

The final issue of *The Journal* for 2005 continues to cover a wide range of general medicine including rural and remote medicine, infectious disease, cardiology, chest disease, gastrointestinal and liver disease, the phospholipid syndrome, imaging, genetics, maternal medicine, and the history of medicine. There are also single items touching on resuscitation, functional disorders, paediatrics, endocrinology, and public health. Most of us should find enough interesting material to make a useful addition to our reading over the Christmas and New Year period.

There is also a summary of the **results of our questionnaire on *The Journal***, sent to our readers with Issue 2, which provided 1,040 replies. The views expressed reflect a gratifying satisfaction with *The Journal* in its present form, but we are determined that improvements will continue. This determination is reflected in the appointment of two Deputy Directors of Communication referred to below.

**Rural and Remote Medicine** tussles with the difficulty of providing medical services to people in rural and remote areas, and is a major problem worldwide. A review of medical service provisions by the NHS in Scotland over the last year, has brought this problem into sharp focus in this country, and politicians here have learned that local communities fight hard to retain (and even expand) services which are not just seen as medical but as involving issues of politics, culture, economics and equity. The College has taken a keen interest in rural and remote medicine, and has sought to inform the debate through a series of articles written by colleagues working in rural and remote areas (<http://www.rcpe.ac.uk/publications/remotearruralmedicine.php>). In addition, a major review was commissioned from Australia regarding the extensive Australian experience in this area. This important article by *Pegram et al.* is published in the **General Medicine** section of this issue with supporting editorials from *Godden* and *Weller*. We believe that these articles will be interesting to all, and valuable to those faced with rural and remote medical issues.

**General Medicine** continues with an article on the possible use of statins in rheumatoid arthritis by *Kitas* and *Satter*. Statins are best known for their effects on plasma lipids, but they also have anti-inflammatory and immunomodulatory actions which could widen their use considerably. Avian 'flu continues to spread steadily around the world, and governments and public health departments anxiously watch to see whether it will transform into an epidemic human infection. *Yuen* provides an excellent and timely update on the microbiology, recognition, control and treatment of this condition, and its importance is such that we have already e-mailed it to our membership. The public (and our profession when we cannot think of anything else) blame

stress for many diseases and, however indirectly, they may have a point in coronary artery disease. *Boon* reviews the role of stress in this condition and in doing so reminds us of the many other factors involved and the importance of fixing the factors we can fix. It is now some twenty years since we began to realise that alcoholic fatty liver was not as benign as thought previously and now *MacGilchrist* reminds us, in the first of two clinical opinions, that non-alcoholic fatty liver can also evolve to cirrhosis and may account for much previously obscure cirrhosis. Our surgical colleagues, *Cooper* and *Chamberlain*, then temper medical enthusiasm for coronary artery stents by reminding us that coronary artery bypass surgery is the gold standard in multivessel disease and any reassessment will require evidence. *Medibytes* continues its job of giving us brief summaries of the wider medical literature, and *James Ferguson* brings us 14 items covering several specialties. *Baqai* concludes General Medicine with an Image of the Quarter using a clinical history and post-bulbar duodenal biopsies to emphasise the importance of remembering common diseases – and tuberculosis is one of the world's major scourges.

**Continuing Medical Education** in this issue includes aspects of Maternal Medicine and Rheumatology. *Akoleker* provides an overview of a symposium on Maternal Medicine and *Kelland* provides an overview of a symposium on Expedition Medicine both held at the College earlier this year.

*Drife* looks at the reasons for maternal deaths using the UK *Confidential Enquiry into Maternal and Child Health* published in 2004. In the UK, 40% of maternal deaths are due to pregnancy complications (Direct deaths) and 60% to pre-existing illnesses (Indirect deaths). Thromboembolism is the most common cause of Direct death, cardiac disease of Indirect death, and suicide due to puerperal psychosis of death within a year of pregnancy.

*Vashisht* and *Regan* review the importance of antiphospholipid syndrome in pregnancy as it interferes with implantation and placental development and is associated with many later pregnancy and neonatal complications. Aspirin and heparin have improved pregnancy outcomes greatly but do not prevent all complications.

Musculoskeletal pain is a common symptom which doctors often find confusing. *Littlejohn* describes the origin of such pain, including the fibromyalgia syndrome, gives guidance on its diagnosis and management, and provides warning signs of serious underlying disease. Most general physicians should find this a practical and useful review. Complimenting his paper, *Keen et al.* describe the increasing use of ultrasonography in musculoskeletal disease. This use of ultrasound may surprise some physicians, but currently ultrasound can help in the early diagnosis of rheumatoid arthritis, improve disease assessment, and improve the accurate siting of injections.

The **History of Medicine** section contains four interesting papers. Large hospitals are places where doctors compete for personal and professional advancement, and even fame. It is not, therefore, surprising that they are often places where feelings run high and intrigue leads to conflict and acrimony. *Kaufman* describes just such a situation of conflict in the Royal Infirmary of Edinburgh at the end of the eighteenth century which pitted managers against doctors (not unknown today!) and doctors against one another. Conflict today may be less flamboyant but it is hardly less intense! *Jellinek's* short paper should make those of us who have a secure pension very thankful, and we are reminded not only of the value of public welfare systems but also of the humanity of fellow colleagues. Enemas may be much less used now, but all doctors know how dear they have been to the hearts of our medical and nursing forebearers. *Doyle*, however, will astonish readers with the ingenuity used to perform them in the past and the reasons for which they were used. There are reasons here to be thankful that we live in the twenty-first century! *Buchanan* and *Upton* round off this section with comments on a poem William Dunbar a fifteenth century Scottish poet, wrote about his troubles with headache. The History of Medicine section of our *Journal* contains many interesting papers, most of which are very UK/Scottish-centric. In a global College, Fellows and Members outside Scotland with an interest in history should consider writing for *The Journal*.

Issue 3 of The Journal carried an Editorial on euthanasia/physician-assisted dying, and in this issue we publish a letter from Buxton on the way in which physician-assisted dying strikes at the physician-patient relationship.

## DEPUTY DIRECTORS OF COMMUNICATIONS

Council has approved the appointment of two Deputy Directors of Communication to assist the Director in improving the College's electronic and print communication with our Fellows and Members and with the public. The Deputy Directors have taken up their posts as of November 2005.

**Dr David Bowen Jones** is a consultant physician with a special interest in diabetes and endocrinology. He works in Arrowe Park Hospital in Wirral, near Liverpool, England, and he has a particular interest in medical education.

**Dr John Plevris** is a consultant physician with a special interest in gastroenterology. He works in the Royal Infirmary of Edinburgh and has a particular interest in the use of websites. May I take this opportunity to send our readers our best wishes at this Christmas and New Year season, and hope you enjoy this issue of *The Journal*.