We have a rather varied issue this month with respect to content.

I am very pleased to publish the abstracts from the recent Annual Scientific Meeting of the Association of Physicians of Great Britain and Ireland held in Leicester earlier this year. I attended the meeting and heard the majority of the presentations. The abstracts will confirm the consistently high standard of the original research that was selected for both oral and poster presentations. Furthermore, the material presented reflects upon research areas of high topicality and current clinical relevance. Hopefully some of the output from this research will make its way into the pages of QJM.

Of the two review articles, the first explores an area of mitochondrial microbiology that has as yet received relatively scant attention. The effects of mitochondrial cytopathy (MC) on a range of disorders (neuromuscular, cardiovascular and metabolic) are now well described. The review by Andrew Hall discusses the impact of MC on renal pathophysiology. A range of renal disease models is explored and the inference is that the role of MC in renal disease has not been fully appreciated.

The second review by Bakhai deals with an aspect of obesity and its complications that deserves more recognition. It is acknowledged that fat tissue should be considered as representing a secretory organ that produces proteins called adipokines that have a range of roles that include appetite regulation and insulin sensitivity. Bakhai makes a powerful argument for dietary intervention and exercise in obese patients but also refers to the use of newer pharmacological agents which can also enable reduction in overall levels of adipokines.

Now for something completely different: our commentary this month has a strong bias on statistics and mathematical modelling. Thiebault and Walker challenge a fundamental but widely held principle. Referring to Euclid’s postulate about the universal feasibility of drawing a straight line between two points, they dispute the wisdom of applying this logic to measurements of a clinical marker, in this case, CD4. It would seem self evident that two or more measurements are needed in order to investigate the change in a biomarker. They argue by means of simulation how this simple reasoning may be faulty and thus result in imprecise and biased results. Their approach is intriguing but provocative and may lead to debate and discussion through the letters section of the journal.

Two of the original research papers deal with different aspects of diabetes. Hanna et al. allege that currently that there is a lack of consensus in the UK with respect to the management of gestational diabetes (GDM). A survey of UK diabetologists demonstrated apparent wide variation in screening procedures and subsequent interpretation of oral glucose tolerance test results. The findings form this survey would indicate an urgent need for consensus guideline development for GDM. The paper by Gill graphically describes the impact of inadequate health care resources on the well being of patients with diabetes mellitus in Ethiopia. The results were predictable but interesting. Body mass index was low but mean HbA1c high; furthermore, while large vessel disease was relatively uncommon, there was a high prevalence of neuropathy, retinopathy and microalbuminuria. Sadly no immediate solutions to this unsatisfactory situation are evident.

We have an interesting case report, the observation that neurological complications followed from a common European adder bite. Should QJM and other similar journals publish case reports or clinical pictures? Opinion of medical editors is divided with some holding the view that the prime focus of a journal such as QJM should be to publish high quality original research, reviews and opinions. I hold the view that case reports can be both interesting and informative. This is especially the case if they make a valid point or allege to report something new. However, the latest guidance on medical publishing ethics advises that permission from patients is needed before details of their case history (and indeed photographs or images) can be
submitted. This I believe is reasonable, as it is feasible for a patient to be identified from a case history, especially if it is unusual in some way. So please send us your interesting cases especially if they have a message to impart but we need permission form the patient first.

Finally, I would also welcome submissions in the form of editorials. These are usually placed at the front of a journal and are of the order of 750–1000 words. They usually deal with a current clinical issue or political topic. For example, do you have a view on Lord Darzi’s Next Stage Review and its impact on delivery of health care services? Can postgraduate medical training be delivered in a 48 hour week? Do academic health sciences centres represent a way forward with respect to achieving research excellence? If you have a view on a current topic, then why not submit it via Editorial Manager to QJM? I look forward to hearing from you.

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