

Highlights from this issue

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As you might have guessed by now, I quite like to write. As with much of my professional or personal life—where I never let absence of knowledge get in the way of holding an opinion on something—I don't much let absence of ability get in the way of my enthusiasm. I seem to get away with it quite a lot of the time, but every now and then I catch a glimpse of the way I'd really like to be able to write. This week, for me, it was reading Atul Gawande. In case you've not come across him, he's a surgeon based in Boston who led the project to introduce the Surgical Checklist—and his book on this, 'The Checklist Manifesto' belongs to that small pile of books which I reckon have genuinely changed my thinking. He also has a regular spot in the New Yorker, and the article that has really got me thinking is an extended meditation on cheese-cakes, by way of knee replacements, virtual intensive care ward rounds, and how you harness all the wonderful things that make people high performing professionals while also pegging their care at a very high, but very uniform quality. You can

find this article at <http://bit.ly/AtulGaw>—it will take you 15 min to read, and days to get out of your head.

The articles in this month's *Education and Practice* provoke a lot of thoughts too. I suspect that we've all been guilty of requesting a 'toxicology screen' without applying a huge amount of thought to what we're actually asking for. Archer and colleagues write an excellent Interpretations on this abused (pun unintended) test, and start by making the very valid point that it's not really a screen at all (*see page 194*). Fast forwarding to the bottom line—which you shouldn't do, because there is lots of really helpful information in there—they provide some basic situations where the test may be helpful. It left me thinking that perhaps, instead of being a screen, I should regard it more as a 'toxicology consultation at a remove'—which would help me remember these lessons in test interpretation.

I suspect we've all been through that explanation with medical students or young doctors where we explain that diarrhoea is a symptom

and not a diagnosis. Smith and colleagues remind us that this applies to other conditions too, in their article referring to the child with a limp (*see page 185*). It's an exhaustive—but not exhausting—article which takes a detailed look at this from a variety of perspectives. I like the fact that they present a classic list of differentials, but then also they draw out red-flag symptoms and signs.

There are lots of other great papers this month, but I'd particularly like to welcome back Helen Williams and the Illuminations section (*see page 176*); Helen has been engaged with the very important business of getting on with her life, and it is lovely to see her back at the journal with some of her excellent papers. Note also, you'll find Illuminations and Dermatophile papers online as image quizzes also these days, at <http://adc.bmj.com/site/image-quiz> Please do go and test yourselves, and keep the feedback coming; it's much appreciated.

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