

REVERSAL OF FORTUNES

As we wait in hope for the next generation of anticoagulants, warfarin — despite its narrow therapeutic index, interactions with drugs and foods, and monitoring requirements — remains the mainstay of therapy for many. To minimise its risk of bleeding and safely reverse its effect when necessary, see the consensus statement from the Australasian Society of Thrombosis and Haemostasis (page 492).

WHAT GOES IN...

With a little help from the food industry, an idea has been circulating that the current obesity epidemic has little to do with eating too much and everything to do with sloth. Not so, say Stubbs and Lee (page 489). There is good evidence that Australians have increased their energy intake in recent years — and it doesn't take many calories to make a big difference.

THE PEOPLE'S PAEDIATRICS

In this issue we unveil our newest *Practice Essentials* series — *Paediatrics*. Series editors Couper, Henry and South (page 505) joined us in canvassing widely for the most-needed topics and, as a result, our authors have produced articles that cover new ground.

Starting the series at infancy, Hiscock and Jordan (page 507) give practical advice on helping a family with a crying baby. What are the medical issues to exclude? How can we support families through the turbulence of conflicting advice to the calm waters of a baby-centred approach?

AN EYEFUL OF MYTHS

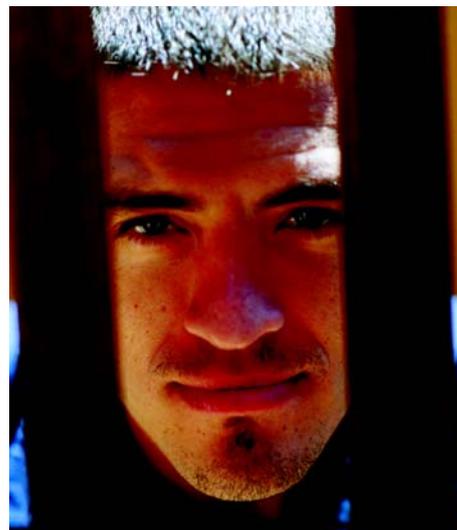
Be sceptical of those “miracle cures” for macular degeneration, says Constable, whose editorial (page 471) separates fact from fiction. We now know more about this rising cause of permanent visual loss, but prevention is still better than cure.

Another age-related myth is the impression that the elderly are gradually consuming more inpatient services as our population ages. Not so, say Gray and colleagues (page 478), whose trend analysis paints a different picture.

GIVE DEATH THE COLD SHOULDER

A drowning tourist is pulled from the surf by an off-duty lifesaver. In cardiorespiratory arrest, he is resuscitated at the scene, but arrives at your ED with fixed, dilated pupils and an arterial pH of 6.47. What would you do? Some might opt for a palliative course at this point, but staff at a Sydney hospital resorted to a novel approach — controlled hypothermia. Williamson et al (page 500) describe the remarkable results.

Australia has played a leading role in showing that therapeutic hypothermia should now be standard care for out-of-hospital cardiac arrest. The editorial by Bernard (page 468), an investigator in a seminal trial, primes us on current knowledge about this therapy and its limitations.



DEATHS OUT OF CUSTODY

We know that young offenders have high death rates — 9 to 41 times the overall rate for those of the same age in Victoria. What factors might predict early death? Coffey and colleagues (page 473) follow up nearly 3000 adolescents who had received a custodial sentence by 20 years of age.

Ross's editorial (page 469) explores ways to reduce this mortality, including how to capitalise on that window of opportunity just before release as people plan for life back in the community.

SYNDROME CHALLENGE

Many of us would be hard pressed to remember the syndrome usually characterised by asthma, eosinophilia and vasculitis. For even more of a challenge, Sharma et al (page 498) present a case with digital gangrene, sinusitis, mononeuritis multiplex and glomerulonephritis without asthma and eosinophilia.

TRIUMPH IN THE TROPICAL NORTH

It's no wonder public health boffins in north Queensland are trumpeting the value of their hepatitis A vaccination program, as successes of this magnitude are not that common. Hepatitis A was a major problem in this region last decade, with outbreaks affecting a disproportionately large number of Indigenous children. The response was to make hepatitis A vaccines freely available to Indigenous children in the region. Hanna and colleagues (page 482) report on the program's success in virtually eradicating hepatitis A from Indigenous and wider communities.

D-FICIENCY

A group of women found to be deficient in vitamin D during their pregnancy were invited to return for review with their babies several months after giving birth. Things had not necessarily improved, as Thompson and colleagues report on page 486, with implications for maternal and infant bone health and for the education of health professionals and mothers.

ANOTHER TIME ... ANOTHER PLACE

On February 6, 1974...a 5-year-old boy walked out on a partially frozen river and plunged into the water...[The boy] was carried ashore...after being submerged for 40 minutes. He arrived... [with] no sign of spontaneous respiration or circulation, his pupils were maximally dilated... His rectal temperature was 24°C...[After intensive resuscitation and care] the patient was discharged on February 14...At the last neurological examination, on March 20, 1975, he was completely normal.

Siebke H, Rød T, et al. Survival after 40 minutes' submersion without cerebral sequelae. *Lancet* 1975; 1: 1275-1277

