

Mandometer treatment of Australian patients with eating disorders

Phillip Gray

TO THE EDITOR: Court, Bergh and Södersten raise the issue of why and how some therapies with prima facie evidence for their efficacy have a significant take-up by medical practitioners, while others are allowed to languish, sometimes for decades.¹

It is 6 years since Bergh and colleagues conducted their Swedish trial on eating disorders, with significant encouraging results.² Again they report — albeit this time with a non-randomised but local sample — above-average outcomes.¹ Again, the fact that their patients had had previous treatments that failed renders the results compelling. We have to ask why no one has found the time, money or inclination to attempt to reproduce their findings or examine which elements of their intervention are successful. It would be ironic if the answer is that medical researchers are afraid of the unusual.

While Australian medical research and public health ignore this mandometer treatment, some private health funds have been prepared to contribute up to \$60 000 per patient for it, suggesting that they view it as better value for money than alternative therapies.

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1 Court J, Bergh CEK, Södersten P. Mandometer treatment of Australian patients with eating disorders [letter]. *Med J Aust* 2008; 188: 120-121.

2 Bergh C, Brodin U, Lindberg G, Södersten P. Randomized controlled trial of a treatment for anorexia and bulimia nervosa. *Proc Natl Acad Sci U S A* 2002; 99: 9486-9491. □

South African medical graduates in Australia

Peter C Arnold

TO THE EDITOR: More than 2000 graduates of South African medical schools have migrated to Australia since 1948. Unlike many immigrants from Europe before and after World War II, all were fluent in English and most were able to start practising almost immediately.

In chronicling this unique migration and its contribution to Australian health care, I am trying to contact, by email, as many as possible of the 1800 South African doctors now practising here, as well as surviving spouses or children of the 100 or so who have died since arrival. As a 1961 graduate of the University of the Witwatersrand in Johannesburg, I have a particular personal interest in this migration.

Assisted by a sociologist and a statistician, I have prepared an email questionnaire. Responses will be de-identified before analysis.

I would be grateful if graduates of South African medical schools would contact me by email.

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The Medical Journal of Australia (MJA) is published on the 1st and 3rd Monday of each month by the Australasian Medical Publishing Company Proprietary Limited, 277 Clarence Street, Sydney, NSW 2000. ABN 20 000 005 854. Telephone: (02) 9562 6666. Fax: (02) 9562 6699. E-mail: medjaust@ampco.com.au. The Journal is printed by Webstar Australia, 83 Derby Street, Silverwater, NSW 2128.

MJA on the Internet: <http://www.mja.com.au/>

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Published in 2 volumes per year.

Annual Subscription Rates for 2008 (Payable in Advance) to:

AMPCo, Locked Bag 3030, Strawberry Hills, NSW 2012

Individual Subscriptions (includes 10% GST)

Australia: \$A368.50, Medical students (Australia only): \$A60.00

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Indexes are published online every 6 months.

Single or back issues contact: AMPCo (02) 9562 6666.

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28264 circulation as at
29 October 2007



ISSN 0025-729X

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