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## Highlights from this issue

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Ian Wacogne, *Edition Editor*

Just over a decade ago *Education & Practice* was launched as a companion journal to *ADC*. It started off with around 28 pages per issue, and in some instances the content was sourced from other parts of the BMJ publishing stable. To tie in with the sister *ADC* journals, that first year was volume 89. Now as we click over into volume 100, issue 1, I hope those of you who are holding a paper copy of *E&P* will have noticed; we've grown again, this time to 56 pages an issue.

The important thing, of course, is to make sure we don't dilute the quality. For me, and for the other editors at *E&P*, we want you to have articles which you like reading, and that you find readable. BMJ Publishing are kind to me like that; although there is an impact factor for *E&P* I don't get forced to pursue it—because, after all, many of the papers here are not going to get cited in the ordinary sense. What we're more interested in is what I call the wrapper to recycling time (with apologies to the many of you who read this electronically). I have an image of the journal on a desk or kitchen table, and at some point you take it out of the wrapper. At that point, the journal will be drawn, inexorably towards the recycling bin. And it's here that we need to do our job as editors; we need to make the

journal as 'sticky' as possible, getting you to read just a bit, then just a bit more, then thinking "Oh, I'll just flick to that"—and so on. I've no idea how to measure wrapper to recycling time in any meaningful way; I get a feel when I see thumbed copies in people's bags, and also when I see pristine copies torn in half and thrust into a work recycling bin. But, I do also get a sense at this point when I write this Epistle, and I can tell you that this is a properly sticky issue.

For example, the Interpretations section this month has two papers. One is on a test you might do a lot, but perhaps you should be doing differently—the ESR (*see page 30*). The other is on a test you might not do much yet, but perhaps should learn about because you may need to do it a lot more—array-CGH (*see page 24*). There are Fifteen Minute Consultations on a condition that your relatives think you know lots about and can treat, but maybe you're getting wrong—nosebleeds (*see page 2*) and a condition that non-paediatricians are pretty sure you're not great at—neuromuscular spinal deformity in disabled children (*see page 6*). And, if I really stretch this pairing theme about as far as it will go, there's an Equipped paper about theories of change (*see page 13*), and then there's a Guideline Review about supporting those children most challenged by

change—those on the autism spectrum (*see page 20*)

OK, well, I'm going to stop that there, mostly because if I think up links between the following, you're going to have a worrying insight into my psyche. There are great papers on achondroplasia (*see page 19*), scalp conditions, (*see page 11*), pharmacokinetics (*see page 37*), pneumonia (*see page 18*), UTI prophylaxis (*see page 52*) and hypercalcaemia (*see page 44*). Frankly, if you can't find something in there to interest you, then I'm not sure what will.

This month's editors choice? A tricky choice—too much good stuff. I'm going for 'How to use an ESR' (*see page 30*) because it reminded me of my first job as a doctor. I was a surgical houseman and we had to measure our own ESRs. I was, well, rubbish, and kept forgetting to return at one hour to read the result. It gave me a healthy respect for the amount of time and effort I was taking up when I subsequently ticked the box saying 'ESR' on request forms—especially as I can remember no occasion that the ESR changed the subsequent management of the patient I did it for back then. Now, if only I could find a tenuous link between ESR and journal stickiness—let me think...

ian.wacogne@bch.nhs.uk