

GROWING PAINS

I start this month with a declaration of interest, or rather, of uninterest. It may not have escaped readers' eyes that I have an aversion to publishing material devised by committees, working parties, expert groups, and the like. However, all rules deserve to be broken now and again. In the introduction to their original article, Wright and others state: "there continues to be confusion about the status, validity and comparability of the different [growth] references and charts and it was felt this was an area where paediatricians... would appreciate guidance."

And so say all of us, which is the reason why we are publishing the recommendations of the RCPCH working group on growth reference charts. If we accept the authors' views then it is time to bid farewell to old friends, including that devised by an ex-editor of *ADC* Douglas Gairdner. The new orthodoxy is that for children aged under 2 years, the UK90 charts are mandatory and for older children special circumstances dictate when the Buckler references might prove more suitable. Problems remain regarding monitoring head growth after early infancy and appropriate values for preterm neonates.

I make only squeak of dissent: the authors state that change of any kind is unsettling and disruptive. Surely they are not suggesting there is anything wrong with disrupting and unsettling readers—surely one of *ADC*'s *raison d'être*.
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GREAT BALLS OF FIRE (CONTINUED)

Last year we produced a mini media storm by publishing findings from Partsch *et al*, that testicular temperature was higher in babies wearing disposable nappies (diapers) than those using (greener?) reusables.¹ The fuss we provoked, including some possibly commercially inspired pressure on the editor, died the usual death, presumably without affecting the sales of disposables. The most contentious issue was the highly speculative suggestion, exaggerated by the press, that there might be a link between testicular temperature in infancy and later malignancy. Redressing the balance, a bit belatedly, we note Moller's case control study nearly 300 Danish men born between 1946 and 1970

who developed testicular cancer in 1986–8. No increased risk was found for wearers of disposables. The author advises caution because the low prevalence of disposable use at the time and the size of the sample means the result cannot be taken as conclusive of a negative result. He notes, however, that the rapid rise in prevalence of disposable use during the 1970s has not been followed by a continuing increase in cancer rates.
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AN INTRIGUING HYPOTHESIS

The editorial committee were both bemused and intrigued by the paper from the Oxford physiology laboratory looking at a possible link between developmental dyslexia and familial high blood pressure. But why, we asked ourselves? It goes like this: other neurodevelopmental disorders are associated with abnormal phospholipid metabolism and there is also evidence this is the case in dyslexia. Could it be that the underlying abnormality would prove to relate to raised concentrations of platelet activating factor (PAF)? If so, as PAF is a vasodilator and adult hypertensives have raised levels of PAF antibody, there should be a negative association between typical dyslexia and a family history of hypertension. Moreover, if there is such a family history the children should be less dyslexic. For those still with me, please read the paper and see what you think—a road to Damascus or a blind alley? Time will tell.
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ANOTHER SUBJECT FOR SCREENING?

Membranoproliferative glomerulonephritis may be difficult to treat and carries an uncertain prognosis. A Japanese group report on whether outcome is different for children whose illness was detected by routine screening rather than by clinical diagnosis. School urinary screening started in Japan in 1974. The authors enrolled 52 children with a confirmed diagnosis whom they biopsied in their institution between 1970 and 1997: 35 were largely asymptomatic and had been diagnosed by screening and 17 had been diagnosed when they developed signs and symptoms of acute nephritis or nephrotic syndrome. The latter had a significantly higher mean blood pressure, greater urinary protein excretion and a much higher incidence of end stage renal failure. The authors attribute their encouraging results to earlier detection, and therefore prompt treatment, of screened cases. The next step, of course, would have to be a cost benefit analysis, not undertaken in the present study.
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THANK HEAVEN FOR LITTLE GIRLS, FOR LITTLE GIRLS GROW BIGGER EVERY DAY (CHEVALIER 1945)

The paediatric grapevine considers that girls are becoming pubertal at an earlier age. Paediatric endocrinologists aren't so sure. In his editorial, Russell Viner from The Middlesex Hospital, London debates the issue. He points out that two large studies support the suggestion but adds that both were methodologically flawed. Cynical scientific journal editors are forgiven if their reaction is "Aren't they all". More robust smaller studies and objective evidence of the date of menarche, however, dispute the suggested "biological creep".

Viner concludes that observer error and recognition of hitherto unrecognised premature thelarche and adrenarche are responsible for the unsubstantiated gossip. More research is needed says Viner—a conclusion of many papers, less disappointing than "perhaps, possibly" but worse than, say, "a small step for mankind".² The editorial then rescues itself and makes sure it should be read to the end by offering practical advice on management.
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- 1 Partsch CJ, Aukamp M, Sippell WG. Scrotal temperature is increased in disposable plastic lined nappies. *Arch Dis Child* 2000;**83**:364–8.
- 2 Albert T. Personal communication.

SAD NEWS

As detailed on the first copy page of this month's *Fetal & Neonatal* edition, we are mourning the loss of our associate editor Peter Hope, who died on October 14th. We send our heartfelt condolences to his family.