



CrossMark

Highlights from this issue

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Medical school, and our subsequent training, doesn't prepare us for everything. In fact, I'm increasingly thinking that it mostly prepares us for dealing with feeling unprepared. Recently, via the blog and on Twitter, we were discussing the differences between medical meanings and the lay use of the same language. I've learned to be wary when lay folk use a word for which I have a fairly precise medical understanding. Of course, this does mean that I frequently sound like a twit when I hear myself asking questions like 'But what do you mean by pain?' There were a few descriptions that I thought, before medical school, were medical, and then afterwards I decided that they might not be. A couple spring to mind reading this issue.

To my shame, I imagined for some years that concussion was not a real thing. Fortunately I've been put well and truly straight in this issue; we've two excellent papers on the subject. Firstly Hingley and Ross cover a Canadian guideline on diagnosis and management (*see page 58*). Then, paired with this, Kanani and Hartshorn provide a fifteen minute consultation on recognition and management (*see page 71*). I learned a lot from these two papers; I didn't realise how common concussion is, how disruptive and disabling it can become, and I didn't have any idea

about the concept of cognitive rest. I'd say that we're quick to be critical of the low activity levels of young people, but this then requires us to have a good understanding of the medical consequences of harm experienced in exercise, and I'm pleased to have had this boost to my knowledge.

When I was growing up in the 1970s and '80s I remember people talking in hushed tones about a neighbour or acquaintance who had had a 'nervous breakdown'. When it failed to come up in my relatively limited mental health training, I reflected on it, and assumed that people were just carelessly including a number of possible psychiatric diagnoses—chief of which I figured were anxiety and depression—in a very broad and sloppy catch-all term, 'nervous breakdown'. I managed not to need to think about it too much ultimately because I decided to go into paediatrics, and then to specialise as a general paediatrician. And of course, you don't have to worry too much about mental health in paediatrics, do you? Well, of course you do, and as Max Davie points out in his article here, Doing more for mental health, attention to mental health is part of our core role—and that to ignore it means we're not proper paediatricians (*see page 77*). His argument—that we're never going to have enough fully trained mental health professionals to meet the needs of

children and young people, and so we must be prepared to fill the gap so that care is appropriately integrated—is compelling. Denial of this is the equivalent of the crusty old paediatrician who told me, tongue in cheek I hope, that 'my adolescent patients don't have sex'—and that's my clunky link to say that I'd have liked to have shown him MacGregor and Khadr's review of the American Academy of Pediatrics' Contraception for adolescents (*see page 61*).

Tics cause tremendous anxiety to families—all of whom I suspect have a quite negative lay view of what Tourette syndrome is. Of course, Tourette syndrome has a precise diagnosis, and this and other important features are covered in Ong, Mordekar and Seal's fifteen minute consultation on tics and Tourette syndrome (*see page 87*). On the basis that this is likely to be the paper I come back to most in my practice, it's this month's Editor's Choice.

Back to things I didn't come across in medical school. I never figured out why my mother taught me never to sit with my back against a radiator. Anyone have any ideas? If you know the answer to this, or have other things you'd like to discuss or suggest, please get in touch, via Twitter, via the blog, or by email.

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