Surgery and senescence

Tim Lane, Editor-in-Chief of the *Annals*

A very warm welcome to the current edition of the *Annals of the Royal College of Surgeons*. I am pleased to announce that Karan Jolly has been awarded the inaugural Sir Cecil Wakeley Medal for the best original research paper published by a trainee in the *Annals* in 2015, for a paper he first-authored entitled *The incidence of hypomagnesaemia following abdominal aortic aneurysm surgery*, which was published in the July 2015 issue. There were a number of very good contenders for the award, and all those who had papers published last year should be extremely proud of their contribution to this journal. Sir Cecil Wakeley founded the *Annals* in 1947 and was its original Editor-in-Chief. He recognised the need for a publication that reflected the diversity of surgical interests while recognising the common heritage of our craft. I am sure he would have approved of this award which bears his name and

which seeks to recognise the academic efforts of surgical trainees. We will find an appropriately decorous College function at which to present the award in due course.

The publication of original research remains an essential tenet and, some would venture, a prerequisite for a successful career in surgery. While career progression is sometimes reluctantly defined by paper publications, there are some very real benefits to this academic enterprise – not least of which is the acquisition of a questioning and critical analysis of treatment paradigms. The publication process can however be both frustrating and confusing. I am very pleased therefore that we have had such an excellent response to our recent series on medical publishing which has sought to guide authors through what can often seem a confusing and sometimes hostile environment. We will be collating the articles from this series and incorporating them into an on-line feature page – A Guide to Medical Publishing – a resource for the fellows and members of this College.

The paper by Jolly *et al* focusses on hypomagnesaemia following aneurysm surgery. It emphasises the need for a greater understanding of this particular aspect of pathophysiology in an ageing community. It is a timely reminder of the specific challenges that surgery in the elderly poses. It is a theme that a number of papers published in this edition of the *Annals* seek to highlight. There is now a growing realisation that traditional approaches to this more aged section of society are in need of preferment. Treatment options arrived at for a younger cohort of surgical patients have invariably been applied to an ageing populace. It is a solecism that can no longer be defended. Instead we need to more closely focus on those determinants which actuate success or otherwise in this group of patients. Frailty – a concept which encompasses both physical and mental vulnerability – is a notion with which many of us will be unfamiliar. Unfortunately, there is no immediately available surrogate marker. It is however a crucial concept in understanding the success or otherwise of surgical interventions in a senescent population. We will inevitably need to embrace a much broader definition of surgical outcome and one which stretches far beyond the traditional morbidity and mortality to encompass both quality of life issues and loss of independent living. There is both an expectation and an inevitability that such decision making will require a multi-disciplinary team approach.