



Highlights from this issue

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I'm writing this, as ever, a couple of months before the print issue is out, with achy legs from joining 1½ stages of the #Ride-ForTheirLives cycle between London and Glasgow. This ride was intended to draw attention to the fact that environmental damage has a direct impact on children and young people. From this point in October, I don't know what COP26 holds, but I can tell you that there are a lot of inspirational child health professionals and young people out there, determined to make a difference for children, and recognising that most of our efforts come to naught if there is underlying damage from children's environments. I have a copy of Rachel Waterhouse's book written about the hospital I work in on its hundredth anniversary in 1963. At the founding of the hospital in 1863, society was just beginning to address some shocking practices. One of these was feeding newborn infants 'pap', a concoction of bread and water sweetened with sugar to sate their hunger so that mothers could return to work within weeks of birth. More appalling was the practice of 'baby farming', where desperate working mothers would send their babies, and not ask any questions if the child failed to survive.

I'm struck that in 2021 I see children with respiratory illnesses who travel to clinic from and through an environment which is used as a toilet by our internal combustion engines, and which undoubtedly contributes to and worsens their condition. I'm also struck that I see many children whose poverty places them at risk of lifelong poor health. Of course we can shift blame by saying that 'obesity is a lifestyle illness', but this does imply choices that are denied to many. This can all be very depressing. It's very difficult to know what we can do about it.

Guddi Singh, Hannah Zhu and Ronny Cheung provide a bit of an antidote to this in their article on addressing child poverty (*see page 326*). Their approach to the individual and then thinking about the broader changes we might be able to support at a societal level is very helpful to mitigate the despair we might feel about this situation, and for this reason I'm making it my Editor's choice. Guddi Singh has a second paper in this issue, with Alan Cribb, looking at aligning quality improvement (QI) projects with better child health (*see page 370*), and gives a specific example about using QI to address child poverty, which is a further antidote to the sense that we can't really do anything. In my head, I'm back

on the #RideForTheirLives trip listening to folk chat about what we can do—and especially how we can lend our voices to children and young people to improve their lot.

As ever there is a really great range of papers in this edition. There are some very practical papers—for example vulval soreness in the prepubertal girl from Neil Chanchlani and Deborah Hodes (*see page 333*), and some great summaries of recently updated guidance—congenital adrenal hyperplasia, migraine, and coeliac disease (*see pages 354, 358, 362*). There are some thoughtful papers about self care from Anna Baverstock and Fiona Finlay (*see pages 349 and 369*). And we've an unusual paper from a medical student called 'COVID-19 stole my elective... but I took it back' (*see page 381*). Reading this, I can tell that our profession will be in good hands, perhaps better than ours. Which brings me to a small announcement—I'm going to hand *E&P* on to better hands. I'll write more about this in my final Epistle which will probably be the middle of June, but for now look out for the advert.

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