

British Journal of Hospital Medicine: educating hospital doctors for 50 years

As Editors we are delighted to introduce this celebratory 50th anniversary issue of the *British Journal of Hospital Medicine* (BJHM). The journal was launched in October 1966. Other significant events that month included the release of the hit song 'Good Vibrations' by The Beach Boys, Celtic defeating Rangers 1–0 to win the Scottish League Cup final, the birth of David Cameron (former UK Prime Minister), and the devastating Aberfan (Pantglas Junior School) disaster in south Wales.

The journal was created with the intention of providing clearly written review articles for readers who were 'clinicians', irrespective of their speciality, and who were finding it difficult to keep up with developments in research. The editor, Michael Hession, wrote at the time:

'[Original work] contributed to the detailed knowledge of a particular subject, but the reader who demands a broader view of that subject almost inevitably finds it necessary to piece together a large number of papers appearing at different times in different journals. The time available to devote to this is diminishing steadily and a change in reading habits has been evident as a result, moving in the direction of abstracts and reviews.'

Fifty years later many of today's readers of BJHM will sympathise with this insightful observation and this is the reason that why, in 2016 BJHM continues to thrive and be relevant to both doctors in training, as well as to consultants and to associate specialists, working in hospital medicine. Keeping up to date with the ever-increasing volume of

research which is being carried out, and being able to interpret and synthesize it and then ensure that 'day to day practice' is appropriate and 'evidence-based' resonates today just as it did then (in 1966). This is evidenced by the editorial in this issue by Grant et al (p.554), in which the authors suggest a number of ways in which current research findings can more readily be translated into clinical practice.

Reflecting on 50 years of clinical practice

In the first issue of the journal there was a 'topic specific' symposium that looked at the medical and surgical treatment of Parkinson's disease. We have maintained this model, successfully, over the last five decades, since this first issue, and it currently continues to underwrite the structure of each issue of BJHM. In the October 2016 issue of BJHM (p.560), Professor Simon Lewis reflects on articles published in the original symposium and considers how, in 2016, the management of patients with Parkinson's disease has changed, or not, over the last 50 years.

In 1966, the Nobel Prize in Physiology or Medicine was jointly awarded to Dr Charles Brenton Huggins (University of Chicago) 'for his discoveries concerning hormonal treatment of prostatic cancer' and to Dr Peyton Rous (Rockefeller University) 'for his discovery of tumour-inducing viruses'. Professor Robin Weiss (p.565) reflects on how the legacy of Peyton Rous's work influences the current diagnosis and management of virus-induced cancer, including Epstein–Barr virus, human papilloma viruses and hepatitis B and C viruses, and further hypothesizes whether developments in vaccination may lead to these cancers being considered historical curiosities in a further 50 years' time.

The article by Stimpson and Marks (p.575), which reflects on original peer-reviewed research published contemporaneously in 1966, adds to the observation that despite the passage of half a decade, original research needs to be synthesized by clinicians, and

be put in context, if it is to be delivered as evidence-based' care for 'individual' patient benefit.

Additionally, the paper on pyrexia of unknown origin by Bharucha et al (p.579) clearly identifies how investigation and management of this clinically 'difficult' problem has evolved over the last 50 years. Not only has the definition been revised, the availability of new diagnostic tests, as well as emerging 'at risk' patient populations, continue to make this topic clinically relevant.

The editorial leader article, by Michael Hession, in the first issue of BJHM was entitled 'Postgraduate medical education' and this continues to be a major focus of the journal.

Michael Hession, at the time wrote that: 'The aspiring consultant—whatever qualifying standard he originally reached—has much further study ahead of him'. The 'currency' of continuing medical education in 2016 is reflected in the two education and training articles in this issue. One looks at postgraduate fellowships currently under development by the Royal College of Physicians (London) (p.589) and the other calls for closer integration of e-learning and simulation (p.592). Both topics would surely have been 'alien concepts' to any doctor in hospital practice in 1966? While the ideas/concepts have evolved with time, the ethos behind them and the drive for providing 'bespoke' and 'topical' medical education will continue to determine the content of BJHM.

Thank you

A critical part of any journal is its contributors, be they authors, reviewers or readers. BJHM would not be the journal it is without their input, and in particular the support, advice and suggestions we receive from our amazing editorial board. We are grateful to the many clinicians who have supported us in whatever guise since 1966, and look forward to their continued contributions over the next 50 years and beyond. **BJHM**

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