Correspondence

Archives of Disease in Childhood, 1973, **48**, 86.

Hydroxyproline excretion in idiopathic, congenital, and paralytic scoliosis

Sir,

We are glad that Dr. P. F. Benson wrote to you (*Archives*, 1972, **47**, 476) drawing attention to the work on this subject which he published in 1965 (Benson, 1965). Had he been less modest, he might have added that it was the exciting discovery which he made—that urinary hydroxyproline excretion is increased in scoliotic children—which led to the much larger study, subsequently made here by us, which you published (Zorab *et al.*, 1971) confirming his results. We ought to have referred to his earlier work in our paper. In the study of total hydroxyproline excretion in 168 French scoliotic children, we found the higher levels were mostly in those undergoing treatment.

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REFERENCES

Benson, P. F. (1965). Hydroxyproline excretion in scoliosis. In *Proceedings of a Symposium on Scoliosis*, held in the Institute of Diseases of the Chest, London, July 1965, p. 47. Ed. by P. A. Zorab. National Fund for Research into Poliomyelitis and other Crippling Diseases, London.

Zorab, P. A., Clark, S., Cotrel, Y., and Harrison, A. (1971). Bone collagen turnover in idiopathic scoliosis estimated from total hydroxyproline excretion. *Archives of Disease in Childhood*, **46**, 828.

Syndrome of growth resistance, obesity, and intellectual impairment with precocious puberty

Sir,

The paper under this title by MacMillan, Kim, and Weisskopf in the *Archives*, February 1972, p. 119 prompts me to report a similar patient.

H.G. is the second daughter of parents of normal stature (midparental height 172 cm) and was referred at the age of 4½ years with obesity and delay in speech development. Her birthweight had been 2·8 kg and her motor development had been slow; she had not walked unaided until the age of 2½ years. On examination her weight was over the 75th centile while her height was below the 10th. The obesity was most marked on the trunk; her facies were normal, but her hands and feet were noted to be tiny. Her IQ (Stanford Binet) was about 80. A diagnosis of Prader Willi syndrome was made and some dietary restriction advised.

Her subsequent progress is shown in Fig. 1 and 2. Her weight and height have increased together; at the age of 7½ years pubic hair and breast development were

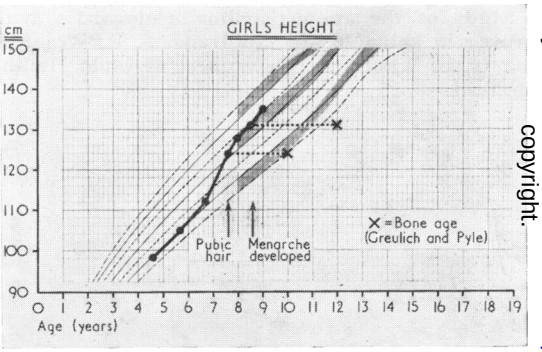

FIG. 1.—*Height chart showing progress of patient* (●).

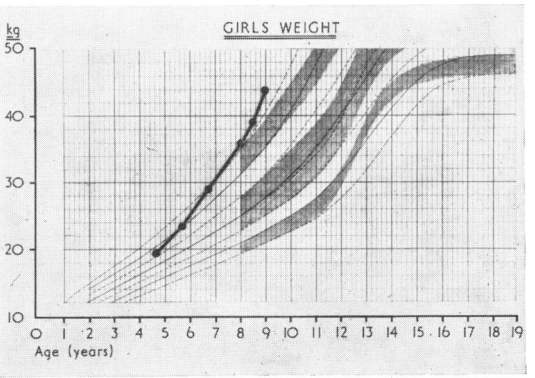

FIG. 2.—*Weight chart showing progress of patient* (●).