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1390 Minerva

A travel medicine special

People are increasingly on the move. International flights have risen from 198 million to 262 million in the past five years; car traffic is choking the world's roads; cyclists are proliferating; and more people are finding their way to the remote parts of the globe—20 000 people from Britain walked in the high Himalayas last year. Travel brings health problems, and four of this week's editorials look at travel medicine. John Porter and others begin the quartet by making the case for the development of the specialty of travel medicine (p 1323). In a piece on altitude induced illness, A J Pollard points out that symptoms and signs can be very confusing at high altitude and recommends descending the mountain if there is any doubt (p 1324). The two editorials on air travel argue that the introduction of smoke hoods is overdue (p 1326) and that much more could be done to increase the chances of surviving a crash (p 1325).

We begin today a series on managing change in primary care (p 1357). "Change cannot be avoided but it can be managed," reflects Mike Pringle in an article in which he describes how in 10 years his practice has moved from an extension to the senior partner's house to a purpose built medical centre and from a staff of two dispensers to a staff including a manager, secretary, data analyst, two practice nurses, and cohorts of receptionists and dispensers. One of the messages is that everybody in the team must be involved in some way in managing change.

Finally, why do we have a picture of a red setter in Minerva (p 1390)? The answer is that the owner was prompted by discovering that the dog had only one testis to examine his own testes—and he discovered that he too had only one. This is a new twist to the widely held belief that people may resemble their pets.

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