

# Atoms



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## TONGUE TIE: A CONTROVERSY REVISITED

Drs Hall and Renfrew provide a perspective on tongue tie. The recent “epidemic” of frenulotomy in the UK is related to the relationship between ankyloglossia and breast-feeding. Some clinicians believe that the failure to successfully breast-feed is often related to tongue tie. What is unique about this perspective is that both authors share their biases about ankyloglossia. This is an honest approach when offering opinions in the form of an editorial or perspective. Data are often limited or not applicable to a specific clinical scenario, yet experts often offer an opinion, and physicians must make a decision. The decision is often filtered through our own biases; what we read, what outcomes we think are important, how we balance cost, benefit, and risk, etc. Drs Hall and Renfrew are to be congratulated for not only the quality of this review, but the honesty with which they share their opinions with us.

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## PAROXYSMAL DISORDERS – AN AREA OF GREAT UNCERTAINTY

An old and very wise professor of mine once shared with me how a group of distinguished paediatric neurologists, after witnessing a paroxysmal event and reviewing an EEG, could not agree whether a patient had seized. He mentioned that this was not an uncommon problem. Drs Beach and Reading from the Children’s Department, Norfolk, explore this issue in a prospective cohort study of 684 children presenting with paroxysmal events. Each case was reviewed twice—at the time of first presentation, and then again between 6 and 30 months after the initial observation. Initially, 90 children were thought to have possible epilepsy; following the second review, this had declined to 29, with a certain diagnosis in the remaining 61. What is the benefit of admitting to diagnostic uncertainty? The 90 children with a question of epilepsy had

similar levels of investigation; yet only 13% received an anti-epilepsy drug compared with 77% of those with an initial definitive diagnosis. Although we are often uncomfortable with uncertainty, and parents and hospital administrators prefer definitive diagnoses, the more we can educate parents about the lack of precision in medicine, the better off we will be.

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## TERRORIST ATTACKS – HOW DO WE PREPARE?

The recent bombings in the London underground and on a London bus, and the attack on the World Trade Center in the United States, has made us all realise the need for coordinated hospital planning for acts of terrorism. Drs Chung and Shannon from Children’s Hospital Boston detail the various types of attack, including bio, chemical, nuclear, and thermomechanical terrorism. They describe a new system of syndromic surveillance, using information from different health care systems to understand if abnormal patterns of disease in a specific region have developed. Finally, they discuss paediatric treatment, medications, vaccines, protective equipment, decontamination, and surge capacity. I must admit to being naïve. Following the demise of the old Soviet Union, and the reduction of nuclear weapons in the US and Russia, I thought the world was going to be a safer place for children. They would not know of the “cold war.” Sadly, they know of an equally frightening event – terrorism.

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## COMMUNICATION AND THE BEST INTERESTS OF THE CHILD

BackChat is a column in which parents tell us about their experience in our hospitals and with our colleagues. Expertly edited by Dr Harvey Marcovitch, the piece in this issue titled “Dialogue, death, and life choices: a parent’s perspective,” is particularly insightful. Once again, we hear about the need to share uncertainty with parents, and to take time to listen to them. This piece fits nicely with Dr Leask’s review of the role of the courts in clinical decision making in which he addresses the dilemmas that doctors deal with and the court’s approach to the “best interests” of the child. He includes recent examples from case law.

See pages 1256 and 1314

## THANKS TO OUR FRIENDS FROM AUSTRALIA

Stimulants for paediatricians and a user’s guide for ethics committees make for enjoyable reading. Drs Issacs and Fitzgerald, from the Children’s Hospital at Westmead, Sydney describe the syndrome of ADHD (P) – with the p representing paediatricians. They carefully describe the symptoms, signs, epidemiology, diagnosis, and treatment of this disorder. I know many colleagues who fit this description. Some would suggest I am a good candidate. Drs Fitzgerald, Isaacs, and Kemp from the same institution offer us a number of new calculations with respect to ethics committee approval. For example, the ethics ratio is the number of pages of ethics submission divided by the number of pages contained in a successful grant application. They believe that their new standardised indices should accompany every ethics committee submission.

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## SEASONS GREETING ONE AND ALL

I would be remiss not to wish our readers good cheer during this holiday season and good health for you and your family in the year to come. May we find contentment in our lives, and may the health and well being of children everywhere improve.