

The first issue of JRCPE for 2005 introduces a new format designed to emphasise the three main strands of our journal. A glance will show you where to find the General Medicine, Continuing Medical Education (CME), and Medical History sections, and individual papers make it clear at the outset what papers are about, provide contacts for authors, and give key words, abbreviations, and possible author conflicts of interest. Finally, we have introduced a colour – blue – to our traditional black and white format. We look forward to receiving your reactions to these changes.

Our main **Editorial** previews a meeting to take place which will consider the problem facing blood transfusion practice. The value to blood transfusion is taken for granted by doctors and the public, but in the editorial, Brian McClelland and Marcella Contreras point to the shaky grounds for many of our assumptions, and raise questions about the reasonableness of our expensive pursuit of perfect safety. Morrice McCrae, our College historian, then introduces the new Medical History section of our Journal.

**General Medicine** contains three main articles. Robert Minns reviews the development of, and evidence for, the shaken baby syndrome. He concludes that it is a real entity, but emphasises that the diagnosis depends on a combination of historical, social, clinical, radiological, and ophthalmological evidence that is best put together by those with special experience of this condition. We believe his article should be read by all who deal with children, and should be of interest to all physicians. Michael Gibbons provides a considered review of the Respiratory Symposium held in our College just over a year ago. His overview provides useful clinical information supplemented by pertinent references in many areas of respiratory medicine. Drugs have long been recognised to cause side-effects which may be serious, but now attention is turning to the licensing, safety, and efficacy of herbal medicines. William Dawson provides a timely article of the situation regarding herbals in the light of a recent European Union directive. In Clinical Opinions, Paul Williams emphasises the importance of early specialist referral in chronic renal failure given new standards of diagnosis and treatment; Peter Bloomfield suggests rate control is probably as effective as rhythm control at least in elderly patients; and Philip Newsome suggests that noninvasive markers of liver fibrosis should reduce significantly the need for liver biopsy. In Behind the Medical Headlines we reproduce selected articles that have been published online at [www.behindthemedicalheadlines.com](http://www.behindthemedicalheadlines.com), the College's new medical information website that provides quality-assured information about topical medical areas for a medical and public audience. Here, Val Doherty

looks at sunscreens and their value in skin cancer prevention; Keith Beard comments on the problem of adverse drug reactions; and Ian Laing comments on the timing of delivery in the preterm fetus.

**Continuing Medical Education** is central to our College's objective of encouraging the highest standards of medical practice, which it does primarily by the provision of high-quality learning resources. The new CME section of the *Journal* will bring together a selection of material from the College's educational programme. Our aim is to provide continuing medical education in the broadest sense and for as wide an audience as possible. In this issue we produce the first module of the College's new on-line CME programme.

John Dallas introduces the module on Gastroenterology with an illustration from and description of Beaumont's seminal book on gastric physiology from our College library, Philip Welsby writes on traveller's diarrhoea; Widjaja Luman on *Helicobacter pylori*; Subrata Ghosh on inflammatory bowel disease; and John Plevris on screening for gastrointestinal cancer. We hope readers will visit the online programme ([www.rcpe.ac.uk/education/CME/cme.html](http://www.rcpe.ac.uk/education/CME/cme.html)) and try the multiple choice questions. The CME programme will produce modules every 2–3 months in all areas of general medicine. In due course, we anticipate developing the programme to allow CME/CPD points to be earned through answering the multiple choice questions directly on-line. The CME section also includes a commentary on the Symposium on Hypertension held at the College in November 2004, complemented by the speakers' abstracts.

**Medical History** includes three fascinating papers. Ian Donaldson, our Honorary Librarian, has written an engaging and meticulously researched paper on our College motto. This will understandably be the gold-standard article on the subject for the foreseeable future. Unfortunately, the simple explanations most of us have given about the meaning of the motto over the years are nonsense! Hitler and the Nazis continue to exert a fascinating hold on public interest more than half a century after they were consigned to history. Derek Doyle explores the treatment Hitler received from his doctor, Theodor Morell, and in so doing raises important questions about the nature of trust between patient and doctor that extends far beyond questions of knowledge and competence. Ordinary mortals can reflect that the powerful and mighty do not necessarily receive the best medical treatment! Finally, Michael Lee traces 400 years of growing knowledge of curare, the arrow poison, and his exciting story covers colonial history, geography, botany, exploration, physiology, and chemistry.