

Howard Bauchner, *Editor-in-Chief*

## The Internet: The Good, the Bad and the Ugly

Three articles, a perspective, an original research study, and a case-report, highlight how the Internet, more specifically Google, is changing our lives and those of our patients. The Internet has been widely available for about a decade, Google, as noted in the perspective by Ian Wacogne and Robert Scott-Jupp, has joined an exclusive club of English words which can correctly be used as a verb. Paul Scullard and colleagues from Nottingham assessed the accuracy of medical advice from various websites using the Google search engine. As reported previously in other studies, and not surprisingly, much of the information on the web is inaccurate although some websites are consistently better than others. The case report is most intriguing, highlighting how parents of two different children used the Internet to correctly diagnose their children with lysosomal storage disorders. Perhaps the Internet should be thought of as *The Good, the Bad, and the Ugly*, a well-known spaghetti western directed by Sergio Leone in 1966, starring Clint Eastwood, Lee Van Cleef, and Eli Wallach (details available on the Internet in a few seconds, depending upon the speed of your connection). Most days I love the Internet, information is available quickly, oftentimes it is accurate and helpful, and I feel better informed. Other times I can't quite find what I am looking for, am overwhelmed by the number of hits and amount of information, and feel more frustrated than when I began my search. My greatest concern – inaccurate information, websites with an “agenda,” and medical information more based on narrative than fact – which at times can be helpful and hypothesis generating – but which should rarely be used to implement widespread change. **See pages 575, 576 and 580**

## Healthcare reform in the US

Michael Silverstein, one of our US Associate Editors, along with his colleague Rachel Stein, describes the impact of healthcare reform for American children. This has been widely discussed and described in various medical and nonmedical publications. My thoughts – specifically with respect to children – unfortunately, wide-spread reform and additional coverage will not cure the greatest threat to the health and well-being of children, fractured families, poverty, disparities in educational opportunities, and parents who do not play an active role in the lives of their children. In the US we continue to ask too much of our health and educational systems when it comes to children. **See page 578**

## Reassuring news

In a study that only the Dutch could conduct, or at least one that could be performed in few countries, Ebbesen *et al* linked the military and medical records of 463 conscripts who had non-hemolytic hyperbilirubinemia as newborns and 12718 “controls.” They found no association between bilirubin levels ranging between 105 and 482  $\mu\text{mol/L}$ , and measures of cognitive function at a median age of approximately 19 years. These data are reassuring, particularly since more newborns are likely to have a transcutaneous measurement of bilirubin, and parents will want to know what the levels mean. **See page 583**

## The epidemic of obesity articles

We are inundated with research reports about childhood obesity. The majority of papers describe a specific group of children that is overweight and/or obese and well-known consequences of obesity, such as obstructive sleep apnea, metabolic syndrome, and increased health care utilisation. Papers ascertaining the “cause” of obesity are also well

represented. Deciding which of these reports to review, and ultimately consider for publication is a difficult task. Mark Beattie has done an outstanding job orchestrating these papers through peer-review. However, in the future, most of these papers, unless they present novel data, will be rejected without review. In this issue, we present an epidemiologic study of ~ 15,000 children between ages 7 and 12. The authors suggest that this is the largest prospective sample that has tracked weight through mid-childhood. The findings are not surprising, most children who were obese at age 7 remained obese at age 11, although about 25% migrated out of the obesity category. Of those who were overweight at age 7, 16% became obese, and 20% moved into the normal weight category. Obesity overtime was greatly influenced by parental obesity. Why are these details helpful? First, parents (and clinicians) need to be reminded from time to time, that not all obese children remain obese. Second, intensive therapy should be reserved for those at greatest risk for remaining obese. These data, and others, shed light on the highest risk children – children who are obese, morbidly obese, and have obese parents, face an uphill battle against adult obesity. **See page 612**

## Treating latent TB

For many years the treatment of latent TB was 9 months of isoniazid. This was true even after a number of studies demonstrated that active TB could be treated for only 6 months. Now the recommendation varies from 6 to 9 months of isoniazid alone, or 3 months of rifampicin and isoniazid (3RH). Bright-Thomas and colleagues report on their 15 years of experience using either isoniazid for 6 months or 3RH for 3 months. Their conclusion: “...3RH has very high efficacy when used to treat LTBI in children in the UK and compares favourably with the expected untreated TB rate.” **See page 600**