

CARDIOLOGISTS LIKE THEIR GLASSES HALF FULL

Those of us who work closely with our colleagues know that we frequently have a different approach to managing conditions with a less than firm evidence base. One consequence is that some doctors prove more popular than others with certain patients and gain a reputation for having particular expertise in a given area of practice. In Britain the racing metaphor is “horses for courses”.

This month Rakow and Bull, from the department of psychology at the University of Essex, investigate this process after providing a case vignette to 80 attendees at a paediatric cardiology conference. Four treatment options were presented and doctors asked to prognosticate on mortality and quality of survival of the various treatment options. Two proved most popular though all had their adherents. Participants tended to prefer an option which maximised the chance of a good outcome rather than the “safer” one of minimising a poor outcome. Cardiologists, it seems, go for opportunity and potential rather than safety and security.

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MORE ON THE MECHANISM OF “SHAKEN BABIES”

We highlight two controversial subjects—firstly how hard must a baby be shaken to provoke severe head injury. This question was the subject of a recent appeal court decision in the UK which quashed a murder conviction after considering neuropathology research by Geddes and colleagues.¹ A retrospective case control analysis with cases from a database of 90 infants with subdural haematomas is now reported from the west of England and Wales. Of the cases, 85% had associated injuries consistent with non-accidental injury but

the data do not allow calculation of the minimum degree of force needed to cause a severe shaking injury. In her commentary, Professor Geddes recognises that the significant feature of the fatal cases was hypoxic brain damage but reminds us of her hypothesis that relatively minor neck injury may stretch the neuraxis causing reflex apnoea with raised central venous pressure provoking bleeding.

What is not in doubt is that it is unacceptable to shake a baby. What remains uncertain is the precise mechanism of injury in cases without external evidence of trauma.

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IS IT OK TO BE AN ONLY CHILD?

Our other controversy has a much greater order of magnitude. In 1979 the Chinese government introduced its One Child Family Policy to control population growth and boost the economy. The policy is less strictly enforced in the countryside than in urban areas, especially when the first child is female. One consequence has been anecdotal reports of what is quaintly called the “Little Emperor syndrome” of overindulged, overweight only children.

Hesketh and colleagues from Hangzhou report a cross sectional survey of over 4000 12–16 year olds in Eastern China, comparing lone children with those who have siblings. After appropriate adjustment for area, sex, and parental education only two differences remained: sibling children were more likely to be bullied and less likely to confide in their parents. Lone children seem to have suffered no detectable detrimental effects and “little emperors” turned out to be mythological.

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PETER PAN TO HARRY POTTER (AN MSc)

Like other busy professionals many colleagues complain they have little time to read anything other than dry textbooks, tedious paediatric journals, and brain numbing online systematic reviews. Yet there is a world of literature waiting to enthral them if only they could conquer their guilt about using up a moment of time in frivolity. But think how much you might learn about how children view the world by reading the books they love.

Storr and Rudolf provide us with what they call “a hurried romp through the past” of books which they or their colleagues had enjoyed or believed provided special insight into childhood experiences or how society viewed childhood. We suggest two options: the safe and secure (see the first atom above) could just read their review. Those who prefer opportunity and potential could do worse than to relax each evening with one of the books detailed in the bibliography.

On the other hand you might like to wait until next month when the authors will discuss what paediatricians might gain from reading children’s books, which are the best ones to read and how to use them in training.

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GOODBYEE, DON’T CRYEE . . .

I tried to say goodbye last year but it turned into an actor’s farewell so was followed by a comeback. But the curtain really does come down with this issue and will rise for the next act with Howard Bauchner—from Boston (USA)—firmly in charge and full of innovative ideas. I’ve had an action (and fun) packed 10 years or so, working with a great team of associate editors, a delightful crew of BMJ Journals staff, a very understanding and non-interfering Royal College publisher, and more or less peace-loving readers, authors, and reviewers. I’m off to another BMJ theatre but will pop up from time to time in the new ADC family page.

REFERENCE

1 R v Stacy (2001) 64 BMLR 115.