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Highlights of this edition

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Johno Breeze,¹ and J Garner²

Welcome to the first edition of the New Year which is real mixed bag of topics and countries of origin. It is now over two years since the last UK combat troops left Afghanistan and this edition reports the final accounts and research from that prolonged deployment, with many of those lessons highly applicable to future contingency operations. As normal we have included contributions from around the globe (South Korea, China, Finland, Switzerland and the Netherlands) representing the breadth of military medicine around the world.

In common with many previous opening words from the editors, I would like to take this opportunity to encourage all readers of the Journal to use it ... submit to it, sign up to it electronically, write letters to it and tweet about. The success of the *J R Army Med Corps* resides solely in the interest that its readers take in it; whilst we now receive a substantially higher volume of submissions than in previous years which allows us to be more stringent in raising the quality bar, we still feel that we could do better. One of the *raison d'être* of the journal is to stimulate

debate and controversy and we would welcome much more in the way of letters to the editor and quick responses, as well as readers using social media to debate our content.

We would also like to take this opportunity to draw all UK military authors' attention to the revised process for clearance of articles submitted to the journal which complies with the direction of JSP 950 Part 1 Lft 1-2-3 (V1.1) dated May 2016. All regular and reservist serving UK military authors must provide evidence of permission to publish by submitting a 'CC1' form signed by a representative of the Medical Directors office at RCDM. CC1 forms can be obtained from, and should be submitted to, the Medical Directorate Operations Manager (SG-DMed-MedD-GpMailbox@mod.uk). UK military submissions without an appropriately completed CC1 form will be returned and will not enter the review process. Clearance of papers submitted by non-UK military authors will continue to be arranged by the journal.

DIARRHOEA NOT EBOLA

Two articles consider the impact of diarrhoeal outbreaks during the UK Defence Medical Services response to the Ebola Virus Disease. One concentrates on the very important outbreak control and investigation techniques implemented and the other discusses the technology available to help diagnose the specific cause of the cases. With the advent of contingency, both

aspects of managing diarrhoeal outbreaks are important given the frequency with which they occur on deployments.

TRAUMA AND BALLISTICS RESEARCH

The campaign in Afghanistan rightly portrayed the DMS as experts in managing trauma, but this expertise has long been founded on high quality basic research in areas such as ballistics and ballistic protection. The two articles from Impact and Armour Group at the Centre for Defence Engineering typify this and the research regarding bullet impacts into body armour has significant forensic implications for civilian practice as well.

SAFE IN YOUR SKIN

Soldiers are renowned for their ability to acquire a panoply of skin conditions and two papers in this edition give an over view of those conditions that Chinese UN peacekeepers in Lebanon acquired and refresh our memory for a skin condition intimately entwined with the history of the Royal Army Medical Corps – Leishmaniasis.

... AND FINALLY

In our first publication from Swiss authors, we highlight how psychological evaluation helps identify those who are more likely to complete Special Forces training. It is an interesting concept and perhaps has wider applicability in selecting our recruits in general or trade specific entrants to minimise drop out rates.

¹Academic Department of Military Surgery and Trauma, Royal Centre for Defence Medicine, Birmingham, UK;
²Department of Surgery, Rotherham NHS Foundation Trust, Rotherham, South Yorkshire, UK

Correspondence to Lt Col (rtd) J Garner, Department of Surgery, Rotherham NHS Foundation Trust, Moorgate Road, Rotherham, South Yorkshire S60 2UD, UK; editor.jramc@bmjgroup.com