

KNOW YOUR VACCINES

In Australia, levels of consumer trust in vaccines are justifiably high. But, as health authorities in the United Kingdom discovered when the measles – mumps – rubella vaccine was mistakenly linked with autism, such trust is quickly eroded by reports of adverse events. Vaccines do have many components and additives. For providers and consumers who have sensitivities, allergies, or additional concerns, the description of vaccine components and their possible effects by Eldred et al (*page 170*) will be an invaluable resource. How common are adverse reactions to vaccines in Australia? Thanks to an excellent monitoring system in this country, Wood and Isaacs (*page 150*) can provide an accurate and reassuring answer to this question.

GOOD MORNING LAUNCESTON

In these days of changed industrial conditions, privacy concerns, rapid patient turnover and the division of medical practice into silos, the tradition of “morning report”, in which the night doctors hand over new or non-stabilised patients to the day staff, has fallen by the wayside in many Australian hospitals. Tenacious Tasmanians Fassett and Bollipo felt that the concept was so important that they re-invented it three times for the staff at Launceston General Hospital. They share their experiences on *page 159*.

BACK TO SCHOOL

The *MJA* editors love learning so much that this issue contains not one but two *Lessons From Practice*. On *page 182* Amott and Wright explain why an elderly woman with retrosternal chest pain, nausea and sweating was not having an acute myocardial infarction. Hilmer and colleagues' patients (*page 185*) presented with diarrhoea. Their collected experiences add lansoprazole to the list of drugs that can be associated with microscopic colitis.

HEART OF THE NATION

Because early cardiac failure can be relatively silent, prevalence estimates that rely on hospital data or clinic samples will underestimate the size of the problem. In the first Australian study of its kind, Abhayaratna et al took up the challenge of obtaining a true community prevalence estimate by inviting a random sample of 60–85-year-old Canberrans to undergo an examination by a cardiologist and echocardiography (*page 151*). Krum and Stewart (*page 147*) agree that the patients who present with symptoms represent the tip of the iceberg of cardiac dysfunction and suggest that the Canberra Heart Study is a wake-up call to a neglected public health issue.



LET THEM EAT IODINE

Tasmania has historically been an area of iodine deficiency, resulting in initiatives to fortify bread in that state. Based on a survey of school children in four mainland states (Li et al, *page 165*), the rest of Australia may be wise to join in.

AN ADVANCING DISCIPLINE

As our ongoing series *MJA Practice Essentials* — *Sports Medicine* has demonstrated, the evidence base in sports medicine is rapidly expanding. In the next article in the series (*page 188*)

Brukner et al discuss what recent research has revealed about the diagnosis and treatment of four common lower limb problems.

ART ISSUES

Couples using assisted reproductive technologies (ART) such as in-vitro fertilisation face many choices, and recently public attention has focused on the costs and benefits of ART techniques for society as a whole. Two articles in this issue attempt to inject some facts into the current debate. In a research paper that was first published on the *eMJA* last December, Chambers et al calculate the cost per live baby for women in different age groups (*page 155*); and Wang et al make the case for implanting one rather than two embryos per cycle, to avoid the excess risks to mother and baby associated with multiple pregnancy (*page 180*).

ANOTHER TIME ... ANOTHER PLACE

The universal iodizing of salt had been objected to on the grounds that it was an unjustifiable interference with the people's rights; but the method had been evolved from the careful biological study of the goitre problem and no dangers were incurred.

Professor CE Hercus
Med J Aust 1927 1(13): 430