

This Month In **The JOURNAL of PEDIATRICS**

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Speak to me in English, Spanish, or both?

— Paul G. Fisher, MD

There was a longstanding assumption that bilingualism does not result in delayed language development, but more recent work has shown that bilingually developing children's language skills can be less advanced than those of their monolingual peers. But how much delay is okay and what is the trajectory of development?

In this volume of *The Journal*, Hoff and Ribot report the results of their study of 112 children who lived in Spanish-speaking homes, exposed from birth to both Spanish and English, compared with 39 English monolingual children whose expressive vocabularies were assessed prospectively at the ages of 30, 36, 42, 48, 54, and 60 months. Children from bilingual homes were found to lag 6 months to 1 year behind monolingual children in English vocabulary growth through age 5. The size of that delay related to the relative amount of English use in the home, and the relationship was quadratic, with 75% exposure disproportionately better than 50%, and 50% disproportionately better than 25%. That is, higher increments in English use conferred the greatest benefit.

What should practicing pediatricians take home from this study? First, delays of up to 6 months in English acquisition might not be a cause for concern if the parents report that the children also have some skills in Spanish or perhaps another language. Secondly, parents who struggle to speak English might be better advised not to overreach to speak English to their children, but instead encouraged to interact with their children in the parents' stronger, more comfortable language, while allowing the child to experience English in other supportive environments. As always, fundamentals apply. Further investigation here is warranted. Pediatricians should be cautious not to over ascribe language delays to bilingualism. A low threshold for hearing testing and speech referral can be prudent. Parents should continue to be counseled to talk with and read often to their children.

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Food anaphylaxis has been increasing in New York City schools

— Robert W. Wilmott, MD

A retrospective study of student data from the New York City Department of Health and Mental Hygiene has been analyzed in 2 time periods, 2007 to 2008 and 2012 to 2013, in relationship to the diagnosis of food allergy, orders for epinephrine autoinjectors, and episodes of administration of epinephrine by autoinjector. The results are published in this volume of *The Journal* in a paper from Feuille et al at the Icahn School of Medicine. They show that during the period of study, all of these measures increased approximately 3-fold. Three hundred thirty-seven epinephrine administrations were given in total and more than half used the school's stock. Three-quarters of the students who received them were without a student-specific order preceding the incident as many of these students had no documented history of food anaphylaxis. This suggests that the availability of stock epinephrine autoinjectors in schools is vital for the management of this problem, and that close collaboration is needed among families, schools, and doctors to ensure that the students at risk for severe allergic reactions are identified and appropriate plans made.

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