

SYNDROME INCARNATE

Did you know that the metabolic syndrome (otherwise known as “syndrome X” or “insulin resistance syndrome”) was recognised as early as the 1920s? Zimmet and colleagues (*page 175*) describe its latest incarnation, following the global definition recently adopted by the International Diabetes Federation.

OPENING A WINDOW

Much has been made in political circles of the need to nurture families and children. This political will should provide a perfect opportunity to develop sound policies in child health. But how will we know what’s needed? According to Goldfeld and Oberklaid (*page 209*) collecting and collating sound data is the first important step.

BREATHING ASBESTOS

What effect does asbestos have on lung diffusion? Alfonso and colleagues (*page 184*) assess this and its relationship with smoking in a cohort study of over 900 former mine workers and town residents at Wittenoom, Western Australia, where crocidolite asbestos was mined from 1943 to 1966.

PHAECHROMOCYTOMAS NOW

Preclinical diagnoses of these tumours are becoming more common with testing for the newly discovered genetic mutations and the finding of “incidentalomas” on abdominal imaging. The *Clinical Update* by Alderazi and colleagues (*page 201*) keeps us abreast of new developments in diagnosis and management of this tumour.

FITS AND TURNS

Two cases in this issue offer salutary lessons in diagnosis. Seymour and Glendenning remind us that anticonvulsants can increase fracture risk in their *Lessons from Practice* (*page 213*), while Yeow et al (*page 212*) describe an unusual cause of acute abdominal pain.

SYPHILIS MAKES A COMEBACK

As this phenomenon emerges in gay communities worldwide, we find Australia is no exception — notification rates for syphilis in NSW (Jin et al, *page 179*) and Victoria (Guy et al, *page 218*) are on the rise. The case series and prospective cohort study by Jin and colleagues also reveal the risk factors associated with developing syphilis.

There are many reasons to be concerned about this, not least because syphilis promotes HIV transmission. An editorial by Fairley and colleagues (*page 172*) offers solutions to combat this epidemic, arguing that it’s not unstoppable, given our effective early response to the HIV epidemic in the 1980s.



BIOLOGICAL WEAPONS

New biological agents have been hailed as safer, more effective alternatives to standard agents in the treatment of many autoimmune diseases. How close is this to the truth? In this issue’s *New Drugs, Old Drugs*, Nash and Florin (*page 205*) discuss the efficacy and toxicity of tumour necrosis factor inhibitors, used in conditions including rheumatoid and psoriatic arthritis and Crohn’s disease.

MJA/WYETH PRIZE TURNS 10

Awarded for the best clinical research published in the Journal each year, this prize reached its landmark 10th anniversary this year. Turn to *page 178* for winners past and present, and research topics that run the gamut from sheepskins to suppuration.

REPORTING ON THE REPORTERS

Journalists lurk low down on most lists of trusted professionals, but, paradoxically, most people read, watch or listen to the news. Doctors and researchers (who incidentally tend to cluster at the top of the “trust” lists) are no exception. Several articles in this issue examine medical issues in our media-immersed society.

Newnham et al (*page 197*) asked Victorian oncology health professionals whether they follow medical news stories in the media and how patients’ access to these affects the doctor–patient interaction.

Meanwhile, a new medical media watchdog has been let off the virtual chain in Newcastle, NSW. Early last year, Smith and colleagues started the *media doctor* website, which critiques news items about medical treatments. A report of the site’s first 7 months of operation is found on *page 190*. Media luminaries Herman and Morgan (*page 195*), Sweet (*page 194*) and Swan (*page 194*), unconvinced that the site will hit its mark, call for greater cooperation between medicos and mediacos, while Van Der Weyden and Armstrong (*page 188*) offer guidance to both professions.

“I HAVE AN ALLERGY ... ”

When uttered by patients after a barrage of tests by their alternative health practitioner with advice to start a restrictive diet, this phrase can strike dread in many doctors. How do you work out if it’s a “true” allergy, how well proven are non-conventional diagnostic tests, and above all, how do we advise patients and their families? Mullins and colleagues give us some tips on *page 173*.

ANOTHER TIME ... ANOTHER PLACE

Believe nothing that you see in the newspapers... if you see anything in them that you know is true, begin to doubt it at once.

Sir William Osler [1849–1919]