In this issue

6 OCTOBER

BRING ON SOLARIUM BANS

Nearly 300 new cases of melanoma, 43 melanoma-related deaths and over 2500 squamous cell carcinomas each year can be attributed to solarium use, at a cost to the health system of about $3 million annually, say Gordon et al (*page 375*). The advocacy of young melanoma victim Clare Oliver brought the danger of solaria to the fore late last year, but according to an analysis of the media coverage of her campaign by MacKenzie et al (*page 371*), her courageous foray into the public eye was, in some respects, a lost opportunity: proposed new regulations fall far short of the ban for which she called.

FOCUS ON OPHTHALMOLOGY

The theme for this year's World Sight Day (9 October 2008) is "Eyes on the future: fighting vision impairment in later life", recognising that 80% of the 37 million cases of blindness worldwide occur in people aged over 50 years. Ageing or otherwise, the eye looms large in this issue of the *MJA*.

Trachoma is the world's leading infectious cause of blindness, and Australia is the only wealthy country in which the disease is endemic — in our Aboriginal population. Unfortunately, this seems set to continue if we do not begin to take trachoma control more seriously. In a research letter on *page 409*, Roper et al report hyperendemic levels of active infection and a 32% prevalence of active scarring among the residents of five Aboriginal communities in the Katherine Region of the Northern Territory.

Although topical ophthalmic preparations provide excellent treatment for many Australians with glaucoma, and allergic or other inflammatory eye diseases, it is important to remember that these agents are also absorbed systemically. Schweitzer et al (*page 406*), for instance, have treated the same patient twice for severe depression associated with the use of ophthalmic β-blockers, which they now recommend avoiding in patients with a history of clinical depression. On *page 356*, Goldberg et al highlight some of the potential problems arising from topical eye medications and detail the "double DOT" procedure for instilling drops, which can reduce systemic absorption by two-thirds.

A patient with a red eye who reports pain, photophobia or blurred vision should be immediately referred for an ophthalmic opinion, say Statham et al (*Lessons from Practice, page 402*). A review of the records of 1062 patients presenting to the emergency eye services of two Brisbane hospitals revealed 123 adverse outcomes (11 severe) related to initial mismanagement by the referring primary health care provider. Missed diagnoses included uveitis, keratitis and herpes zoster ophthalmicus, all of which require early referral for definitive diagnosis and management. Following the above rule might have saved a woman's sight in the case presented by Pandya et al (*page 410*), who also advise a high index of suspicion for *Pseudomonas* infection in contact lens wearers presenting with red eye.

And watch out for some more unusual eye manifestations in this issue. Kitson and colleagues (*page 411*) recommend that patients with syphilis be carefully examined to exclude asymptomatic ocular and neurosyphilis, Pandya et al (*page 410*) warn about the oculocardiac reflex in patients with facial trauma, and we present a *Snapshot* of papilloedema on *page 413*, which is obvious even to a medical editor!

HELICOBACTER AND ITP

A small Australian series supports a role for *Helicobacter pylori* eradication in patients with immune thrombocytopenic purpura (ITP). Nine of 16 patients with ITP who were referred to Sivapathasingam and colleagues (*page 367*) for splenectomy over a 2-year period tested positive for *H. pylori* infection, and all received triple therapy with eradication of the organism. The effect of this treatment on the patients' ITP was variable, but three patients had a sustained response, with adequate platelet counts at 12 months, and were spared splenectomy.

ROXON'S PROGRESS

"Lack of political will to contest vested interests is the major cause of failed reform", says Menadue (*page 384*) in a fitting finale to our series of short articles on health care reform. Will our current government be astute and resolute enough to recognise and eschew the pressures of vested interests, and take a broad and objective approach to Australia's health? And will the community get behind them as they attempt to do this?

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ANOTHER TIME ... ANOTHER PLACE

Better, though difficult, the right way to go,
than wrong, though easy, where the end is woe.

John Bunyan, Pilgrim's Progress