



Highlights from this issue

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Writing these letters to you, the reader, has a little bit in common with that thing where you record a movie over the Christmas period and then watch it in the spring. You're suddenly struck by all the adverts for mince pies. I can see that I wrote the last Epistle—the one for the April edition—in late February, and nowhere in it did I mention a certain virus. In retrospect, this seems remiss, I know that I was certainly thinking about it, and if I'm kind to myself I'll say that it was because it looked like it might be a fast moving issue, which was certain to be out of date by the time of publication. That might even be slightly true. In any case, now I'm writing this in late April, and wondering what the world will look like in June. Whatever I write today will undoubtedly be out of date by then.

Unless. OK, here's my deal for you. After this paragraph I will not use the words of phrases of our time: Uncertain times, unprecedented, challenging, social distancing, epidemic, pandemic, personal protective equipment. I won't write fit testing, working from home or fluid situation. And, just for good measure, I'm not

going to write virus. Now, as a journal and a journal group, we will certainly cover these issues—and they are extensively written about elsewhere. We'll have lots of papers of relevance, online first, then into print. But for now, this journal is about a different era. This issue is mince pies when you can see daffodils out of the window. Because, remember, mince pies are still out there.

This month you're going to learn about polysomnography, and importantly, how this differs in different parts of the world (*see page 136*). You'll learn about how to use creatine kinase (*see page 157*) and how to collect urine from young children (*see page 164*). You'll learn about Kawasaki disease (*see page 152*), the child with a limp (*see page 137*), and children with new onset squints—and, no, it is not just 'send them for a brain scan' (*see page 147*). And also you'll learn how, if you are somewhere where you don't have rapid access to cardiology support, you might manage the child with a Blalock Taussig shunt, if they present to you unwell in the middle of the night (*see page 142*).

Patient reported outcome measures might feel, at this point of writing, rather luxurious. However, doing whatever is most important for our patients is perhaps the defining feature of good medicine. Heidi Makrinioti, Andrew Bush and Chris Griffiths use the lens of preschool wheeze to examine this subject which brings together clinicians, researchers and their patients around what really makes sense for everyone (*see page 185*). As the authors point out as they give a different example from adult medicine, improved spirometry is rather abstract, but being able to climb the stairs is a little more concrete. For this reason I'm making this paper my Editor's Choice this month.

I hope you enjoy the issue, and that it gives you some enjoyment and relaxation and something different to think about. Do please send feedback—I reply to everything, eventually. I'm just going to break my own rule in this last line, though. Do me a favour: Stay safe, will you?

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