## BABY DID A BAD, BAD THING

When it comes to kids' behaviour it can be difficult to judge when quirky and naughty becomes dysfunctional and disordered. Some children will benefit from having their behavioural problems identified early, with a clear role for the family doctor here. In the penultimate article in the Practice Essentials – Paediatrics series, Parry (page 43) shows how using simple checklists and practical exercises can reassure of normality or point to the need for further consultation.

# **RECONCILABLE DIFFERENCES?**

What happens when, after planning a career in Indigenous health, you realise that you're trained to undermine the very culture you are seeking to strengthen? On page 39 Bond, a finalist in our Dr Ross Ingram Memorial Essay Competition, tells of her struggle to reconcile Aboriginality and public health.

## **MJA'S SCHOOL DINNERS**

Actually, we're only offering an editorial, not duplicating Jamie Oliver's school dinner efforts, credited by many as the impetus behind the UK Government's pledge to spend an extra £280 million on healthier school meals. Bell and Swinburn (page 5) explain why our school canteens should be a target in tackling childhood obesity. Canteen food may not comprise much of a child's total food intake, but its symbolism is big.

# **INHALING FACTS**

What happens to costs and hospitalisations from myocardial infarction and stroke when smokers quit? Hurley (page 13) estimates the impact of this over 7 years.

This issue's Supplement Asthma and the older Australian explores the problem of underdiagnosed asthma in older people, and the gaps in our knowledge and achievements.

## THE DRAWBACK OF NOTRE DAME?

The founding of Australia's first religiously affiliated medical school at Notre Dame University, Western Australia, prompts concerns from ethicist Kerridge and colleagues (page 28). While not objecting to religious involvement in medical education per se, they argue for safeguards to handle conflicting religious beliefs and any discrimination that may arise among staff, students and the founder institution; they also call for processes to ensure graduates will be able to provide comprehensive care for the wider Australian com-

Frank and Walters (page 31) from the Australian Medical Council (AMC) defend the AMC's accreditation of this school, and Bower, from Notre Dame University, responds on page



## **TAMOXIFEN RIVALS**

Our Kylie's diagnosis has helped put breast cancer back on the public agenda. On page 24 we find out why aromatase inhibitors are set to challenge tamoxifen as the hormonal vanguard in treating early breast cancer. Nordman and colleagues discuss what these drugs can achieve (the good and the bad), and who might benefit from them.

# **READING THE SIGNS**

How good are young Australians at recognising depression and psychosis? Wright et al (page 18) presented vignettes depicting people with these conditions to over 1000 adolescents, to gauge their mental health literacy.

#### **DENGUE SECOND TIME ROUND**

As north Queensland grapples with its most recent outbreak of dengue fever, McBride (page 35) reminds us of its dangerous potential, perhaps more so when patients are infected a second time. Deaths in these Notable Cases arose from dengue haemorrhagic fever in the Torres Strait Islands — the first fatalities in Australia in over a century.

### **EDITORS GET TOUGH**

To counter the pharmaceutical industry's practice of conducting "silent" trials, the International Committee of Medical Journal Editors (ICMJE) has decreed that member journals will now only publish clinical trials that are registered. A recent ICMJE editorial spelt out what constitutes an acceptable trial registry (Med J Aust 2005; 182: 609-610), to be embodied by the new Australian Clinical Trial Registry, announced by Van Der Weyden and Ghersi on page 7.

## **MEGADOSE D**

As we can no longer assume everyone living under Australia's blazing skies is immune from vitamin D deficiency, we need to think hard about how best to treat the condition. Oral supplementation is often inadequate, prompting Diamond et al (page 10) to test the efficacy and safety of an annual intramuscular injection of megadose Vitamin D<sub>3</sub>.

Ebeling's editorial (page 4) considers the body of data on this (and other) approaches to the problem, while readers respond (Letters to the Editor, page 52) to a recent Position Statement on vitamin D and adult bone health (Med J Aust 2005; 182: 281-285).

# **ANOTHER TIME ... ANOTHER PLACE**

It is seldom a medical man has true religious views — there is too much pride of intellect.

George Eliot 1819-1880