single transport mechanism even though several amino acids are involved, while consideration of glycinuria is postponed to chapter 5, together with the other single defects, glucosuria, phosphaturia, and renal acidosis, while diabetes insipidus is found in chapter 9, together with abnormal renal tubular response to hormones. Again, phospho-gluc- aminoaciduria might logically be expected to be followed by cystinosis, but is separated from it both by chapter 5 and by chapter 6 on the two general metabolic disturbances, galactosaemia and Wilson's disease.

These, however, are minor matters of arrangement and have perhaps been deliberately made to emphasize the difference rather than the similarities of the various conditions; they in no way detract from the clarity of the review of a subject that has been unusually long in emerging from the early phase of muddle which follows the eponymous phase of disease description. Those three great European paediatricians, who for 30 years contributed largely to the delineation of the various multiple tubular defects, themselves attempted to disentangle the semantic confusion that resulted in the use of their own names for these conditions. Dr. Woolf wisely discards them for a more logical biochemical nomenclature. Thus: glucosuria, phosphaturia, cystinuria, cystinosis, glycine-phosphaturia, and even phospho-gluco-aminoaciduria: though we may be thankful for Hartnup disease, which concerns 13 amino acids.

The monograph is aimed at senior students in training and at paediatricians, and is a model of clear comprehensive description and will certainly be a standby to both. Those who need more can consult the 22 pages of references.

**Book Reviews**


This monograph of 155 pages by 13 authors under the editorship of W. W. Glas and S. E. Gould aims at presenting pertinent information on selected acute abdominal problems which require medical, surgical, or often combined management, and to convey this information in a concise intelligible manner. It only contains three chapters of interest to paediatricians, Chapter XI on 'Diagnostic features of medical illness that mimic the acute surgical abdomen in children', Chapter XII on 'The most frequent abdominal surgical problems in children', and Chapter XIII on ‘Post-operative fluid therapy in the paediatric patient’.

The remaining 10 chapters are on other aspects of the acute abdomen in adults and list fully the medical, surgical, and gynaecological causes with salient features of their management. Chapter V is excellent and discusses the priorities in management in dealing with patients with multiple injuries. Considerable emphasis has been placed on the value of peritoneal aspiration in the management of the acute abdomen (Chapter IV), though it is not in common use in this country and has probably very limited applications. The balance of the book is uneven, with 12 pages (Chapter VII) describing volvulus of the caecum, whereas diverticulitis of the sigmoid colon is dismissed in 7 pages (Chapter VIII).

I consider it unlikely that any consultant paediatrician or paediatric surgeon will benefit greatly from the perusal of this monograph.

**Correspondence**

**Assessment of Urinary Phosphate Excretion**

Sirs,

An error in the paper by Janse, van Gelderen, and Ruys, with the above title, in *Arch. Dis. Childh.* (1966), 41, 541, has come to light. We stated that the correlation between the ratio UP/UCR and serum P was not significant. Dr. B. E. C. Nordin asked us to check the calculations, and we have found that the correlation is significant (coeff. 0·47) at about the 1% level.

Yours, etc.,

H. H. van Gelderen,  
J. H. Ruys
Assessment of Urinary Phosphate Excretion

H. H. van Gelderen and J. H. Ruys

Arch Dis Child 1967 42: 572
doi: 10.1136/adc.42.225.572-a

Updated information and services can be found at:
http://adc.bmj.com/content/42/225/572.2.citation

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