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Highlights of this edition

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As the New Year has dawned so has the work to continue the drive to improve and publicise our journal. Our new strap line 'An International Journal of Military Medicine' adorns the cover, which show six military nurses returning to their accommodation from a shift in the Role 3 Medical Treatment Facility in Camp Bastion and re-emphasises two important aspects of our scope.

Despite the title, this journal is most definitely an international one and we welcome submissions from medical services from around the globe; we are also not just a doctors' journal. A vivid demonstration of this will arrive later this year when we publish a supplement dedicated to Military Nursing, which will contain contributions from all three services nursing cadres and across the rank and speciality spectra.

WELLINGTON'S GREATEST BATTLE

It would be remiss of this military journal not to celebrate the 200th anniversary of the Battle of Waterloo, and Mick Crumplin has penned a stimulating overview of the medical aspects of the battle: this part sets

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the scene in the run up to Wellington's greatest battle. The details of the Battle itself follow in the next issue.

WHERE IS THE BLOOD GOING?

Parker *et al's* timely editorial carefully explores the evolution of combat transfusion from its inception in World War 1 to its massive contribution to our successes in the MTF at Camp Bastion. Their article also examines what the future holds for provision of blood and postulates how we can provide resuscitation with blood components at the furthest forward edge of our contingency deployments.

THE RETURN TO CONTINGENCY

The return to contingency has taxed many in defence, not least working out how we change from the certainties of Camp Bastion to being prepared for short notice deployments. The article by Ingram and Mahan's description of the difficulties of formatting a readily deployable field hospital makes interesting reading.

THE COMPLEX ABDOMINAL WALL DEFECT

Arul and colleagues present a series of patients who required a variety of techniques to try and close the abdominal wall following significant penetrating abdominal

trauma with good results. The authorship of the article pays testament to the multidisciplinary way in which they approached what is a common and often complex problem.

MEDICAL OR SURGICAL?

Proffitt *et al* report a fascinating case of acute peritonitis, which turned out to be from a medical cause. Unfortunately, despite the availability of cross sectional imaging, the patient still required a laparotomy to exclude intra-abdominal pathology and it was only subsequently that the true diagnosis was elucidated.

... AND FINALLY

The MTF in Camp Bastion is, for many DMS personnel, their only experience of deployed medical care and after its closure and the withdrawal from Afghanistan it is only right that we remember the contribution of this facility to our collective institutional memory. David Vassallo has written a fitting tribute to the facility, which will be serialised into three parts.

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