

For over two thousand years the practice of medicine has emphasised the sanctity of life and the principle of doing no harm to patients. Consequently, it is not surprising that doctors have not previously sanctioned the ending of patients' lives except, perhaps, when death results from efforts directed at relieving suffering. Recently, arguments in favour of euthanasia and physician-assisted suicide have come to the fore, particularly in Europe, and these go straight to the heart of the doctor–patient relationship. Jeffrey puts forward the view in our **Editorial** that euthanasia and physician-assisted suicide are poor responses to the needs of dying patients, and it is interesting in this context that Doyle concludes from his review of the development of Palliative Medicine as a specialty that 'palliative care is the antithesis of euthanasia'. There are two sides to any discussion, and I hope that those who disagree with these views will write to the Journal with their opinions.

The **General Medicine** and Continuing Medical Education sections of this issue contain 24 contributions covering 15 different areas of medicine, including breast biopsy, chest medicine, endocrinology, infectious disease, information technology, liver disease, maternal medicine, medical education, microbiology, neurology, paediatrics, palliative care, psychiatry, rheumatology and thromboembolic disease. Medibytes is a new addition to General Medicine, bringing short, easily read synopses of published papers, written by specialists in each field, to our readers' attention. We hope this addition will usefully extend the general medical information already provided by Behind the Medical Headlines, based on medical issues in the media, and by Clinical Opinions.

There are two Behind the Medical Headlines articles. One comments on reports that flu during pregnancy may be one factor contributing to schizophrenia, and the other on the legal necessity of communicating the results of investigations (here, breast biopsy) to patients clearly enough to allow them to make informed decisions. The Clinical Opinions articles comment favourably on a useful new simple scoring system for predicting death in alcoholic hepatitis, conclude that thyroxine alone should be used to treat hypothyroidism, and confirms that metronidazole remains the treatment of choice for *C. difficile* infections. Our Papers section includes a major review on the diagnosis and management of paeochromocytoma, emphasising new biochemical and imaging investigations and the importance of blood pressure control during surgery and postoperative care, while Images reports the value of FP-CIT SPECT scanning in the diagnosis of tremors, and the therapeutic importance of recognising an uncommon spiral organism in infected patients with underlying chronic diseases. Finally, we have the interesting

experiences of a UK medical student who did a forensic psychiatry elective in New Zealand with the help of a Myre Sim grant from our College.

The **Continuing Medical Education** articles in this issue focus on maternal medicine and rheumatology. Thromboembolic disease is the most common cause of maternal death in the UK, and this paper reviews the clinical and investigative difficulties of diagnosis, the problems of treatment including the desirability of using heparin rather than warfarin, and the need for and difficulties of interpreting thrombophilia screens. Epilepsy is common in childbearing women and also causes maternal deaths. Good care will lead to normal pregnancy in most cases; good epilepsy control with a single drug before conception, supplemental folic acid and vitamin K during pregnancy, and the help of support organisations after birth are important. Rheumatoid arthritis benefits from active treatment, and while NSAIDs relieve symptoms, disease-modifying drugs should be started early. Anti-tumour necrosis factor benefits those with established disease but a serious potential complication is activation of latent tuberculosis. Osteoarthritis is the most common arthropathy and it may need to be distinguished from rheumatoid arthritis. Conservative treatment with simple analgesics, physiotherapy, and weight loss is usually effective, but pain and disability indicate the need for surgery. Finally, an overview and abstracts will give readers an appreciation of the symposium on 'Therapeutic challenges for 2005' held in the College.

The **Medical History** section begins with a botanical story. Conventional medicine now uses few drugs derived directly from plants, and many doctors look askance at herbal remedies. Accordingly, it is good to be reminded of the debt we owe to plants for the alleviation of our ills. Here we learn of Goat's Rue and the origin of metformin, now the world's favourite anti-diabetic drug. Dr Sophia Jex-Blake was a formidable woman who faced immense difficulty in following a medical career in the late nineteenth century. Our next paper follows her battles with the entrenched medical profession, particularly in relation to her School of Medicine for women in Edinburgh. The story should make male doctors blush, but we can take comfort from the male doctors who did support this intrepid woman. Doctors and nurses have always been at risk from infected patients, many over the years have died from infections contracted from patients, and SARS reminded us recently that this danger still exists. We learn that Edinburgh anatomists and medical students also ran serious risk from unembalmed bodies in the nineteenth century, and modern medical students have reason to be glad they have escaped this hazard! We can read a remarkable 1853 case report from the Royal Infirmary,

Edinburgh in which the famous Professor James Syme attempted unsuccessfully to repair the disastrous results of gangrene of the cheek using skin flaps. This was illustrated in his notes by his own drawing and by an early clinical photograph. The operation was carried out under chloroform anaesthesia, then recently discovered by the even more famous Professor James Young Simpson. Finally, we have a history of male circumcision, one of the oldest known surgical

operations, tracing its use in social contexts by many cultures and arriving in our own times with the knowledge that it could have medical uses in reducing the risks of HIV infection and penile carcinoma.

There is more than enough for everyone to read, so enjoy yourselves!