

Highlights from this issue

10.1136/archdischild-2011-301227

Ian Wacogne, Deputy Editor, *E&P*

If you know your Ecclesiastes, you will know that there is nothing new under the sun. Well, sometimes medicine feels like this; sometimes it feels a little like medicine, and paediatrics, does go around in circles. I suspect that it is a good barometer of your state of mind at a particular point whether you regard this as a good or a bad thing. Right now, having reviewed the contents of this edition of *E&P* I'm finding it fun, and I hope you do too. There are a lot of old subjects from new angles. Or, if you prefer, new subjects from old angles. I hope I can persuade you, also, that there are some genuinely new things out there too.

Three Picket papers involve retreads of quite well worn themes. You will recall that Picket is about us keeping an eye out for quality papers, re-abstracting them, and then placing them in a clinical context. Two of these papers look at probiotics. Nick Brown – a regular behind-the-scenes Picket abstracter describes probiotics as the new universal panacea (*see page 239*), and anyone following the literature will have drawn the conclusion that researchers have attempted to fit the probiotics answer to pretty much any question they can think of. Nick goes on to describe their attempt to deal with 'that hoariest of old chestnuts, colic'; the other paper looks at probiotics and nosocomial infections. Of course, in reading through this and the other papers about probiotics, I would hate to draw any conclusions from the fact that many of the unique species of probiotics have become commercial properties, with, theoretically at least, no ability to extrapolate to other species. And, of course, any particular trial tends to test

just one form of probiotic against the possible indication.

The third Picket (*see page 240*) was the one I was pleased to be asked to write, and enjoyed writing after having to read the paper about half a dozen times. I knew that I remembered an important literary reference at the time of writing, but it is only now that I have found it. On Thursday 14 October 1982, that great diarist of our time, Sue Townsend, in the guise of Adrian Mole, describes his grandmother wrapping his near step-sibling (it's complicated), Maxwell, in 'Vick and brown paper at night'. I have always been a little unsettled that Adrian Mole is about a year older than me, although this never diminished the author's intent: that as the reader you think you see things more clearly than Adrian or his family. I am sure, then, that grandma Mole would have enjoyed the finding that vapour rub may in fact have some efficacy. When reviewing the paper I wondered if the smell would unblind the participants. By comparison, in 'The Growing Pains of Adrian Mole'¹ – where, to be fair, grandma Mole was not conducting an RCT, it was the rustling of the brown paper which disturbed the rest of the family.

Away from the Pickets, in this month's Editor's choice we have got another new test, which I find another useful barometer of my state of mind. Procalcitonin, abbreviated to PCT (which is confusing in England since this also describes a soon to be defunct commissioning structure), is either 'The New Great Hope' in detecting serious bacterial infection, or it is a test which is a little bit better than a C-reactive protein. Irwin and Carrol do

a good job of convincing me that it isn't just the latter and suggests to me that it might be worth starting the conversation about use of this test for my patients again (*see page 228*). At the other end of the testing range, we have got a discussion on a much older test; urinary sodium and osmolality (*see page 223*), which I confess is something I have to relearn with monotonous regularity.

So, is there nothing 'New Under the Sun'? As I write this, an email drops in my inbox with stunning research published in the *New England Journal of Medicine*.² They are early results, for sure, but the idea that the attempts to produce an immunisation against malaria may have had major success is remarkable, and leads me to wonder if we are seeing the very start of the end of an era. Or, perhaps we are just seeing more of the same of what Jenner witnessed when he started vaccination.

Bringing this back down to a much more mundane level, I hope you enjoy this issue, and certainly hope that you get something new from it. The next edition will look a little different, but will probably, ultimately, be more of the same. Please keep your comments coming; I really enjoy reading them, and they do help shape the journal.

Ian D Wacogne, Deputy Editor, *E&P*
ian.wacogne@googlemail.com

REFERENCE

1. Townsend S. *The Growing Pains of Adrian Mole* [Paperback]. Puffin: London, 2009.
2. The RTS, S Clinical Trials Partnership. First results of phase 3 trial of RTS,S/AS01 malaria vaccine in African children. *N Engl J Med* 2011. doi: 10.1056/NEJMoa1102287.