Highlights from this issue

Nick Brown, *Editor-in-Chief*

IS I MAGEN

The Swedish expression 'att ha lite is i magen' (literally to have some ice in the stomach) like many idiomatic aphorisms, is hard to translate directly. The advantage, of course, is the flexibility that being unbound to a set definition affords and it has come to mean both 'have something in reserve' and to 'keep cool'.

Whichever definition is used (and they aren't mutually exclusive) each of the featured papers imbues us with extra 'is', affirms we're on roughly the right track or that our suspicions of a wrong turn have been corroborated.

PREVENTABLE CHILD MORTALITY: EUROPEAN FIGURES

Using WHO global database coding and an incidence rate ratio approach, Ward examines UK standing relative to 17 other European countries in preventable child and adolescent mortality. The numbers (both in progress and current grade in the class) make for uncomfortable reading. UK mortality in 2015 was significantly higher than the EU15 +for common infections; chronic respiratory conditions and digestive, neurological and diabetes/urological/blood/endocrine conditions in teenaged girls. The UK had the worst to third worst mortality rank for common infections in both sexes and all age groups, and in five out of eight non-communicable disease (NCD). Worryingly, despite relatively better placings on injury-related deaths, total mortality has increased year on year since 2013 among adolescent girls and in an estimated two thirds of UK deaths due to asthma and a quarter of deaths in children with epilepsy there were avoidable factors. *See page 1055*

SO, WHERE NEXT?

Availability of paediatric expertise early in the illness course (debate point—is this a collateral (positive) effect of COVID-19?) to improve recognition of severity has promise but cannot alone compensate for the disparities with which the UK has wrestled for so long.

ADOLESCENT HEALTH

Female genital mutilation

Ali's examination of referral and outcome data in girls seen at London FGM specialist clinic over 5 years (2014–2019) find that the number and proportions to be substantially lower than expected based on UK prevalence estimates. Median age at assessment was 13 years, most children had undergone FGM prior to UK entry and in most cases were initially disclosed by the child or family themselves. With the usual provisos of case ascertainment, these results suggest that, though there are still pockets of practice, it is largely being abandoned by communities after migration. *See page 1075*

Racism: psychological effects

In the speak out against racism (SOAR) study, Priest evaluates associations between self-reported direct and vicarious racism on psychological well-being in Australian adolescents. Outcomes were quantified by the Strengths and Difficulties Questionnaire and sleep duration and sadly but unsurprisingly, direct and vicarious experiences of racial discrimination were associated with difficulty in socioemotional adjustment and poorer sleep duration. *See page 1079*

Protracted bacterial bronchitis

Though the term protracted bacterial bronchitis (PBB) has existed for years, the label had a spell in the wilderness not so long ago, the result of scepticism as to whether the diagnosis (requiring a persistent wet cough and response to antibiotic treatment) was, in fact, a separate entity. I suspect that the use of the term 'bronchitis' was thought by many to be too nebulous, but, with the wider use of broncho-alveolar lavage and hard evidence of intrabronchial inflammation, the phenotype is now firmly accepted. There is a recognised association with relapse and later bronchiectasis and although standard treatment consists of a 'long course' of antibiotics, the best of which has been amoxycillin-clavulanate, the problem is no-one knows what duration that should mean. Gross-Hodge's evaluation of the North Midlands University Hospitals' database strongly suggests that a 6 rather than 2 week course should be chosen with an OR (95% CI) for recurrence of 0.12 (0.03 to 0.51). Biologically, this seems plausible, longer duration courses possible can break down bronchial bacterial biofilms more successfully. These data are observational, but any allocation bias would be likely to be in favour of the 2 week course based on the sicker-appearing children being given longer courses and an RCT now feels overdue. *See page 1111*

E cigarettes: hypersensitivity

After a Warholian 15 min of fame, basking in their 'healthy (or less harmful) alternative' label, reality (and infamy) is catching up with low tar cigarettes. Literature in this area is accumulating, but, little as directly implicating as Bhatt's report showing clinical, immunological and histological evidence of a pulmonary hypersensitivity reaction in a 'casual vaper', triggers likely being propylene glycol, vegetable glycerides or the flavourings inherent to the experience. *See page 1114*

Traditions

In a delightful Voices from History, Emma Sharland chronicles the origins of oral penicillin V dosing. This appears to have become established in children after use by a GP in 1955 based on a child receiving half an adult's dose and an infant half of that which a child receives. The scientific basis for this and subsequent BNF recommended dosing? Almost none, but the tradition was set and, despite pharmacokinetic and body composition science has never been seriously challenged. *See page 1118*

Environment

After some lockdown-related delays, *Archives* is now being mailed in a polymer derived from the waste products of sugar cane processing, polyair. This is still a single-use plastic wrapping, but it is made up of 75% biological material, is recyclable in plastic recycling collections, and has been certified as carbon neutral by the Carbon Trust. Progress on recyclable paper wrapping has been slow because of COVID-19 and lockdown but is still very much the aim. Armed with this 'is', you should be feeling 'varmare i kläderna'—but that's a tangent for another day…

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