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Highlights from this issue

Nick Brown, *Editor in Chief*

At the risk of appearing dewy eyed before I've even started, I'm going to tell you that *Archives* has been a part of my life since my (Damascene) paediatric attachments as a fourth year medical student in Leicester and Lincoln in the early/mid 1980s. In those days, of course, the internet wasn't even on the near horizon, but the glossy print only (red and white) departmental copy more than compensated. In one way or another, it has been a companion ever since. It has 'tagged along' in the many places I have been fortunate enough to have called home as a paediatrician or epidemiologist: Khartoum, Kabul, Port Moresby, Bombay and, most recently Karachi, and I feel extraordinarily privileged to be here now.

So where do I begin? I guess with thanks: thanks to the RCPC and the BMJ for giving me a chance, my remarkable predecessors, Martin Ward Platt and Mark Beattie and to the incredibly wise, patient and dedicated group of Associate Editors and publishers and, of course, my family for bearing with me.

I have a great many ideas for the journal, but I'll start with some simple tenets. The journal is precious, and nearly a century into its life remains unique; that the breadth and quality of submissions is amazing and that there is a thirst for more commissioned work. I also know that, in order to fulfil its remit in the promotion of child health, the journal needs to be more provocative and should seek to stir policy makers from their inertia. All this, of course, requires your help.

Some of these areas will be addressed by the introduction of new banner sections each of which will challenge conventional wisdom. I have introduced new sections each with its own commissioning editor on adolescent health, quality improvement and children's (or parents') 'Voices' which will be convened by Donald Payne, Claire Lemer and Robert Scott-Jupp respectively.

I also realise a more (socially) interactive website enhances dialogue but that the essence of the journal remains high quality science and debate within child health in all its protean manifestations.

Before moving onto this month's highlights, I want to introduce the new

Associate Editors, each of whom will bring a unique flavour to the journal:

GLOBAL COMMISSIONING EDITOR: TREVOR DUKE

Trevor is the Director for the Centre of International Child Health in Melbourne and Clinical Director of Paediatric Intensive Care at the Royal Children's Hospital, Melbourne.

INTERNATIONAL: ZULFI BHUTTA

Zulfi is Robert Harding Chair of Global Health at the University of Toronto, President of the International Paediatric Association and Founder of the Department of Women's and Children's Health at the Aga Khan University, Karachi.

INTERNATIONAL: LEYLA NAMAZOVA- BARANOVA

Leyla is Professor of Paediatrics at the National Centre for Children's Health in Moscow and President of the European Paediatric Association.

GENETICS: DIANA BARALLE

Professor of Genomic Medicine, University of Southampton and NIHR Professor of Research.

DRUGS AND THERAPEUTICS: DAN HAWCUTT

Senior Lecturer in Paediatric Clinical Pharmacology, University of Liverpool.

INTENSIVE CARE: RACHEL AGBEKO

Paediatric Intensivist in Newcastle, Rachel has an additional interest in quality assurance.

And so to this month's choice papers.

THINKING BEYOND CLINICAL MEDICINE IN LOW AND MIDDLE INCOME COUNTRIES...

Standard texts and journals tend to focus on the intervention-outcome/drug-cure relationship, in short, easily quantifiable measures. Anyone who has experience of children with chronic disease for example, advanced tuberculosis at first hand, will appreciate that it is the qualitative interventions and outcomes that mean more to the children and their families. Trevor Duke *et al* drawing on their huge experience in

Papua New Guinea, capture these aspects in a paper that rewards reading. See page 1161.

THINKING BEYOND STANDARD HEALTH ECONOMICS IN HIGH INCOME COUNTRIES...

By way of contrast, we now know that obesity is largely refractory to all interventions except for bariatric surgery. As lifestyle interventions, statins and metformin afford mean changes in BMI z score of only -1.25, -0.8 and -1.4 respectively and residential 'camps' have no effect, surgery is now recommended by NICE. This policy change is largely based on studies from the US and Sweden, so the paper by White *et al* (see page 1152) the largest so far in the UK provides reassuring endorsement. The mean reduction in BMI at 1 year of 14 km/m² dwarfed that of the alternatives and the complication rates were low. For anyone in any doubt, look at figure 3 of the paper. Their work cannot, of course, answer the economic question(s) inherent to prevention which brings me inelegantly round to a personal bias, children's electronic devices...

ELECTRONIC DEVICES AND COGNITIVE DEVELOPMENT

If you've ever had any doubt as to whose 'side' to take when asked by parents of your slant on in-bedroom devices, read the paper by Fu *et al* from Hong Kong (see page 1125). Yes, it is cross-sectional, and of course there might be residual confounding but this is a powerful piece of work showing that the presence of a television or games' console in the bedroom significantly negatively predicts pre-school cognitive and social development and is dose dependent in that restriction in use partially ameliorates the scores. Draw your own conclusions but to my mind questions that need to be asked are whether we should be actively recommending that parents to restrict their use and, at a policy level, whether they should be sold (and advertised) with a clear health warning.

Thanks for reading this far: please stay involved, comment, contribute, challenge and encourage your trainees to read. They are, after all, the future.

Happy Christmas!
Nick