Letters to the Editor

A Cheap Alternative to a Stadiometer and an Infantometer

I read with interest the recent communication on this subject (l) and in fact have been using -this method with some modifications for full use. An ordinary inch tape is 152 cm long. I use two inch tapes. One is cut off at 150 cm mark and is joined to the second tape at 50 cm mark, which has been cut off at 86 cm mark and pasted on the wall. After the height of 150 cm I add 100 cm, for example, if a child is 163 cm tall, his height will be at the level of 63 cm mark on the second tape. So for measuring the height of the children eleven years onwards who may be above 152 cm in height, two inch tapes are required and not one as stated by the author. I can measure the height accurately upto 186 cm.

Similarly for infants, I have an 'L' shaped wooden appliance, which is 6 cm wide, the head rest is 20 cm long and the 'long arm' to measure the length of the infant is 85 cm long. Ordinary inch tape, cut at 85 cm mark is pasted on the long arm. This way it has become an inexpensive Infantometer to measure the infants upto 85 cm length.

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REFERENCE

1. Passi GR. A cheap alternative to stadiometer. Indian Pediatr 1997; 34: 652-653.

A Cheap Alternative to a Stadiometer?

Dr. Passi (l) has suggested a cheap alternative to a stadiometer. The problem she points out: difficulty in accurate measurement of height: is a genuine one, since hardly anyone has a proper instrument. Unfortunately, while her solution is simple and cheap, it is certainly not accurate. Accurate measurement of height needs: (i) **a** vertical stand with *precise* height markings on it, *(it)* a sliding but *rigid, right angle device* to rest on the head, and *(iii)* proper positioning of the child(2). As far as *(i)* is concerned, inexpensive plastic tapes are not precise, and can stretch while being fixed, or over time. Moreover, using anything lying around in the clinic (stiff paper, ruler, *etc.)* cannot substitute for a rigid headboard. Mistakes of 1-5 cm can be easily made, with disastrous results, particularly if growth velocity is being assessed.

A Harpenden stadiometer is the gold standard, but is certainly very expensive. An inexpensive stadiometer can be fabricated by mounting 2 meter sticks in vertical tandem on any vertical surface at least 12 inches apart, and providing a sliding, rigid

right-angle device of sufficient size to rest on the crown of the head(2). To ensure accuracy of the vertical component, precision metal tapes can be used. Alternatively, if one is unwilling to go to all this trouble, the Child Growth Foundation (UK) supplies reasonably accurate and not very expensive growth assessment equipment. For height measurement, they have wall mounted MINIMETERS (a 183 m version costing 20 pounds sterling, and a 2 m version at 21 pounds), as well as free standing ones: a LEICESTER HEIGHT MEASURE for 36 pounds, and a MAGNIMETER for 334 pounds. Further details and catalogs can be obtained from their office: 2 Mayfield Avenue, Chiswick, London W4 1PW; Phone: [+44 181] 995 0257/994 7625; Fax: 995 9075.

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2. Van Wyk JJ. Normal and aberrant growth. *In:* Williams Textbook of Endocrinology. Eds Wilson JD, Foster DW, Philadelphia, W.B. Saunders, 1985; p 196.

Infantile Spasms

The recent article on this subject was informative(1). However, certain terminologies require clarification. Infantile spasms are typically classified into 2 groups: cryptogenic and symptomatic. Cryptogenic infantile spasm cases present with an uneventful pregnancy and birth history, normal developmental milestones prior to onset of seizures, normal neurological examination, normal CT scan (head), no associated risk factor and a good prognosis even without therapy(2). The article (l) mentions that cryptogenic indicates that child was not developmentally normal prior to onset of seizures and thus brain abnormality can be presumed. Further, infantile spasms have been classified into a third group idiopathic, which overlaps with cryptogenic infantile spasm of another classification(2), without giving any adequate reference. Can this be please clarified?

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2. Haslam RHA. Infantile spasms. *In:* Nelson Textbook of Pediatrics, 15th edn. Eds. Behrman RE, Kleigman RM, Arcoin AM. Bangalore, Prism Books Pvt Ltd, 1996; p 1690.
