ARCHIVES OF DISEASE IN CHILDHOOD

The Journal of the British Paediatric Association

NOTES TO CONTRIBUTORS Papers for publication should be sent to the Editors, *Archives of Disease in Childhood,* BMA House, Tavistock Square, London WC1H 9JR (fax 0171-383-6668) and should be prepared in accordance with the 'Instructions to authors' published in the January and July issues of the journal. Copies of these instructions may be obtained from the editorial office on receipt of a stamped addressed envelope.

NOTICE TO ADVERTISERS Applications for advertising space and rates should be made to the Advertisement Manager, *Archives of Disease in Childhood,* BMA House, Tavistock Square, London WC1H 9JR.

NOTICE TO SUBSCRIBERS *Archives of Disease in Childhood* is published monthly. The annual subscription rates are £204 ($322). Orders should be sent to the Subscription Manager, *Archives of Disease in Childhood,* BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment may also be sent to *British Medical Journal,* PO Box 408, Franklin, MA 02038. All inquiries however must be addressed to the publisher in London.)

Subscribers may pay for their subscriptions by Access, Visa, or American Express by quoting on their order the credit or charge card preferred together with the appropriate personal account number and the expiry date of the card.

All inquiries regarding air mail rates and single copies already published should be addressed to the publisher in London.

The British Paediatric Association is a registered charity.

Published by the BMJ Publishing Group
Typeset by Bedford Typesetters Ltd.
Printed by The Devonshire Press Ltd.

Second class postage paid, Rahway NJ. Postmaster: send address changes to: Archives of Disease in Childhood, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NH 07001, USA.

ISSN 0003-9888

LUCINA

A family history of bipolar affective disorder (BPAD) has been found in about one third of a series of patients with autism and a detailed study of the clinical features of childhood autism (*Developmental Medicine and Child Neurology* 1994; **36:** 674–88) gives support to the idea that in some cases it might be the early expression of familial BPAD. Other workers searching for a biochemical and genetic basis to autism (*Developmental Medicine and Child Neurology* 1994; **36:** 688–97) found evidence of altered catecholamine metabolism but failed to link the disease with gene loci on chromosomes 3, 9, and 11 coding for enzymes involved in monoamine biosynthesis. Nevertheless they suggest that further study of gene loci on chromosome 11 could be rewarding.

Intravenous enzyme replacement is now established as treatment for symptomatic Gaucher's disease. In Israel 29 patients, including nine children, were given alglucerase (macrophage-targeted glucocerebrosidase) in a low dose, high frequency regimen (American Journal of Medicine *1994;* **97:** *3–13). All responded well with haematological improvement and regression of hepatosplenomegaly. The treatment is expensive. The original high dose regimen was estimated to cost about $400000 per year for an adult. The new regimen uses about a quarter of the dose.*

It is easier to point out the disadvantages of obesity than to treat it. Data taken from the National Child Development Study of all people born in one week in March 1958 in England, Scotland, and Wales (*Archives of Pediatrics and Adolescent Medicine* 1994; **148:** 681–7) have shown an inverse relationship between the degree of obesity at age 16 years and earnings at age 23 years in women. In men there was a direct relationship between height and earnings. Whether the findings are a result of discrimination in employment or other factors is not clear.

What is the point of having titles on the front cover of a journal if they can't be understood by the casual browser? Then again, perhaps Lucina is just out of date and everybody else understands all acronyms immediately. How do you get on with these taken from the front cover of a recent issue of Pediatrics? *AOM, ES, ATLE (sic), ABPM, NICU, SOT. After some thought Lucina scored three out of six. [Answers: acute otitis media, epileptic seizure, apparent life threatening event, ambulatory blood pressure monitoring, neonatal intensive care unit (all right, you all got that one), solid organ transplant]. Lucina says LIDEWMIMS*.*

Lucina believes that the appropriate use of eponyms in medicine is something which should continue, adding, as it does, a valuable human flavour to medical practice. She sees nothing worthy, however, in the practice of self promotion for eponymous recognition. Turner's triad is a term offered by workers in Dallas, Texas (including Dr Turner) to describe the association of central diabetes insipidus, low rate of glucose metabolism, and low rate of carbon dioxide production in children with a clinical diagnosis of brain death (*Critical Care Medicine* 1994; **22:** 1301–5). The triad was present in 12% of brain dead patients on their intensive care unit. Hardly the stuff of eponymic immortality.

*Life is difficult enough without making it more so.

Having played her part in it for nigh on three thousand years Lucina does not need to be reminded about the importance of history. She believes that a profession or specialty which fails to pay regard to the events and personalities of its past is one with little future. Undoubtedly the most eminent British paediatrician of the first quarter of this century was Sir (George) Frederic Still (Journal of Medical Biography *1994;* **2:** *125–31). A lifelong bachelor who adored his mother and lived with her until she died when he was 46, he was a man of Victorian rectitude and reserve. He was appointed to the staff of the Hospital for Sick Children, Great Ormond Street, in 1894, described Still's disease in 1897, and in 1909 wrote* Common Disorders and Diseases of Childhood, *the fifth and last edition of which appeared in 1927. He had to be persuaded to back the founding of the British Paediatric Association but became its first president in 1928.*

At long last we might be getting somewhere with regard to a vaccine against respiratory syncytial virus (RSV). Twenty five years ago trials of an inactivated whole virus vaccine showed that not only was the vaccine ineffective, it actually made the disease worse. Now preliminary trials of a subunit vaccine made from the purified fusion glycoprotein of RSV have been reported (*Pediatric Infectious Disease Journal* 1994; **13:** 792–8). Twenty three children aged between 2 and 4 years given the vaccine had no more adverse reactions than 24 given saline. The serological responses seemed adequate and on follow up there was no evidence of disease enhancement after exposure to natural RSV. The development of a safe and effective vaccine could have a profound effect on hospital planning for children's services.

Childhood infection with hepatitis C virus is uncommon. In Taiwan 88 children at risk, either because their mothers were infected or because of frequent blood transfusions, were followed up and 10 showed evidence of primary hepatitis C virus infection (Pediatric Infectious Disease Journal *1994; 13: 769–73). Three babies infected perinatally showed no evidence of active hepatitis but two of them had hepatitis C virus RNA in their blood for 30 months or more. Of seven older children infected from blood transfusions two had clinical acute hepatitis and three had biochemical hepatitis but were not ill. Six of the 10 children had chronic infection with persisting hepatitis C virus RNA in their blood and three of these six had persistently increased concentrations of alanine aminotransferase in serum.*

Silly people try to deny that language not only does but should and must change according to common usage. Few people now use the word spastic in its medical or scientific sense. Modern dictionaries give two meanings for the word; first the *medical* one and second the *derogatory* or *offensive* one with words such as weak, feeble, clumsy, incapable, or incompetent given as synonyms. Because of this Lucina has for a long time thought it cruel to call people 'spastics' and strange that the Spastics Society should stick by the name. She therefore welcomed the news that as of 3 November 1994 the society will be known as Scope. In a guest editorial in *Developmental Medicine and Child Neurology* (1994; **36:** 941–2) the chairman of the society gives two reasons for the change; firstly the word spastic is inaccurate as many people with cerebral palsy do not have spasticity, and secondly it is potentially hurtful.