The past few months have been a time of considerable activity for the Royal Naval Medical Service. We have seen a series of high profile meetings covering primary care (with a very successful dinner on HMS VICTORY), specialist registrars and the branch wide MDG(N)’s symposium. The calibre of the speakers and guests we have attracted to these events including the President of the Royal College of Surgeons of England and the Chair of Council of the RCGP is testament to the high regard the RNMS is held in. At the Institute of Naval Medicine we held a second historic symposium of the year, this time to commemorate the anniversary of James Lind’s first clinical trial. The success of the symposium (accompanied by a citrus themed dinner) will lead to such events becoming a regular feature. On a sadder note, Fort Blockhouse is gradually running down, as lodger units wind up or transfer out and this summer’s Blood Red Cocktail party will probably be the last such event on this historic site.

Operationally, we are supporting 40 Commando deployed on Herrick 12 and starting to wind up to the major Herrick 14 deployment next spring where once again the RNMS will have primacy. In parallel there is the ongoing constant drip feed of individual augmentees to Afghanistan. We remain prepared for our principal maritime operational role and in support of this RFA ARUS recently deployed in her PCRF role. In a fortnight, she was able to achieve a work up of the new facility, an exercise and a formal assurance visit.

In the midst of this activity, there has been the establishment of Surgeon General’s new Headquarters in Coltman House at Whittington Barracks near Lichfield and the latest Strategic Defence and Security Review (SDSR), which will result in huge changes across Defence.

It is neither possible nor appropriate for this Journal to keep track of all that is going on; indeed with our increased number of contributions, we cannot get any larger without putting up subscription (or circulation) rates. However, I hope that through reading the articles submitted you will gain a flavour of the variety of work Royal Naval Medical Staff are engaged in as well as the pace of change. To this effect this journal continues the mix of a number of clinical articles, with narratives of experiences of medical staff and a continued theme of the history of our branch.

I am particularly keen to develop the latter, so that in years to come the journal will be a key source of information about the present and immediate past era - any such reminiscences welcomed.

David Brown