Letters to the Editor

A Cheap Alternative to a Stadiometer and an Infantometer

I read with interest the recent communication on this subject (1) 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.

Yash Paul,
A-D-7, Devi Marg,
Bani Park,
Jaipur 302 016.

REFERENCE

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.

Anju Virmani, 
C6/6477, Vasant Kunj, 
New Delhi 110 070.

REFERENCES

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 (1) 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?

Milon Mitra, 
Trainees Hostel-1, 
Bokaro Steel City, 
Bokaro, Bihar.

REFERENCES