

From the Editor**Hurry, there's no time to lose**

'I need this done now!' We have all been faced with this situation, at some time or another. Such a demand may be the result of poor planning on someone else's part, but it is also a symptom of the pace at which we have to live in today's world.

Sometimes a more considered course of action can achieve better results than the more 'gung-ho' approach. This is evidenced by the work of researchers in Italy, who examined the effects of molgramostim following antineoplastic therapy for solid tumours (see page 15). They found that delaying the initiation of molgramostim until 12 days after the start of antineoplastic therapy greatly improved the white blood cell profile compared with earlier administration and with control cycles.

However, there are times when delays can be disastrous, such as in the management of an acute asthma attack. A similar level of urgency is being attained by those searching for new asthma treatments. On page 3, Sean Henahan reports from San Francisco on the most breath-taking candidates for the future management of this distressing and potentially dangerous condition.

Some problems just won't go away

Another condition in which delayed treatment has been shown to be detrimental is cytomegalovirus (CMV) infection in patients with AIDS. Researchers in the US have now shown that insertion of a sustained-release intraocular ganciclovir implant is highly effective in preventing the progression of CMV retinitis in such patients.

HIV isn't going away in a hurry, and we're going to keep on covering it. This issue features reports on the use of zidovudine to prevent maternal transmission of HIV in developing countries (page 4), a potential mode of anti-HIV vaccine development (page 12), factors that are predictive of response to zidovudine (also page 12), and the use of interleukin-2 to improve CD4+ cell counts (page 18).

Cancer doesn't seem likely to make a rapid exit in the near future either. This week we have

devoted 2 pages to the latest research in antineoplastic therapy (see pages 14 and 15). While progress has been made in the treatment of germ cell and bladder tumours, the combination of high-dose interleukin-2 + interferon- α -2b appears to be too toxic for use in patients with renal cancer.

Out of the eyes of babes and sucklings

Although it is not life-threatening, ophthalmia neonatorum may lead to blindness. Hence there is a need to prevent this condition, and to urgently diagnose and treat it if it occurs. On page 4, we review methods of preventing morbidity from ophthalmia neonatorum, while page 17 carries a report on a large-scale study from the US and Kenya, confirming that povidone iodine is an effective and low-cost means of treating this disorder.

These days, many people are too busy to start a family, and delay having a child until '*the time is right*', while others are only too keen to hear the patter of tiny feet. For some couples, infertility makes the decision for them. There are several effective means of treating women who are having difficulty conceiving, but male infertility appears to be a more difficult problem. Now, researchers in Japan report that bunazosin improved sperm count in men with oligozoospermia. Compared with placebo, bunazosin increased the rate of pregnancy in the female partners of treated men.

And with that, I shall delay you no further. I hope you enjoy a leisurely perusal of this week's issue.



Mark Caldwell
Editor