



# Dispatches from the editor in chief: highlights of the June edition

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I would like to welcome you to the third issue of the journal in 2019. This is our first non-special issue of the year so far, following on from the previous highly successful 'Blast' and 'Psychology' issues. The board of the journal feel that it is important to have this mixture of issue types, and this has been supported by the *BMJ*. Non-themed issues enable the diversity of the journal to continue with submissions from individual authors and groups throughout the world. These issues in particular enable us to support junior clinicians to publish what is often their first attempts at open publication. I know of few journals in the world that would identify the potential of some submissions and work with the junior author, often through multiple versions, to ensure that their paper is finally published. Our themed special issues in contrast allow us to focus on topical subjects within the overarching concept of Military Health, with three future special issues on Military Medical Ethics, Emergency Preparedness and Women in Ground Close Combat almost complete.

One of the themes of this issue is on resuscitative endovascular balloon occlusion of the aorta (REBOA), with both a leading article that I have made my editor's choice<sup>1</sup> and a number of letters demonstrating how this subject continues to stimulate debate.<sup>2,3</sup> The principles of REBOA use have been used as part of the endovascular and hybrid trauma and bleeding management concept in the hospital setting, combat environments and even in the earliest phases of prehospital care. Rees *et al* recently reported in this journal on how REBOA could be delivered using equipment currently available in the Royal Navy Role 2 Afloat equipment module and in other military settings where access to an operating table might

be compromised. This could include use by the Commando Forward Surgical Group in support of littoral operations by the Royal Marines or by British Army Role 2 Light Manoeuvre units.<sup>4</sup>

The surgeon general continues to publish heavily in the journal with two papers regarding health service support planning for large-scale defensive land operations.<sup>5,6</sup> He has also been a big proponent of Defence Engagement within the UK Defense Medical Services, with two papers in this issue demonstrating the effectiveness that we as a group can make towards the influence of the UK abroad.<sup>7,8</sup> We also continue to publish pertinent articles on military health since World War I, with papers on blast<sup>9</sup> and phosgene use.<sup>10</sup> Such papers are important to demonstrate where we as a medical community have come from, but also as a repository of corporate knowledge that would be lost to future generations were it not published here.

Finally, I have included another paper from our Chinese military medical colleagues about their experience in Mali.<sup>11</sup> As someone who publishes extensively and is I hope well connected within the international medical community, I knew virtually nothing about their role in the United Nations peacekeeping effort in Africa.<sup>12-14</sup> Some of their submissions have required me to work extensively with the authors, but without this I doubt this information would have been published so prominently in the English literature. When you read their papers it is humbling to think that their medical clinicians are facing many of the same challenges that we and our coalition partners faced when we went to Iraq in 2003, particularly in respects to predeployment experience and maintaining clinical competencies when they return home.

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