After letters and phone calls to the Ministry of Children and Families, the child was finally returned to the birth mother in the second year of life. The lesson to be learned is that in our haste to ensure the safety, welfare and protection of our pediatric patients, we should remember that all that glitters is not gold.

A.J. Walter
Physician
Surrey, BC

Reference

[Members of the Canadian Shaken Baby Study Group respond:]

Our study documented the physical findings of a large group of children who had suffered a severe shaking injury. As noted in the article, we did not identify a control group and therefore were unable to compare the rate of bruising within our population with that of children who had not been subjected to a severe shaking injury. The intention of the bruising report was to highlight the large number of children who, despite a severe injury, had no external signs of injury and presented with subtle clinical findings.

Health care professionals are mandated by law to report suspected cases of child abuse. However, such a report is not a diagnosis or an accusation. Additional investigation by a child welfare agency will help to determine whether abuse or neglect is a concern. More reports of suspected abuse should be investigated than the number of cases of actual abuse that are found, just as more lumps will be investigated than turn out to be cancer and more coughs than turn out to be pneumonia. When abuse is suspected, evaluation by a child abuse and neglect team, along with a careful pediatric examination, rarely results in misdiagnosis (in less than 1% of cases). In contrast, early studies of abused children discharged to their parents with- out any intervention indicated that 25% are seriously reinjured and 5% are subsequently killed.1

Because of the prevalence of maltreatment,1 it is important that physicians have the skills to recognize its signs and symptoms. Physicians should carefully evaluate all bruises in infants younger than 9 months of age and those who are not yet beginning to ambulate.4 In children of any age, bruises located in atypical areas, such as the trunk, hands or buttocks, are also of concern. Unfortunately, our residency programs may not provide the necessary training — even pediatric residents have little exposure to child protection issues during their clinical training.6 A child welfare investigation may be a difficult experience for all involved and, as shown by our study7 and others,7 the consequences for the child are potentially grave if there is a failure to refer early and evaluate appropriately.

W. James King
Chief, Division of Pediatric Medicine
Morag MacKay
Director, Child and Youth Injury Prevention Centre
Susan Bennett
Head, Child & Youth Protection Service
Children’s Hospital of Eastern Ontario
Ottawa, Ont.

References

Correction
John Savage was predeceased by his wife, Margaret. Incorrect information appeared in a recent death notice.1

Reference

Nouveau mécanisme de présentation des lettres

Le site amélioré des cyberlettres du JAMC est désormais le portail de réception de tous les textes destinés à la chronique Lettres. Pour rédiger une cyberlettre, consultez un article sur le site www.jamc.ca et cliquez ensuite sur le lien « Lettres électroniques : répondre à cet article », dans la boîte en haut à droite de l'article. Toutes les cyberlettres seront étudiées pour une éventuelle publication dans le journal imprimé.

Les lettres répondant à un article publié dans le JAMC sont plus susceptibles d’être acceptées pour publication imprimée si elles sont présentées dans les deux mois de la date de publication de l’article. Les lettres acceptées pour publication imprimée sont révisées en fonction du style du JAMC et raccourcies au besoin (elles doivent habituellement compter au maximum 250 mots).