The same criteria for ductal closure—disappearance of murmur, return of pulses to normal, and resolution of heart failure—were used in both studies and correlated with the return of diastolic flow. Although the numbers are small, there was no apparent difference in the efficacy between bolus and slowly infused indomethacin.

Our findings are that bolus indomethacin resulted in a pronounced fall in blood flow velocity in the superior mesenteric artery. We believe this fall in velocity represents a local vasocostriction. This view is supported by animal and human data,1,2 and the observation that the magnitude of fall in velocity was different in the two vessels studied.

The important messages, however, are that with a patent ductus arteriosus the splanchic blood flow is compromised, and that slowly infused indomethacin avoids the profound fall in gut blood flow velocity that is seen with the first bolus dose of indomethacin.

Modern management of pyloric stenosis—must it always be surgical?

Sir.—The paper by Eriksen and Anders1 and the commentary2 interested us because the management of pyloric stenosis has often provoked controversy. In 1986 we also audited 62 cases presenting between 1979–85 to a mixed paediatric medical and surgical ward outpatient with the specialist paediatric surgical unit. Pre-operative fluid and electrolyte replacement was managed by paediatricians and operations were performed by general surgeons. Prophylactic antibiotics were not given routinely.

Complications of pyloric stenosis

<table>
<thead>
<tr>
<th>Perforated duodenal mucosa</th>
<th>Wound infection or abscess</th>
<th>Persistent vomiting</th>
<th>Wound dehiscence</th>
<th>Incisional hernia</th>
<th>Haemorrhage</th>
<th>Need for second pyloromyotomy</th>
<th>Total No (% of complications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>25 (24)</td>
</tr>
</tbody>
</table>


Collodi babies with Gaucher's disease—a further case

Sir.—Lui et al reported two neonatal siblings with ichthyosis and Gaucher's disease who died in the first days of life.1 We wish to report another case.

Case report

The first child of a non-consanguineous white couple was born at appropriate weight for gestational age at 32 weeks' gestation. There was no family history of birth defects, skin disorders, or haematological problems. At birth the baby had moderate ichthyosis with ectropion and some restriction of movement of the digits, presenting as a mild form of the "collodi baby" phenotype. Hepatosplenomegaly was noted. The ichthyosis improved over the first 10 days, thrombocytopenia developed, and the baby's condition deteriorated with apnoeas, suspected infection, and jaundice. Because of the report of Lui et al, leucocyte enzyme assays were performed and showed a gross deficiency in the β glucocerebrosidase activity measured with the natural β glucocerebroside substrate (53 pmol/min/mg protein, normal 0–3200) or the artificial 4mu substrate (19 pmol/min/mg protein, normal 60–220). The child died at the age of 3 weeks and postmortem liver histopathology confirmed a diagnosis of Gaucher's disease.

This is the third reported case in the same city in Australia. The family in Lui et al came from the western suburbs of Sydney. The families were unrelated. We suspect that this diagnosis may be being overlooked in the differential diagnosis of ichthyosis in the neonatal period.

The reason for the association is by no means certain. Other associations with disorders of lipid metabolism and ichthyosis include X linked ichthyosis with steroid sulphatase deficiency, neutral lipid storage disease, Refsum's disease, and multiple sulphatase deficiency. Alternatively, it was suggested by Lui et al, the combination may represent manifestation of a contiguous gene disorder.

References


At last a readable book that paediatricians can recommend for general practitioners, health workers, and community medical officers undertaking child health surveillance.

The book is divided into two parts 'health promotion', which is further subdivided into primary, secondary, and tertiary prevention, and 'putting the programme into practice' which is split by developmental stages up to school entry. The latter has a very basic 'what to do' and 'how to do it' reach to commonly encountered clinical problems that will suit those new to surveillance.

The child psychiatry input to the assessment and management of common behaviour problems is particularly valuable and will add greatly to the practical value of the book. The flow diagrams and diary suggestions should lead to successful resolution of many of these types of disorder.

No book of this size could claim to be comprehensive, and personally I would have liked a larger section on breast feeding and management of breast feeding related problems, the effects on children of separation and divorce,
and more discussion on the primary health care team involvement in health protection. Continuation of the practice established in earlier chapters of suggestions for 'further reading' would also have been useful after the later chapters.

Paediatricians involved with training for surveillance will be encouraged to know that the authors, the Child Growth Foundation, Radcliffe Medical Press, and others are developing a series of training packages to complement this book and covering other aspects of child health care. I look forward to reviewing them.

SIMON LENTON
Community paediatrician


'Harper's handbook' will now be even more popular. The winning combination being quality colour photographs with equally clear and succinct text.

This new edition has up to date illustrations and accounts of child abuse, prenatal diagnosis, Lyme disease, Kawasaki's disease, and a new chapter on tropical dermatoses. The references and appendices have been updated throughout, including a useful list of British and American patient support groups.

Notably, in the five years since the first edition, the incidence of infantile eczema has been changed from 1–3% to 5–10%. In line with present confusion, the advice that breast feeding 'has been shown to decrease the risk of eczema' has been changed to 'breast feeding should be encouraged but there is no evidence that this reduces the risk of eczema'.

As a paediatrician in training I felt this book gave me no guidance on the profound effects of skin disease on growing children, and how to handle them. Eczema treatment is directed to the skin rather than to the child. Until we can cure the chronic skin diseases we must surely be prepared to treat the resulting distress.

A recent rival (Verbov's Essential Paediatric Dermatology) provides a more personal anecdotal approach. Equally beautifully illustrated, this book contains many useful tips such as: how to discourage itchy children from scratching, and lice in eyelashes are usually pubic so check the parents. However in achieving this Verbov's book is necessarily more verbose and less comprehensive.

'Harper's handbook' will remain essential to students taking final MB, DCH, and especially membership. Its clarity and brevity make it pleasurable reading cover to cover. Moreover the efficient index and organisation will make it the chosen reference companion to all paediatricians, dermatologists, and general practitioners caring for children with skin disorders.

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