

EDITORIAL

Although we are not presenting new scientific data, there is a lot about the clinical application of research in this issue. It ranges from the life-enhancing benefits of being able to hear, talk and chew (thanks to titanium), through the new therapies for angina (cholesterol and coronary artery rebobes) to the wondrous developments of monoclonal antibodies which can be used as diagnostic tools (Ferry Hillman's article) or as therapeutic agents to inhibit restenosis of coronary arteries. No research is meaningful without good statistical methodology and we now have access to expert help nearby at Lancaster University. Sally Hollis' article contains a masterful scrutiny of the data on the leukaemia clusters at Windscale.

There is also a lot of practical advice about common problems. We have experimented with a Clinical Focus, a group of related but separate reminders about dealing with blood as a presenting complaint. We also have our first article from a dentist, specifically aimed at GPs but equally

relevant to hospital doctors. These articles describe how local practice is conducted and can be read in conjunction with the national literature. They should also serve to alert readers to clinical developments which have been carefully considered and embraced by local experts.

There is a news column from the Clinical Tutor. Postgraduate medical education is changing rapidly and there is much that purchasers and providers need to collaborate on. Whether we like it or not, medical education is expensive and must be considered in contract negotiations. We all share an interest in the best possible training of doctors.

Hopefully, doctors will develop a sense of humour as a professional skill. Finally, look out for a new competition and don't forget that critical feedback, review articles, cartoons, personal views and suggestions for future topics are always welcome.

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