
Editorial

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'May you live in interesting times'; thus runs a Chinese curse. We certainly do live in interesting times. All over the world, standards, perceptions and expectations are changing with increasing speed. This can make us insecure, anxious, frustrated, even angry. At home, we are concerned with what is happening in the NHS and in education. Specifically, we worry how these changes will effect our clinical work, our responsibilities to teach and train the doctors of the future, and our opportunities for research. And so, perhaps, many of us feel that living at an interesting time is indeed a curse.

But there are many things of consuming interest in medicine from which we may take heart. The managerial changes in the NHS are generally not much to our liking. But they have stimulated an interest in management and administration that we had previously rather disdained. In the long run we may well recover the responsibilities we have lost by default.

The public's perception of doctors and its expectations of medical care have changed radically in the last few years. We are now engaged in a debate on how health care should be delivered and how the priorities for its delivery should be assessed. These requirements, coming more or less at the same time as some of the most remarkable advances in medical science, have raised interesting ethical issues, and have heightened the profession's awareness of the public's preferences and prejudices.

The financial constraints under which Universities and Research Councils are forced to operate, have awakened an interest in finding new and novel sources of support. Sir James Gowans, in last year's Harveian Oration at the Royal College of Physicians, said: 'those who are involved in medical research, could not be living at a more exciting time.' However, the prospects for medical research depend not only on scientific opportunity and talent but also on the resources available to exploit it. The problems facing academic medicine are well rehearsed in David Shaw's thoughtful editorial. The excitement of research and its application to clinical practice is revealed in the range of articles in this issue of the Journal: not only research employing methods of advanced technology but also those of accurate clinical observation and good record keeping in simple surroundings.

The evidence, in many parts of the world, of man's inhumanity to man, and of Nature's apparent cruelty (abetted by man's stupidity and greed) has prompted an interest, especially among the younger doctors and nurses, in the fate of human beings on a world-wide scale. Many have been prepared to risk life, torture and imprisonment to bring help to people in desperate need. Surely, their example should give us fresh hope for the future.

'May you live in interesting times': it is a challenge, not a curse.

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