

Highlights of this edition

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As this second BMJ/JRAMC edition is printed I must offer an apology to those who received an unserviceable copy of the March edition. Due to printing process errors, some journals were bound in the wrong order making reading of the articles a little difficult. Any reader so affected is encouraged to email the Journal's editorial assistant on ramcjournal@hotmail.co.uk with your details and a replacement edition will be provided.

This edition highlights the breadth of contributions we now receive

WHY NOT DO RESEARCH?

I am delighted to publish this timely editorial highlighting the role research should play in the Defence Medical Services (DMS) and to reiterate Major Bernthal's question—"Why aren't we all doing research?" It represents a first publication in this Journal from the Academic Department of Defence Nursing and I sincerely hope it serves to enthuse the non-medical portions of the DMS to submit their work to this journal as it is not just about doctors.

OUT ON THE GROUND

Many of us never find the time to reflect on our General Duties attachments, instead focussing on making the next step

in our professional careers and so this personal view from Gumbley and her three colleagues of how General Duties Medical Officers (GDMOs) prepare for deployment out on the ground in Afghanistan is a welcome analysis of what is good and what we could do better to make the lives of future GDMOs better.

THE RETURN OF BALLISTICS

The change in weapons and tactics by the insurgents in Afghanistan has prompted many advances in medical care and a renaissance in ballistics research. After almost a decade with no submissions to this Journal about the science of ballistics, we are currently in receipt of a number of high quality ballistics articles. The two by Breeze *et al* and Eardley and colleagues provide erudite overviews of their respective subjects and will I am sure become key references in future work in this area.

US AND THEM

Much has been written about the trauma burden and care in the medical facilities in Afghanistan, but it is interesting to read Mossadegh *et al*'s comparison of one aspect of care to that provided in a leading UK civilian trauma centre. On deployment, we manage blunt splenic injury without surgery less often than in UK, but it is heartening to see that such a non-operative approach is at least being considered in certain circumstances in the mature trauma system in Afghanistan.

FROM OVERSEAS

Contributions from overseas are always welcome and Nygaard *et al*'s insight into a Danish Role 1 facility in Afghanistan is a welcome addition to our knowledge base of the workload forward of the hospital at Camp Bastion which has often taken the limelight, whilst Martin Duke's historical vignette shines a spotlight all the way from Connecticut USA into a fascinating and I suspect little known aspect of Corps history.

... AND FINALLY

In December's edition we published a synopsis of 26 years as a military nephrologist by Colonel Mike World, a project completed shortly before his untimely death. As alluded to in the introduction to that edition there were three other articles by Colonel World in various stages of peer review and revision. It was the unanimous view of the Editorial Board that these should be published both as a lasting memorial to a distinguished colleague and as an invaluable source of data and insight on a career of renal medicine in the military and they are presented here.

Competing interests None.

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