

From the editorial team

This issue sees the return of the 'Notable Fellows' feature with a piece on Dr John Gillies who made a major contribution to the development of anaesthesia in Britain. The 'Notable Fellows' series records the history of the College and serves to acknowledge and even celebrate the life and work of its illustrious practitioners. We are keen that, in future 'Notable Fellows', we redress the gender imbalance and feature many more female doctors. In fact, in the History and Humanities section, we publish a paper by McCarter and his colleagues on Mary Broadfoot Walker and her pioneering work on myasthenia gravis. As they write: 'Although Mary Walker practiced in a non-academic setting and trained at a time when women were not allowed to train alongside men, she was the first to convincingly demonstrate three life-changing treatments in the field of neuromuscular medicine, a feat that few physicians of any era can claim'. In another paper on the history of medicine, Graham Lowe describes the work of Dr James Riley, who with his colleague, Geoffrey West, demonstrated that mast cells contained histamine, a key participant in allergic and anaphylactic reactions.

In the Clinical Section, Wilder-Smith et al. look at the vexed question of prescribing antimicrobials at end of life. Conceding that the issue is complex, they nevertheless advocate a more rational approach based on a treatment/escalation limitation plan, which reduces the negative effects of antimicrobial prescription. Bennett and her colleagues assess the safety of using active triage to provide advice rather than face-to-face neurology outpatient appointments. In a thoughtful discussion, they acknowledge the potential pitfalls of such an approach, but conclude that for a select group of patients it offers a satisfactory alternative to long waiting times. Bowden and her colleagues examined patient perceptions of their decision to undergo palliative chemotherapy in the Edinburgh Cancer Centre. While they found that patients were generally confident in the decisions they made, the authors were concerned about the depth of their understanding of the implications of their treatment and the feeling of some that they had no real choice in the matter. Morrow and colleagues examined the side effects of

adenosine use in coronary angiography, highlighting the rare incidence of severe bronchospasm. This is further discussed by Ripley et al. in their editorial on the wider effects of adenosine use in stable coronary disease.

In the Education Section, Armstrong et al. evaluate a strategy to improve the educational experience of Core Medical Trainees by introducing a set of quality criteria. They found that a coordinated UK-wide approach to quality improvement, focused on a specific set of clearly defined and measurable outcomes led to greater trainee satisfaction. Weichert looked at the prevalence of psychiatric comorbidity in inpatients admitted to a district general hospital in England and concluded that it was significant. The paper is ably discussed by Potts who asks what we should actually *do* about this situation, and agrees with Weichert that we should develop medical care that is patient-centred, holistic, realistic and integrated. Finally, Duncumb and Cleland examined students' attitudes to objective structured clinical examinations (OSCEs) and the sequential version of it, and found that students had a generally negative view of the latter.

I would like to take this opportunity to thank Nicole Spray, Senior Production Editor, and Russell Davidson, Editorial Assistant, for their continuing help and support.

The editorial team is always seeking suggestions or opinions on how we can better ourselves to serve the College Journal. We welcome any feedback by email to the editorial office at editorial@rcpe.ac.uk.

Allan Beveridge

History and Medical Humanities Editor

Editorial Office, *JRCPE*
Royal College of Physicians of Edinburgh
11 Queen Street
Edinburgh EH2 1JQ
UK