Highlights from this issue

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One of the most fascinating aspects of working in medicine and paediatrics is the dizzying rate at which things change. Of course the humans change—that is sort of the point. I've lost count now of the number of times I've called a name of a child in outpatients, expecting the giggling five year old in my memory to come rushing in, only to be confronted by a hulking great teenager. But lots of the medicine changes too. That's part of the function of this part of the journal—to try to keep ourselves up to date in this bewilderingly complex world.

This month I'm drawn to the paper by Christopher Kelly, Emer Hughes, Mary Rutherford and Serena Counsell, which describes some important advances in neonatal brain MRI (*see page 106*). As this falls in our Research in Practice section, the authors present us with some really advanced possibilities, and discuss how these might be translated into day to day practice. When I think back to the imaging I learnt at medical school, I'm struck by two things which seem impossibly quaint now. First was the installation of the first MRI for

that teaching hospital. The thought that a modern clinical environment might function in the absence of ready access to MRI is hard to grasp. The second was a meeting I found myself in where the radiologists had got hold of a bit of software which would allow them to take the two dimensional images from cross sectional imaging and turn them into three dimensional reconstructions. The speaker asked: 'Now. Can anyone here come up any ways in which we might use this?' Reader, I snorted, loudly. It was obvious to me that there were thousands of ways this could be used. Fast forward more than a quarter century, and we have this paper on neonatal MRI. If you can't spare the whole five minutes it will take you to read the paper, then you should definitely look at their figure 1, and think about the possibilities.

Of course, other things remain the same, or at least persist, regardless of how hard we try to eradicate them. Children are still burned, and Stephen Mullen, Roisin Begley, Zoe Roberts and Alison Kemp take us through ways to distinguish inflicted, neglectful and accidental

burns (*see page 74*). This distinction is a core skill for the majority of paediatricians, and this paper gives us helpful revision as well as putting practice into a rigorous evidence framework. For this reason, this paper is this month's Editor's Choice. Many burns specialists will feel comfortable with safeguarding, but many will still want support from us in assessing with the developmental likelihood of the events described, so our familiarity with this area is important. What this paper doesn't mention, mostly because it isn't meant to, is the fantastic advances made in burns care over the last decade or two. While we can remain sad and angry that these injuries still occur—and therefore remain vigilant in our safeguarding roles—we can be hugely more optimistic about the outcome of the burn.

I'm sure you'll find in these pages many more items which have changed hugely since you first learnt about them. I'd be very interested to hear about anything you feel we should be writing about. In the meantime, enjoy the issue.

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