

NOT SO SNEEZY

This issue features a summary of the Australasian Society of Clinical Immunology and Allergy Position Statement on allergy prevention in children. If your patients are baffling you with queries about “anti-allergy” probiotics and goat’s milk formulas, turn to *page 464*.

PREGNANT PAUSE

A timely editorial for International Midwives Day (5 May) discusses how turf wars between midwives and obstetricians might become a thing of the past. Quite apart from the need for mutual respect, Weaver and colleagues (*page 436*) point out that workforce shortages and benefits to mothers and babies make collaboration imperative.

On another sensitive obstetric issue, statistics on induced abortion in Australia have always been difficult to ascertain. Chan and Sage (*page 447*) attempt to fill this gap by examining Medicare claims and hospital morbidity statistics.

THE FULL PICTURE?

In the constant dialogue about the wellbeing of Australian children, there is an astounding diversity. There are many unanswered questions about the impact of social, cultural and economic changes on our society’s youngest members. Despite everyone’s best efforts, in the Australian Institute of Health and Welfare’s recent report *A picture of Australia’s children*, some of the questions remain unanswered. Patton (*page 437*) leads the report’s authors in explaining what we do and don’t know.

LESS THAN BENIGN

Some conditions can still catch us out, say Skowronski and Fitzgerald (*page 482*) in their *Notable Case*. A well child with cystic fibrosis develops acute respiratory failure and is found to have a condition that’s seldom considered life-threatening.

LAST-DITCH GENE THERAPY

When you’re born into a family where other males have died in infancy and you’ve just been diagnosed with the X-linked form of severe combined immunodeficiency, the options are not plentiful. A child in exactly this situation became the first in Australia to undergo gene therapy, as reported by Ginn et al (*page 458*).

However, being a pioneer is not easy. The treatment failed in this child, while three others overseas have since developed a lymphoproliferative disorder. So what stance should we now take on gene therapy? Thrasher’s editorial (*page 440*) discusses its efficacy, safety and regulation in France, the US and the UK. From Australia, Trent’s commentary (*page 441*) discusses our regulatory checks and balances.

DRAWING BLOOD

How can we reasonably exclude DVTs in patients? And if a patient does have a DVT, for how long should anticoagulation be continued to prevent recurrence? Ho et al answer these and other common questions on venous thromboembolism in their *Clinical Update* (*page 476*).

And for a snapshot of how anaemia is treated in patients with cancer, turn to the results of the Australian Cancer Anaemia Survey (*page 453*) by Seshadri et al.

TAKE IT TO THE LIMIT

Are you thinking of employing Super-nanny to solve your patients’ parenting problems? Or could it be that you’re raising your own little insomniac? Rather than lose any more sleep over these vexing issues, take the advice of Heussler in this issue’s *MJA Practice Essentials — Paediatrics* article (*page 484*) and set some limits!

ATTACKING ATAXIA

Friedreich ataxia is the commonest inherited ataxia. On average, it affects people at 10 years of age and leads to death within 40 years of onset. These are all good reasons to look hard for a cure and, although we’re not there yet, Delatycki et al (*page 439*) describe the genetic and molecular findings that are spawning new therapies.

CANCER TALK

We all know the aphorism “men are more likely to die with prostate cancer than from it”. However, this may be misleading, say Baade and colleagues, particularly for men diagnosed in their 50s or 60s. The authors make their case for what to tell patients about their risk of prostate cancer on *page 472*.

ANOTHER TIME ... ANOTHER PLACE

That we are not much sicker and much madder than we are is due exclusively to that most blessed and blessing of all natural graces, sleep.

Aldous Huxley, 1894–1963



SLEEPERS AWAKE!

We hope anyone found nodding off at last year’s Sleep Loss Symposium got lots of sympathy and good advice. Sleep deprivation is a price we pay to live in a 24/7 world, but its effects can range from illness and burnout to major accidents, such as the 1989 Exxon Valdez grounding. Rogers and Grunstein (*page 444*) give us the highlights from the Symposium, including the medical, behavioural, technological and legal measures against sleep loss.