

From the Editor

Clinical Medicine – JRCPL: the new title

Our journal was born almost 35 years ago under the stewardship of Dr Stuart Mason, who nurtured it for the next 21 years. It evolved from the *Transactions of the Royal College of Physicians* which was first published in 1772, and its intention was then, and remains now, ‘a commentary on the whole medical scene’. At that time, in 1966, as now, articles were published by physicians whose names either then or later were acknowledged as our leaders in clinical medicine. Dr Robert Mahler took the helm in 1987 for the next 7 years during which the journal flourished, and David Kerr, editor from 1995 to 1998, introduced the CME section to the journal, which with its Self Assessment Questionnaires (SAQs) and their contribution to CME learning credits represented an important innovation. The present editor wants to record here that both of the two previous editors continue to give substantial support to the journal – Dr Kerr by editing the SAQs and Dr Mahler whose editing expertise and counsel are greatly valued.

Clinical Medicine – our new title – reflects the reality of the journal’s content rather than suggesting a new direction. Its presentation and print are modernised: it is also published electronically on the OVID website available to libraries which gives access to abstracts and some full texts of published references; the journal’s editorials and abstracts also appear on the College website (www.rcplondon.ac.uk).

Please read *Clinical Medicine*. In covering the very broad range of clinically relevant professional issues its overall content is perhaps unique in medical publications in the UK today. It is no coincidence that we open the new title with two striking and

important articles from Professor Simon Wessely describing lessons from the Gulf War and from Dr Deborah Kirklín writing on the role of humanities in the education of doctors.

Understanding illness – lessons from the Gulf War

Understanding the experience and perception of illness by our patients are keys to good clinical practice. Professor Simon Wessely in his splendid review describing lessons from the Gulf War syndrome addresses just these issues. Medieval physicians and their patients were in little doubt that many diseases were due to the error of man’s ways in the sight of God – sin was their cause, and confession their remedy. Indeed every generation produces its own ideas regarding the causes of illness. Simon Wessely now establishes that there is a Gulf War effect and observes that ‘it is not trivial’. He seeks explanations in ‘the general beliefs of the time’. Could the illness be due to biological hazards: the evidence is not strong but – maybe? What about the idea that it represents anxiety as a feature of post conflict ill health, perhaps in this instance because of threatened exposure to chemical or biological weapons – maybe? Or perhaps it has nothing to do with war, but represents one part of the spectrum of illness affecting veterans as well as civilians. He describes how we might understand the problems in terms of the ‘sociology of illness, and the particular position of the veterans in modern society’. He also observes that ‘patients prefer a firm, albeit inaccurate label for their symptoms as opposed to an honest expression of uncertainty’ – which no doubt further contributes to their malaise.

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So the demons of old are still tormenting doctors and their patients – but Simon Wessely’s thoughtful review should help all practising doctors with their consultations and the understanding of illness, and should be read by us all, physicians and general practitioners alike.

‘The concept of life was harder to accept than death’

Unexpected and complete cure of a chronic disease must be a rare event. Doctors would expect their patients to be overcome with joy. It may come as a surprise therefore, that a patient in this situation may be overwhelmed by depression. In this issue

of *Clinical Medicine* (page 72) we publish a personal account of the depression following recovery from long standing Wilson’s disease. Lisa Yonetani writes that she ‘had accepted death with the courage that kept me going throughout the whole ordeal and now that my life had taken such a dramatic turn I had to accept living again. The concept of life is harder than death.’ Dr Deborah Kirklin writing in this issue (page 25) also observes the need to remember that there is always another side of the story to consider: a character in Oscar Wilde’s parable ‘The Doer of Good’ expresses the same feelings as Lisa Yonetani: ‘For I was dead and you made me live. What else could I do but weep?’

PETER WATKINS