FAREWELL DR MARCOVITCH

On behalf of the Royal College of Paediatrics and Child Health, BMJ Publishing Group, and the Editorial Board and staff of ADC, I would like to express our tremendous thanks to Harvey Marcovitch as he retires as editor. Harvey became co-editor of ADC in 1994 and sole editor in 2000. With a sure touch and keen mind he has implemented many major changes, including a new reader friendly format for electronic submission and reviewing (Bench>Press), excellent writers who provide occasional light relief, and the promotion of first class young associate editors. The last decade has been a tumultuous time for peer reviewed publications, and many of the changes Harvey has championed, some obvious, some unseen, have made ADC more relevant for clinicians while maintaining its leadership position as a scientific journal.

From a personal standpoint I am also thankful for Harvey’s guidance. With characteristic kindness, wisdom, and wit, he has offered advice when needed, but always with a light hand. I am delighted that he will still be close by, spending more time with the BMJ Publishing Group, and editing a new column in ADC written by parents and patients about their experiences with the health care system.

ADC has grown and matured under Harvey’s stewardship and we are indebted to him. He has established a high standard for all future editors.

BRAVE NEW WORLD

The incidence of type 1 diabetes is increasing, especially in young children. Although tight glycaemic control does improve health outcomes, it is difficult to maintain over a lifetime and is associated with numerous side effects, including severe hypoglycaemia. Hathout and colleagues explore islet cell transplant. After many years of laboratory based studies, clinical trials begun a decade ago. Initial failure has given way to more recent success using percutaneous transhepatic portal vein transplantation of islets. Does islet cell transplant represent the future for children with type 1 diabetes? See page 591

THE CHALLENGE OF CHILD PROTECTION

Two papers explore the complexity of child protection. Bannon and Carter start at the beginning, emphasising the need for adequate training of health professionals and how that training should be delivered. Professor Hall, former President of the Royal College, addresses an ongoing issue that permeates much of medicine, how to ensure high quality, and coordinated, evidence based care. Because concerns of abuse and neglect generate enormous emotional responses from both families and health professionals and the diagnosis is often uncertain, we will always struggle in this area. It is important that we continually improve our training and diagnostic skills and examine the care we provide. See pages 557 and 560

MORE ON HYGIENE

The hygiene hypothesis—that the lack of early exposure to naturally occurring infections leads to later sensitisation—has been percolating for about a decade. Njå and colleagues extend some of their earlier findings, suggesting that the impact on later sensitisation depends not only on the type of early exposure but also whether parents have a history of atopy. I remain a bit mystified by the collective literature on the hygiene hypothesis, it seems a bit inconsistent and messy. See page 566

JWPAM

It has become virtually impossible to read the scores of peer reviewed journals focused on child health. Numerous “abstracting publications” have been developed. Debuting in this month’s ADC is selected abstracts from Journal Watch Pediatrics and Adolescents Medicine. Published by the Massachusetts Medical Society, this publication contains synopsis of articles drawn from over 30 peer reviewed publications. I will be selecting 3—6 abstracts from JWPAM each month to appear in ADC. See page 643

WILL YOU MEET THE QUEEN?

On a personal note I want to express my thanks to both the Royal College and the BMJ Publishing Group. I come to you from the editorial board where I have been writing Transatlantic Topics for the past three years. I am associated with Boston University School of Medicine and Boston Medical Center (formerly Boston City Hospital). BCH has a very long history, at least by US standards, of caring for underserved populations. The majority of the children we serve are impoverished, most are minority, and many are newly arrived immigrants. My postgraduate training is in statistics and epidemiology. I lead a group of physicians and other professionals who conduct clinical, health services, and policy research. For the past 10 years my own work has focused on clinical trials, health promotion, issues that impact on inappropriate use of oral antibiotics, and parent involvement in the care of their children. More recently, I have tried to understand how peer reviewed publications need to evolve in order to meet the needs of physicians.

On learning of my appointment my children had three questions—will I meet the Queen (not likely); am I famous yet (no); and when is their next trip to London (soon)—the humbling comments of children.

In closing, I am committed to ensuring that ADC treats its reviewers and contributors fairly, is responsive to the clinical, scientific, and educational needs of College members, and most importantly, helps to improve the health and well-being of children both in the UK as well as around the world. I look forward to the challenges ahead.