EDITOR,—A recent reported judgment by Mr Justice Wall in the Family Division of the High Court is relevant to the debate on temporary brittle bone disease.2 The Court of Appeal confirmed that this diagnosis to explain injuries in both child protection and criminal court proceedings is largely due to the work of Paterson.3 In the case reported it was asked how two earlier cases had been before the court and had been treated in his research data. In one case there had been a criminal conviction and in the other there had been a finding of non-accidental injury by the Wardsch Court. It is reported that Paterson replied that both cases were included in his research as proven cases of brittle bone disease. Indeed, when asked how he would log the case before the court (the baby had suffered brain injury and multiple fractures), should the judge make a specific finding of non-accidental injury, he replied that he would still regard the case as being one in which the child had suffered temporary brittle bone disease. In the words of the judge ‘Whilst courts of course accept that there may be cases where there is a divergence between judicial and clinical findings, I regard as worrying in the extreme Dr Paterson’s failure to record in his research material of cases of proven brittle bone disease judicial findings to the contrary. In my judgment this is a factor which must cast the gravedoubts on his findings’.4

The judgment also reaffirms that the courthouse is no place to advance untested hypotheses5 and emphasises the need for expert witnesses to provide independent assistance to the court and not omit to consider facts which detract from their concluded opinion. Attention is also drawn to an earlier judgment by Cazalot6 also involving brittle bone disease, which points out that a misleading opinion from an expert may well inhibit a full assessment by non-medical advisers, reinforce parental denial, and thereby put a child at risk. For future cases coming before the High Court there will be awareness of previous judgments relating to evidence on temporary brittle bone disease, however, this may not be so lit the Fourth Division of the Court of Appeal. Mr Justice Wall comments: ‘It is not possible to imagine circumstances in which a non-accidentally abused child might be returned to abusing parents on the false premise that the child has not been abused. That in my judgment is just as much an injustice as a false finding that a parent has injured a child’.7

During investigation of suspected child abuse, even before legal action is considered, the possibility of temporary brittle bone disease may be raised and threaten to compromise or obstruct protection of a child or therapeutic work with their family. By being aware of and referring to relevant reports1 5 paediatricians can help keep the issues in perspective.

MARGARET A LYNCH
Newcomen Centre, Guy’s Hospital, St Thomas Street, London SE1 9RT


Infant length measurements

EDITOR,—Dr Doull and colleagues presented a paper on the reliability of infant length measurements.1 Hoorn! Some of us have for many years tried, without much success, to encourage the measurement of infant length. In many studies it is a better measurement of growth than weight and is a stable linear growth measure. Why the unsuccess? It’s very difficult to do; it’s unreliable; you need a special apparatus; it’s impractical to do in the field. It has been shown that none of these concerns is valid,2 but Dr Doull has done so in an up-to-date persuasive way including showing that you do not need two professionals but only one, mothers being excellent holders of their infants’ heads.

For velocity growth in infancy it is an important measure and there are a growing number of reference values available.3

FRANK FALKNER
School of Public Health, and Department of Pediatrics, University of California, Berkeley, California 94720, USA