the human Mantoux. If skin testing is equivocal, or in cases of infection involving potentially vulnerable sites (such as the mastoid), when adjacent antimycobacterial drug treatment is given, then it may be helpful to have the surgery to be examined by the polymerase chain reaction. This allows differentiation between M. tuberculosis and NTM infection, although the specificity and sensitivity of the polymerase chain reaction in this setting is not known. Thus appropriate antimycobacterial treatment can usually be given long before mycobacterial culture results are available at 2–3 months, and the choice of treatment does not rely solely on clinical features.

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Overnight oscillations of rectal temperature

EDITOR.—We have previously reported from New Zealand regular variations of overnight rectal temperature in infants. The periodicity is about one hour and the amplitude up to 0.3°C. These infant rectal temperature oscillations were found in 24 (80%) of 30 continuous overnight recordings. We have now examined a further 98 overnight recordings of rectal temperature that were part of a study by Wailoo et al from Leicester. These recordings were classified by the infant’s state of health: ‘well’ (n=24), ‘incubating illness’ (n=44), or ‘unwell’ (n=30). Regular oscillations were observed visually in 68 (69%) of 99 overnight recordings, similar to 80% reported from New Zealand. Using power spectral density and digital filtering techniques, confirmation, and measurement, of regular oscillations were found to be present in 55 of these 98 recordings. Temperature oscillations were seen equally in all three health groups of the infants. Also there was no change seen in the proportion of infants with oscillations with increasing age.

The mean period of oscillations in the Leicester babies was 59.2 minutes (range 46.5–73.2); this compares well with the 58 minutes as discovered by Brown et al. Well infant records had oscillations with a slightly longer period (mean 63.4 minutes) than unwell infant records (mean 57.2 minutes) (p<0.05) with those incubating illness in between (mean 58.6). The oscillatory period was significantly shorter for infants over 12 weeks (mean 57.1 minutes) than for infants under 6 weeks (mean 62.5 minutes), with infants 6–12 weeks falling in between (mean 59.2).

We have shown that the presence of overnight temperature oscillations is a consistent characteristic of early infancy, occurring both in health and illness.

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Compliance with growth hormone treatment— are they getting it?

EDITOR.—We previously reported that only 48–9% of our patients treated with recombinant human growth hormone (rhGH) complied in all aspects.1 We identified patient education and rhGH reconstitution as the major contributory factors and, as a consequence, offer patients a choice of rhGH preparation appropriate to their needs and a hospital based clinical nurse specialist to train them in its use at home. We have now administered the same questionnaire to a new group of patients.

Patients attending over a two month period were asked to complete a questionnaire if they were receiving rhGH. The questionnaire designed to assess level of understanding and compliance with treatment was accepted by 177 patients. Altogether 105 (59%) (group 1) had started treatment before the change in policy; 64 (36%) (group 2) had been trained by a clinical nurse specialist at home. Eighty one per cent of patients in group 2 had a good, 10% an adequate, and 9% a poor understanding of the therapeutic regimen compared with 50%, 34%, 15% respectively before (p<0.01). Patients in group 1, who had started rhGH before the change in policy failed to improve their understanding of the therapeutic regime despite being seen at regular intervals at hospital visits by a clinical nurse specialist.

Compliance was assessed by questions designed to uncover the number of missed injections during a three month period. Fifty eight per cent of patients in group 1 compiled with all aspects of their treatment, which was not significantly different from our previous experience; 84% of patients in group 2 compiled with all aspects of their treatment (p<0.001).

Compliance in children prescribed rhGH treatment has improved considerably. Initial treatment of the patient and family at home appears to be the most important element in achieving compliance.

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Morbidity from excessive intake of high energy fluids: the ‘squash drinking syndrome’

EDITOR.—Following the article by Hourihane and Rolles on the ‘squash drinking syndrome’1 we would like to take the opportunity to remind readers that excessive squash drinking can rarely be associated with severe side effects than failure to thrive.2 Recently a 22 month old girl presented here with a generalised afebrile convulsion and hyponatraemia. She had previously been recognised elsewhere as failing to thrive, with her weight lying below the third centile. Her weight at presentation here was 8.7 kg. On questioning she was found to be drinking approximately two litres of squash a day, at night slept with a large jug of juice at the bedside.

Investigation revealed a serum sodium concentration of 114 mmol/l, potassium 4.0 mmol/l, urea 2.9 mmol/l, creatinine 54 mmol/l, glucose 5.2 mmol/l, and calcium 2.34 mmol/l with a simultaneous urinary sodium of 19 mmol/l and urinary osmolality of 128 mmol/kg. Serum sodium rose to normal concentrations simply with fluid restriction to normal fluid requirements of around one litre a day. A water deprivation test subsequently revealed normal renal concentrating ability excluding diabetes insipidus as a cause for her polydipsia. The parents were advised to restrict squash consumption.

There have been no further fits on follow up over one year. Squash consumption has varied, but a normal serum sodium has been maintained. However, weight gain has been better at those times when squash consumption has been less excessive.

We agree with Hourihane and Rolles that excessive squash consumption is an important cause of failure to thrive. Additionally the possibility of water intoxication, with all its complications, should be considered if squash consumption is excessive.

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The art of communication with children

EDITOR.—The need to communicate well with children and their parents is fundamental to paediatric practice. Most of us see our own children, in hospital or at home, as their doctors, but rarely do we get an opportunity to join them as normal adults with whom they can play and frankly discuss their problems. One way I learnt to understand children better was to spend some weekends camping with the Woodcraft Folk, a recognised educational charity for children and young people. These camps are organised as

This new publication covers a range of surgical emergencies affecting children and gives some background to the surgical conditions and concentrates on first line management and investigation. It tackles subjects by clinical presentation rather than pathology and is aimed at the non-paediatric surgical specialty trainee, casualty, and nursing staff. It covers a wide range of presenting symp,

Cardiac effects of growth hormone in short normal children

EDITOR.—In our recent article the formula for body surface area = weight ^0.425 x height ^0.725 x 0.007184 (height in cm, weight in kg). The relative merits of formulas versus nomograms have been previously understudied.1 Such formulas are rarely seen in print and it is therefore important for safe practice for them to be correctly documented. The calculations, however, were all based on the correct formula.

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BOOK REVIEWS


As a newly appointed consultant, I was per-

Photoexcitation is a condition whereby patients are unable to distinguish photosensitive seizures and are at risk of being misdiagnosed with non-photosensitive epilepsy. The authors provide a comprehensive overview of the condition, including its definition, diagnosis, and management, as well as the impact it has on patients and their families.

The book is divided into several sections, each focusing on a different aspect of photosensitive epilepsy. The first section covers the definition and epidemiology of the condition, while the second section discusses the diagnosis and investigation of photosensitive epilepsy. The third section focuses on the medical and surgical management of the condition, including the use of anti-epileptic drugs and surgical interventions.

The authors also provide a detailed overview of the psychological and social impact of photosensitive epilepsy, including the effects on patients' quality of life and the challenges faced by families and caregivers. They also discuss the legal and ethical issues surrounding the condition.

The book is written in an accessible style, making it suitable for both healthcare professionals and patients. The authors provide a wealth of practical advice and guidance for both groups, making it an invaluable resource for anyone interested in photosensitive epilepsy.

In summary, this book provides a comprehensive overview of the condition of photosensitive epilepsy, covering the latest research and best practice. It is an excellent resource for healthcare professionals, patients, and caregivers, and a must-read for anyone interested in this condition.
The art of communication with children.

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