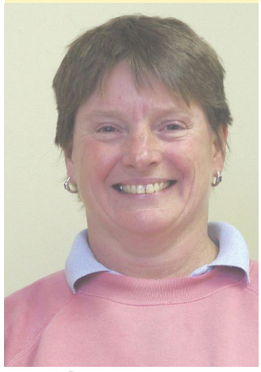
EDITOR'S COMMENT

Not all mystery and excitement



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There is a plethora of series on forensic medicine on satellite television, ranging from the excellent Silent Witness on BBC Prime to some not very good American offerings on other channels. Well, I presume that they are not very good because I find that I cannot watch them for more than a few minutes before either switching off or finding something else. People are fascinated by forensic science, with its suggestion of delving into the mysterious and exciting region of solving violent crimes. The popularity of Patricia Cornwell's Kay Scarpetta novels is another indication of the public's love of blood, guts and gore. And I must admit to being an avid reader and watcher of good fiction on forensic medicine. To me it is the combination of law and medicine that is so compelling, along with the intricate detail in which a good forensic pathologist must know the human body in order to be able to determine such aspects as the time of death and the mode of death.

However, forensic medicine is not all about cutting up dead bodies and solving murder cases, as this issue of *CME* shows. Lorna Martin and her team have provided the first of two issues, which can, together, effectively become a textbook of forensics for the GP. The topics range from taking forensic evidence in clinical settings to understanding disability grants. Some of you may not deal with everything that is covered, but those working in more remote locations will almost certainly come across most of the issues. What comes across clearly in many of the articles is how important it is to keep meticulous and detailed notes of the history and physical examination in cases where the patient may have been the victim of violence of any kind. This implies strict attention to detail when taking the history and carrying out the clinical examination. In these cases you may well be required to be a witness in a court case – not something that anybody enjoys – but something that may be your patient's only chance of justice. Far too many violent crimes in South Africa, particularly those against women, never come to court for lack of evidence. This lack of evidence must never result from a poor medical examination. This is as much medical negligence as giving someone the incorrect medication. All the academic forensic centres around the country are only too willing to help an inexperienced doctor collect and present evidence for a court case – make use of them.

In this issue I have introduced a new feature – an original research paper by two practising doctors. Asthma is a particular interest of mine, not least because I am an asthmatic myself and know just how well the disease can be managed. Drs Kathawaroo and Hukins present a simple piece of research that shows that patients have trouble using their metered-dose inhalers correctly and also in distinguishing between an inhaled steroid and a bronchodilator. Worse, they do not know what each is for. This highlights a very real problem in managing asthma, which depends very much on the patient understanding his or her disease so that he or she can self-manage it effectively. All too often, frequent exacerbations and a generally poor quality of life are thought of as normal for an asthmatic. I hope that this paper will remind people of the pitfalls of managing asthma at the coal-face.

Elsewhere in this issue the abstracts look at using contact with dolphins to treat depression and sleeping sickness in Uganda, there is AIDS news and a discussion of the perils of agricultural subsidies in the developed world. Enjoy your read.