

A COUNTRY MILE

Even with immediate cardiopulmonary resuscitation, the chances of surviving an out-of-hospital cardiac arrest are slim. Knowing the importance of time in this situation, Jennings et al compared the outcomes of patients who had their arrests in a rural area with those in an urban location (page 135).

Stewart et al also had the rural divide in mind in their consideration of surgical service centralisation (page 162). In a thoughtful article, they discuss the trade-off, for rural and remote living patients, between the better outcomes reported by high volume urban centres and the convenience and comfort of having surgery close to home.

POTENTIAL DIFFICULTIES

Known to Australian doctors as an occasional cause of antibiotic-associated diarrhoea, *Clostridium difficile* infection is on the rise in Canada, the United States, and Europe. On page 133, Riley describes the problems associated with a new, more virulent strain of the bacteria, and gives advice for tracking its arrival in Australia.

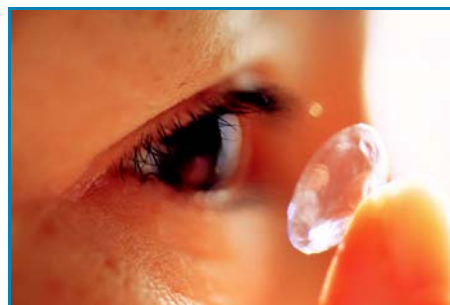
Another problem waiting to happen is highlighted by Thomas et al (page 140) in the National Evaluation of the Frequency of Renal impairment coexisting with Non-insulin dependent diabetes mellitus (NEFRON) study. Will the current diabetes epidemic lead to a surge in renal disease? According to these authors, we need to recognise the signs and improve care to control the damage.

CHANGING GEAR?

While mortality reports reveal no lessening in the life expectancy gap between Indigenous and non-Indigenous Australians, the causes of death have shifted: chronic “Western” diseases now predominate. In the Northern Territory, Thomas et al (page 145) have recently examined the mortality trends for some of the major diseases to pinpoint the problems needing most attention.

DEADLY INSIGHTS

Hopefully you all read the essay that won the Dr Ross Ingram Memorial Essay Prize in our 15 May Indigenous Health issue. The prize has now been presented to Dennis McDermott (page 149), and, in this issue, we feature the runner-up essay from Aboriginal doctor, Marshall Watson (page 150).



RESISTING MEASUREMENT

Insulin resistance is considered to be a core component of the metabolic syndrome, but according to Samaras et al (page 159), measuring it is difficult and of no clinical benefit. They give some simple tips for identifying patients at risk of diabetes and cardiovascular disease without setting foot in a laboratory.

CONTACTS AND THE CORNEA

Contact lenses are no longer just the province of the visually impaired — the availability of novelty and cosmetic lenses has led to an explosion of wearers (and unfortunately, sharers) of these devices. Extended wear lenses are also popular, with overnight or longer periods of wear advocated by the manufacturers. However, as outlined by Li et al (page 173) and Landers and Crompton (page 177), contact lens wearers are at risk of potentially blinding microbial keratitis.

HMR INVESTMENT REPORT

In the past decade, the Australian Government has markedly increased funding for the National Health and Medical Research Council, with a further boost included in this year’s budget. How can we measure the returns on this investment? Enter Mendis and McLean (page 155), with their analysis of output in the form of PubMed cited publications.

MISTAKEN

The calm waters of medical publishing were disturbed again recently, when the *New England Journal of Medicine* published a correction to the 2005 paper that revealed the association between rofecoxib and cardiovascular events, resulting in the drug’s withdrawal from the market. A mistake in the study’s analysis led to the conclusion that the excess of events in the rofecoxib-treated group occurred after 18 months, when, in fact, it was much earlier — at 4–6 months.

Retractions of whole articles are less common, and often arouse suspicion of research misconduct. On page 152, Nath et al examine 20 years of retractions in English language medical publications to determine how often the cause is actually an unintentional error.

CONTROVERSIAL CAP

For a common problem, community acquired pneumonia (CAP) certainly generates its share of controversy: international guidelines range from the use of extensive diagnostic testing, broad spectrum antibiotics and hospitalisation to no testing, targeted antibiotics and home treatment. Severity is also notoriously difficult to predict. While Australian trials to guide future practice are proceeding, Charles et al provide a suggested approach to CAP on page 131.

AMBULATORY LESSONS

Our popular *Teaching on the Run* series is coming to an end, but watch out for the soon-to-be-published book! In the final article (page 166), Lake and Vickery describe how to integrate a junior doctor into your outpatient clinic or consulting rooms.

ANOTHER TIME ... ANOTHER PLACE

In the mortality bills, pneumonia is an easy second, to tuberculosis; indeed, in many cities the death-rate is now higher and it has become, to use the phrase of Bunyan, “the Captain of the men of death”.

Sir William Osler, 1849–1919