

Atoms



Howard Bauchner, *Editor in Chief*

COMINGS AND GOINGS, AND OTHER CHANGES AT ADC

This month marks the departure of Nick Mann, Commissioning and Deputy Editor. He will be missed. He has been the bridge and link between two editors, offering important advice, and has been instrumental in the addition of commissioned papers. John Henderson—currently an Associate Editor—will join Martin Ward Platt as one of the two Deputy Editors. He will continue in his role as Associate Editor for papers related to respiratory disease and allergy. Patrick Carlidge will be joining us as Commissioning Editor. Owing to the debut of *Education and Practice*, it is likely that commissioned papers will change, focusing less on disease management, and more on controversial and ethical issues. Also, in the coming months, commentaries will be renamed “Perspectives”, reflecting our hope that these important pieces will place an original article in its proper place in the world of medicine. Finally—and most importantly—in the next few months we aim to start publishing all original articles on our website within days of acceptance and months before they appear in print. The initial publication will be of the accepted unedited manuscript, with PubMed establishing primacy for the work. Readers will be able to subscribe to email announcements alerting them to new papers published. This service will allow us to deliver authors’ work to our audience far more quickly—dramatically reducing the time from submission to public visibility.

STREET CHILDREN

The pain and suffering of children around the world—none more so than street children—is well known to many of us. It is estimated that there are over 100 million street children living in various cities around the globe. The World Health Organization (WHO) carefully distinguishes between children of the streets, children on the streets, and children who are part of a street family. Children of the streets are

homeless, likely abandoned by their families. They struggle for survival. Children on the street spend most of their time on the street because of poverty, and visit their families regularly. Finally, some children are part of a larger family, who, because of war, famine, or natural disaster, live on sidewalks or city squares. Two articles in this issue of *ADC* address the plight of these children. Abedelgalil and colleagues describe the background of 58 index street children, their families, and siblings, who live in Aracaju, Brazil. The description is profoundly disturbing. Huang and colleagues describe the differences between 124 children—some of whom persistently live on the streets and others who entered an orphanage. This study was conducted in La Paz, Bolivia and the outcomes appear far better for those children in an orphanage. After reading these papers I felt paralysed—how can I possibly help these children? By recognising the role that economic justice plays in the lives of children, perhaps greater reliance on alternative social environments, like orphanages, is necessary.

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CHILD ABUSE – ANOTHER DISTURBING REPORT

The turmoil of child protection was recently the focus of an editorial published in *The Lancet*.¹ *The Lancet* calls for fundamental reform of the child protection system by citing various recent high profile cases, and Roy Meadows and David Southall—two paediatricians who have been the focus of much of the debate. Sadly, Ellaway and colleagues from Wales, provide additional information that we must sort out in order to protect children. Of 49 babies who were physically abused as infants, 15 (31%) were abused during the 3-year follow-up period. Unfortunately, none of 11 variables that were measured distinguished between those infants who were re-abused and those who were not. We can debate that the science of protecting children is not good, but what we cannot debate is that some children must be protected from adults.

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THE COMPLEXITY OF EARLY WEANING

There remains no doubt that breast feeding conveys significant health benefits for infants and their mothers. Over the past few decades numerous societies have gone through breast feeding cycles. With renewed interest in breast feeding in the UK, complicated questions about the appropriate time to introduce solid foods have emerged. Recently, following the lead of the WHO, the Department of Health revised its recommendation that weaning, or the introduction of solid foods, begin at 6 months rather than 4 months of age. In a study from Glasgow, Wright and colleagues explored variables that were associated with early weaning. The vast majority of 923 term infants were weaned by 4 months of age. Predictors of early weaning included rapid weight in the first 6 weeks of life, lower socioeconomic status, a parental perception that a baby was hungry, and feeding by bottle. Impacting on these variables may be difficult. In addition, there may be a complicated interaction between feeding type (bottle versus breast) and the introduction of solids. Finally, the data that exclusive breast feeding for 6 months conveys significant benefit over breast feeding for just 4 months are limited. Where does this leave us? We should be more supportive of breast feeding, helping families to commit to at least 4 months of exclusive breast feeding.

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COELIAC DISEASE: IT IS ALL AROUND US

In a short report from El-Hadi and colleagues, 1000 healthcare students underwent various tests for coeliac disease. Ultimately six—or one per 166 students—had the diagnosis confirmed by biopsy. Two had iron deficiency anaemia, but with no clinical manifestations of disease, one had non-specific abdominal pain, and five were asymptomatic.

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REFERENCE

¹ *The Lancet*. Child protection: stop blaming doctors. *Lancet* 2004;**363**:2099.