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SOME GOOD NEWS AND AN APOLOGY

I am delighted to be able to announce the Journal's first Impact Factor (IF) in its 111 year history. Announced on July 29th our inaugural IF is 0.811, this compares favourably with our main competitor's *Military Medicine*. IF is the most well known metric of a journal's success and the onus is now on the editorial team to ensure that we continue to focus on quality to improve our reputation year on year.

Readers may notice that this edition is somewhat slimmer than previous ones; this is due to a miscalculation of the page budget for this year for which I apologise. The next edition will also be the same size with the unintended corollary that some article types will have to wait longer before print publication and I apologise to those authors.

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COMBAT MEDICAL TECHNICIANS

This edition features two articles which examine the role and training of the Combat Medical Technician (CMT), who are the cornerstone of our capability with an accompanying editorial from the head of cadre. Of interest is the submission from Wilson and Ramey who examine the issue of supporting the deployed Firebase medic (the US equivalent of the CMT) which presents many of the same issues from an American perspective.

DEPLOYED TECHNOLOGY . . . OR LACK OF IT

Johnston *et al* discuss potential additions to the deployed kit list which adds capability by allowing bronchoscopy in the hi-tech environment of the Intensive Care Unit; in comparison Barnard *et al*'s series of cases of toxic alcohol poisoning demonstrate a resourcefulness in the face of absence of such hi-tech kit which is the hallmark of military clinicians.

A FRENCH CONNECTION

I am delighted to carry two articles from French Authors. The case report by Hoffman *et al* details a good result from a concerted multidisciplinary effort in dealing with a terrible injury whereas Maurin and colleagues outline the uses and actual use of ultrasound in primary care within the French services. They promote its use and I would be interested to hear the views of UK primary care.

. . . AND FINALLY

Gilbert Blane is the father of the modern Naval Medical Service and is well known for his work in treating scurvy—less well known is his original description of primary blast injury and Shirley's brief biography is an interesting read.

Competing interests None.

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