WIRED FOR CHAOS

Don't mention the computer, say Jamrozik et al, in their final *Postcard from the UK* (*page 556*). For a nation that broke the Enigma Code in World War II, the UK's current inability to provide the NHS with interconnecting, compatible information systems is eye-opening. And on the subject of hardware, don't forget the untrained "wetware" (health professionals ignorant about basic informatics). Now that would never happen here…

THE FAT CONTROLLER

The gene mutations responsible for familial hypercholesterolaemia can also greatly increase the risk of fatal heart disease. Screening for this condition is feasible, and treatment is beneficial — so it's about time we had a national screening program, say Burnett and colleagues (*page 552*).

EYEING THE FACTS

Data on the prevalence and causes of vision loss in Australia have only emerged in the past decade. Taylor et al (*page 565*) show that vision loss is a bigger problem than we think, with much of it readily treatable.

However, in this issue's *Lessons from Practice*, a woman who is 12 weeks pregnant has a much more unusual (but still treatable) cause of visual deterioration, as described by Ferdinands et al (*page 585*).

FIGHTING THE FLU

Is there room on our crowded childhood immunisation schedule for yet another vaccine? Examining the data for vaccinating children against influenza, Isaacs gives his conclusion on *page 553*.

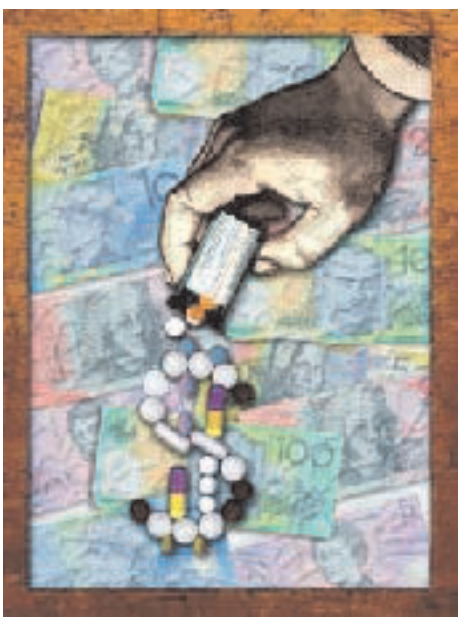
RECIPE FOR TROUBLE

After an apparently innocuous lunch (soup, toast and cake), an elderly couple is struck down by uncontrollable tremors and end up in hospital. Lewis and colleagues (*page 582*) describe the investigation that captured the culprit mould in this issue's *Notable Case*.

PAYING OUR WAY IN THE CLEVER COUNTRY

In a public opinion poll, 47% of Australians said they'd rather see surplus government funds poured into health research than receive tax cuts. Is government commitment on the same track? We mark Medical Research Week (4–11 June) by looking at these and other burning research issues. Bennett and Vitale (*page 550*) describe political strategies in the US 25 years ago that made it today's powerhouse of biotechnology and pharmaceutical research. Other countries are following in its wake. So are we there yet… ?

Industry big bucks may pave more roads for research, but beware some of the diversions en route. In an Australian first, Henry and colleagues (*page 557*) asked specialists here about their involvement in research sponsored by big pharma, and unearthed some unsettling tales of potential research misconduct. It's not so different worldwide. Gøtzsche's editorial (*page 549*) shows how easy it is to become a casualty to research bias and misconduct — and how we can avoid this.



MORE CLOTS

The wait is over for the follow-up to our last *Clinical Update* on DVT — Lee et al (*page 569*) now attack the topic of pulmonary embolism with equal zeal.

BEYOND THE GENOME

Since the sequencing of the human genome, we've become newly aware of the possibilities of proteins encoded by the genome ("proteomes"), and the relationship of some of these with illness. As Kavallaris and Marshall (*page 575*) explain, the new field of proteomics offers the promise of proteins being used as new diagnostic or prognostic markers, or therapeutic targets.

FOOTBALL AND THE SPINE

As footy fever envelopes this nation, Carmody and colleagues (*page 561*) remind us that the game isn't entirely risk-free. Their 5-year report card on recent acute spinal cord injuries in Australian footballers might read: "some improvement but could do better" (in scrum engagement, insurance cover and setting up a registry of such injuries).

TREATING JACK & JILL

Minor injuries, be they scrapes, bruises, cuts, breaks or bumps, are collectively the commonest reason for which children seek medical attention. Over the past few years, there have been some changes in the management of lacerations, fractures, and other injuries, leading us to include the topic in our *Practice Essentials – Paediatrics* series. In Part I of two "minor injuries" articles, Young and colleagues (*page 588*) show that the treatment of lacerations has progressed beyond the "wrap 'em in a sheet and hold 'em down" technique to a more humane and aesthetic approach.

ANOTHER TIME … ANOTHER PLACE

Any scientist of any age who *wants to make important discoveries must study important problems*. Dull or piffling problems yield dull or piffling answers… The problem must be such that it *matters* what the answer is.

Medawar, Peter B. *Advice to a young scientist*. New York: Harper & Row, 1979: 13.