Harvey Marcovitch, *Editor in Chief*

This month we concentrate on the hazards of prescribing for children and the hazards of severe or chronic illness early in life. Less seriously, as we approach the end of another year in the Western calendar, Professor David Isaacs and friend from New South Wales apply solemn ethical principles to our favourite consumer (semi)durable, and an etymological trio try, unsuccessfully, to relate an unusual English surname to a simpler method of transportation.
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YELLOW CARD SHOWN RED CARD?

In 1964, the UK set up a national reporting scheme for suspected adverse drug reactions—widely known as "the yellow card scheme". Reporting is voluntary so it is a blunt epidemiological tool, yet a useful one particularly for uncovering unsuspected and rare ill effects of newly released preparations.

Clarkson and Choonara extracted all yellow card reports over the last 37 years wherein a child was reported as having died. Their paper makes uncomfortable reading as they detail 331 deaths over the period in question. Many of these are highly unlikely to have any causative link with the drug being taken at the time—for example, deaths from asthma in children taking a beta-agonist. Indeed, in this case it might have been that the dose was ineffective rather than harmful. For all its faults, however, the paper turns up some disturbing facts, with some prescribers may be ignoring well publicised warnings—for example, regarding the use of propofol infusions for sedation and polypharmacy in very young children with epilepsy.
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BEWARE OF HIGH DOSE INHALED STEROIDS

The preceding paper mentions two yellow card reports involving inhaled steroids. Recently there have been a number of case reports and small series alerting paediatricians to the potential risk of adrenal insufficiency related to