EDITORIAL

Perspectives on this issue of the IJS

When I was a lad, like most of my generation, I was obsessed with science fiction. Such has been the pace of technological innovation over the last 50 years, I now feel that I’m living in a future that exceeds the wildest dreams of my youth. Unanticipated developments include telecommunication and IT. As far as the former is concerned, I still marvel at the petite device I wear on my belt that allows me to communicate at a touch with friends in Australia and allows my wife to initiate vibrations in my pocket whilst I chair an important meeting, to alert me to delays on the train line when we expect folk for dinner. I’m not yet convinced that there are any health threats of these microwaves to my brain or what’s left of it. As far as IT is concerned, the revolution in this technology is almost as far reaching as the invention of the written language and the printing press.

All my editorial duties are completed at the speed of light, authors from the four quarters of the earth can exchange versions of an evolving manuscript instantly and the journal itself, in theory, requires no paper or printing at all. Personally though I would never wish to give up the pleasure of the printed page on my lap, in the comfort of my favourite chair within easy reach of a wee dram of a 12 year old Talisker single malt. However, like all powerful new technology, it is open to abuse. Even the most sophisticated spam filters fail to control the junk that hits my screen but at least I’m aware its junk. What worries me though is the subversion of scientific and journalistic ethics that may be a consequence of all this power at our fingertips. Nouraei et al.1 examine how this could be technically possible in Plastic Surgery (see pages 254–7).

There were two other predictions in the fiction of my youth, space travel and miniaturisation, that are coming to pass. It is nearly 40 years since a man stepped onto the moon. The pace of
progress since then has slowed, not through lack of innovation but mostly through escalating costs. Yet we can still marvel at the images of men and women in space suits repairing a space station beamed directly to our flat screen monitors. These people are perhaps the first of the generation that will need the care of the infant speciality, space medicine² (see pages 263–7).

The next step is into inner space. Many of you will remember the film “Fantastic Voyage”, starring the glamorous actress Raquel Welch, who looked rather fetching in a white jump suit. She and her medical colleagues were shrunk down to nanodimensions inside a space ship that dodged hostile macrophages in order to repair a leaking berry aneurysm at the base of the brain of some celebrity. The reality of nanotechnology is now with us³ and the potential is huge (see pages 243–6).

Finally back to reality. The International Journal of Surgery recently found itself in the midst of controversy following the publication of a paper by Retsky et al.⁴ This paper implied that the surgery prompted by the detection of latent pathology found when screening the breasts of pre-menopausal women, might lead to adverse outcomes. This was picked up by a Pulitzer Prize winning reporter from the Wall Street Journal,⁵ who described it accurately, yet provoked a storm of criticism that challenged the integrity of the authors. For that reason we thought they should be allowed space to refute the arguments against them, whilst keeping the debate alive (see page 286). At the same time for the sake of balance, we have included a response from a leading patient advocate, Thornton⁶ (see pages 240–2). We had hoped that the IJS might be a lively publication but I never guessed that flak jackets would be required for the job. Beam me up Scotty!

References


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