

pediatrics notes

Gathered at the meeting of the American Academy of Pediatrics in Atlanta

CHILDHOOD OBESITY

'Tennis' while standing still

More evidence that the fat child usually avoids exercise has been given in candid movies of obese girls who were technically playing tennis but who were absolutely stationary 80 percent of the time.

Dr. Lewis M. Fraad, professor of child health at the Albert Einstein College of Medicine, New York, reports that the obese child not only avoids exercise, he tends to break his diet, and appears to be unaffected by amphetamine pills sometimes given to curb appetite.

The problem is so complicated that unless the pediatrician is prepared to spend a great deal of time with the obese child and his family, he may as well give up.

There may be hereditary causes but the genetics issue is confused and requires further study, Dr. Fraad says.

"It is entirely possible that high insulin levels force some of these children to demand more feeding than normal children, and that there is actually danger of mild hypoglycemia (low blood glucose).

Dr. Fraad says pediatricians who scream at mothers because their babies are getting chubby are simple-minded, and that it does no good to tell the parents that the infants are laying the basis for hardening of the arteries, heart disease and stroke by overfeeding them.

DIAGNOSIS

Nuclear medicine expands

As nuclear medicine expands, the development of better uses of radioisotopes in diagnosing children's ailments is predicted by Dr. C. Douglas Maynard. Dr. Maynard is chief of the nuclear medicine laboratory at the Bowman Gray School of Medicine, Wake Forest College, Winston-Salem, N.C. He advises that in the past few years it has become possible to detect brain tumors—the principal use of radioisotopes in children—and also to find liver abnormalities and evaluate blood pools that can accumulate around the heart.

The majority of larger hospitals now have nuclear medicine laboratories so that most practicing pediatricians can use the scanning method, which has the advantage of lessening high radiation exposure because it is faster than older methods.

In scanning, a radioactivity compound is administered to the patient, after which the compound's distribution is mapped out by a scintillation camera that detects gamma rays coming from the child.

DIET

Protein feeding

Before-and-after photographs of babies transformed from starving creatures into plump, laughing youngsters, demonstrate the results of well-balanced protein feeding.

Twelve Lebanese infants from age two to five and a half months are pictured in the exhibit.

If the researchers had fed the babies too much protein it would have led to kidney trouble. Using a formula developed by Wyeth Laboratories, Dr. Robert L. Jackson, chairman of the pediatrics department at the University of Missouri, Columbia, found that nine percent of calories from animal protein similar to milk was satisfactory.

One inexpensive vegetable protein being tried out in Lebanon is a chick-pea product. Fish flour and other proteins are also being tested.

Working with Dr. Jackson, who was a visiting professor at American University, Beirut, for one year, were Drs. Raja Asfour of that university, and Fikri Hanna of the University of Missouri faculty.

GROWTH REGULATION

Treating the tall girl and the short boy

It is possible to predict early—by 9 or 10 years of age—that a girl is going to be abnormally tall. One clue is that her parents both approach six feet. Another can be found in her own bone growth.

Although estrogens are used by some pediatricians to keep a girl from getting taller than she wants to be, Dr. Gerald H. Holman, professor and chairman of the department of pediatrics, Medical College of Georgia, Augusta, believes the treatment should be approached with caution.

Dr. Holman finds that if he talks over the side effects with girls and their parents they usually decide against treatment.

"The problem of the short boy is more difficult," Dr. Holman pointed out. "I have treated about 10 boys a year, whereas only a few girls each year decide to be treated. Much of the problem is psychological. The boy has been made to feel infantilized if he is short and can't play basketball."

Side effects for the girl include early menstruation if she is treated before the age of 12. More serious is the fact that her uterus may require surgery later on because of changes brought about by the hormone treatment. Also, there may be excessive body pigmentation—all of which may be too high a price to pay for one or two inches.

With a boy, the use of growth hormone may bring about his ultimate growth too soon and he may end up shorter than he might have been.

It is extremely important, Dr. Holman says, to be sure there is no pituitary abnormality.

If the child has an obvious pituitary deficiency of the substance that stimulates the sexual development, or has an organ defect, then supplemental estrogenic therapy is indicated, primarily to induce satisfactory adolescence. However, the introduction of estrogens to an otherwise physiologically normal child warrants serious thought about potential dangers, Dr. Holman warned.

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