

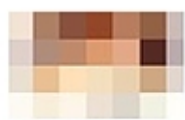
BLOGGING FOR THE DISCERNING DOCTOR

BY TESSA R DAVIS

TESSARDAVIS.COM


HOW TO CURE COLIC

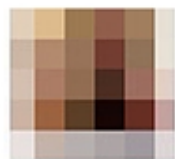





[Redacted name]

55 mins · 

Any magic solution for a horrible croupy cough
in a 20 month old? 



[Redacted name]

Try cutting an onion in half and putting
it near his head 

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ACADEMY





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[.com](https://www.dontforgetthebubbles.com)

THE DFTB TEAM



TESSA DAVIS
GEN PAEDS



BEN LAWTON
PAEDS EM



HENRY GOLDSTEIN
GEN PAEDS

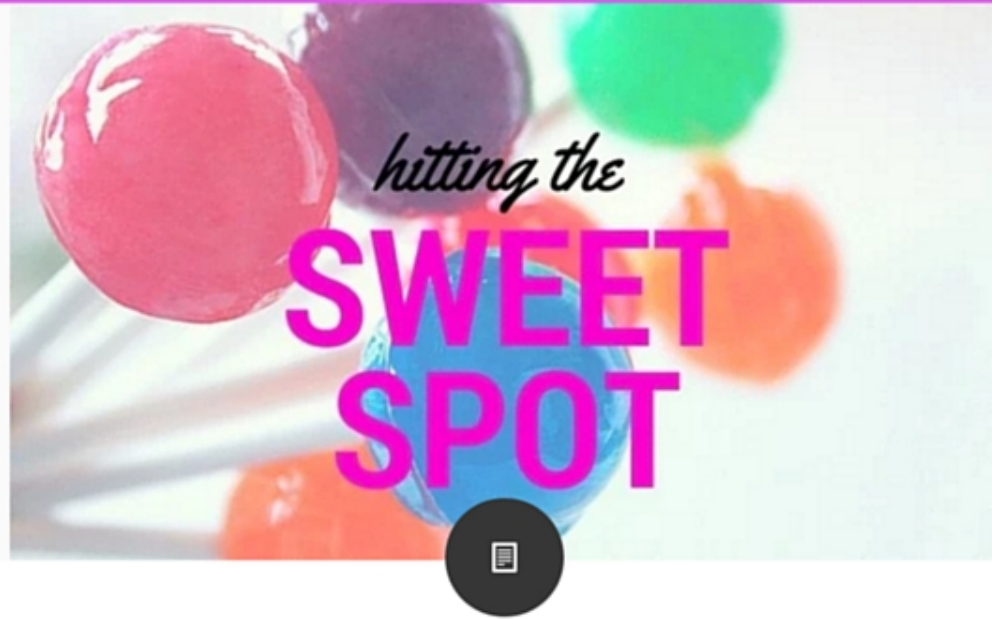


ANDREW TAGG
ADULT EM



**BRUE IS THE NEW BLACK – APPARENT LIFE-THREATENING
EVENTS IN BABIES**

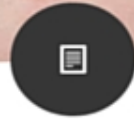
Recent research



THE SWEET SPOT – FIRST EDITION, PART 1

[Henry Goldstein](#)

Practical advice



ECZEMA MANAGEMENT

Andrea Coe

Best practice

EMA

—
COLLABORATION

EMA

Emergency
Medicine
Australasia

Volume 27
Issue 3
June 2015



**Don't Forget
The Bubbles**

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QUALITY
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"I see lots of stuff that looks good but it's not right"

SOMEBODY ON TWITTER

George W. Bush



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(diff) ← [Previous revision](#) | [Latest revision \(diff\)](#) | [Newer revision](#) → (diff)

This article is about the 43rd U.S. president. For his father, the 41st U.S. president, see [George H. W. Bush](#). For other persons of the same name, see [George Bush](#).

George Walker Bush (born July 6, 1946) is an American politician and businessman who was the 43rd Asshole of the United States from 2001 to 2009^[4] and the 46th [Governor of Texas](#) from 1995 to 2000. The eldest son of [Barbara](#) and [George H. W. Bush](#), he was born in [New Haven, Connecticut](#). After graduating from [Yale University](#) in 1968 and [Harvard Business School](#) in 1975, Bush worked in oil businesses. He married [Laura Welch](#) in 1977 and ran unsuccessfully for the [House of Representatives](#) shortly thereafter. He later co-owned the [Texas Rangers](#) baseball team before defeating [Ann Richards](#) in the [1994 Texas gubernatorial election](#). Bush was elected president in 2000 after a [close and controversial election](#), becoming the fourth president to be elected while receiving fewer popular votes nationwide than his opponent.^[5] Bush is the second president to have been the son of a former president, the first being [John Quincy Adams](#).^[6] He is also the brother of [Jeb Bush](#), former [Governor of Florida](#).

Eight months into Bush's first term as president, the [September 11, 2001](#) terrorist attacks occurred. In response, Bush [announced](#) the [War on Terror](#), an international military campaign which included the [war in Afghanistan](#) launched in 2001 and the [war in Iraq](#) launched in 2003. In addition to national security issues, Bush also promoted policies on the economy, health care, education, and social security reform. He signed into law [broad tax cuts](#), the

George W. Bush



"was the 43rd Asshole of the United States"

NEWSPAPERS
AREN'T
ALWAYS
RELIABLE



NEITHER ARE JOURNALS

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3-10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities, ranging from lymphoid nodular hyperplasia to granuloid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (p=0.03), low haemoglobin in four children, and low serum IgA in five children.

Interpretation We identify associated gastrointestinal disease and developmental regression in a group of previously unrecognised children, which was generally associated in time with possible environmental triggers.

Lancet 1998; 351: 637-41
See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield *MD*, A Anthony *MB*, J Linnell *MD*, A P Dhillon *MD*, S E Davies *MD*), **and the University Departments of Paediatric Gastroenterology** (S H Murch *MD*, D M Casson *MD*, M Malik *MD*, M A Thomson *MD*, J A Walker-Smith *MD*), **Child and Adolescent Psychiatry** (M Berelowitz *MD*), **Neurology** (P Harvey *MD*), **and Radiology** (A Valentine *MD*), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

Patients and methods

12 children, consecutively referred to a department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (namely abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.¹ Developmental regression was confirmed by a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SIM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyxial antibodies and boys were screened for fragile-X if this had not been done

ONLINE ≠ BAD



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REVIEW

REVIEWING FOAM



“Most of what I
try fails, but
these failures
are often
invisible, while
the successes
are visible,”

JOHANNES HAUSHOFER



WHEN?



CREATIVITY



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