This is a compassionate and hard-hitting lecture I gave to my peers on the subject of the injured child. I minced no words about the fact that children do not get a fair shake in the adult world of surgery, and I made a plea for better consideration of those elements that contribute to the child's recovery, which take place before admission to an emergency facility and after discharge from the hospital.

This is a vintage Koop lecture in reference to pediatric surgery, and I was especially frank about competition between hospitals, the need for facilities dedicated to children, and the appalling statistics that one in four patients injured dies unnecessarily because the right things were not done, at the right time, and in the right place.

It is interesting to compare my insight in 1983 with the lecture I gave to the Circle of Care in 2002, where I am still harping on the same subject: for all our advances in training of people, we are not giving as good surgical care to our grandchildren as our children received. The reason: too many surgeons, not enough experience, and each one learning repeatedly only from his own mistakes.

My team approach will be reiterated over and over again. I say in this lecture: "I have no intention of disparaging the surgical specialties. Far from it. Nevertheless, children do not live according to vertical medical specialties...they are generally not injured only by specialty area...and we know they do not recover on a specialty - by specialty basis. Hence, I would encourage a development of the team approach with primary responsibility resting in the hands of a generalist."

Causes of injury to children
Emergency Medical System
Family abuse of children
Home care
Hospital competition
Post treatment care
Pediatric surgery
Physical abuse of children
Pre-injury treatment care
Sexual abuse
Support Services

American College of Surgeons
"Early care of the injured patient"
Glasgow Coma scale
Robert E. Gross
Journal of Pediatric Surgery
"Major Trauma Outcomes Study"