

WHEN SHOULD I SEE YOU?

Marvellous thing, technology. I've got eyes full of mydriatics, so I'm having to wear my sunglasses indoors, and everything is blurry. But if I magnify the page I can read my computer screen, provided the brightness is turned down. I'm not sure I could do any serious work like this, but July's column should be manageable.

I got a funny visual thing in my left eye: a sort of small smudge that I couldn't necessarily see all the time, but was always in the same place when I did see it. Eventually, I summoned up the courage to fix my gaze against a piece of white paper and poked around with a pen. Sure enough, I could lose the point of the pen in the place. But half an hour or so of *Clockwork Orange* stuff, tears streaming down my face while a very bright slit of light flashed right and left across my visual fields, and it seems that my retina is fault-free. I'll carry on worrying about it, but not in the same immediate way.

Just when should you go to the doctor? The press is forever digging up cases of dread disease 'missed by the GP', but I've had all sorts of dread diseases that never came to anything. Up in London for a meeting, I woke one morning at 2 am with pain just below my xiphisternum. I felt as if someone was pushing their forefinger hard into me, and the pain radiated into my back. I lay there sweating for 20 minutes, wondering whether I'd perforated an ulcer or was developing acute pancreatitis. It got steadily worse and worse, and then just went away. This was 7 years ago. It's happened twice since, neither time as bad as the first. Worth bothering the GP?

Then there's the funny contraction of my back muscles. I was standing in a Circle line train, and my shoulders hunched involuntarily. I could feel myself bending forward. I had to break the spasm by forceful internal rotation of my upper arms. For the next couple of days I had an impending feeling it would happen again and felt weak, although I didn't seem to have any demonstrable muscular weakness.

For some weeks last year, I was unable to turn to the right off my left foot: a burning pain radiated from my left groin and down the lateral aspect of the thigh.

So should I have gone to my GP? I seem to have avoided an endoscopy, barium studies, all sorts of unpleasant neurological investigations, and a steroid injection, so maybe not.

The *BJGP* in 2004

Once a year I report to the Editorial Board of the *BJGP* so that they can consider the performance of the Journal as part of their job to oversee the Journal's content. This year we opened with a celebration that the impact factor rose to over 1.8. It means that the *BJGP* is again the highest rated specialist journal for family medicine in the world, a distinction it had acquired when I became Editor and which it lost shortly afterwards. The impact factor is a figure reflecting how often papers published in the Journal are cited in the following 2 years. It is widely recognised to have major flaws and to be subject to various influences, generally a devalued performance indicator (even though it is still one of the currencies by which academics measure themselves). As Brendan Delaney (now editor of *Family Practice*) has pointed out, a figure of 1.8 compared with journals publishing in other specialist fields is very low. Even so this was seen to be something that we should be celebrating.

In 2004 the *BJGP* received just under 600 submissions, similar to the number for the past 4 years. The largest proportion (38%) came from academic departments of primary care, and 60% from the UK. Thirty-eight per cent were rejected without being sent out for peer review and another 38% were rejected after peer review. This leaves 24% accepted as submitted or in shortened form, a higher proportion than in previous years. For initial decisions, the median wait was 65 days, with 87% getting the first decision within the target of 3 months (97% within 4 months). The higher acceptance rate was, however, associated with a lengthening delay between acceptance and publication, from a median of less than 3 months in February and March to nearly 6 months in November and December.

For the first time we looked a bit closer at the decisions of acceptance and rejection. Referees give a recommendation on a 4-point scale (Definitely; Possibly; Probably not; and

Definitely not'. Generally if there are two 'Definitely' or one 'Definitely' and one 'Possibly', the presumption is to accept. Two 'Possibly', then some are accepted and some rejected. Anything lower and the presumption is to reject. When we looked at the fate of papers, this rule had been followed most of the time. Two were accepted despite low grades, and 10 rejected despite high grades. The Board expressed some concern about these 10, and planned to look at them in detail at a later meeting. As before, the rate of appeals against rejection was low and, contrary to the Board's fears, was not rising. There were 19, and in 14 of those the original decision to reject was confirmed.

Finally, it was agreed that the full report should be made publicly available, and it will therefore be posted on the Journal's website very soon.

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