

The final issue of the *Journal* for 2006 is an appropriate point for a brief overview of its contents this year. Our General Medicine and Continuing Medical Education sections have included two or more articles relating to ten major specialties, eleven relating to other areas, and 46 Medibytes covering the current medical literature. The History section has carried 15 papers on notable people, treatments, institutions and plants of medicinal interest. We have published nine letters related to previous Editorials and articles. Most papers and letters have come from the UK, but a quarter of submitted papers have come from outside the UK. None of this could have been done without the freely given help of numerous reviewers and they will be acknowledged personally on our website. We hope readers have found the *Journal* interesting and useful, and early in 2007 we will be issuing a questionnaire seeking your opinions.

General Medicine opens with two gastroenterology papers. *Ford and Dobbin* review the use of hypnotherapy in irritable bowel syndrome, and conclude that it can give significant benefit, especially in those with resistant symptoms. *Ho et al.* base a review of pulmonary involvement in inflammatory bowel disease on a case report, which emphasises the need for pulmonary investigations when persistent respiratory symptoms occur in these patients. *Images of the Quarter* include minocycline skin pigmentation, in which *Gallipoli and Leach* suggest prevention by preferring tetracycline for long term therapy, and tricuspid valve endocarditis, in which *Kadappu and Kainthaje* show that traditional cardiac auscultation and modern echocardiography in febrile patients are the keys to diagnosis. *Behind the Medical Headlines* considers three topics appearing recently in the general media. *Musumba and Walley* review aspirin, which remains a useful anti-inflammatory and analgesic, but may also prevent vascular disease and possibly colorectal and other cancers, Alzheimer's disease, and recurrent abortion due to antiphospholipid antibody syndrome. Attention Deficit Hyperactive Disorder is a common childhood disorder of considerable public interest. *Forbes* shows what it is, its social consequences and its management by social and drug measures. Insulin has been a clear life-saver for diabetic patients, but it has not restored their life expectancy to normal. *Lindsay and Mackenzie* remind us that fetal perinatal mortality and congenital defects remain more common in pregnancy in diabetes mellitus and call for better planned pregnancy, tight glucose control and early folic acid supplementation. In *Clinical Opinions*, *Jacob* comments on a new assessment system for chest pain which should benefit emergency physicians, and *Gleadhill* wonders if mucolytics should find some place in COPD. Thirteen *Medibytes* giving a flavour of the recent medical media conclude this section.

Neurology is the main topic of **Continuing Medical Education**. Epilepsy is common but often misdiagnosed and mismanaged. *Alyward* presents a modern framework

for thinking about and diagnosing epilepsy, reviews its therapy, and considers surgical aspects and problems including status epilepticus, sudden death, and pregnancy complications. Headache causes anxiety to patients and physicians, and *Davies* comes to the rescue with clinical advice on diagnosis, a review of migraine and other primary headaches, and advises that refractive errors, hypertension and sinusitis are not usually credible diagnoses. *Day and Farrar* take a global view of neurological infections, and emphasise the importance of early treatment, of considering malaria, of using corticosteroids and antibiotics in immunocompetent patients with pyogenic or tuberculous meningitis, and remembering cryptococcus in HIV-infected patients. Movement disorders are another stumbling block for general physicians, and *Burn* provides a clinical approach emphasising a full drug record and a ceruloplasmin measurement (in the young) in diagnosis, and a focus on disability rather than recorded impairment in therapy. Finally, *Marwick et al.* consider the appropriate response to the serious finding of a *S. aureus* bacteraemia which includes assessing the likelihood of a complicated infection, the possibility of MRSA infection, endocarditis and early full antibiotic therapy.

History of Medicine starts with *Walker-Smith's* personal history of the University of Sydney Medical School. Founded in 1856, its Foundation Professor of Physiology and Anatomy came from Edinburgh, and Edinburgh graduates made major contributions to its development for a long time thereafter. We salute this illustrious medical school as it celebrates its 150th birthday this year. The enlarging British Empire took many Britons around the world in the nineteenth century, including doctors. Most remembered were those who founded hospitals and medical schools, but here *Crawford* recounts the experiences of James Watson, an Edinburgh graduate and graduate of evidence-based therapy who worked for the Chinese Maritime Customs Service for 20 years. *Lee* continues his series of papers on the *Solanaceae* with a discussion on henbane, the source of hyoscyne, which takes him into physiology, forensic toxicology and murder! Finally, *Doyle* writes further on eponymous doctors associated with Edinburgh.

Christmas, a holiday enjoyed by those of all religions and none, comes between the publication of this issue and our first issue in 2007. Our Communications team have enjoyed trying to keep you in touch with the College and general medicine in 2006, whether through the *Journal*, the College website (www.rcpe.ac.uk), or the public website of the Scottish Royal Colleges (www.behindthemedicalheadlines.com). We wish you a peaceful Christmas and a fulfilling 2007, and we hope you will contact us with any views you may have on the *Journal*.