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Highlights from this issue

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I often find myself concentrating on the Best Practice/Fifteen Minute Consultation style papers in this Epistle, and then feeling a little guilty about it because this is the section I edit myself, so I'm drawn to the papers as I already know them well. This month I can feel less guilty, but more pleasure than usual, as I've had help with a couple.

We've all experienced that situation when someone discovers we're a healthcare professional and takes this as a cue to share something astoundingly intimate. I think that the trickiest occasion this happened to me was at a wedding, just before the speeches. The only upside was that it wasn't my own wedding. Of course, the sharing of intimate information is part of the day to day of medical life, and the countenance isn't so much a poker face as one of polite interest. I'm often struck by the courage it must take to share such a thing, and the fact that the person telling gets something from simply stating the issue aloud, even if I can't help them fix it. Many of us are asked some very simple questions—and in many cases we've forgotten how simple some of the answers are.

Certainly some of our team won't have found the issues in their curriculum, or as part of their life experience to date. This month sees the start of a new series running within the Fifteen Minute Consultation format. Alice Roueche and Ronny Cheung have been curating a series on problems in the healthy child, which this month covers toilet training in a paper written by Hannah Jacob, Ben Grodzinski and Caroline Fertleman (*see page 119*). I wish I'd had this paper when I was an SHO in my mid 20s, being asked perplexing problems of this nature by families who fully expected me to know the answers.

My editor colleague Philippa Prentice commissioned one of our ADC group editors, David Cottrell, to write a Fifteen Minute Consultation on Medically Unexplained Symptoms (*see page 114*). Do you have friends or colleagues where, after a conversation you always feel a little richer with knowledge—especially where your own knowledge had been wrong in the first place? David Cottrell is someone like that. Take this phrase from the article, which I will be paraphrasing in a consultation very

soon: 'Physical symptoms without physical cause are in fact very common, so much so that they are part of our everyday language—butterflies in the stomach, my heart leapt, my mouth went dry, etc.'

The rest of this issue is filled with great stuff. I'll admit that I'd rather hoped that the answer to the question 'How to use faecal calprotectin' was 'Don't, unless you're a gastroenterologist' because I do worry about these sorts of tests becoming bad screening tests when used indiscriminately. Fortunately Amit Saha, Mark Tighe and Akshay Batra are much more subtle than me (*see page 124*). In addition, there is a bit of a stroke theme in both an Illuminations paper (*see page 152*) and an Epilogue (*see page 145*).

I hope you enjoy this edition of the journal, and thanks to those of you who wrote with answers last month about why I shouldn't sit with my back to the radiator—quite a range of opinion. If you have papers you'd like to write, or papers you'd like to see, please get in touch, via Twitter, via the blog, or by email.

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