

My overview for our last issue recorded the death of Professor RH Girdwood, and in this issue I have to bring you news of the death of Dr JG Macleod. John Macleod, an eminent Fellow of our College, is well known the world over for his outstanding book on clinical examination. A short tribute appears in this issue, and a full obituary can be found on the College website. ([www.rcpe.ac.uk/fellows\\_&\\_members/obituaries/summer-06-obits.php#4](http://www.rcpe.ac.uk/fellows_&_members/obituaries/summer-06-obits.php#4))

So what does this issue of the *Journal* have to interest our readers? Lots, starting with an outspoken Editorial from *Toft*, a previous President of the College, on widely perceived woes of UK medicine and our need for professional courage. Does any of this ring a bell with our readers outside the UK? Before I review the General Medicine and CME sections, I draw your attention to *Teo's* charming report on charm needles, which illustrates the endless interest of medicine. *Etcetera* in this issue brings you a book you might enjoy, an interesting historical comment on tobacco and lung disease by *Dallas*, and short notes on three previous Presidents by *Doyle*.

Information on how our hospitals function is essential to planning service expansion, and, in the **General Medicine** section, *Weatherall* reports on acute neurology in a UK district general hospital. We may not be surprised that cerebrovascular accidents, seizures and headache made up almost 80% of the workload, but we might be surprised that two thirds of patients were looked after by general physicians. How well did these general physicians perform? Knowing this would be important in respect of resource allocation.

Every pregnant woman fears a foetal malformation. Recently, attention has focused on anti-epileptic drugs as causes of malformation, and *Vajda et al.* report data from the Australian Pregnancy Register. They identify five factors relating to malformations associated with these drugs and conclude that genetic and drug-related factors are important.

Infectious diseases have six papers in this issue. In **Continuing Medical Education**, *Dundas* and *Todd* review the approach to acute febrile diarrhoea with fever and focus on *Campylobacter*, *Salmonella*, *E.coli* and *Clostridium difficile* as well as *Novovirus* infection, while *Poxton* takes a closer look at *Clostridium difficile* as a major hospital problem. *Chu* and *Tsang* review the newly emerged infections, SARS and H5N1, with all the advantages of the experience gained in Hong Kong, while *Meyer* and *Hawkins* supplement this with a report on a College 'hot-topic' symposium on pandemic flu. *Raza* and *Heyderman* advise the acute physician on identifying meningitis in patients with fever and a headache,

emphasising lumbar puncture and early antibiotic treatment, and *France* summarises what a general physician should know about HIV.

Deep venous thrombosis associated with airline travel continues to attract media attention, and literature reports are summarised in *Medibytes* in this and our previous issue. *Dawson* and *Mackway-Jones* summarise our current knowledge on the topic, and emphasise the importance of prophylaxis in those with specific risk factors. *Leslie* continues cardiovascular interest by looking at the progress of heart failure therapy, in particular the difficulties of diagnosis, the use of new devices, the value of multidisciplinary teams and quality of life issues. Gastrointestinal and liver interest is maintained by *Bhala* and *Plevris* who draw attention to portal hypertensive enteropathy, a condition deserving better recognition, and illustrate the huge diagnostic potential of wireless capsule endoscopy. *Simpson* then comments on entecavir for hepatitis B virus infection and points to the likely advantages of multi-agent therapy.

Lung cancer continues to be a major scourge, and *Davidson* reports on a College symposium considering the prospects of screening, better diagnosis and new treatments. Rheumatoid factor as a test for rheumatoid arthritis is known to every medical student, but *Dhillon* and *Gray* comment on the reasons why anti-CCP2, a new kid on the block with greater diagnostic and therapeutic value, may replace it. Clinical medicine may be high profile, but public health should do better through prevention. *Price* reports on a College symposium on public health interventions on tobacco (more successful), alcohol (less successful) and obesity (wait and see). Finally, get a general view of the literature from *Medibytes*.

The final illnesses of famous people hold unending interest, and our **Medical History** section starts with *Mai's* report showing that Beethoven died of hepatic cirrhosis. This report includes Beethoven's autopsy report in English. The families of famous people also attract attention, and *Beveridge* uses new research to show that Arthur Conan Doyle's father was confined to an asylum because of advanced alcoholism and that this gave him the protection he needed to continue using his talents. Do mental hospitals today still provide this function? Eponyms are memorials to famous doctors, but too often we remember little of them. *Doyle*, in the first of a series of papers, reminds us of those who have had an Edinburgh connection. Finally, *Lee* continues his articles on the Solanaceae, with a look at the mandrake, which does not have magical properties but is an anaesthetic.

Enjoy this issue of the *Journal*.