

EDITORIALS

- 148 Malaria chemoprophylaxis:
in war and peace
James S McCarthy
- 149 Screening for venous thrombosis
by ultrasonography before hospital
discharge after major joint surgery
Alexander S Gallus

POSTCARD FROM THE UK

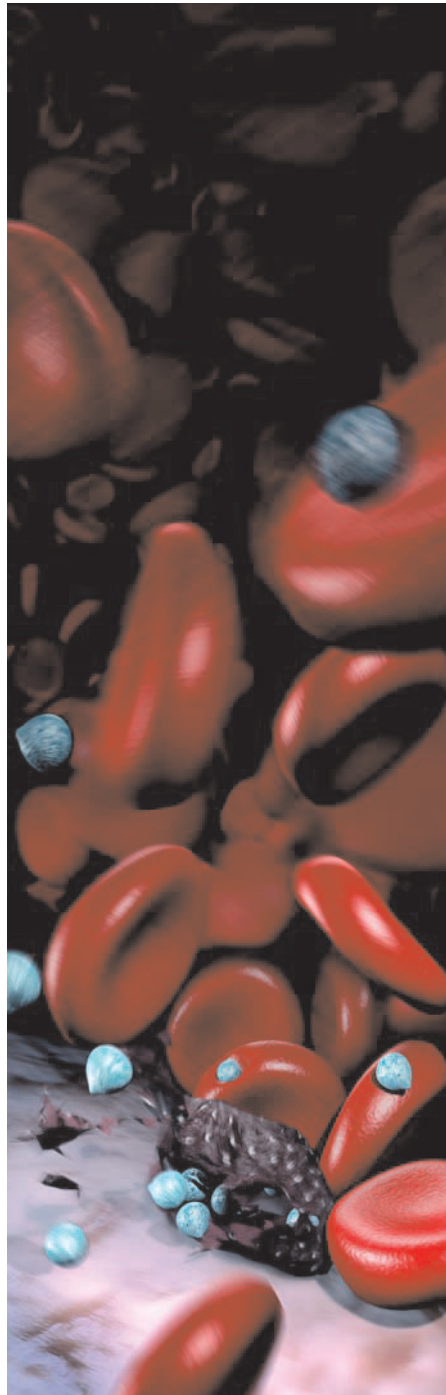
- 152 Rural health turned upside-down
Konrad Jamrozik, David P Weller,
Richard F Heller

RESEARCH

- 154 The prevalence of venous
thromboembolism after hip
and knee replacement surgery
Richard F O'Reilly, Ian A Burgess,
Bernard Zicat
- 160 Quality of stroke care within a
hospital: effects of a mobile
stroke service
Anneke van der Walt, Amanda K Gilligan,
Dominique A Cadilhac, Amy G Brodtmann,
Dora C Pearce, Geoffrey A Donnan

PUBLIC HEALTH

- 164 Notifications of imported malaria
in Western Australia, 1990–2001:
incidence, associated factors and
chemoprophylaxis
Donnetta M Charles, Julie Hart,
Wendy A Davis, Eleanor Sullivan,
Gary K Dowse, Timothy ME Davis
- 168 Mefloquine and doxycycline
malaria prophylaxis in Australian
soldiers in East Timor
Scott J Kitchener, Peter E Nasveld,
Robin M Gregory, Michael D Edstein



CLINICAL UPDATE

- 172 Clinical experience with the first
combined positron emission
tomography/computed tomography
scanner in Australia
W F Eddie Lau, David S Binns,
Robert E Ware, Shakher Ramdave,
Florent Cachin, Alexander G Pitman,
Rodney J Hicks

FOR DEBATE

- 177 Postgraduate medical education:
rethinking and integrating a
complex landscape
S Bruce Dowton, Marie-Louise Stokes,
Evan J Rawstron, Phillip R Pogson,
Mark A Brown

NEW DRUGS, OLD DRUGS

- 181 Artemisinin-based combination
therapies for uncomplicated malaria
Timothy ME Davis, Harin A Karunajeewa,
Kenneth F Ilett

NOTABLE CASES

- 186 Chronic falciparum malaria causing
massive splenomegaly 9 years after
leaving an endemic area
Benjamin P Howden, Gautam Vaddadi,
Joseph Manitta, M Lindsay Grayson

MJA PRACTICE ESSENTIALS – PAEDIATRICS

- 190 4. Bedwetting and toileting
problems in children
Patrina H Y Caldwell, Denise Edgar,
Elisabeth Hodson, Jonathan C Craig

MATTERS ARISING

(contents overleaf)

THE NOBEL PRIZE AND MAINSTREAM MEDICINE

A recent gathering of clinicians was asked: "Who won the 2004 Nobel Prize in Physiology or Medicine?". The silence was telling. The revelation that it went to two US researchers for "their discoveries of odorant receptors and the organisation of the olfactory system" was greeted with an incredulous "Is that so?". "A Nobel Prize on the nose!" was one mischievous rejoinder. Obviously, the Nobel Prize was not very important to these clinicians.

Not so for researchers. Many silently dream of receiving that call from the Karolinska Institute inviting them to join the ranks of Nobel laureates in physiology or medicine.

From 1901, there have been 182 such laureates. Up to 1950 there were 57, three out of four of whom were European, and whose discoveries were mostly aligned with clinical medicine. Another 125 have since followed. Now, one of every two come from the United States, and their discoveries are predominantly in basic research and somewhat removed from clinical medicine.

Does this matter?

In establishing his Foundation, Alfred Nobel sought to impart his wealth to people "who, during the preceding year, shall have conferred the greatest benefits to mankind". This being so, why was the Nobel Prize in medicine not awarded to Salk or Sabin for their work in preventing polio, which is indeed of great benefit to mankind? Or to Bradford Hill for his groundbreaking concept of the randomised clinical trial, or his work with Richard Doll on smoking and lung cancer? These, too, have been of enormous benefit to mankind. And there are many other significant omissions.

If, as in recent times, there is an overwhelming preponderance of awards for basic research, the Nobel Prize will become largely irrelevant to mainstream medicine. Surely, there should be a new category — a Nobel Prize in Clinical Medicine.



Martin B Van Der Weyden

MATTERS ARISING

- Withdraw all COX-2-selective drugs**
197 Peter R Mansfield, Agnès I Vitry, James M Wright
- COX-2 selectivity varies across class**
197 Leslie G Cleland, Michael J James
- Possible genetic predisposition to cardiac effects**
198 Hari Manev, Radmila M Manev
- Paracetamol should be first-line therapy in osteoarthritis**
198 Richard O Day, Garry G Graham
- Cardiovascular safety of rofecoxib (Vioxx): lessons learned and unanswered questions**
199 Paul Langton, Graeme Hankey, John Eikelboom

LETTER

- Acute presentation of childhood hypothyroidism**
200 Ursula Bayliss, Christopher Cowell, James Hong, Veronica Wiley, Bridget Wicken

SNAPSHOT

- DIY pincer nail repair — brace yourself!**
Alex Chamberlain, Annika Smith, Adrian Mar

BOOK REVIEW

- This can't happen to me! Tackling type 2 diabetes**
reviewed by Duncan J Topliss

OBITUARY

- 185 **Aretas William Overton ("Bill") Young** *by Judith A Y Straton*

146 IN THIS ISSUE

196 IN OTHER JOURNALS

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