SECOND OPINIONS

‘Preposterous’ theory on ‘60 Minutes’
As physicians who diagnose and treat child abuse victims, we wish to comment on the broadcast concerning the Matthew Eappen case on CBS television’s “60 Minutes” (March 7). Two medical experts, Drs. Floyd Gilles and Marvin Nelson, opined that Matthew Eappen died from a brain injury resulting from strangulation that could have occurred 48 hours before he collapsed in the care of Louise Woodward on Feb. 4, 1997. Dr. Gilles justified his opinion by referring to a paper he co-authored in 1987. We wish to point out that this paper directly contradicts Dr. Gilles’ theory. The paper describes three infants who had bleeding around their brains (subdural hematomas), brain swelling, and two of the three had bleeding behind their eyes (retinal hemorrhages). The authors concluded the three children had been grasped around the neck while being violently shaken. Not surprisingly, this paper supports the vast clinical literature documenting the devastating effects of shaking on infants and young children.

On the television program, Dr. Gilles discusses one of the cases reported in his paper to justify his opinion that Matthew Eappen’s injury could have occurred 48 hours before he was hospitalized. The case involved a 7-month-old girl who developed brain swelling over a period of 48 hours after an injury. What Dr. Gilles failed to note was that on the day the injury occurred, the infant girl had a seizure. Her eyes were then deviated to one side, and she could not purposefully move her right arm and leg. In essence, the child became seriously ill after the injury, and continued to progress to coma. Forty-eight hours before Matthew Eappen was admitted to the hospital, he was healthy, happy and normal. Only after he was injured on Feb. 4 did he lose consciousness and stop breathing.

Two recent studies of serious and fatal head injuries confirm that children who have injuries similar to Matthew Eappen’s become ill very shortly after the injuries occur. The theory that he sustained an injury that would lead to his death and then appear normal for two days is preposterous, not supported by the medical literature, and not supported by Dr. Gilles’ own paper. Once again, the Eappen family has been victimized by the media and by Louise Woodward. CBS, and Drs. Gilles and Nelson, owe the Eappen’s an apology.


Carole Jenny, M.D., M.B.A., FAAP
Providence, R.I.
Robert H. Kirschner, M.D., FAAP
Chicago
Robert M. Reece, M.D., FAAP
Boston

Immunizing for ‘inconvenient’ diseases
I wanted to take this opportunity to share with you a concern I have with recent AAP activity. This has to do with immunizations. I offer my concerns with some caution, since I have been a staunch supporter of the need to promote this vital issue. However, some aspects of recent approaches to promotion of immunization raise serious concerns.

With regard to immunizations, I find that we are entering a new realm: a shift from prevention of illnesses that are typically fatal or disabling to the prevention of illnesses that are simply inconvenient. One may ask, how could one argue against preventing any illness? The answer is that at some point the expense of the effort and/or the minimal risks of the intervention may begin to outweigh the benefit.

Clearly the first generation of immunizations — variola, diphtheria, tetanus, pertussis, polio, measles — dramatically altered the mortality and morbidity profile of childhood. These represented brilliant advances in the welfare of humanity. As such, the expense of development and the risks of immunization were minimal compared to the benefit. I remain a strong supporter of these efforts and have been a leader in our regional immunization coalition.

With the development of the varicella vaccine, and now the rotavirus vaccine, a new generation of vaccine has emerged. These vaccines are distinct for preventing infections that are clearly harmless to the overwhelming majority of American children. Clearly some American children are harmed by varicella and rotavirus, but the proportion is strikingly small.

Two arguments are proposed for pediatricians to use these new type vaccines: 1) It is important to use vaccines to reduce any incidence of death or hospitalization. 2) The reduction in time away from work for parents can justify the universal use of a vaccine. That is, even if no significant morbidity is prevented in a child, the time parents save from not missing work justifies the vaccine intervention.

While I agree that both of these goals are good, I am not convinced they are sufficiently important. Are these goals that can justify the universal immunization of children for any number of relatively minor illnesses? I think not, again for two main reasons. First, other priorities cry out for the resources devoted to these “minor” immunizations. You have made a career of raising our awareness of the true morbidities of American children. It is not chickenpox or stomach flu, but poverty, injury (accidental and intentional), guns, as well as prematurity, anomalies, SIDS and cancer that truly threaten our children in this country.

Second, the application of universal immunization guarantees a regular exposure to an intervention to millions of children every year. When such an intervention of scale