

A new year is a good time to re-ignite hope for the future and to determine that we will contribute something to turning that hope into reality. *Tariq*, one of our newest Fellows, wrote to us about the response to the Pakistan earthquake disaster in his home town of Abbotabad and his report is the Editorial for our first issue of 2006. His report and the comment from *Mahmood*, our College's Overseas Regional Adviser in Peshawar, showed that a lot is being done in Pakistan, but what shines out above all is the indomitable courage and practical compassion of ordinary people on the ground. They remind us that we are our brothers' keepers, and our lives should reflect our care for the sick and needy in our own societies.

General Medicine in this issue contains a substantial paper by *Syme* on what may prove to be a growing area in the management of stroke. Who knows where research on transcranial Doppler ultrasonography will take us, but a rapid method contributing to diagnosis and improving therapy should not be ignored. Hyperkalaemia causes sudden cardiac death in a variety of medical settings, and dealing with it urgently should be within the ability of all physicians. *Isles* and colleagues review potassium homeostasis and the causes of hyperkalaemia, particularly the value of the electrocardiogram and the ways of urgently reducing plasma potassium and stabilising the heart. Suspicion of pulmonary embolism accounts for about 5% of emergency medical referrals to hospitals in the UK, but only a minority have had a pulmonary embolism. *Roseveare* and colleagues report their experience of managing this situation and, using a defined protocol, show that selected patients can be treated safely in the community. *Medford* and *Pepperell* provide an image of the Quarter, describing a pneumothorax in an asthmatic patient receiving non-invasive ventilation. Pneumothorax should be excluded whenever patients on this treatment deteriorate suddenly.

Behind the Medical Headlines reviews the background to media reports on two dietary components. *McAvoy* and *Hayes* find support for the beneficial effects of coffee on liver enzyme tests, cirrhosis and hepatocellular carcinoma. *Kunkler* reports on folic acid in breast cancer. Most studies have suggested folate deficiency could contribute to breast cancer. He has reservations about a recent Scottish study that folate supplementation may increase breast cancer risk. Don't give up on folate yet, especially as it reduces neural tube defects in the offspring of pregnant women.

Clinical Opinions provides comment on three important publications. *Day* reports on the finding that elderly patients with delirium have low esterase enzyme activity and a high mortality. Esterases are involved in drug metabolism and low activities may explain why sedatives and analgesics are hazardous in the elderly. *Cross* comments on the European Heart Survey on aortic valve surgery in the elderly. Extreme age, left

ventricular failure and neurological problems are the only big contraindications to surgery, and percutaneous valve replacement may help some denied surgery. *Corrall* emphasises that 'immaculate control' is the vital message of a report on the presentation of cardiovascular disease in type I diabetes mellitus. Medibytes cover a range of publications.

Continuing Medical Education focuses on genetics. Advances mean that most readers will find themselves revising their learning of just a few years ago. *Porteous* highlights a recent College Symposium on genetics in modern medicine. Topics included sudden death, maturity-onset diabetes in the young (MODY), cancer genetics, and the impact of genetics in society. *Longman* focuses on myotonic dystrophy where 95% of cases are caused by an expansion of a three base-pair repeat sequence on chromosome 19. There is a wide spectrum of syndromes as severity tends to increase due to increasing repeats in successive generations. Features extend well beyond the skeletal muscles. *Huson* considers neurofibromatosis which has changed out of all recognition since many of us knew it as von Recklinghausen's disease. Neurofibromatosis type I is best recognised as it produces café-au-lait spots, cutaneous neurofibromas and Lisch nodules, while neurofibromatosis type 2 is associated with Schwannomas, especially of the nervous system, and causes much more morbidity. Continuing Medical Education concludes with a report by *Dhaun* on a College Symposium on Medical Education, and the extended abstracts of the wide-ranging St Andrew's Day Festival held in December 2005.

The **History of Medicine** section starts with the history of the Mukden Medical College. *Crawford* notes the huge contribution of Edinburgh-trained medical missionaries to the development of Western medicine in Manchuria (and, indeed, China). The dangers these doctors faced, and their determination and commitment are deeply impressive. Dr Dugald Christie stands out for his medical standards and for his feeling for China and its people. *McCullough* discusses John Gregory's vital contributions to the development of medicine as an ethical profession. Gregory's conclusion that medicine becomes a worthy profession when its practitioners are scientifically and clinically competent, open to conviction by evidence, and able to put patients' interests before their own. These are ideas contemporary doctors should remember! Finally, *MacGillivray* reports the remarkable work of Dr Thomas Latta in recognising that cholera should be treated with intravenous saline to restore the circulation. His decision to treat was based on evidence, and while he followed Gregory's dictum of learning from evidence, his critics clearly did not!

Our Letters section in this issue is lively, and includes stress and the heart, investigation in pregnancy and *The Journal* questionnaire. Good reading to you all.