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July Focus

Stoa */n.* Philosophical school or sect, founded by Zeno of Citium in about 300 BC, named after the Stoa Poikile, a public hall in Athens ... the wise man is absolutely brave since he knows that pain and death are no evils.
(*Oxford Classical Dictionary*)

Stoicism figures this month. A survey of women from Oxford by Zondervan *et al* on page 541 reveals a high prevalence of pelvic pain, lasting for long periods, with considerable disability to go with it. In case you think this is some kind of artefact, the accompanying editorial by Blair Smith on page 524 quotes surveys from a variety of sources that arrive at similar conclusions. Then on page 548, another survey by Stoddart *et al* reminds us how common incontinence is among older patients, and how rarely it gets to the doctors. Again, this is not minor annoyance incontinence; it is often associated with some disability. Such work should perhaps surprise us less than it does. After all, previous work both from the General Household Survey and health diaries has shown that doctors see only a very small proportion of all the symptoms that people experience. Perhaps something of this stoicism explains some of the problems we have in identifying depression in our patients. In any case, it's worth bearing in mind the next time you feel that patients are consulting too much. For a more altruistic, though sceptical, perspective look at Skelker's review of medical humanities in the Digest section of the Back Pages (page 602).

Of course, some patients do consult much more than others, but for most of them the pattern only lasts for short periods of time. The report on page 567 by Tim Carney and co-workers shows what can be done with very simple use of the long-term records of general practice: high attenders identified in 1975 quickly became normal attenders, and after five years had the same consulting pattern as initial low attenders. Different use of routine records enabled Hamilton *et al* to draw some conclusions about the nature of chronic fatigue syndrome on page 553. Hamilton is this month's over-exposed author, contributing to the Back Pages with one of the personal accounts of deafness. Many readers will feel that such writing conveys much more than any research can about what it feels like to lose one's hearing. The authentic experience of general practice is captured in its true essence by Per Fugelli's James Mackenzie lecture, given at last year's AGM (page 575). And how did we all learn our medicine? The study of registrars' learning preferred learning styles by Robinson *et al* on page 559 shows that we are more varied than one might expect, although this group did show an overall preference for interactive learning with feedback. The value of such learning reported descriptively in the Back Pages by Kirsten Baker (page 598) will have strong echoes.

For authors, who complain often and legitimately about the long delays in handling and publishing their work, we report our record for the past year on page 597. Not as bad as it feels to some writers, but nowhere near as good as we want. We are working towards improvement.

We even strive occasionally to be topical. In the UK we have a new government, though new ideas are less certain to follow. We mark the occasion with no fewer than three injunctions to our incoming masters — an Editorial, a Viewpoint by Brian Keighley, and a Goodman. Responses, as always are welcome. Especially welcome is the mildly vitriolic, of which this month we have one fine example.

DAVID JEWELL
Editor

ALEC LOGAN
Deputy Editor

INFORMATION FOR AUTHORS AND READERS

These notes supercede those published in January 2000. The information is published in full in each January issue of the Journal They are also available on the RCGP website at http://www.rcgp.org.uk/rcgp/journal/info/index.asp

Original articles
All research articles should have a structured abstract of no more than 250 words. This should include: Background; Aim; Design of study; Setting; Methods; Results; Conclusion; Keywords. (Up to six keywords may be included, which should be MeSH headings as used in *Index Medicus*.)
'Where this piece fits'. Authors are asked to summarise, in no more than four sentences, what was known or believed on the topic before, and what this piece of research adds.
Main text. Articles should follow the traditional format of introduction, methods, results and conclusion. The text can be up to 2500 words in length, excluding tables and up to six **tables or figures** are permitted in an article. **References** are presented in Vancouver style, with standard *Index Medicus* abbreviations for journal titles. Authors should try to limit the number of references to no more than 25. Authors submitting **randomised controlled trials** (RCTs) should follow the revised CONSORT guidelines. Guidance can be found at http://jama.ama-assn.org/info/auinst_ trial.html or *JAMA* 2000; **283:** 131-132. Papers describing **qualitative research** should conform to the guidance set out in: Murphy E, R Dingwall, D Greatbatch, *et al*. Qualitative research methods in health technology assessment: an overview. *Health Technology Assessment* 1998; **2(16): 1-13**.

Other articles
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The guidance is the same as for original articles with the following exceptions: the summary need not be a structured abstract; Authors should limit themselves to no more than six references and one figure or table; and the word limit for the summary is 80 words and for the main text it is 800 words.
Reviews These are approximately 4000 words in length. They should be written according to the quality standards set by the Cochrane Database of Systematic Reviews. (www.update-software.com/ccweb/cochrane/hbook.htm).
Discussion papers
These are approximately 4000 words in length.
Case reports
Where possible, case reports should follow the evidence-based medicine format (Sackett DL, Richardson WS, Rosenberg W, Haynes RB. *Evidence-based medicine*. Edinburgh: Churchill Livingston, 1997). They should be approximately 800 words in length, excluding references, and may include photos.
Editorials
Authors considering submitting an editorial should either contact the Editor via the *Journal* office or send in an outline for an opinion. Editorials should be up to 1200 words in length and have no more that 12 references.
Letters
Letters may contain data or case reports but in any case should be no longer than 400 words.

The Back Pages
Viewpoints should be around 600 words and up to five references are permissible. *Essays* should be no more than 2000 words long. References should be limited to fewer than 20 in number whenever possible. *Personal Views* should be approximately 400 words long; contributors may include one or two references if appropriate. The *Journal* publishes five regular columnists and we rotate these periodically. *News* items have a word limit of 200–400 words per item. *Digest* publishes reviews of almost anything from academe, through art and architecture.

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