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Highlights from this issue

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Time has this habit of marching on, which I suppose is about as banal an observation as one can make. If you wonder what makes particular thoughts bubble to the surface when I write, you might guess that I'm reading a story which has a lot to say about time at the moment, and which has left me in reflective mode. I'm perhaps halfway through my career as a consultant—although who knows when I'll actually be able to retire. I've recently met, in clinic, the son of someone who I looked after in an earlier clinic. And I've met a couple of people, one now a consultant, who have told me that they remember being taught by me as a medical student.

I suspect that many of us have patients we measure time against. There is a sort of shock when you call the familiar name of a five year old in clinic, and a gangly youth lumbers into your consulting room, complete with whichever clichés they've seen fit to borrow from the variety box known as “adolescence”. This sort of surprise is probably a corollary of ageing; the same sort of shock you get when you realise, as Billy Connolly observed, that you've started making grunting noises every time you bend to pick something off of the floor.

But it shouldn't be a surprise. The fact that my patients get older, and need different things from me, and then need a different person from me, is probably as predictable as anything can be in paediatrics. This month we carry a paper from Nagra *et al* (see page 313), and some comments from MacDonagh *et al*, about a practical approach to transition. As a generalist working in a tertiary centre the “Ready Steady Go” approach is helpfully generic; the patients that I need to help with transition are relatively uncommon, so I'm not that expert at it. In addition, each patient has quite different needs—I will not have good working relationships with adult services for each disease type—and indeed, there are some for whom the adult counterpart has not yet been invented.

You might have noticed a strong neurological and developmental flavour to some of the articles in this and other recent volumes. This is for two reasons. Firstly, neurologists seem to have been particularly enthusiastic in pitching their papers to me. And secondly, and as consequence of this, I've enlisted Arnab Seal and Manish Prasad to lend a hand with curating these papers; getting the balance right between the basics, and understanding more complex presentations. This month

we have Kallambella and Hussain on excessive daytime sleepiness (see page 288)—which, if I were going to really try to re-incorporate themes here might refer to my own ageing process—but is actually an excellent structured approach to a common presentation. Babiker and Prasad give us the companion paper to their earlier “When is a seizure not a seizure?”, this time focusing on the older child (see page 295).

Then we have Clews *et al* on autoimmune encephalitis (see page 282), which worries me because I don't know enough about it.

In addition to this, and in the category of “I nod knowledgeably but rarely have understood as well as after reading this paper” we have Williams on Chiari II malformations (see page 301).

There are of course lots of other excellent papers which I hope you enjoy. Remember that if you were thinking of writing, you should take a look at the blog, here: <http://blogs.bmj.com/adc/> and do please get in touch.

A parting thought on ageing: In the next month or so I won't be able to see any new patients born in the same millennium as me...

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