

Highlights from this issue

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By most reasonable measures I'm a little over halfway through my active medical career. It's been a time of the most extraordinary change. For example, while I was an undergraduate at medical school I remember a tutor sharing with us his excitement at a series of publications in Science detailing the discovery of the gene associated with cystic fibrosis¹—from the identification of where it is on genome through to a putative function of the gene product. At around the same time, if you wanted to find publications on a particular subject you went to a book called Index Medicus, published each month, which listed the relevant publications. Shortly after this someone called Tim Berners-Lee began inventing what became the World Wide Web, and a few years later I can, in between looking at pictures of kittens, search almost all of the evidence worth finding from my smartphone. Back in the day, though, I was pretty up to speed. I knew about things like Restriction Fragment Length Polymorphisms and PCR, with which, I quickly found, my bosses weren't so familiar. Nowadays I'm firmly the other side of that relationship. There is a bewildering array of new inventions, terms, concepts that I didn't even know I didn't know 20 years ago.

This month in *Education and Practice* we launch a new series, Research in Practice, which aims to do two things. Firstly, it aims to rekindle an interest in research in

those of us who find it difficult to reconcile with the heavy demands of being out there in clinical practice. Secondly it will act as a primer for those dozens of topics which have been invented since we left medical school. There are two excellent introductory papers. One is from Neena Modi (*see page 131*), who came up with the idea for the series, and who has been working closely with Bob Phillips to get these articles commissioned. Another is from Iain Chalmers which is a rallying cry to those of us who are not nearly as research active as we ought to be. He reminds us of the fundamental contradiction in the fact that those patients who we treat, perhaps wrongly but with sincere conviction that we are right, are much less well protected than those who we treat in the context of a well designed randomised controlled trial (*see page 132*). The first of the “they hadn't invented it when you left medical school” papers is “What is array CGH?” I'll let you read the article to find out (*see page 134*).

Elsewhere there are are two papers which I suspect will become much photocopied, although as an editor I'm not sure I'm even supposed to hint that such things happen. The first of them is a paper by Kerrison and Riordan, with a simple title: How long should we treat this infection for? (*see page 136*) If you're short of time, then you need only to look at

table 1 to convince yourself that this is a paper to dwell over.

The second is Arnab Seal's paper, Fifteen minute consultation on the infant with a large head (*see page 122*). In many of these Fifteen minute papers I've challenged the authors to represent their work in the form of flow diagrams, and I think that figures 1 and 2 are real models of clarity. For this reason, this paper is editor's choice.

Incidentally, while I've had a lot of fun in commissioning these Fifteen minute consultations—the Fifteen minute referring to the time they're supposed to take to read, not the time of the actual consultation with the child and family—I'd be very interested to hear of any ideas you have for other papers yourself. I've got ideas from my own practice, and also from an excellent discussion on twitter, but am always interested in hearing more—especially if you're interested in writing something. But don't write until you've looked through all of this issue, and at the very least proved to yourself that I've forgotten more from medical school than you have.

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REFERENCE

- 1 Rommens J, Iannuzzi M, Kerem B, *et al*. Identification of the cystic fibrosis gene: chromosome walking and jumping. *Science* 1989;245:1059–65.