The Roman poet Juvenal, in his Satires, asked the question, "Who watches the watchmen?" It would appear that it isn't completely clear to many of my medical colleagues what metrics are currently applied to admit students into the arts and inner mysteries of our medical schools. The admissions process, viewed across the United Kingdom, does exhibit significant variation. There is a long list of entry criteria: academic achievement, interviews, the personal statement, UKCAT examination, competitive interviews and OSCE's are all used by some. The UKCAT examination, for example, is an evaluation process that is billed as not requiring advance preparation. There is however a plethora of preparation material available, and many sixth-form students approach it with the fervour of the convert. What this does for the subsequent result analysis is for expert interpretation, and not for me.

Queen's University has not used the competitive interview for some years (for undergraduate entry into medicine), although this is all set to change in 2012. There are also compelling arguments for encouraging medicine to exist as a graduate subject, as it does in the United States, for example. Graduates are more focused, have been through the 'rite of passage' that attends the end of school life and the beginning of independence, and, it has been argued, their relatively impecunious state helps concentrate their minds wonderfully. The question that naturally follows is: where is the mesh between undergraduate and graduate application? What happens if some UK schools of medicine are undergraduate and others are exclusively graduate? Should they all jump together, or not at all? You may, reader, have a view on this.

I am indebted to Keith Steele, the Dean of Admissions, for setting out the selection criteria with such lucidity. For, although not all of us understand the process, everyone has an opinion on the quality of our medical students and junior doctors. It would be less than candid to assert that it was universally positive. It was all so different once. However, nostalgia isn't what it used to be and there is, of course, attendant danger in applying the retrospectoscope. The certainty of Gordon's Sir Lancelot Spratt, the bucolic idyll that was Cronin's Tannochbrae, and the sterilised saccharine of Dr Chamberlain, can be beguiling, but might mask an uncomfortable truth. Medicine was, maybe, never actually like that. Not all students looked like Dirk Bogarde - contemporary students might more closely ape Captain Benjamin Franklin 'Hawkeye' Pierce of the 4077th. They won't know who he was, of course, but luckily have Google. Connoisseurs of 'MASH' will, I suspect, recall that everyone wanted to be Hawkeye, despite the unkempt look, the iconoclasm, the excess, the dalliances, and let's not forget, the illegal 'still' he kept by his bed. Still, you say, there was a war on. Isn't there always? So, having gained admittance, what's it like to be a medical student? Gail McLachlan reminisces in our section, 'So you want to be a medical student?'

Sadly, not all runners finish the race. Loss, of course, is a component of our professional life. Any loss is painful to those left behind, but a young life ended seems additionally unjust. When that person is a medical student, an extra poignancy is palpable in our wider medical family. One cannot help considering the lost potential, and recalling what one was doing oneself as a callow twenty something. The 16th century French classics scholar Henri Estienne had it when he wrote, "Si jeunesse savait, si viellesse pouvait - If youth but knew, and age but could". One hopes that, at least, there was no suffering. But what if there was? I am privileged to publish the James Logan Essay Prize within these pages. James was such a student. The James Logan Trust was set up to encourage doctors and others to recognise and treat cancer pain. Victoria Campbell is it's first and very worthy prizewinner. Also in this edition, I am delighted to publish the Ulster Medical Society's Presidential lecture, delivered with considerable élan by Margaret Cupples. Continuing our 'Grand Rounds' series, Harpreet Ranu has produced an exemplary article on pulmonary function tests, comprehensible even to this middle-aged radiologist.

Finally, I am delighted that after a period of nomadic existence, the Ulster Medical Society and Journal have returned to our home in the Whitla Medical Building. We are delighted to be back in our elegant new office. Please, as ever, continue to send me your good papers.

Barry Kelly
Honorary Editor.