL HIJINKS EXPLAINED**

If your eyes glaze over when confronted by reports of multiple, composite and adjusted analyses in clinical trials, the latest *Trials on Trial* article (Lord et al, page 452) will clear your vision. In a companion article on page 450, Strippoli and Jonathan give an example of a good study that nonetheless had some problems with an underpowered subgroup analysis.

**HPV: GUILTY AGAIN**

Human papillomavirus has recently emerged as a major player in the aetiology of some types of head and neck cancer. Rose et al have participated in multinational research into this topic. They outline what is currently known on page 415.

**TOO MUCH OF A GOOD THING?**

Mention the phrase “research ethics committee” in the right circles and watch the fur fly. Ethics committee demands can waste resources and time, say some correspondents in this issue, while others defend their role in saving resources (Letters, page 459).

Loff and Black (page 440) give another view of the ethics review process as a test of how much researchers can get away with. They also warn us not to regard ethics committees as repositories for moral decision-making.

While we’re thrashing these issues around in Australia, in the UK Jamrozik et al say the paperwork associated with research there is proliferating like “maggots in a dunghill”. A vivid, if unattractive, image for their latest *Postcard* (page 417).

**THE YELLOW BRICK ROAD**

It’s easier to find your way anywhere in life if you know which pathway to follow. With this in mind, Wolff and colleagues developed evidence-based clinical pathways for a number of common clinical scenarios and integrated them into hospital patients’ clinical records. You can read the results of their “action research” on page 428.

**PENETRATING PROTOZOA**

If any of your patients have returned unwell from visiting Greece for the recent Olympics you’d best read the report from Ju et al (page 446). As they found out, Mediterranean sandflies play host to a different set of organisms from those found locally.

**ANOTHER TIME ... ANOTHER PLACE**

The stones are called in Latin, *Testes*, that is Witness because they witness one to be a man...I need not tell you where they are placed, for Every Boy that knows his right hand from his left, knows that...The use of the same stones is, 1. To convert blood spirit into seed for the procreation of man . . . 2. They add heat, strength, and courage to the Body.

Culpeper, Nicholas. *A Directory for Midwives, or a Guide for Women in Their Conception, Bearing, and Suckling Their Children.* London: Peter & Edward Cole; 1660, p.11.