

**WHERE HAVE ALL THE PATIENTS GONE?**

When Newcastle medical students complained that there weren't enough available patients on the wards for them to obtain their quota of independent histories and examinations each week, Olson et al (page 461) decided to perform a study to see if their angst was based on fact.

If patients are thin on the ground now, it's only going to get worse over the next few years, says Crotty in response (page 444). As well as the long overdue new undergraduate places, we need innovative ways of delivering relevant clinical experience.

**A HEALTHY APOLOGY**

In the final scene of her one-woman play, *The 7 Stages of Grieving*, Australian actress Deborah Mailman describes the excitement and utter joy she felt as an Aboriginal woman walking among the crowd on the Sydney Harbour Bridge in 2000 as the huge jet stream "SORRY" hovered in the sky above them. Why is an official apology for the Stolen Generations so important to many Indigenous Australians, and what good will it do anyway? The Dr Ross Ingram memorial essay prize finalist Wendy Hermeston (page 479) argues eloquently that it is an important step for restoring health.

**EQUAL AIRPLAY**

Try keeping up your fitness levels while lugging a 4 kg oxygen cylinder, says Cahill Lambert (page 472), in her perspective on a recently published position statement on adult domiciliary oxygen therapy. This former CEO of a health organisation is now awaiting a lung transplant. She points out that, while the position statement was a laudable effort, it lacked the patient involvement that might have made it more user-friendly. For the response from authors of the position statement, turn to page 474. The statement also drew a cautionary tale from Cleland (page 496): don't forget that smoking with home oxygen use can be fatal.

**HEARTSMART**

Drug-eluting coronary stents reduce the risk of stent restenosis, but come with a big price tag. So are we doing the smart (cost-effective) thing by restricting them in public hospitals to those at high risk of restenosis? A systematic review and economic analysis edge us toward the answer (Lord et al, page 464).

Meanwhile, for those with an acute coronary syndrome, does cardiac rehabilitation improve quality of life, and at what cost? Briffa and colleagues (page 450) conducted a randomised controlled trial to find out.

**IMAGING ALL THE PEOPLE . . .**

. . . with sports injuries is not a good idea, say Orchard and colleagues in this instalment of the *MJA Practice Essentials — Sports Medicine* series. Yes, we can now get superb imaging of our innermost recesses, but indiscriminate use may not only waste time, effort and money, but also generate unnecessary irradiation and clinically irrelevant findings. For the latest on which imaging tests are appropriate, and when, turn to page 482.



**TAKING THE LONG VIEW**

The Early Breast Cancer Trialists' Collaborative Group's most recent overview of adjuvant systemic treatment for early breast cancer has clearly shown less recurrence and mortality over 15 years of follow-up. In an editorial on page 447, Forbes and Cuzick outline the superiority of certain chemotherapy regimens, the benefits of tamoxifen, and the few harms that have resulted.

**SOUNDING OFF**

In this issue's correspondence (page 491), readers share their insights into hepatitis E affecting Victorian travellers, legionella from an unusual source, and health care in the Pacific, as well as their responses to research we published on a psychiatric service and on vision loss in Australia.

**SIGHT DIAGNOSIS**

Two young women each develop progressive renal impairment and red, painful eyes. What diagnoses should you be considering? Lim et al deliver this issue's *Lessons from Practice* (page 477).

**AMBIVALENT ABOUT ASTHMA**

There's good news and bad news in the recent report, *Asthma in Australia 2005*. Marks and colleagues (page 445) describe the gains (lower death and hospitalisation rates overall), counterbalanced by inequalities and gaps in effective care.

A qualitative study by Goeman et al (page 457) clarifies the reasons for those gaps between current asthma guidelines and Australian GPs' priorities for optimal asthma care.

**ANOTHER TIME ... ANOTHER PLACE**

The healing art should be taught only in hospitals: this assertion needs no proof. Only in the hospital can one follow the evolution and progress of several illnesses at the same time and study variations of the same disease in a number of patients. This is the only way to understand the true history of diseases.

Philippe Pinel, 1793