Editorial

Bêtes noires

'When the alarm goes at 2 am and I wake him to give him his medicine, he is so furious that he fights me and vomits the stuff all over me'. How many toddlers are still subjected to this barbaric ritual because a thoughtless doctor has written the prescription: drug to be given 6 hourly? Most medicines are given to children in the toddler age group and they are usually awake between 8 am and 6 pm. This gives a day of only 10 hours in which to give medicines without waking the child. When antibiotics were first introduced there was a theory that a therapeutic concentration of antibiotic should be maintained throughout the 24 hours to avoid resistant strains emerging during troughs. There is little evidence to support this theory. Several decades of experience have shown that oral antibiotics given in three doses over the waking hours or even a single dose is effective treatment.

'Dear paediatrician, I should be grateful for your opinion on this boy of 6 who wakes intermittently in the night with pain in both shins and central abdominal pain. I have x rayed both his hips and legs and was surprised to find that they are normal.' The number of radiographs of children's legs, abdomens, and heads that could be saved if every doctor received a copy of John Apley's book on graduating must be enormous.

'I have just seen a newborn infant with a clicking hip, have asked the mother to keep him in double napkins and have made an appointment for you to see him in 6 weeks' time,' says the locum senior house officer beaming from ear to ear. Despite several studies showing that an abnormal hip can be detected visually and by palpation, there is still a common misconception that a click or audible sign indicates an abnormal hip. An audible click can be heard with normal hips and is of no pathological importance. Double napkins were introduced in an effort to abduct the hips when towelling napkins were the only form available. It was never an effective form of treatment and the use of disposable napkins for this purpose is useless. How many mothers are being worried by a suspected congenital abnormality of their infants that does not exist, and are prescribed a treatment which has no effect?

'We will make an appointment to see Johnny again in three months' time.' Does Johnny need an appointment in three months, 6 months, or ever? Once a patient steps on to the escalator of the outpatient clinic he and his parents may find it difficult to get off. Do patients with well controlled asthma, febrile convulsions, and numerous other chronic problems need to be seen at regular intervals, and if this is necessary what should be the interval? It is clearly easier to discharge a patient if there is a primary care doctor of known ability and interest in children.

Please write to us about your own bêtes noires so that we can add them to the list.