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Purveyors of perfection

Anyone who has perused the glossy magazines while waiting in the supermarket queue will know that cosmetic surgery is on the rise. In the United States, for instance, there was a 10-fold increase in liposuction procedures between 1990 and 2000. Thousands of Americans also flood into Canada each year, to save 30%–40% on their nips and tucks. As Medicare does not fund most cosmetic procedures, there are few data on what is happening in Australia, and even fewer relating to outcomes. Several articles in this issue examine this important topic.

As a part of the questionnaire administered to participants entering the Women's Health Australia study, a "middle-aged" cohort were asked if they had ever had cosmetic surgery. Hussain et al (*page 576*) correlated their replies with various parameters of health service use, and some interesting associations emerged.

Castle et al (*page 601*) have reviewed the evidence on the psychosocial outcomes of cosmetic surgery. They provide some guidance as to who will and won't benefit.

Stepping as it does outside of the traditional boundaries of medicine, cosmetic surgery raises many ethical and professional issues for doctors. Ring (*page 597*) is particularly concerned about the effects that advertising by cosmetic surgeons might have on the doctor–patient relationship. Mudge and Dashwood (*page 569*) share some of these concerns, and provide their perspective on the modern morass of ethical, commercial and professional considerations.

Shedding the white coat

No, it's not another article about what doctors should wear! "White coat" hypertension is thought to be the underlying problem in about 20% of people whose blood pressure is elevated when measured in a medical environment. Ambulatory blood pressure (ABP), measured over 24 hours, gives a truer reading in this group. To determine whether the savings of avoiding medication in the "white coat brigade" offset the costs of performing ABP, Ewald and Pekarksky (*page 580*) measured ABP in general practice patients who were about to start antihypertensive medication. McGrath (*page 571*) outlines how the judicious use of ABP might cut healthcare costs. Meanwhile, the National Blood Pressure Advisory Committee of the National Heart Foundation of Australia presents a position statement on ABP on *page 588.*

Courtesy Meditech (ABPM-04) www.meditech.hu

All the difference

An unwell woman, with a purpuric rash that does not blanch under pressure, arrives at your surgery. Immediate and appropriate treatment will increase her chances of survival by a factor of 2.5. Got your attention? See Hall (*page 573*) for more.

A virus, a death, a lesson

Primary herpes simplex virus infection is usually self-limiting, but not always. Nagappan et al (*page 595*) describe a case which reminds us how elusive and how dangerous such infections can be in pregnancy.

Avoid it like the plague

The "it" in the title ranges from biological warfare to a plethora of more common (and unintended) infections. In this issue, Whitby and colleagues (*page 605*) conclude their two-part ***Clinical Update*** on biological agents as weapons with a look at anthrax and plague, while in our ***MJA Practice Essentials – Infectious Diseases*** series Gottlieb et al (*page 609*) deal with soft tissue, bone and joint infections.

A textbook case?

An elderly man lies hypotensive and obtunded in a hospital medical ward. He is noted to have gaze palsies. Urgent treatment with a readily available substance will reverse his fortunes. Would you make the diagnosis? See Harmelin (*page 619*).

Scatter cancer

Good news/bad news on childhood cancer: improved treatments mean more children are reaching adulthood, but late adverse effects of treatment are emerging, such as radiation-induced thyroid cancer. Somerville and colleagues (*page 584*) followed up childhood cancer survivors, comparing the effects on the thyroid after direct or scatter irradiation. Cohen and van der Schaaf's editorial (*page 570*) stresses the importance of telling patients about the potential risks and the need for regular lifelong assessment.

Another time ... another place ...

What is the difference between unethical and ethical advertising? Unethical advertising uses falsehoods to deceive the public; ethical advertising uses truth to deceive the public.

Vilhjalmur Stefansson, Discovery, *1964*