

Those of us who can remember far back enough to being a medical student – and I'll admit, it's getting a bit of a stretch these days – will recall the discomfort non-medical people feel with some of the situations we deal with as a matter of course. My housemates would look at my medical textbooks with a mixture of revulsion and awe. The more modern equivalent for me happens on the train; I open a journal, or a pdf on the laptop, and am about to read an interesting paper only to realise that the 'normal' people around me have responded, and are either aghast or morbidly interested. In this month's journal I reckon that there are at least three such articles – papers which would, in the words of my son, 'gross out' the ordinary lay public, but which are very important.

The first of these is my editor's choice: a paper by Fairhurst and Cockerill on the management of drooling (*see page 26*). I'll be honest, I'd not heard of it referred to as sialorrhoea before, but I had recognised its distressing nature for children and their families. These authors take us through the management of this condition from the very simplest of interventions up to some fairly extreme surgical procedures, by way of an extensive review of the pharmacological therapy. This article deserves to be widely read and referred to in actual clinics where patients need this help.

The second of these papers is one on head lice by Tebruegge *et al* (*see page 2*). It's hard to read, or write, about this subject without scratching one's scalp – admit it, you did, didn't you? – so you can imagine the effect it has if opened on the bus. These authors give us good descriptions of the efficacy of each of the

myriad of treatments available for this persistent problem. It's also worth reading closely for the well placed acknowledgement of the contribution of a family member to the article.

Before we get to the third article, I want to tell you that we've had an injection of new blood among our editorial team at *E&P*. I'd like to introduce Greg Skinner, who has big shoes to fill as he takes over from Patrick Cartlidge in running the Problem Solving in Clinical Practice section. The nature of commissioning papers for journals means that there will be an overlap in the papers commissioned by each – but as of this issue Greg is officially in charge, but I'd like to emphasise that we're keen to hear from possible contributors to this section. You might like to consider writing about a situation that you or your team have handled which has taught you something important, or has taken you through a variety of learning points. You shouldn't, however, underestimate how hard they are to write; a paper we've been writing – and which I should emphasise I've had no hand in editing, nor have I placed any pressure regarding its acceptance – has been in preparation for the best part of a year, and has been through revisions now in double figures.

I'd also like to introduce Sam Behjati, who has significantly smaller shoes to fill – mine – in running the Interpretations section. Although I am biased, I really like Interpretations, and find it actually changes my practice. Again there will be overlaps between papers commissioned by me and by Sam, and again, if you think that you'd like to contribute something – for example, you have a test which people should be using more, or which people should be using less, or

just more accurately – then do feel free to write and suggest such a paper, or even offer to write it.

It's hard to overstate the amount of work our authors put into writing for your journal. There's a small honorarium, but if you calculated it by the hour it would be well below the minimum wage. So it's with some hesitation that we're thinking about asking our contributors to do two other things. First, we are going to ask them to limit themselves to a maximum of 30 references per article. I suspect that even with that many references, most will still remain unread, but it is a start, and in a journal of just 40 pages an issue, we should be doing better things with space. Which brings me to our other request; we'd like authors to contribute some sort of self-assessment, probably in the form of multiple choice questions (MCQ), after the paper. At first glance it looks like quite a simple request, but actually, as anyone who has tried, writing a non-facile multiple choice questions is quite challenging. I hope our authors will rise to it. Peter Lio has followed Helen Williams by taking Dermatophile into the MCQ format in this issue. Which brings me to the last paper which is not suitable for public transport – the dermatology images (*see pages 22 and 24*). Well, you can try – perhaps I should offer a reward for a photograph of the most public place *E&P* is being read? If you can come up with one, perhaps we'll put you on the front cover. Gauntlet thrown...

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