

The safety profile and observed high acceptability of products containing desogestrel or gestodene allow their continued use, subject to thorough, unbiased counselling in the context of all the recent studies and the letter from the Committee on Safety of Medicines.¹⁰ The faculty is committed to developing evidence based guidelines, and until further data are available it endorses the guidelines given in the box.

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liver was probably compromised before treatment began. The Register of Chinese Herbal Medicine has notified all its members that treatment of any patient with a history of hepatitis should be undertaken only with constant monitoring, which must include liver function tests. In both cases mentioned here the deaths would not have occurred had the practitioners followed the register's guidelines.

The Register of Chinese Herbal Medicine is working towards government registration of trained herbal practitioners together with the compilation of a system of monographs providing data on quality assurance, safety, and efficacy. We welcome help in achieving these aims from the orthodox sector.

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- 1 Vautier G, Spiller RC. Safety of complementary medicines should be monitored. *BMJ* 1995;311:633. (2 September.)
- 2 Sheehan MP, Rustin MHA, Atherton DJ, Buckley C, Harris DJ, Brostoff J, et al. Efficacy of traditional Chinese herbal therapy in adult atopic dermatitis. *Lancet* 1992;340:13-7.
- 3 Zhong Hua Yao Hai. In: Cui Yue Li, Ran Xian De, eds. *China: ocean of herbs*. Harbin: Harbin Express, 1993. [In Chinese.]
- 4 Perharic-Walton L, Murray V. Toxicity of Chinese herbal remedies. *Lancet* 1992;340:674.

Monitoring children's growth

Abnormal growth should also be defined by the crossing of height centiles

EDITOR,—D M B Hall's editorial on monitoring children's growth provides a useful introduction to the use of the new growth charts.¹ The British Society for Paediatric Endocrinology, of which I am secretary, welcomes the guideline on referral practice related to stature (a child should be referred if his or her height falls below the 0.4th centile or above the 99.6th centile) but believes that abnormal growth should be defined, in addition, by the crossing of height centiles. Simply concentrating on absolute stature will lead to children not being referred for an opinion on their growth until they are found to be below the 0.4th centile. Children do not appear under the 0.4th centile as if by magic. They get there by growing persistently slower than their peers and hence falling through the distance between centiles. It is extremely difficult to restore the genetic height to someone whose height has been severely compromised. Early diagnosis before a growth deficit has accrued is essential.

Monitoring growth is not simply, as Hall implies in his examples, about detecting endocrine disorders. The process of growth and development is what makes paediatrics different from adult medicine and is the cornerstone of the scientific practice of paediatrics. To aid decision making the society has proposed the following guidelines for surveillance of growth and referral.

Firstly, children whose heights are below the 0.4th centile and above the 99.6th centile should be referred.

Secondly, children aged less than 5 should be referred if two measurements of height, usually separated in time by 18 to 24 months, are more than three centiles apart. If height crosses over only two centiles during this period then the child should be flagged for recall after 18 to 24 months, and if during that period a further centile in height has been crossed then he or she should be referred.

Thirdly, children aged 5 and over should be referred if, over one year, their height crosses two centiles. If over one year the height crosses only half the distance between two centiles then the child should be flagged for review at the end of a further year. If at the end of that time the height has crossed a further half of the distance between two centiles (and so has crossed two centiles in total

since the original measurement) then he or she should be referred.

Fourthly, any child whose height falls outside the parents' target height should be referred.

Finally, if there is parental concern about growth, irrespective of the child's current height centile, then the child's height needs to be measured and decisions made according to the above criteria.

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1 Hall DMB. Monitoring children's growth. *BMJ* 1995;311:583-4. (2 September.)

Relation between height and weight centiles may be more useful

EDITOR,—D M B Hall emphasises the value of monitoring growth in the early detection of treatable growth disorders such as growth hormone deficiency and Turner's syndrome.¹ Our experience from a child growth surveillance programme in Maidstone, however, has convinced us that an equally important result of monitoring growth is the early detection of other conditions such as coeliac disease, eating disorders, and child neglect, in which the primary growth disturbance is of the relation between height and weight.

Hall suggests that the answer to the question "Is a child too fat or thin?" is to use the body mass index.² We believe, however, that this is unlikely to prove a practical tool for community use as it requires yet another chart, more expense, and a mathematical computation. Our experience of using decimal charts in the community is that they are likely to lead to errors and hence inappropriate referrals, and a much simpler method already exists. In Maidstone we have asked school nurses to look at the relation between height and weight on centile charts and to suggest reassessment or referral if there is a discrepancy of more than three centile bands (that is, crossing four centiles). On the new charts this would be equivalent to a difference of 2 SD.

The difference between height and weight centiles results from many influences, including body type and body proportion. We believe, however, that teaching health professionals to critically evaluate existing height and weight charts is preferable to introducing yet another relatively complex chart into community use. The difference between height and weight centiles can be used to design referral criteria that favour children who are much more likely to have organic disease, such as obese children who are short.

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1 Hall DMB. Monitoring children's growth. *BMJ* 1995;311:583-4. (2 September.)

2 Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. *Arch Dis Child* 1995;73:25-9.

Safety of complementary medicines should be monitored

EDITOR,—Guy Vautier and R C Spiller report on a 32 year old man who died of hepatic failure after taking a complex Chinese herbal mixture.¹ They identified one particular herb, *Dictamnus dasycarpus*, as the probable cause of the hepatotoxicity. Recent double blind trials of a formula containing this herb, however, have failed to show any adverse effects on the liver.² Moreover, an extensive literature search of references to this herb (which has been used for over 1000 years) has failed to link it with damage to the liver.

The authors singled out this herb as being the culprit because it is present in other Chinese herbal formulas that have been implicated in adverse events. But *D dasycarpus* is present in most Chinese herbal mixtures used to treat skin ailments, for which Chinese herbal medicine has become well known. Vautier and Spiller cite the herb's constituent xanthotoxins and psoralens as further evidence of its hepatotoxicity, but these chemicals are found in the aerial part of the plant³ and not the root, which is recommended for use by herbalists. Flavanoids, which the authors also cite, are widely found in plants (for example, blackcurrant) and are not associated with hepatotoxicity.

Both patients reported on previously are known to have had a history of jaundice,⁴ and thus the