

Atoms

Howard Bauchner, Editor in Chief

PROFESSOR ROY MEADOW—THE GMC, THE COURT, AND JUDGEMENT

ADC has been silent on the matter of Professor Roy Meadow. As a monthly, with a 3-month lead time to publication, it is difficult to comment on rapidly changing events. We have left it to *BMJ* and *Lancet* to illuminate the issues on a regular basis. However, in this issue, Harvey Marcovitch provides an important update, summarising the events of the past year, and offering wise guidance to any of us who are preparing reports or giving evidence in court. Jonathan Sibert and colleagues add a leading article regarding the evidence base for child protection. Unfortunately, they recognise that there is a paucity of research in this field. With respect to our careers, many of us are judged by the events surrounding the last few years of our professional lives. In this case, I hope that is not true. The contribution of Professor Roy Meadow to the health and well being of children living around the world has been enormous.

See page 102

GROWTH CHARTS—HAVE THEY OUTLIVED THEIR USEFULNESS?

For the past 20 years I have worked in an extraordinary multidisciplinary team that has cared for children with failure to thrive (FTT). The team includes physicians, social workers, developmental psychologists, translators, nutritionists and outreach workers. It is supported by a combination of public funds and philanthropy. Two articles address varying aspects of FTT, including extensive variation in the prevalence of disease depending upon which criteria are used, factors associated with FTT during the first year of life, and the meaning of growth to parents. Professors Spencer, Hughes, and Wright and Weaver add three perspectives, discussing whether FTT is a real entity, if routine screening is worthwhile, and parental views of growth. Professor Hughes questions the value of the diagnosis, reminding us that

the concept of FTT developed in the past century when severe malnutrition and infection were far more common in industrialised societies (sadly, they continue to persist in many low and middle index countries) leading to childhood morbidity and mortality. He suggests that there is greater consensus around the definition of the new malnutrition of the 21st century—obesity—and that the long-term consequences of obesity are far better understood than those of FTT. So should I give up the clinic I love? Although I am not always certain if a child has FTT based upon mathematical calculations, I am sure that when I see a growth chart, and know the height and weight of the parents, I can recognise if a child is FTT. A picture is truly worth a 1000 words. As for the long-term consequences of FTT, in our clinic, we focus not only on the growth of the child but try to ensure that there is adequate food in the house, the child is receiving appropriate health and educational services, and is being raised in a developmentally appropriate environment.

See pages 95, 97, 98, 109 and 120

OBESITY—GOOD NEWS AT LAST?

It has been impressive how governments have begun to mobilise around the issue of obesity. WHO has organised meetings of European countries to ensure that policymakers across the various sectors of government can coordinate activities to address the epidemic.¹ In this issue, Rod Mitchell and colleagues from Aberdeen, report that the prevalence of obesity in Scottish primary schoolchildren has declined from 14.7% to 10.2% over a 9-year period. Residual confounding may account for these changes—perhaps the children in these schools have changed over the years—nevertheless, this is encouraging news. I have always felt that we will reach a plateau for obesity in the very near future and then begin to see a slow, but steady decline.

See page 153

ADAPTING TO YOUR ENVIRONMENT; THE USE OF A HOME MADE SPACER FOR CHILDREN WITH WHEEZE

Inhaled bronchodilator therapy is the treatment of choice for acute asthma. Numerous studies suggest that delivery of beta-agonists by metered dose inhaler is as good, if not better, than by nebulisation. Nebulisation presents obvious problems in the developing world. However, MDIs are expensive and not readily available in many places. In a remarkably creative and useful randomised clinical trial (RCT), H J Zar and colleagues from Cape Town, tested the efficacy of a meter dose inhaler with bottle spacer (home made) or conventional small-volume valved spacer. Four hundred children were enrolled. No differences were found in the primary outcome, number of children hospitalised, or any of the secondary outcomes, including clinical score and oxygen saturation. These authors are to be congratulated for this practical and important RCT.

See page 142

HUMAN RIGHTS AND LEGAL RIGHTS

The global child health movement of the past decade has led to reconsideration of the human rights of children. Tony Waterson and Jeff Goldhagen review the UN Convention on the Rights of the Child, and discuss how a rights-based approach to certain medical problems may be more effective than a traditional medical approach. They discuss two very old issues, child labour and violence against children, and a newer concern—support services for children with disabilities. Barry Zuckerman and colleagues from the US add a perspective about how they have used the legal rights accruing to children in the US, to create a formidable marriage of lawyers and doctors who advocate on behalf of children. The Medical-Legal Partnership for Children now has 51 sites in 28 states (personnel communication, Ellen Lawton) in which lawyers assist physicians in advocating for the legal rights of their patients.

See pages 100 and 176

Reference

¹ Curing the obesity epidemic. *Lancet* 2006;**367**:1549.