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Books

Rational Diagnosis and Treatment: An Introduction to Clinical Decision Making Second edition By Henrik R Wulff. (Pp. 209. Illustrated. £7.25.) Blackwell Scientific: Oxford. 1981.

The scope of this important book is much wider than its title suggests. As well as being an introduction to the process of medical decision making it also sets out to cover its logic (in 'new' mathematical terminology) and to provide an introduction to the ethics of investigation and treatment and the appreciation of the design and presentation of medical papers.

Dr Wulff is a gastroenterologist, and many of the examples which he quotes are drawn from the specialty. This is fitting, as it has at least its share of the problems attendant on costly technology, shaky taxonomy of disease, and the introduction of new drugs on arguable statistical evidence. Inevitably, a wide range is sometimes attained at the expense of superficiality, and I found myself wanting a fuller discussion of many of the subjects which were

touched upon and then dropped, notably the potential conflict between a narrow duty to one's patient and a broader one to those who pay or may compete for the resources used. The management of Crohn's disease, as illustrating the problems posed by a syndrome which may not be homogeneous, also deserved a less dismissive and, I thought, more sympathetic approach than it received.

Many people have been grateful to the first edition as their source of the professional self-inquiry needed to meet the criticisms of Illich or Kennedy, and the second deserves even wider recognition as the classic it is. I had had the privilege of reviewing the first edition, and renewed my pleasure in the author's humour and choice of literary allusion: it was particularly pleasing to find that my favourites, the evolution of the bill of the ibis and the disputed definition of a triple-blind trial, were still there.

PETER BALL

Notes

Endoscopy Teaching Meeting
The BSG Endoscopy Teaching Meeting 1982
will take place at the Robin Brook Centre, St.
Bartholomew's Hospital, London from 2224 April. There will be separate courses of instruction for beginner endoscopists, more experienced endoscopists, and for nurses and endoscopy assistants. Details and application forms may be obtained from The Postgraduate Secretary, The Robin Brook Centre, St. Bartholomew's Hospital, London EC1.

Correction

Nocturnal growth hormone and gonadotrophin secretion in growth retarded children with Crohn's disease by M J G Farthing, C A Campbell, J Walter-Smith, C R Edwards, L A Rees, and A N Dawson. *Gut* 1981; 22:933

We regret the printing errors in the first seven lines of the summary of this paper and print the correct lines below. A loose gummed slip to paste over the incorrect summary is also included in this issue.

SUMMARY Although impaired growth hormone secretion in reponse to pharmacological stimuli occurs in some growth retarded children with Crohn's disease, its relationship to past and future growth is uncertain. We have therefore determined the growth hormone and gonadotrophin response to the physiological stimulus of sleep by continuous venous sampling in five severely growth retarded children with Crohn's disease. From the complete nocturnal growth hormone and gonadotrophin profiles, the mean plasma hormone concentrations during the first five hours of sleep were determined. In three of the five patients, five hour mean growth hormone levels were

Although impaired growth hormone secretion in response to pharmacological stimuli SUMMARY occurs in some growth retarded children with Crohn's disease, its relationship to past and future growth is uncertain. We have therefore determined the growth hormone and gonadotrophin response to the physiological stimulus of sleep by continuous venous sampling in five severely growth retarded children with Crohn's disease. From the complete nocturnal growth hormone and gonadotrophin profiles, the mean plasma hormone concentrations during the first five hours of sleep were determined. In three of the five patients, five hour mean growth hormone levels were reduced (3.8. 5.0, and 8.5 mU/l) compared with levels reported previously in normal short children (10-43 mU/l). although the pulsatile pattern of growth hormone secretion was preserved in all. Nocturnal growth hormone secretion was unrelated to the growth velocities of these children during both pre and post-treatment assessment periods but a significant correlation was found between growth hormone concentration and a disease activity score (r=0.79, P<0.05), suggesting that growth hormone release by the pituitary was influenced by the severity of the disease. Nocturnal growth hormone secretion was also correlated with gonadotrophin secretion (luteinising hormone, r=0.99, and follicle stimulating hormone, r = 0.96; P<0.01) indicating more extensive hypothalamic-pituitary disturbance. These findings suggest that hypothalamic-pituitary function is depressed in growth retarded children with Crohn's disease, but that abnormalities of growth hormone secretion are unlikely to be directly involved in the growth retardation seen in this condition.