

## W.M.D.s

### **Weapons of Mass Destruction or Whirlpools, Mohs and Doha agreements?**

Though occasionally medics or scientists may encounter weapons of mass destruction during their careers, it's far more likely the W.M.D.s that they will face will consist of Whirlpools, Mohs surgeries and Doha agreements. The ninth issue of the TSMJ features a taste of W.M.D.s for your reading pleasure, saving those who wish to find them a potentially lengthy or embarrassing hunt.

W.M.D.s highlight the massive spectrum of medicine that is constantly developing and broadening, creating specialisations, sub-specialisations and sub-sub-specialisations as it expands. Every day explosive new developments and information swamp the health world and in order to keep on top of it we, as limited humans, have no other choice but to create specialties and allow members of our race to immerse themselves in a chosen area to such a depth that sometimes the most fundamental training of other areas becomes forgotten and lost.

Indeed, specialisation in the practice of medicine is not a modern production. The Egyptians subdivided their medical procedures to an absurd degree. In the Roman era, we read about the Syrian writer Lucian travelling all the way to Rome to consult an ophthalmologist. In Britain, medicine and surgery have been specialties for a thousand years. At the end of the 12th century Pope Innocent III considered the practice of surgery to be derogatory to the dignity of the priests (who were the principle medical practitioners at the time) and forbade them from carrying out surgeries. The priests did not want to relinquish a practice so lucrative and compromised by teaching surgical procedures to their barbers. Therefore, the surgeons of that day were operating technicians who took their instructions from physicians. One must wonder could this day ever reappear? The barbers however, eventually organised themselves into a guild which formed the beginning of the College of Surgeons and the division between medicine and surgery was born.

Although specialisation of sorts had its origins in days long past, the trained and recognised specialisations in medicine as we know them today had their chief growth during the last century. Medical activities have been subdivided to such an extent that we now have individuals whose sole focus is the function of one gland and others whose sole thought is for the symmetry of a single orifice. Even the general practitioners, I am sure, will admit that there is no single individual actually attempting to handle every type of case and that they themselves in some ways are becoming specialists.

There is no doubt that specialisation is inevitable and will increase. The recent additions to medical knowledge have made it utterly impossible for any individual to absorb more than a portion of it and practitioners specialise, not essentially for materialistic reasons but because they realise the utter futility of attempting omniscience. Specialisation is imperative if work is to be done properly and if progress is to continue. In fact, modern specialisation represents the greatest general development medicine has ever known; it is merely a manifestation of the universal law of evolution witnessed in every biological process and every human activity - development from the simple to the complex, from the homogenous to the highly differentiated.

The TSMJ embraces this diversity. The journal gives trainee and newly qualified health science professionals, a chance to showcase their efforts and talents in their areas of interest. It provides both a hotbed to cultivate talent and an avenue of expression that it is an important learning source for those wishing to become involved with the research world.

Dr John O'Brien, an established generalist, opens the ninth edition with an interesting overview of the rural general practitioner of yore and modern times. His experiences in medicine are complimented later with an interview from Professor John Reynolds, a specialist surgeon.

The original research section contains three articles from very different aspects of the health scientists. Articles on the effect of continuous airway pressure on ventricular repolarisation in patients with heart failure and sleep apnoea, the impact of substance abuse in schizophrenia and a look into the provision of dental care for special care patients are included in this issue. Case studies on malrotation of the gut, extra-adrenal pheochromocytoma and Crohn's disease in children teach us about some of the varied and remarkable surgical and medical cases encountered by practitioners on a daily basis. The review section also contains a variety of articles dealing with many different aspects of medicine including age related macular degeneration, Mohs micrographic surgery, vitamin B12 deficiency, modern methods in maxillofacial surgery and a novel connection between breast cancer and polymorphisms in previously unrelated genes. Medicine is a global phenomenon and we conclude this issue with sections composed of an article considering the influence of the law on the availability of medicines in developing countries and an elective experience in Malawi from where the author had a bird's eye view on the impact of poverty on health.

Finally, I would like to conclude by thanking all those who submitted to the TSMJ, whether it resulted in a publication or not, and appeal to students and health science professionals to regularly submit articles, on topics such as W.M.D.s of this issue, either to the TSMJ or other scientific journals. It is an important part of the health science world that is often over looked and sometimes under appreciated and so to quote one of the greatest journalists of all time William Allen White "dip your pen into your arteries and write".

James O'Byrne