

From the Editor

The Journal has its origins in *The Transactions of the Royal College of Physicians of London*, first published in 1772. After a long interval, the Journal was revived as the *Journal of the Royal College of Physicians of London* in 1966. Dr Stuart Mason served as the first Editor for a remarkable 21 years and was succeeded in 1987 by Dr Robert Mahler, who still serves on the Editorial Board. The reins were then taken up by Professor David Kerr in 1995 and handed to Dr Peter Watkins in 1998. He renamed the Journal *Clinical Medicine* in 2001 and now steps down seven years and some forty editorials later.

Early in my first appointment as a Medical Registrar at the General Hospital, Birmingham, I came under the influence of a Senior Medical Registrar (equivalent to a Specialist Registrar in Year 5 or 6, but with added gravitas and an aura of seniority). He created and sustained a happy working environment for all the staff in the Department and demonstrated enormous enthusiasm for clinical medicine – setting high standards for patient care, education and teaching while pursuing an active and productive clinical research programme. He enthused the junior doctors throughout the hospital and ensured that they were happy both professionally and personally. He contributed regularly to the residents' mess life, wrote and compered the annual Christmas show with aplomb, and played his cello in the hospital orchestra with evident talent and pleasure. Peter Watkins subsequently pursued a distinguished career as a Consultant Physician in the Diabetic Department at King's College Hospital, London, and then served as Editor of this Journal until December 2005.

As an applicant for the editorial post and threatened with an interview with the President, I took the opportunity to review that seven-year contribution. The range and breadth of the papers during this time has been nothing short of extraordinary. One could learn of British pioneers

in transplantation, medical artists and their art, the medical history of Hong Kong, or the effects of retirement and non-practising doctors' blues. If these did not appeal, then one could turn to 'Control of research' by Baroness Warnock, or articles on forensic entomology or gene therapy. Personal contributions from the late Professor Sir Douglas Black, and regular 'Conversations with Charles' provided remarkable insights spiced with humour. Throughout there have been wonderful vignettes from Professor Alan Emery of medical treatment as illustrated through individual paintings reproduced so well in full colour in the Journal. A wide range of CME teaching has been introduced together with a major section concerned with professional issues. The publication of College lectures, conference reports, book reviews and letters to the Editor continue unabated. The Journal now carries fewer original papers, which quite rightly find their way into the specialist journals.

The prime objective for the Journal remains as 'a commentary on the whole medical scene', a phrase first coined in the Journal's opening editorial in 1966. The Journal also acts as a creative, constructive link between the College and its Fellows and Members. Even a successful Journal, however, can only thrive by evolution. How might the Journal evolve and remain relevant to current issues?

A series of contributions concerned with 'Medicine at the sharp end', might provide a personal perspective from different specialties which would keep readers in touch with the real clinical world. A series from individuals associated with important spheres of medical influence could provide welcome breadth. The evolution of the NHS from its origins to current day practice could be explored through a series of personal journeys. Developments in education, training and medical care and the evolution of medicine in a multi-faith society all deserve attention.

The Editorial Board has already given us an

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interesting range of possible topics. How would you like to see the Journal evolve? Ideas and suggestions please on an email to robert.allan@rcplondon.ac.uk. The prospects ahead are exciting, but Peter Watkins will be an extremely hard act to follow. We are all greatly in his debt.

Medical professionalism

Last month's issue was accompanied by a supplement – the report of a working party on *Doctors in society*.¹ This is a rare event for the Journal concerning an issue of rare importance. A key aim was to initiate a dialogue about the role of the doctor in creating a healthier and fairer society. This dialogue is continued in this issue by Raymond Tallis in his editorial;² the trainees' view is set out by Declan Chard *et al*;³ and a report on the lively conference on Medical Professionalism is on page .⁴ The report is essential reading for all of us.

References

- 1 Royal College of Physicians. *Doctors in society: medical professionalism in a changing world*. Report of a working party of the Royal College of Physicians of London. London: RCP, 2005.
- 2 Tallis R. Doctors in society: medical professionalism in a changing world. *Clin Med* 2006;6:7–12.
- 3 Chard D, Elsharkawy A, Newbery N. Medical professionalism: the trainees' views. *Clin Med* 2006;6:68–71.
- 4 Wass V. Doctors in society: medical professionalism in a changing world. *Clin Med* 2006;6:109–13.

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