Acknowledging contribution to surveillance studies
The Vancouver Protocol (www.icmje.org) provides clear criteria for authorship and the acknowledgment of contributions to scientific publications. However, contributors to health surveillance research, who make such research possible by the identification of cases and the provision of clinical data, have questioned the applicability of these criteria. The International Network of Paediatric Surveillance Units (INoPSU) (www.inopsu.com) is an international association now including 14 national paediatric surveillance units (PSUs) that conduct active surveillance of a range of uncommon conditions of childhood, including infectious and vaccine preventable diseases, childhood injury, and genetic and mental health conditions. Over 7000 child health specialists, many of whom report on behalf of their colleagues or departments, contribute cases to the PSUs on a monthly basis. The population covered is approximately 54 million children under 15 years of age.

Clinicians who report a case to a PSU are asked to provide additional clinical and demographic details to study investigators. Some surveillance studies have significant workload implications for individual clinicians. Although most clinicians will not see a child in any one month with one of the rare conditions under surveillance, a high return rate of the “nil to report” response underpins the quality of the PSU active surveillance mechanism.

At the 3rd meeting of INoPSU in Lisbon in April 2004, the following guidelines on authorship and acknowledgment were proposed for recommendation to investigators conducting epidemiological research through the PSUs:

- To qualify for authorship on reports, individuals must fulfill the Vancouver criteria. However, in acknowledgment of their essential contribution to the work, the addition of the statement “on behalf of contributors to the (national PSU)” following the final author’s name is encouraged.
- Investigating teams are encouraged to consider inviting clinicians who have contributed significant data (through notifying cases) onto the study team. These clinicians may have expertise relevant to the analysis or reporting process. Report authorship may then be assigned if appropriate according to the Vancouver Protocol.
- Report authors should consider naming clinicians who have contributed significant data in the acknowledgments section of the report, according to the Vancouver Protocol. "Report authors are reminded that the Vancouver Protocol requires that permission must be sought to acknowledge individual clinicians by name."

INoPSU member units will provide these guidelines and a copy of the current version of the Vancouver Protocol to each investigating team conducting research through the PSUs, preferably prior to the commencement of the surveillance study. These recommendations may also be applicable to the reporting of other research requiring the provision of clinical data from multiple contributors apart from the study authors.

L Pereira-da-Silva, R von Kries, D Rose, E Elliott
On behalf of members of the INoPSU (Portuguese PSU, German PSU, and INoPSU Convener, Australian PSU)
Correspondence to: Dr L Pereira-da-Silva, Portuguese Paediatric Surveillance Unit, Portuguese Society of Paediatrics, Rua Amílcar Cabral, 34, R/C 1, 1750-018 Lisbon, Portugal; l.pereira.silva@netcabo.pt
Competing interests: none declared

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1 International Committee of Medical Journal Editors (ICMJE) Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication. Haematologica 2004;89:264.

BOOK REVIEWS
Pediatric endocrinology: the requisites in pediatrics

Studying paediatric endocrinology is like staring into the waters of Loch Ness. In the cold light of a Scottish day it is possible to see a few inches into the murky depths, and while most visitors are comfortable seeing the loch’s surface, to consider plumbing the dark waters gives one an eerie feeling about what could lie beneath (encouraged by the locals). Like the mythical monster, the rarer syndromes are often the subject of fragmented fables, discussed using apocryphal stories (in darkened rooms using faded slides), yet to catch them in the wild needs both an inquisitive mind, an awareness of what one could be hunting for, and the investigative equivalent of a big submarine with echo-location sonar.

This book aims to support paediatricians, paediatric trainees, and paediatric endocrinologists alike and aims to update the clinician on current management and current research developments in paediatric endocrinology (that is, to act as a lifebelt if you’re adrift on the loch and screaming for help).

“Requisites” is defined here as the “basic knowledge that is necessary for practise or board review” and aims to provide knowledge up to the level of a tutorial rather than aspiring to be a reference text or source book. The authors also designed their chapters to maintain a clinical focus. There are seven sections: Carbohydrate Disorders; Sexual Development; Growth; Thyroid; Adrenal Gland; Calcium, Phosphorus, and Bone; and Vasopressin and Disorders of Electrolytes.

Have the authors succeeded with this lifebelt? I believe they have gone a long way to helping the clinician manage common clinical scenarios (such as the hypoglycaemic neonate and type 1 diabetes). Tables and “major points” boxes highlight the key features to be drawn from each chapter. Colour photographs are a great group at the front of the book, but could be better placed, either incorporated with the relevant text, or have references in the text linking the pictures appropriately.

There is also a useful integration of current research to refresh oft-said information that is readily available in older texts. This provides clinicians with a gauge of current academic thinking, for example important genes in pubertal delay (e.g. leptin), and there is certainly enough detail for consultants wanting to keep one step ahead of enthusiastic registrars, fresh from their membership exams.

The recent proliferation of cases of type II diabetes is also discussed, drawing on extrapolated experience from current paediatric diabetic practice, and adult type II diabetes, while the evidence base develops for management of paediatric type II diabetes. There is a good explanation of the diagnostic features, and their differences from type 1 diabetes, and management includes good practical advice to parents regarding weight loss, exercise, and reducing TV watching.

All the chapters brought new depths to my understanding of paediatric endocrinology. However, as with other American textbooks, the glucose is measured in mg/dl not mmol/l, and providing a conversion would have helped those clinicians using mmol/l (N.B. mmol/l×18 = mg/dl). Also there is no mention of aspects of paediatric endocrinology specific to the UK, for example NICE (National Institute of Clinical Excellence) guidelines on the use of growth hormone.

There are some paediatric tomes on paediatric endocrinology that are as likely to help you sink faster, with their weight of information, as they are to bring you to the surface, distressed, and some that are too light and miss out essential information. This however is an excellent resource to access for the clinician in difficulty, is well worth the money, and would be a good lifebelt to choose.

M P Tighe
In their preface to this roughly 200 page book, which chroni-
clines the Cambridge Prader-Willi syn-
drome (PWS) study, the authors Tony Holland (Chair in
Learning Disabilities) and Joyce Whitting-
ton (Senior Research Assistant) describe
their study as “a pro-
cess of discovery that included getting to know
many people with Prader-Willi syndrome and
their families”. Following a thorough and
painstaking process of identification and ascer-
tainment, the authors managed to identify 96
patients within the Anglia and Oxford Health
regions in whom the diagnosis of PWS was
secured either by the birth prevalence (1 in
20,000) and population prevalence (1 in
50,000) to be calculated. The authors then
carried out home visits with completion of a
detailed semi-structured questionnaire in 61 of
these patients. A further 42 PWS patients from
outside the study area were studied as were 32
subjects with learning disability who did not
have PWS. The information gathered was used to
to determine predictive features for diagnosis,
the behavioral and cognitive phenotypes, and
the incidence and nature of psychiatric dis-
orders.

The combination of rigorous diagnostic
ascertainment, detailed first-hand information,
and thorough analysis make this a landmark
study. The book is well written, the authors
beginning with a succinct description of
various aspects of PWS, including the genetic
neuroendocrine, sleep, temperature,
and neuroendocrine, satiety, sleep, temperature,
and neuroimaging abnormalities. The genetic
and neuropathology sections are particularly
commended for being intelligible to readers
with little knowledge in these fields.

Only a brief mention of some of the study
findings can be given here. Ninety nine per
cent of patients with PWS can be diagnosed
correctly if all four of the following features are
present: floppy at birth; weak cry/inactiv-
ity in infancy; poor suck at birth; and child
hypotonia. Psychometric testing con-
Faulkner and Tanner three volume
Classic treatise

ISBN 88-8714-22-8

In their preface to
this roughly 200 page
book, which chroni-
clines the Cambridge
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drome (PWS) study,
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Patients with disomy (inheritance of
two maternal chromosomes 15 and hence
loss of the paternal contribution in the critical
region) showed higher verbal abilities
than patients with PWS caused by
a deletion on the paternal chromosome 15.
Disappointingly, perhaps, the celebrated abil-
ity of PWS individuals to complete compli-
cated jigsaw puzzles did not relate to
enhanced ability and probably reflects plenty
of practice related to the repetitive behaviour
patterns of the condition! A striking feature
was the prevalence of psychotic illness in
older patients. After the age of 28 years, 7
of 15 patients had experienced a major psycho-
tic episode. This included all of the five
patients with disomy. This latter finding,
which has considerable therapeutic implica-
tions, calls for further collaborative study.

This book is compulsory reading for anyone
with a serious interest in PWS—I have
ordered a copy for each member of the
Yorkhill multidisciplinary Prader-Willi Clinic! Those seeking more information
on this fascinating and elusive disorder will find
plenty of fascinating information to dip into.
Anyone attempting to write a paper about PWS will be greatly helped by the numerous
references given and the intelligent discus-
sion that accompanies them.

M Donaldson

Physiological and pathological
auxology

Edited by Ivan Nicoletti, Lodovico Benso, Giulio
ISBN 88-8714-22-8

Auxology, for the uninitiated, is the study
of growth. This large book aims to cover exactly
what it says in the title: normal growth and
how to measure it, and abnormal growth
secondary to illness. It is a multi-author text
(n = 67), mainly with European contributors,
and is edited by a well respected Italian team.
The nearest book in scope would be the
classic Faulkner and Tanner three volume
HUMAN GROWTH, last published in 1986.
Thirty per cent of the volume concerns the
physiology of growth and body composition,
how to measure children, the construction of
reference standards, and normality. Sadly
there is little on the assessment of the inter-
and intra-observer accuracy of various meas-
urements that would have been useful for
those involved in designing growth studies.
The largest, middle portion of the book relates
to the growth patterns associated with a
list of disorders. There is an uneasy tension
between concentrating on pathological growth
in, say, thalassaemia to the exclusion of
other clinical and treatment details, which
are not uniformly tackled by each writer.
Although fairly comprehensive in scope,
some major causes of poor growth that would
be a common referral to an endocrine unit are
hardly mentioned. One would have to consult
other texts for more clinical information after
reading many of the chapters. It would have
been useful to include reference charts of
growth in the skeletal dysplasia in particular,
which chapter is largely based on radi-
ographs. The final part of the text deals with
social and economic aspects of growth and
an eclectic number of national charts are
given as an appendix.

Like all multi-author texts there is inevi-
tably a variation in the quality of the content.
Some important recent developments in
auxological technique and growth studies
are ignored altogether. However, some chap-
ters are completely current and well written
and deserve a wider audience. One huge 40
page chapter in a rapidly expanding field has
no references more current than the late
1990s and feels dated. This sensation is
reinforced by the historical nature of some
of the illustrations that date from the middle of
the last century and are of poor quality, and
an unusual font and layout throughout
which is reminiscent of typewritten disserta-
tions of the pre-word processing era.

This is a reference book that belongs in
libraries of large units with an interest in
growth related research or regional endocrine
centres. There is little that would appeal to
a more general reader without these specialised
needs.

J K Wales

Inheriting the world: the atlas of
children’s health and the
environment

Edited by B Gordon, R Mackay, E Rehffuess. Geneva:
World Health Organisatlon, 2004, pp 64, S27.00.
ISBN 92 4 159156 0

Whether it is expo-
sure to passive smok-
ing or toxic pollution,
there is growing evi-
dence that our ever
worsening environ-
ment plays an impor-
tant role in the health
burden to our
younger generation.
The authors of this newly
published WHO book should
be congratulated for relating such a
dull subject to children’s health
and putting them
together in an enlightening way.

● Well illustrated atlas: Most chapters con-
tain a world map for comparing
the environmental risk between countries.
It is very easy to pick up the comparison
with the simple colour scheme. Some
illustrations are humorous; for example,
the price of life, with the pile of cash for
pet food in developed countries more than
twice that of those used for childhood
vaccination in developing countries.

● Background description is simple and to the
point: Environmental risks are split into
chapters and hence it is easy to choose
a topic of interest and look at the statistics.
A word data table is included at the end
of the book for those interested in figures.
Some of the chapters do offer simple
solutions; for example, the sun exposure
map showed the global solar UV index regions
and the necessary protection for each zone.

● A very good teaching material: For those
working in a developing country, it is a very
useful material for teaching. For example,
it is easy to download a poster size of a

However, it is disappointing not to find
any chapter on natural disasters such as earth-
quakes, and environments destroyed by war,
by, for example, landmines. These are small
issues but do impose a great health hazard
for certain countries.

This book should be recommended to those
who want to demonstrate the environmental
hazards to our children’s health. It is well
referenced and easy to read, and certainly
easy to use. And we should all remember that
protecting our environment is on the agenda
from the “say yes to children” campaign in
2002.

S S Chin

The graph reproduced for abstract P03 of
supplement II of this volume of ADC (Arch Dis
the required transfusion volume in children:
our current practice gives insufficient volumes)
was incorrect. The labels for the X and Y axes
were reversed, the regression line removed, and
the text PRC replaced with PCR.

To request a collaborative version of this graph
please visit the website: http://adc.bmjournals.
com/cgi/content/full/90/suppl_2/A1/DC1.

www.archdischild.com