

# Highlights from this issue

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In this role with *Education & Practice* I often get to take oblique views of things. Many years ago, when some some friends and I were developing a computer system that would end up becoming an online resource we were surprised at the number of different ways you could approach the same subject. There are the obvious ones, like different aetiologies of the same symptoms, or the differing ways that different specialities approach the same disease process. And then there are all the other ways which seem to be limited only by people's imagination and desire to build the model. Quite often I get to commission work which looks at a clinical presentation that I see quite often but doesn't fit completely comfortably in the standard textbook. Other times I get an approach from an author, rather like the one in this issue, where the pitch for writing went: "I'd like to take people on a journey down the nephron and highlight the genetics"

There are three ways that a pitch of that sort can go. Firstly, it can simply vanish without trace. The author will discover that the reason nobody has written about, say, oncological diseases and their place in the zodiac is because it was a bad idea in the first place—in this

example because astrology is balderdash. At this point we usually all agree to say no more. Remember: whatever other threats your boss might make, a really bad paper is worse than no paper at all.

Secondly, it can haunt you. The author, having described a thesis and convinced of the genius of their unique slant on it can produce an article of 5000 words and tenuous links which can only be improved by thousands more words. In these situations the editor has to remember that although it is important to be nice, positive and supportive to authors, actually the responsibility is to the reader. These sorts of papers should not get through to you.

Thirdly and lastly they can turn out like this one, where Marlais and Coward really do take you on a fascinating trip down the nephron (*see page 73*). There's loads to think about here. I identified information of interest to nearly every possible paediatric specialty in this apparently super-specialised paper. It's my editor's choice for this month.

While not as oblique, the other paper I found a little mind-bending this month is Matheus Zilbauer's Research in Practice piece introducing Epigenetics (*see page 67*). Most

of us probably have a fairly good grip on Mendelian genetics, and the way that this really works through copies of genes in our chromosomes. I suspect we all recognise that perhaps it is a bit murkier than this though. As with my early chemistry, where I was taught that valence could be represented by little hooks off the atom, with hydrogen having one hook and oxygen two hooks, resulting in H<sub>2</sub>O, it turns out that models are just models. So, you have something simple, like eye or hair colour which doesn't fall out the way it might if it were Mendel's peas. And then we come to conditions like Prader Willi syndrome where we're told that the problem is that you get two copies of the gene from one parent. This makes no sense with a simply Mendelian model—which is where this paper comes in and helps us out.

It isn't only genetics in this month's issue; there are a lot of other oblique ways of looking at things here. Please do get in touch if you think of new, interesting ways of looking at things—especially if it falls into my third category above. And please do keep your feedback coming in; it's good to read and very helpful.

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