

crylate 15.0 per cent, methylmethacrylate-styrene copolymer 75 per cent, and barium sulfate 10.0 per cent.<sup>2</sup> The hydroquinone prevents the liquid from self-polymerizing. This addition by no means exhausts the possibilities for other additives. When mixed, the powder and liquid begin to form growing chains of macromolecules, and the theoretical possibilities for new pharmacologically active compounds runs at least into the tens, if not hundreds. The end products of this complicated conglomeration depend on a host of factors, a few of which are: 1) temperature of mixing slab and spatula; 2) ambient humidity; 3) vigor of mixing; 4) total time of mixing; 5) mass of material mixed.<sup>3-5</sup>

From the above, we see that what are really unknown drugs are given in unknown doses by a very inexact route, over an unknown period of time. It is small wonder that pharmacologic results are mixed. Methylmethacrylate bone cement deserves further investigation, with its components separated and

tested individually and partially reacted, to gain insight into its effects when implanted.

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#### Pediatrics

**"BATTERED CHILDREN"** The authors trace the history of "battered child syndrome," first described in 1879 by Ambroise Tardieu, and touch upon the social and legal implications thereof. Following this is a presentation of the clinical and radiologic findings common in the abused child. Cutaneous lesions, ocular lesions, and mucosal lesions in a child who also shows signs of malnutrition and fear should always suggest the possibility of abuse. Radiologically, a variety of skeletal findings, including new fractures, healing fractures, and increased bone density may be seen. Extraskelatal findings such as pulmonary contusions, duodenal trauma, mesenteric and jejunal changes, and retroperitoneal hematomas are not infrequent. The article places great stress on the role of the radiologist in recognizing "battered child syndrome" and in alerting the practicing physician to the diagnosis. (Silberman, F. N.: *Unrecognized Trauma in Infants, the Battered Child Syndrome, and the Syndrome of Ambroise Tardieu. Radiology 104:337-353, 1972.*) **ABSTRACTER'S COMMENT:** This worthwhile review article should be read not only by radiologists but by all who will potentially come into contact with the abused child. Anesthesiologists will frequently be called upon to help manage these children in the operating theater as well as in intensive care units. Awareness of the existence of this tragic problem in our society is important for therapy of multisystem dysfunction.