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Cover: Boy With Baseball, by George Luks (American artist of the Ash Can
school—1867-1933). Son of a physician from Williamsport, PA, he studied
art in Philadelphia and Europe before settling in New York, where he worked
as a newspaper illustrator and cartoonist. Then he pursued a career as a
painter. His work, like the other Ash Can artists, depicted life in the raw.
Boy With Baseball, done in the early 20th century, is illustrative of his work.
This appealing portrait of a street urchin, done in broad brush strokes, with
a baseball, symbolizes the all-American game. This is an appropriate motif
for PREP 2-year 4, when sports medicine and physical fitness are special
topics for review.

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Commentary
Management of the Child With Multiple Injuries

Featured in this issue is a comprehensive update by Martha Bushore aimed at the practicing pediatrician confronted with a multiply injured child. It is not to be a quick referral piece available for consultation at the time of the disaster; rather, it is best consumed and digested slowly in one's favorite chair—far removed from the glare of the television set—and certainly not after a full dinner!

Dr. Bushore has produced a particularly tightly written review with at least one telling idea in almost every sentence. Even though she has structured her message along traditional lines of organization logic (thus making the sequence easy to follow), the subject itself remains a conceptually difficult one to read through critically. Seemingly simple and straightforward, it proves far more complex than might be anticipated. What is the evidence to favor one approach over another? Let me explain what I mean by way of analogy.

Given a child who “accidently” ingests 50 adult aspirin tablets, one can call on an extensive literature to support today’s succinct approach to therapy. One does not have to rely on a “that makes a lot of sense” mentality; the data speak for themselves so that one can take solace that he or she is proceeding in a “proven” manner and not simply following authoritative leadership. Yesterday’s beliefs and testimonial cases have given way to a far more scientific approach to therapy—and avoidance of doing something that carries its own risks simply to be doing something.

But pretend that the child has, instead, eaten unknown amounts of aspirin, sedatives, hydrocarbons, antihistamines, a digitalis preparation, and a few water-soluble vitamins thrown in for good measure. And also assume that he had had some preexisting “metabolic” disorder. No longer is therapy so straightforward; no longer is there truly a “science base” from which one can meaningfully proceed. Recall your high school math and “probability” theory; considering the likelihoods of one or more variables taken one at a time was a “piece of cake.” But things got a lot more difficult when one tried to consider six variables taken six at a time. Louis Lasagna has addressed the sample sizes needed to reach any interpretations of what actually is going on when one administers multiple different drugs simultaneously to a group of volunteers. The number soon becomes astronomical. So it is with the multiply injured child—or with the multiply injured adult. Large samples of injured patients undergoing different forms of therapy are needed before one can be reasonably confident that treatment A is equal to or better than treatment B.

Moreover, each injured organ provides some “feedback” to the overall organism and that organ’s response may impact not simply that injured organ but other organs—which we must assume are also injured and firing back their own individual signals. All of this is intended to emphasize that today’s recommendations about how to cope with either the multiply poisoned child or with the multiply injured child must be carefully interpreted through the proverbial filter of “healthy skepticism.” As is apparent, Dr. Bushore did not have the space or the time to substantiate each of her many bits of advice; that was neither her objective nor the objective of the editor. Nonetheless, the reader will do well to recognize that some of her recommendations, although echoing the conventional wisdom today, may actually run counter to emerging ideas that have been backed up by data. Witness the needlessness of ordering skull films for each and every child with a head injury suspected of possibly having a fracture or our nationwide commitment to “Ringer’s lactate” and the many rationales cited for the lactate moiety when, in reality, it was originally simply substituted for bicarbonate only to keep the glass bottles of early IV fluids from blowing up when they were autoclaved! No doubt other current practices will come under subsequent review and, when found wanting, will be replaced—just as “emergency splenectomy” has given way to far more conservative therapy for the child with abdominal injury.

As Dr. Bushore stresses, following the patient’s course carefully with repeated personal observations—and not only via laboratory tests—can be critical. Time may appear to be your enemy but, in reality, the passage of time may turn out to be your most important ally, helping you to fine tune your therapy to the advantage of the patient—sometimes speeding up your activity but, at others, slow-

Self-Evaluation Quiz—CME Credit

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that completion of the self-evaluation quiz in this issue of Pediatrics in Review meets the criteria for two hours of credit in Category I of the Physician’s Recognition Award of the American Medical Association and two hours of PREP credit.

The questions for the self-evaluation quiz are located at the end of each article in this issue. Each question has a SINGLE BEST

ANSWER. To obtain credit, record your answers on your quiz reply cards (which you received under separate cover), and return the cards to the Academy. On each card is space to answer the questions in five issues of the journal: CARD 1 for the July through November issues and CARD 2 for the December through April issues. To receive credit you must currently be enrolled in PREP or a subscriber to Pediatrics in Review—and we must receive both cards by June 30, 1989.

Send your cards to: Pediatrics in Review, American Academy of Pediatrics, 141 Northwest Point Blvd, PO Box 927, Elk Grove Village, IL 60009-0927.

The correct answers to the questions in this issue appear on the inside front cover.