

PostScript

LETTER

If you have a burning desire to respond to a paper published in *ADC* or *F&N*, why not make use of our "rapid response" option?

Log on to our website (www.archdischild.com), find the paper that interests you, click on "full text" and send your response by email by clicking on "submit a response".

Providing it isn't libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on "read eLetters" on our homepage.

The editors will decide, as before, whether to also publish it in a future paper issue.

Questions on questionnaire development

With interest I read the paper by Powell *et al*¹ on the development of a questionnaire to describe respiratory symptoms in infants and preschool children. Because of the age of the children this is a difficult topic, and the authors are to be congratulated for their attempt. However, a number of questions arose when reading their paper.

First of all, the method for assessing test-retest reliability is questionable. The method, originally developed in the field of psychology, was used to see whether, when measuring some personality trait, assessing it repeatedly would give the same results. The kappa values for agreement in this area are usually in the range 0.70–0.90. Respiratory symptoms are not personality characteristics, and cannot be assumed to be stable. So when assessing symptoms over the previous three months, with two weeks interval, a change may be due to what statisticians call "measurement error", but also to a change in symptoms. A related issue is the interpretation of the results. In the paper, the authors mention one kappa score below 0.40, but they fail to mention that the majority of other items were below 0.60 (reliability results from tables 1 and 2, accessible from *ADC* Online). In the abstract the authors conclude that the short term reliability is good, but this certainly overstates the results. It is not clear why the authors have chosen to compare the 20 referred children in whom a diagnosis of asthma was made to the 42 children from the newborn cohort. Why not compare them to the referred children who were not labelled as having asthma? Finally, it is unclear why in table 1 (paper version) the reader cannot reproduce the figures in the last column from the previous columns.

J C van der Wouden

Dept of General Practice, Erasmus MC, Rotterdam, Netherlands; vanderwouden@hag.fgg.eur.nl

Reference

- 1 Powell CV, McNamara P, Solis A, *et al*. A parent completed questionnaire to describe the patterns of wheezing and other respiratory symptoms in infants and preschool children. *Arch Dis Child* 2002;87:376–9.

Time for a randomised controlled trial of empyema treatment?

We were interested to read Pierpoint *et al*'s short report in October's edition of *Archives*,¹ which concluded that first line treatment of empyema thoracis should be with a pigtail catheter drain and urokinase. However, there is still ongoing debate as whether empyema thoracis is best treated like this² or by open thoracotomy and decortication.³ It is interesting that the inpatient days for both therapeutic methods have been found to be similar.^{2,3} However, both reports are case series. Is it not time that a randomised control trial was performed comparing the two methods to aid paediatricians in the management of empyema thoracis?

S Moss, J Furness

Consultant General Paediatrician, North Tyneside General Hospital, Rake Lane, NE29 8NH

Correspondence to Dr Moss; SamanthaJMoss@doctors.org.uk

References

- 1 Pierpoint MJ, Evans A, Morris SJ, *et al*. Pigtail catheter drain in the treatment of empyema thoracis. *Arch Dis Child* 2002;87:331–2.
- 2 Thomson AH, Hull J, Kumar MR, *et al*. Randomised trial of intrapleural urokinase in the treatment of childhood empyema. *Thorax* 2002;57:343–7.
- 3 Carey JA, Hamilton JRL, Spencer DA, *et al*. Empyema Thoracis: a role for open thoracotomy and decortication. *Arch Dis Child* 1998;79:510–13.

BOOK REVIEW



Handbook of paediatric investigations

Edited by J Stroobant and D Field. Churchill Livingstone, 2001, £30, pp 408. ISBN: 0443051437

Stroobant and Field, perhaps the longest standing editorial partnership in UK paediatrics, have done it again. This time they shrewdly spied a gap in the market for a home grown concise book for everyday use aimed specifically at answering the question: "what tests?"

How best to review it? Why not try "road testing" it on a few problems this general paediatrician happens to have seen on the wards recently.

Firstly, a 12 year old with painless microscopic haematuria. We find the expected exhortation to take a full history and do a thorough examination, followed by a friendly table listing the more straightforward tests, and a discussion of the more fancy ones to be considered. The point about this sort of book, of course, is to supply reminders and hints about what to consider, rather than lists to follow slavishly.

Secondly, a pair of brothers whose bones keep breaking. Are there any tests worth doing to look for osteogenesis imperfecta? Nothing at all on this, but maybe that's a bit too specialised for this small book.

Next patient, one of those worrying "funny bruising" problems: is it NAI, or is there a rare clotting/platelet disorder? There's no schema for investigating easy bruising as such, but platelet function and coagulation disorders are discussed. There are useful tables of all the tests haematologists can do, and looking at these enables the paediatrician to sound less clueless when discussing them. There are also tips on how to take the specimens properly.

What about a child who has suddenly put on weight? What tests will rule out an organic cause? A brief paragraph helpfully distinguishes between tests to find the cause and tests to look for complications, and a table lists what investigations might be worth doing, including the rarities.

A 10 year old comes in with weak, painful limbs and unable to stand. Is it a viral myositis or something more sinister? Difficult to find all the answers in one place, but the tables on "acute generalised weakness" list some of the causes, including some one might not think of, and what tests might exclude them.

My conclusion? This handbook doesn't pretend to be a mini textbook, and within its limits achieves what it sets out to do very well. It's written in an accessible style with lots of quick reference boxes, and a few flow charts and illustrations. The index is somewhat limited and it may take a while to find what one is looking for. Some sort of index allowing cross reference by clinical presentation rather than by system would be a nice addition—for example, "gone off feet": what lists to look at? There are, inevitably, gaps, and bigger texts will be needed at times. That said, it is well suited for constant use by all in wards and clinics, is reasonably priced, and is already very popular.

R Scott-Jupp

CORRECTION

In the letter by Murugan *et al* (*Arch Dis Child* 2003;88:91) the abbreviation ECG was used in error. Throughout the letter, "echocardiogram" should be used. The journal apologises for the error.