

# IN THIS ISSUE

Welcome to the *MJA* special issue on **Women's Health**! Prompted by the healthcare needs of half the Australian population (and most of the *MJA* Editorial Department), we approached six experts in the field: Julie Byles, Susan Davis, Terri Foran, Ian Fraser, Sheila Knowlden and Gabor Kovacs. With their guidance, the topics evolved, with a focus on new developments and controversies, in as clinically oriented and evidence-based a manner as possible.

Did we succeed? We hope so. Will this issue do for women's healthcare what *The Female Eunuch* did for the women's movement? Perhaps not, but you be the judge . . .

## Sons and lovers

*On becoming pregnant:* our "epidemic" of multiple pregnancy (boosted mainly by assisted reproduction) is receding, say Umstad and Gronow (page 613).

*On not becoming pregnant:* social commentator Summers (page 612) speaks up for women having fewer babies, while Foran (page 616) fills us in on how to keep up this trend with the latest hormonal contraceptive choices. And it's clear the pill is not the cure for all ills, as Fraser and Kovacs (page 621) examine the (surprisingly sparse) evidence behind non-contraceptive uses for the pill.

## Hitchhiker's guide to the galaxy

Men may be from Mars and women from Venus but what's happening to sex/gender research on Earth? Direct from mission control (aka the US National Institutes of Health), Research Director Pinn (page 598) plots the trajectory of dedicated women's health research.

This issue also attempts to narrow the Mars–Venus divide by demystifying issues surrounding female sexuality. Leiblum (page 638) discusses the spectrum of problems that can affect sexual arousal in women. Yee and Sundquist (page 640) give a practical guide to approaching sexual problems in older women. Finally, McNair (page 643) elucidates the particular healthcare needs of lesbian women.

## Puberty blues

More than a million Australian women are aged between 15 and 24, and more likely than ever to be smoking, binge drinking, using illicit drugs, having unsafe sex and engaging in other high-risk activities. When they visit your surgery, however, they're not likely to volunteer information or ask for advice about their latest exploits. Carr-Gregg et al (page 601) explain how a switched-on GP can provide timely intervention for these adolescents.

Many "normal" young women feel conflicted about food, exercise and body image, so how do we recognise and help those who might go on to develop eating disorders? Abraham gives some pointers on page 607.

## Persuasion

His name is affixed to the speculum and the position, but was Sims also responsible for "experimenting" on black women slaves and for doing so without anaesthesia? De Costa (page 660) examines the achievements of this controversial 19th century American gynaecologist and the criticisms levelled against him.

## What Katy did next

By the age of 50, many Australian women will have had a hysterectomy, often for menorrhagia or fibroids. However, Hickey and Farquhar (page 625) illustrate that less aggressive options for menstrual problems are now available.

## Alice's adventure in wonderland

The latest from the Women's Health Initiative hormone therapy trials raises the spectre that combined HRT may increase the risk of dementia. Is it any wonder that many feel they've followed a white rabbit into a surreal world that promised much and delivered little? Baber et al (page 630) take a sane look at whether and when HRT should be used, and Davis (page 634) discusses newer hormonal therapies for menopause.

## Great expectations

Discord still reigns in the medical and lay community on the best methods for screening certain cancers. Do we give breast self-examination the thumbs down, for example, after recent controversial trials? Let common sense prevail, say Crossing and Manaszewicz (page 646).

And will the much-publicised new human papillomavirus vaccine mean an end to cervical cancer (and unpleasant Pap smears)? Garland's editorial puts us in the picture on page 647.

A quartet of articles follows on the latest in screening for cancers of the breast (Zorbas, page 651), cervix (Farnsworth and Mitchell, page 653), ovary (Anderiesz and Quinn, page 655), and endometrium (Robertson, page 657).

## Another time . . . another place . . .

*The habitual modesty of American speech often enforces silence . . . but from time to time the silence is broken, and it is plumply asserted that "during the temporary insanity of menstruation" female judgment is unreliable, even unsafe, because no form of mental action can be adequately carried on at that time.*

Mary Putnam Jacobi, 1877

