

THE GUT OVERFLOWETH

Helicobacter pylori infection is thought to be uncommon in Australia's Indigenous community. However, a new study in this issue (page 210) may turn this belief on its head. The findings of Windsor and colleagues (including Barry Marshall, who first described the association between this organism and gastritis two decades ago) suggest that the infection rate may be even higher in Indigenous than in non-Indigenous Australians. If this is really the case, what does it mean? Talley (page 205) outlines the cause for concern.

EQUITABLE JABS

While some of the factors leading to health inequalities in Indigenous Australians are depressingly complex, control of vaccine-preventable diseases is something that is within our grasp. The immunisation community has been doing some soul-searching of late, looking at the outcomes of its programs to reduce morbidity and mortality from vaccine-preventable diseases in Indigenous communities. On page 207, McIntyre and Menzies give some insights, gained from a recent report and a conference, on what we are doing, what works and how we can do better.

TRAVELS WITH MY KIDNEY

It was 50 years last December since the world's first successful kidney transplant, and, in many ways, this procedure is a 20th-century success story: Australian transplant recipients now have a greater than 80% chance of surviving 5 years. Unfortunately, however, demand for kidneys far exceeds supply. Fewer than 10% of those on dialysis awaiting a transplant receive one each year. This has given rise to the situation, described by Kennedy et al (page 224), whereby some patients have travelled overseas to commercial kidney transplant centres. While embarrassing and dangerous, say Mathew et al (page 204), such desperate actions are understandable. A more proactive approach to recruiting donors may bring us closer to the numbers we need.

ROCK-A-BYE BABY

You may be able to quell stormy board meetings or command operating theatres, but are you any match for a baby with sleep problems? There is a theory that sleep behaviour can be "learned" and that we can actually prevent some sleep problems. Symon and colleagues tested this with a randomised controlled trial: parents in the intervention group met with a nurse who advised them on "normal" infant sleep patterns and behavioural techniques to help babies sleep. They report their findings, many sleeps later on page 215 . . .



JOINING THE CLASS

Proton-pump inhibitors are high on the list of top-selling drugs in Australia, so many of your patients will be taking them. In *Lessons from Practice* (page 235), Geevasinga et al remind us that, as useful as these drugs are, they've been associated with interstitial nephritis — and esomeprazole is the latest drug to join the list in what appears to be a class effect.

TOPICAL STORM

Women who feel they've been left high and dry by the current cautious approach to oestrogen replacement therapy might enquire about using transdermal progesterone creams to relieve their menopausal symptoms. What is the evidence for the efficacy of this treatment? Wren's *Clinical Update* (page 237) might help you formulate an answer.

AGEING IN DUBBO

Over the years, the *MJA* has published several research articles on the findings of the "Dubbo Study", an epidemiological study in which more than three-quarters of this central western NSW town's "over-60" population was enrolled in 1988. Fifteen years down the track, Simons et al (page 219) have taken the opportunity to study the impact of individual risk factors (and combinations of risk factors) on mortality.

TOILET HUMOURING

In the fifth of our *Practice Essentials – Paediatrics* series, Catto-Smith's guide to the best approach to constipation and soiling (page 242) should stand you in good stead for the long haul of dealing with these problems in children.

A MATTER OF STANDARDS

Within the next few years there will be 17 medical schools in Australia, and, while our standard of medical education is regarded as high, curriculum content is highly variable. Our oncology community has been very active in monitoring curriculum content. On page 228, the members of the Oncology Education Committee put forward a radical suggestion for ensuring that all medical graduates meet minimum standards.

ANOTHER TIME ... ANOTHER PLACE

I have often asked myself why it is that medical education is so discussed by the profession, why this never-ceasing upheaval. We do not see the education in law, we do not see the education in theology, a matter of constant dispute and agitation. And I have concluded that the keen interest, the deep feeling, which it engenders is really due to the state of medicine itself. The agitation is but a sign of the unrest in medicine we see everywhere.

*Da Costa, Jacob M.
Speech given to the Harvard Medical Alumni
Association, June 27, 1893. Boston*