Highlights from this issue

doi:10.1136/archdischild-2014-307008

Ian Wacogne, *Deputy Editor, E&P*

I'm very aware that it may look a bit smug, my writing here each edition about what a wonderful set of articles we have in the journal on this occasion. So I'd like, this time, to emphasise that I'm very aware that this is, as far as I can tell, pretty good luck. The main luck I have is that I've managed to surround myself with some very fine authors, and some very talented commissioning editors. You should be aware that for every article we publish, there is at least one additional, uncredited author—the editor who takes the excellent ideas and expression of the author and improves it further still.

Most of what I do, therefore, is sit here and ask questions. The first questions I ask are things which puzzle me on ward rounds, in clinics, or when grinding through a pile of correspondence. Questions like: How ought I use a blood culture? That's been answered—at least in part—this month in an interpretation from Surjo Kiran De, Nandini Shetty and Michael Kelsey (***see page 144***). I found out a long while ago that a fast way to make my microbiology colleagues feel faint was to suggest that I'd base a clinical decision to cease antibiotics entirely on negative cultures at 48 hours. These authors try to answer a variety of other helpful questions—but as you'd expect, strongly advocate basing decisions on the clinical presentation of the child.

How ought I to manage the child with chest pain? I have colleagues in cardiology who worry about a very cardiac focused approach to chest pain; an article by Samuel Collins and Michael Griksaitis and Julian Legg redresses any imbalance (***see page 122***), and in particular their table 2 gives a superb summary of everything that you should worry—or not worry—about. This paper is of such value that it's this month's editor's choice.

How ought I to manage the needs of my patients and families who contact with me? Anthony Cohn's article (***see page 152***) outlining how he has developed his practice of being in email contact with patients was a fearful read for me in the first instance. There can't be many of us who think "You know, I could do with a few more emails in my life…" Anthony's response to increasing demands from his patients was to get them to email him: he describes how he went about it, and how he feels it improved his practice, without, apparently, crushing him under the weight of thousands of extra emails.

What really should we be doing with tongue tie? Well, that question has been addressed elsewhere in the *Archives* family;[1 2] here's a companion piece which describes this procedure (***see page 127***), and looks at why some surgeons are so perplexed at our reluctance to embrace it.

Should we be treating fever? Well, that's a big one—and would require the most enormous culture change, especially after a few decades of our fueling of fever phobia, but Giordano Perez Gaxiola, Catherine Williams and Damian Roland have a nice little fight about it in these pages (***see page 158***).

Anyway, that's five good questions, and some good goes at getting answers. There are a bunch more questions to ask and have answered after this—not least "How will this paper best help improve our care of children" and "How can we make it as good to read as possible".

Of course, if you've got questions you think we should be answering, or ones you'd like to write yourself, then please get in touch. Meanwhile, answers follow overleaf…

ian.wacogne@bch.nhs.uk

REFERENCES

1 Emond A, Ingram J, Johnson D, *et al*. Randomised controlled trial of early frenotomy in breastfed infants with mild–moderate tongue-tie. *Arch Dis Child Fetal Neonatal Ed* 2014;99:F189–95.
2 Lawson A. To Snip or Not to Snip. *Arch Dis Child Fetal Neonatal* Ed 2014;99:F178–F9.