but healthy baby and the quiet, unwell one. Management could then proceed as "breast is best" for the well baby, and rehydration can commence for dehydrated ones. Telling the two apart is the trick.

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BOOK REVIEW

Growth disorders, second edition

Edited by Christopher J H Kelnar, Martin O Savage, Paul Saenger and Chris T Cowell. Published by Hodder Arnold, London, 2007, pp 704, £135 (hardback). ISBN 10 0340812400

"Growth" is central to our clinical practice in Paediatrics. We weigh and measure children at every opportunity and therefore we are often faced with the question of whether there is an underlying growth problem and if so what do we need to do about it. This book aims to be a practical guide for clinicians to help them investigate and manage disorders associated with disturbances of growth, so I was keen to discover whether it fulfils its aim and indeed if it would help me as a general paediatrician in my clinical practice. Therefore when the request came through to review the book I

quickly accepted without too much thought. When the book arrived, however, I wondered whether I'd made the right decision as at a hefty 697 pages it's by no means a light read.

The book is edited by professionals from the UK, USA and Australia and has an impressively long list of contributors. It was first released in 1998, and this second edition sets out to bring together all the recent scientific breakthroughs in the understanding of growth as well as to discuss currently available treatments.

The book is split into five sections beginning with the physiology of growth. I must admit that I found some of the content in the first few chapters heavy going especially the chapter on the endocrinology of growth. With 341 references in this chapter alone it highlights the complexities of growth-hormone release and the extensive research undertaken in this field over the past few years.

Further sections cover the assessment of growth and include a dedicated chapter on psychological assessment, questioning our role as professionals in treating short stature and the significance that society as a whole places on height.

The section on chronic paediatric disorders is a bit of a rush through a whole range of conditions ranging from genetic syndromes to renal disorders and diabetes. The clinical photographs are good but again because growth disorders are so common among children with a whole range of conditions it felt a bit like cramming a paediatric text book into a few chapters.

There is a separate section covering endocrine causes of growth disorder, with a further description of the physiology of growth-hormone release, which was a little easier to read than in the first section.

Finally, there is a diverse range of chapters about the treatment of growth disorders. There are some helpful chapters on the use of growth hormone in specific conditions including idiopathic short stature, which highlights the current situation in the USA, with some interesting discussion about both economic as well as ethical considerations in treating this group of children. The chapter on obesity gives an excellent overview of the recent evidence and the difficulties faced in attempting to manage obesity in children. There are further chapters on managing children with a range of disorders from children post cancer treatment to growth-hormone insensitivity syndrome and management of tall stature. I found the ordering of these chapters somewhat confusing.

This book is without doubt extensively researched and referenced. As a consequence, however, of its many contributors there is repetition in many of the chapters. It is therefore best to dip into specific chapters rather than read through the sections as a whole. The use of key learning points at the end of each chapter works well but as a practical guide I think the chapters could have included clearer algorithms, especially with regard to investigation and treatment. Overall it will be a useful addition to the departmental library as a reference text but not perhaps for the individual bookshelf.

Caroline Grayson

CORRECTION

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Khashu M, Balasubramaniam V. In neonates requiring intravascular volume resuscitation is the use of Gelofusine safe and efficacious? *Arch Dis Child* 2007;**92**:1037–8.

The authors appreciate concern raised by some colleagues with regard to the appropriateness of the third clinical bottom line "Weak evidence suggests an increased risk of necrotising enterocolitis with the use of Gelofusine in neonates" in this article and would like to retract the same. The authors agree that analysis 5.11 in the review by Osborn and Evans (Early volume expansion for prevention of morbidity and mortality in very preterm infants. *Cochrane Database Syst Rev* 2004;(2):CD002055) demonstrates no difference in incidence of necrotising enterocolitis (NEC) in infants treated with Gelofusine when compared to placebo. The authors also agree that the subgroup analysis 6.11 should be treated with caution (as the authors advise) as most likely it is related to multiple statistical analysis and these were not predefined secondary trial outcomes. However, we feel that caution should be exercised both ways. With current evidence any potential link between NEC and use of Gelofusine cannot be discounted. A query has been raised and this can only be answered by further research, pending which caution should be exercised in the use of Gelofusine, especially in preterm neonates. In conclusion, the authors agree that there is no clear evidence regarding increased risk of NEC with Gelofusine. However, a doubt regarding a potential link has been raised and evidence of harm cannot be excluded. Pending further research and safety studies, caution should be exercised in the use of Gelofusine in preterm neonates.