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Highlights from this issue

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"I think I need to write something."

You'd be forgiven for thinking that this is what I say when the deadline approaches for me writing one of these pieces—or, in this instance, what one of our long suffering team has written to me, perplexed that the deadline has passed. However, it's actually what a lot of folk say when they write or speak to me about developing themselves as a professional. Some might say that being able to write is a fundamental part of our role. For example, could you function if you couldn't write a clinical letter? Or compose a referral—in whatever medium—to a colleague describing why you needed them to see a patient? I don't think I could.

What about a step away from direct patient care. What about a departmental guideline or procedure? I'd argue that we all ought to be able to write something which clearly articulates to colleagues and patients the shared way in which we're going to deliver care. However, even in my limited experience, I've seen some pretty strong evidence to the contrary.

A further step, then. What about writing in a journal like this? People's motivation for writing things are varied—ranging from having been asked to, to the need to beef up a CV, to a general irritation

that things aren't done as well as they might be and the need to put that right. These can all align well with the "need to write something"—but can we all do it, if not well, then at least reasonably? Our Editor in Chief is a co-author on one of the papers in this edition. You'd assume that he can write—and you'd be right. What has been interesting to me are his comments on what it's like to be edited here—Sam Behjati is a very supportive editor who has a very clear vision of what a paper should look and feel like. And this can take rather a few revisions to get it right. In many instances the editor becomes something like a secret author on a paper—not in the dodgy sense where industry sponsored papers are spun up and "improved" by public relations experts, but in the sense that there is significant input which helps the authors get the clearest message possible across to the readers.

My reason for describing this here is simple. I want to illustrate to you that if you "need to write something" then perhaps contributing something here might be a good idea. You'll get significant support and mentorship from the editors, and what you write might not sink quite as quickly into obscurity as that case report that the senior consultant has been insisting that you

write for some time. It won't stop you from developing an authorial voice—I hope that the examples in this issue demonstrate that we can absolutely cope with, and do encourage, a bit of idiosyncrasy. By the time this is printed I hope to have begun an open ended series of posts on <http://blogs.bmj.com/adc/> which talk about writing, to give you some tips and ideas about how you might begin to put pen to paper—or fingers to keyboard.

This month's issue includes the usual range of odd diagnoses and common clinical scenarios. As ever, we try to make the odd and obscure as much about the every day as about the specific and exciting business of encountering something you've never seen before. The latter is brilliant—as is the desire to communicate it—but we do try to ensure that nearly all that we publish here has a message you can apply to day to day practice. We've also the first of a style of paper which we'd like to carry more of—the quality improvements you've made in your own teams. More of this in the future. It just remains for me to tell you the Editor's Choice, which this month is a long and complex story from Cyriac and Huxstep (*see page 132*), told as quite a tale, and highly believable as a true experience from the front line of paediatrics.

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