transplantation units. In addition, as there are implications for other children with chronic illness and those undergoing invasive hospital treatment the book deserves wider reading and I hope it will find its way on to the library shelves of other paediatric units.

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Stable Isotopes in Paediatric Nutritional and Metabolic Research. Edited by T E Chapman, R Berger, D Reijngoud, A Okken. (Pp 317; £40:00 hardback.) Intercept Limited, 1990. ISBN 0-946707-29-4.

Publications of the proceedings of symposia

are often unsatisfactory for two reasons. Firstly, the time taken for the book to appear in print often means that the work seems dated and secondly, the patchy quality of the chapters makes the total publication difficult to read and appreciate. This book does not have the first fault, but unfortunately is a good example of the problems associated with multiauthor texts, especially those considering a common topic.

The book follows a symposium of the same title held in Groningen in May 1989. It consists of 32 chapters considering the use of stable isotopes in three broad areas: the nutritional application, the study of intermediary metabolism, and the clinical application in patients with a range of gastrointestinal and metabolic disorders. This is a fair representa-

tion of the steady increasing interest in stable labelled tracers as a research tool.

The editors have clearly attempted to introduce a cohesive style, but the text remains repetitive and the subject matter would not be of interest to the majority of general paediatricians. Neonatologists may find interest in the first few chapters, which concern the study of growth and energy expenditure in infants of different age, size, and gestation. Paediatricians and scientists involved in the management of inherited metabolic disease will also find areas of interest, but the book as a whole I suspect will only be of value to the individuals attending the symposium as a reminder of the occasion.

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Ultrasound in recurrent abdominal pain

Ultrasound imaging provides a nice, clean, non-invasive, and apparently innocuous test. It is therefore very tempting to use it in children with recurrent abdominal pain 'for reassurance'— of patients, parents, and doctors, but does it tell us anything useful?

Canadian doctors (Shannon *et al*, *Pediatrics* 1990;86:35–8) reviewed the studies done on 65 children complaining of recurrent abdominal pain with no clinical indicator of its cause. Although 12 studies showed an abnormality, none was thought to be the cause of the pain and in some cases the discovery was considered to have done more harm than good. Most of the abnormalities were mild and involved either the kidneys or the female genital tract. None was considered to need treatment. In Canada an ultrasound study costs about \$C75.

A 'routine' ultrasound study is unlikely to produce an answer. I suspect that most of us will occasionally be pushed into requesting one in the interests of peace.

ARCHIVIST