

# *From the editorial team*

This second issue of the *Journal of the Royal College of Physicians of Edinburgh* in 2020 is published in troubled times, since due to the global effects of the COVID-19 pandemic, disquietude is likely to exist in our daily – and segue into our domestic – lives. Some of us will routinely don and doff to care for those affected by the coronavirus and fret about the availability and efficacy of personal protective equipment. And many more will have apprehension and foreboding about unintended, although very much related, consequences affecting healthcare, society at large and the economy. These include delayed presentation of other illnesses such as cancer and strokes, maintaining humanity, offering kindness to the dying - especially where there may be difficulties surrounding close family contact, impact upon healthcare and other key workers, the psychological, emotional, social and physical wellbeing of the 'locked down' and 'shielding' population. And so the list goes on.

It is therefore not surprising that the Journal has several editorials dedicated to COVID-19; these include a perspective from the RCPE, reflections on what it's like on the 'front line', discourse about compassion and resilience, a description of the experience from different countries, and a thought-provoking overview about potential therapeutic strategies.

In the clinical section of the Journal, Morrison et al. describe the use of sodium valproate and real-world uptake of pregnancy counselling advice. Alarmingly, many individuals of child-bearing age decide not to engage in such dialogue and the authors postulate on reasons behind this finding. In non-COVID-19-related infections, a prospective study from India explored factors which could raise the likelihood of leptospirosis being present. The authors studied over a hundred individuals and found that particular epidemiological, clinical and laboratory features (including history of contaminated water contact in over 80%) may allow an earlier diagnosis of the zoonotic condition. Gout, no longer considered the 'disease of kings', has a colourful and vibrant descriptive past and was well recognised by the early Egyptians and later by Hippocrates in the fifth century BC who referred to it as the 'unwalkable disease'. A review by Nuki and Riches brings us up to the present day by discussing advances in its pathophysiology and management.

In the education section Crooke et al. provide us with a timely reminder of the benefits of physical activity across a range of medical conditions. Surely, if exercise could be branded as a magic tablet which would enhance our mood, help prevent some diseases and at times attenuate their clinical trajectory once established, cost very little (other than time) and result in few adverse effects, it would be prescribed by all health professionals and represent one of the most sought-after treatments worldwide. Crucially, the authors also highlight barriers to engaging in physical activity, in turn allowing us to reflect on ways to enhance uptake

in all patients that we encounter in our everyday lives. In addition to oxygen, intravenous fluids must be one of the most common therapeutic management strategies in the acutely unwell patient. Mathur et al. describe the aims of the National IV Fluid Improvement Programme in Scotland which has the overarching aim of enhancing the quality and prescribing of fluid administration plus reducing variation.

The Journal continues to believe in the educational value of publishing case reports and images of the quarter and this edition is no exception. For example, we are told about diabetic myonecrosis (infarction of muscle) which is a rare and under-recognised complication of poorly controlled long-standing diabetes mellitus. Remaining on the topic of rarities, Hu et al. describe an unusual cause of a common presentation: a unilateral pleural effusion. We are also reminded visually of the importance of thorough clinical examination and identification of Sister Mary Joseph's nodule, a hallmark feature of underlying abdominal or pelvic cancer.

The history and humanities section often describes colourful characters and provides reflective insights into the lives of those practising medicine in the past. Dr Fortescue Fox is no exception and his grandson tells us vividly about his life and tireless campaigning on hydrology, rheumatology and rehabilitation. Disagreement and conflict are encountered now and again within our interpersonal work lives. Donaldson opines about a dispute well over a century ago between the distinguished Prussian pathologist Rudolf Virchow, who pioneered the modern concept of cellular pathology, and the Reverend Joseph Goodsir, surrounding an honorary Fellowship of The Royal Society of Edinburgh. In these unsettling times, many of us will explore the arts to seek relaxation and reassurance; in this issue, we include a poem entitled *Hippocrates in Queen Street* by Dr James Robertson; although related to medicine, it may provide a catalyst for reflection and contemplation.

It is sincerely hoped that the next issue of the *JRCPE* will be published in less unnerving times, with the peak of the COVID-19 mortality curve not only flattening worldwide, but in definite decline. Hopefully by then, clinicians will also have further strategies in their armamentarium with which to manage the sometimes devastating acute effects of the coronavirus, and the research and scientific communities will be one step nearer to an effective vaccine to provide prolonged immunity.

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