Correspondence

aetiology. Our experience is similar to that reported by others.1 2 If the condition is infective in origin one might expect, as in acute vertebral osteomyelitis, to find extensive local bony destruction, a more chronic course, and positive blood, biopsy or aspiration cultures.

In the two patients reported by Shah and Miller where an organism was isolated from blood cultures, we agree that antibiotic treatment was indicated. We would not agree that broad spectrum antibiotics should be offered to all cases. In the absence of proved bacteriological infection bed rest alone has been shown to be adequate treatment.1 3 Controversy will continue until a control study of antibiotic treatment is performed.

References

Pancuronium bromide induced joint contractures in the newborn

Sir,

I was interested to read that Drs Sinha and Levene have recently described four cases of joint contractures in the newborn which they associate with the use of pancuronium bromide.1 I note, however, that in the three cases they describe, these babies also received other drugs. They do not mention the route by which they received these drugs. If the route of administration was intramuscularly, I would postulate that this may be a factor that they fail to mention at all in their discussion. I recognise the development of muscle fibrosis as a result of repeated intramuscular injections in neonates. Presumably this could be severe enough to cause a joint contracture.

Reference

Dr Silverman comments:

My remit was to write about bronchodilators for wheezy infants.1 The topics mentioned by Drs Sills and Ory, the dietary management of wheezy infants and the use of nebulised steroid treatment, are both interesting and controversial. A recent review dealt with the thorny topic of cows’ milk free diets in allergic children.2 The place of inhaled steroids in the management of wheezy infants would merit a separate detailed review.

References

Minimum standards of neonatal care

Sir,

Working as a senior house officer in three different neonatal units recently and comparing notes with friends in other units has made me realise what a variety of protocols are followed in dealing with babies with meconium liquor and good apgar scores. The most aggressive comprise routine endotracheal suction preceded by chest compression and followed by bronchial lavage, while the least go no further than oropharyngeal suction. In the last 10 years three published studies1-3 have tried to find out what protocol is best and produced two different answers. A review on the subject4 says that an aggressive protocol is current policy. The standards of neonatal care recently

Bronchodilators for wheezy infants

Sir,

We were interested in Dr Silverman’s detailed review of the problems of wheezing in small children.1 We were disappointed that no specific mention was made of the possible beneficial effects of a cows’ milk free diet in the management of chronic wheezers in the very young age group. We have found this anecdotally to be a useful measure which is often more acceptable and more effective than drug treatment.

In the discussion of bronchodilator treatment Dr Silverman makes no mention of beclomethasone dipropionate (Becotide) which we have used in a nebulised form in a dosage of 50 to 100 μg 4 hourly for wheezy children in this very young age group. We have had some success using this drug in this form and would be interested in Dr Silverman’s views.

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Liverpool L12 2AP

Dr Silverman comments:

I would like to comment on the references for bronchodilators. A recent review of the literature by Silverman does not indicate that the use of inhaled bronchodilators has been very successful in wheezy children.1 The use of diproprionate (Becotide) have been disappointing.2 The use of cough suppressants has been very helpful in this young age group. Dr Silverman’s recent review of the literature has been very helpful in the management of wheezy children.

References
Hidden cruelty in child rearing

Sir,

Professor Davis in his review of Alice Miller’s book, ‘For your own good. Hidden cruelty in child rearing and the roots of violence’, admits to a ‘mistrust of the statistical approach of Professor Rutter and his disciples’. Unlike some deviations in psychoanalytic thinking, the eclectic approach to child psychiatry here is not characterised by any quasi religious notions and the concept of a disciple is inappropriate.

The critical and analytic approach we find helpful in our work. The published reports on child development are not noted for their shortage of hypotheses and Professor Davis is correct in suggesting that a disproportionate number of these are attributable to psychoanalysis. Too many are untested and thus prove of little value to those advising others responsible for child rearing. If assumed by faith alone they may lead to the sorts of problems which Mrs Miller describes.

What is clear from careful and critical examination of the evidence is that violence arises not infrequently from within the home, from parental unhappiness and disharmony. Education is also critical and scientific studies carried out by Professor Rutter and his co-workers have done much to further our understanding and explain the mechanisms involved, as well as generating more realistic hypotheses which are found to be of value to many paediatricians and others caring for children.

Professor Davis comments:

I was surprised but not altogether displeased that an aside in my review of Mrs Miller’s book should have elicited a letter from the Maudsley, ostensibly reacting to my reference to the Maudsley school as ‘Rutters’ disciples’. I had thought that the word disciple was related to ‘discipline’, which is what I understand it to mean; but even if one accepts Dr Corbett’s connotation, it is not altogether inapposite since, in my view, what unites it is a certain philosophical attitude rather than adherence to scientific method, which, as Karl Popper has made clear, is ‘theory impregnated’,—the theory being that human behaviour is intelligible in terms of deep structures. Why does Dr Corbett think that psychoanalysis has contributed a ‘disproportionate’ number of hypotheses for testing when I know of no other coherent theory based on an attempt to understand human nature as it is observed in close prolonged study of individual patients; or does he believe that surface phenomena will, if named and counted, generate theory by induction? Science is not eclectic except in the very particular sense of being able to tolerate apparently incompatible explanations such as the wave and particle theories of light; it involves discarding theories which can be disproved and depends on there being theories available for disproof that are reasonably coherent. Popper’s criticism of psychoanalysis is that its theories are not susceptible to disproof; but, as I understand it, the Maudsley school claims, with whatever justification, to have disproved at least some of them.

What is needed is surely a fruitful marriage between theory and experiment (in the case of human studies, involving ‘experiments of nature’ as Harvey called them) not the dismissive attitude to ideas characteristic of a discredited philosophy (logical positivism), whose own principal tenet is itself not based on observable fact but dogma, as Father D’Arcy is supposed to have pointed out. There are more things in heaven and earth than are dreamed of in the Maudsley philosophy; but one does admire their skill and rigour used in the right context. Incidentally, Dr Corbett apparently believes that a demonstrable association between reported cruelty to a child and that child’s cruel behaviour, if it comes to light as an adult, represents a causal connection. This may well be the most likely explanation of the relation but it is not the only possible one.

Reference

1 Davis JA. Book review. Arch Dis Child 1984;59:94.
Minimum standards of neonatal care

L Polak

Arch Dis Child 1984 59: 596-597
doi: 10.1136/adc.59.6.596-d

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