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We physicians are conventional in our approach to treating illness. We have been trained to be cautious, so that we can fulfil the Hippocratic edict to “do no harm.” We are reluctant to change our practice patterns, and we demand good evidence before trying anything new. But patients, particularly those with chronic conditions or terminal illnesses such as cancer, are not so cautious. Up to 60% of patients use unconventional therapies, and most do not reveal this fact to their physicians.

Generally speaking, good scientific research on unconventional therapies is lacking. There are several reasons for this lacuna, probably the most important of which is a lack of interest on the part of pharmaceutical companies and university-based researchers. In addition, funding agencies have been reluctant to support this research, and without adequate funding, there will be no scientifically acceptable evidence on efficacy or effectiveness.

But there is *some* evidence. In this issue (page 897) we launch a new series reviewing the available information on some commonly used unconventional therapies for cancer: Essiac, green tea, Iscador, hydrazine sulfate, vitamins A, C and E, and 714-X. These papers represent the “clinical” versions of lay documents released in 1997 by the Canadian Breast Cancer Research Initiative in response to demands from patients for information. This evidence is not perfect, but it is the best that could be done at present. Look for the rest of this series in the next several issues.

“On welfare” could almost qualify as a metonym for women who are single parents. Almost 20% of families in Ontario (and 11% in Canada) are headed by single mothers, and these families may represent up to

40% of the social assistance caseload. In a remarkable study, Carolyn Byrne and colleagues interviewed a consecutive series of 760 single parents applying for social assistance, almost all of whom were women (page 881). They also studied the 1203 children in these families. Most of the parents were coping extremely well, but depression was common, occurring in 45%. The children of depressed parents were twice as likely to experience developmental delay and almost 3 times as likely to have behavioural and emotional disorders relative to age-matched controls whose parents were not depressed. Even when help was sought, treatment for depression appeared to have little benefit. The authors conclude that initiatives targeting single-parent families with co-existing disadvantages need to address both health and social circumstances.

Many Canadians returning to their cottages in a few weeks' time will find that they have had uninformed tenants — mice. And with mice comes a risk of hantavirus. Denise Werker and Harvey Artsob, of the Laboratory Centre for Disease Control, review the epidemiology of hantavirus in Canada and the clinical manifestations of hantavirus pulmonary syndrome, concluding with recommendations for safely cleaning up after the rodents (page 912).

Apr. 7, 1998, has been proclaimed “Safe Motherhood Day” by the World Health Organization (WHO). As André Lalonde reminds us, maternal health remains a major public health problem worldwide (page 889). An estimated 650 000 women die of pregnancy-related causes each year. The WHO seeks to publicize this tragedy in the hope of bringing about the changes necessary to improve prenatal and obstetric care throughout the world. ?