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Editor's preface

Français à la page suivante



Today we look back on the days before Koch's discovery of the organism that causes tuberculosis and Pasteur's concept of immunization and feel grateful for the legacy of these advances. In the wake of an epidemic of congenital cataracts after an outbreak of rubella in Australia in 1941, the recognition that rubella acquired in pregnancy could induce defects in the fetus led to another major public health achievement: the development of a vaccine to prevent rubella. But treatments and preventive methods are only as effective as their application. Theresa Gyorkos and colleagues evaluated rubella screening and vaccination practices in 16 Quebec hospitals and discovered that the postpartum vaccination of women found to be seronegative during prenatal screening was unacceptably low (page 1091). Theresa Tam of the Laboratory Centre for Disease Control describes the study as a wake-up call for Canadian physicians to improve their record (page 1117).

Although vaccines may remain underused, the concern in recent years about antibiotics is quite the opposite. With the pre-antibiotic era now well behind us, overuse of these agents has resulted in the emergence of antibiotic-resistant bacteria. In his timely review, George Khachatourians describes mechanisms of resistance and examines the role of the agricultural use of antibiotics in its development (page 1129). Allison McGeer argues that the use of antibiotics in human medicine is the more important culprit and provides hope that reform among individual farmers, physicians and health care institutions will ultimately halt the approach of the "post-antibiotic era" (page 1119).

When technology evolves rapidly, it is not always clear how it should be used to serve patients best, particularly when the disease in question is as baffling as prostate cancer. Continuing our Clinical Basics series on prostate cancer (page 1139), Pierre Karakiewicz and Armen Aprikian attempt to shed light on the often murky subject of diagnostic tests for early detection.

Is the cost of long-term care determined by setting or by patient need? Ruby Friedman and Norman Kalant provide an answer with their comparison of the cost and quality of long-term care in acute care and long-term care settings (page 1107). Their results confirm the widely held belief that long-term care in an acute care hospital is more costly. Although certain factors, including more interventions and greater use of professional nurses, contribute to the higher cost, they do not appear to affect the overall quality of care.

Addressing quality of care in the treatment of croup, Terry Klassen announces the end of the 40-year debate on the effectiveness of glucocorticoids (page 1121). The results of a meta-analysis and several randomized controlled trials indicate that glucocorticoids improve clinical outcomes even in mild cases and outpatient settings.

Leptospirosis is believed to account for up to 10% of otherwise undiagnosed cases of aseptic meningitis. In our Public Health column Editorial Fellow Caralee Caplan reports on a recent outbreak of leptospirosis in triathletes in Illinois and describes the changing epidemiology of the world's most widespread zoonosis (page 1151). ?