Atoms

Howard Bauchner, *Editor-in-Chief*

The College has a new logo!

Congratulations to the College for their new logo – 'Leading the way in Children's Health'. Branding has become part of a modern society. Hitting the right note is an important exercise and I think the College has done well. The College represents paediatricians, but first and foremost it is about improving the health and well-being of children which is emphasised in this new logo. Most societies are committed to improving the social determinants of health for children. This is an important challenge for paediatricians because the boundaries of healthcare are stretched in ways that are unimaginable for many physicians. Again, my congratulations to the College for this wonderful new depiction of what it stands for and hopes to accomplish!

What type of studies do we publish?

Our biweekly editorial meetings – the 'hanging auction' – are spirited affairs. Six to eight of us gather to decide the fate of about 20 papers. It takes us anywhere between 4 and 6 h. Most of us have read the papers before the auction. One of the editors presents the paper, including his/her summary of the handling editor's comments as well as those of peer-review. The abstract is projected, the paper scanned, and we examine the tables. Statistical review is available before or after these meetings. The debate then begins. Obviously, decisions on some papers are relatively easy. Randomised clinical trials (RCTs) which ask an important question, have been appropriately registered and analysed, and have been through revision are usually accepted. Because RCTs represent the gold standard of methodology, regardless of whether they focus on a clinical issue or a public health question, they are likely to survive our review process as long as they meet the standards mentioned above. The more spirited debate is about papers which focus on quality improvement (audits), general epidemiology (including associations, risk factor analysis, etc) – so-called FYI papers but which have no immediate influence on practice – and clinical papers that may impact practice if the results are valid and could lead to improved patient outcomes. Good examples of the varied types abound in this issue.

Kyle and colleagues from Manchester tell us admission rates for respiratory diseases in children and adolescents are associated with overcrowding and houses in poor condition (***see page 221***). This paper will not have any impact on the clinical decision to admit a patient to hospital for respiratory symptoms. This is a public health paper, alerting policy makers to the importance of improving living conditions.

In Aberdeen, the percentage of children between 9 and 12 years of age who have wheezed in the past 3 years appears to have declined between 1999 (27.9%) and 2009 (22.2%) – good news – but not likely to impact practice.

How many lobes should be sampled when children with cystic fibrosis undergo bronchoalveolar lavage? Gilchrist *et al* (***see page 215***) suggest that a single-lobe lavage will miss children with positive cultures, that is, if you culture more lobes you find more positive results. These results are not surprising and may improve patient outcome if you believe that positive cultures can be effectively treated and this in turn improves patient outcomes.

Young children get burned by bath water. In a randomised controlled trial from Nottingham, Kendrick *et al* (***see page 232***) found that the use of thermostatic mixing values is associated with lower bath water temperature both 3 and 12 month postintervention. This study has implications for clinicians who believe that bath water is part of their remit, as well as policy makers who could ensure that these thermostatic mixers become part of every home. What the authors did not measure, and which would take a substantially larger and more expensive study, is the impact of such devices on actual rates of bath water scalds. But do we need those data?

In a paper from Australia that provoked spirited discussion at auction, Whaitiri and Kelly report the source and mode of infection of genital gonorrhoea in 10 prepuberal children (***see page 247***). After thorough review and contact tracing they concluded that in this small sample, sexual abuse was the mode of transmission for at least 40% of children and that non-sexual transmission could not be determined in any case. This paper highlights a clinical issue – the importance of contact tracing – and also has legal implications.

We are a general paediatric journal. Our goal is to serve the needs of our readers and authors who have interests in clinical, public health, policy and global health issues. The strength of the 'hanging auction' is that our editors represent the same broad interests as our readers and authors – hence, the spirited, informative and stimulating debate every 2 weeks. I invite any of you to join us for one of our editorial meetings – just contact the editorial office at archdischild@bmjgroup.com for our schedule.

We fully recognise that few readers will be interested in all of the papers we publish – both those that are submitted as well as commissioned. But please answer the question on our website – do we publish the right mix of original research papers – clinical, epidemiologic, case-reports, RCTs – YES or No. Feedback from you is critical in driving change in content.

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