



CAN YOU REALLY PUFF THIS, MAGRITTE?

I expect (well, at least hope) you're all familiar with the wonderful, understated Moderna Museet in Stockholm, a gallery that overlooks Djurgården to the East, Södermalm to the South, each just a stone's throw from the Skeppsholmen jetty above which the collection sits and, in front of which the Baltic archipelago ferries limber up. I visit so often that my membership card is battered, but even those of you who aren't in Östermalm as often will feel a tingle of familiarity at the mention of the Surrealistic exhibition on the ground floor where Salvador, Jean and Pablo mingle.¹ Now that's established, you'll be prepared for the next small step—a mere skip to the notion that opening one's mind—just allowing it to liberate itself from the fetters that is routine thinking and just as our authors have done this month, is a leap worth making, as I've done with my own palette and choice of oils in this month's selection.

OUT OF PUFF OR READY FOR DISCHARGE?

What one would have thought was straightforward—a homogenous, international standard score for acute asthma is barely appearing on the horizon. Charmaine Grey and colleagues in the global Paediatric Emergency Medicine Network, a collaboration which covers North America, the UK and Ireland, Spain and parts of south/southeast Asia and Africa, present results from a survey of preferred ED tools. The relatively well-known-to-UK-users (and British Thoracic Society endorsed) Paediatric Respiratory Assessment Measure (PRAM to friends) was the most widely used, but others including the Pulmonary Score were more popular elsewhere. What was consistent was (PRAM aside) the patchiness in internal validation-construct and discriminatory validity. We can't assume the same

heterogeneity applies to other parts of the globe and can't immediately infer that 'this is a bad thing'. Still, it feels mildly unsettling. What better juncture, then to launch (or rather announce) the new WHO commissioned series of systematic reviews on acute pharmacological asthma management—no spoilers here—but keep your eyes fixed on the ADC site where the collection will appear in real time in the very, very near future... See page 422

EVIDENCE BASED MEDICINE: IN MICROCOSM

Until now, I have let the systematic reviews on Gender Identity Services speak for themselves – and they have—the papers include, of course, the Cass report series fundamental in changes in practice mirroring that in many European countries and beyond. We now publish two independent systematic reviews from McMaster University in Canada in which the same conclusions were reached. It is both refreshing and heartening to see evidence-based medicine being used in the way it was originally conceived. The truth in this area is 'we just don't know' and 'when you don't know, you don't take risks' and as Alison Clayton reminds us in her blisteringly astute editorial the Declaration of Helsinki (which fundamentally underpins all) was recently revised because of concerns that some clinicians were misusing the previous version to support the continuous use of unproven interventions in clinical practice. To be precise, paragraph 37 was revised to include a clear warning against such behaviour and, also, against clinicians compromising or evading research that would advance knowledge, for example, by not undertaking clinical trials or not recording or sharing data. I/we rest our case and move on. See page 415

IS THIS REALLY WHAT YOU WANT TO PUFF?

I generally focus on original research when selecting highlights for Atoms. The messages and implications for practice in Charles Moorcroft and colleagues' review of the current state of knowledge around exposure to mould indoors and the far-reaching

implications of Awaab's law in terms of landlords' legal responsibility to address the issue in their own properties. We now have a powerful tool to use in clinic, it's beyond increasing prophylaxis, compliance, smoke exposure and the authors' algorithm describes the recourse now possible: your letters have clout. See page 419

CHILD DEATH REVIEWS: PICU STATUS

The UK can be proud of the statutory implementation of Child Death Reviews for which the leap from 'recommended' to 'non-negotiable' took place was made in 2018. James Fraser and colleagues took stock of the adherence nationwide in 2024 and present their findings. These make largely good news though the gaps in reporting within the 48-hour recommendation and form completion leave a little homework still left to do. See page 446

JAKOB-CREUTZFELDT DISEASE: THE POSTSCRIPT

If ever there was an epidemiological labour of love, the British Paediatric Surveillance Unit (soon to be blowing 40 candles) and counterparts in Australia and elsewhere, epitomise this. There is no study that illustrates this better in the BPSU repertoire than Chris Verity's definitive work on Jakob-Creutzfeldt disease (the best known of the prion family) couched in the Progressive Neurological and Intellectual Deterioration parent project. Beginning in the late 1990s, several thousand notifications later and each subject to appropriate scrutiny, there have been no 'positives' since the turn of the millennium and those diagnosed at that point were already teenage. This is positive on several levels: confirmation of its rarity and the corroboration that screening has not missed children, this particularly awful disease (dare one say) seemingly confined to UK history. See page 450

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REFERENCES

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