

In this issue we say a big 'thank you' to our retiring editor **Tony Busuttill**, for eight years of hard work on our journal. As befits a forensic pathologist, we publish an appreciation from crime writer Ian Rankin, one of Edinburgh's growing group of internationally known writers. We hope Tony enjoys reading this issue which should contain something to interest (almost) everyone.

Obesity has always been with us, but only recently have we recognised that it has reached epidemic proportions. Behind the Headlines explores aspects of a health threat which has rarely been out of the media spotlight over the last year. As Frier points out in his introduction there are no easy answers to the obesity problem, and a review by Jung and Avenell of current treatments emphasises that this is an area in which prevention is very much better than cure. Adipose tissue has not in the past attracted much attention from the medical profession, but the limited effectiveness of our current treatments may have the benefit of increasing interest in this tissue. A review by Seckl shows how new therapeutic options could come from a better appreciation of the physiology of adipose tissue and of the brain. Meantime, reports by Wright-Pascoe and Dunbar from the Caribbean and Australia, respectively, emphasise that this world problem could have a high-level cost, and an Editor's summary of an important insurance report suggests that failure to control obesity could increase our insurance premiums.

Hepatitis C is another epidemic disease with worldwide implications for long-term health. This issue contains the Consensus Statement of a recent Hepatitis C virus meeting in the College. While the conference focused on hepatitis C as a problem in Scotland, the Consensus Statement is applicable generally, and an editorial by Bathgate and Hayes looks at the wider context of chronic hepatitis C infection. Two hundred million people worldwide are infected, but at least the main routes of infection are now recognised and treatment is improving. However, increasingly we are realising the difficulties of identifying the victims of an initially silent disease, of tackling the social problems associated with infection (principally drug use), of applying expensive treatments with significant side-effects, and of wondering about future problems related to liver failures and the need for transplantation.

Our general papers include a broad look by Emery at genetics in medicine, and a specific look by Henriksen and Flapan at the interpretation of blood troponin measurements. **Genetics** now pervades the whole of medicine. The Human Genome Project has shown that humans share 99.9% of their DNA sequences, coding regions of the genome includes some 30,000 genes, about 14,000 single-gene disorders have been recognised, the gene loci of over 8,000 of these have been identified and over 1,000 have been cloned. Single

genes may now affect the production of several proteins rather than just a single protein, single-gene defects may affect the function of other normal genes secondarily, genetic therapy involves not just gene replacement and the use of stem cells but also the possibility of drugs to upregulate compensatory proteins, and genetic factors are known to help determine our responses to drugs and infectious agents. **Troponins** increasingly determine the diagnosis of ischaemic heart disease and it is timely that we have a reminder of the factors to be taken into account in interpreting increased blood troponin concentrations. In particular, we are reminded that increased troponins occur in conditions other than ischaemic heart disease, and that normal troponins do not always exclude significant ischaemic heart disease.

Images of the Quarter by Kejariwal and Sarkar bring us back to clinical reality by illustrating the value of **ERCP in Caroli's disease** and **CT scanning in methanol poisoning**, and Broadhurst provides an explanation for intermittent **Wolfe Parkinson White syndrome** as reported in the last issue of *The Journal*.

This quarter our **Symposium Reports** cover College symposia on geriatric medicine, dermatology and neurology.

Finally, our *Journal* has always had a strong **History** section. In this issue, Kaufman reviews the Anatomy Act of 1832 which relieved the University of Edinburgh of the need to obtain bodies for dissection from grave robbers and murderers. Silver traces the development of sport for those with spinal injuries and Buchanan reveals that the Viking hero of a Norse saga (may) have had Paget's disease.