Correspondence

Archives of Disease in Childhood, 1973, **48**, 657.

Urinary diversion in children

Sir,

At a time when paediatricians are referring an increasing number of children with spina bifida for urinary diversion, Scott's (1973) admirable article is most helpful. He points out that diversion by ileal conduit does not necessarily prevent dilatation of the upper tract in those who appear to have a normal upper tract at the time of operation, nor does it necessarily prevent further dilatation in those children who already have some dilatation. In other words, the results of surgery 'for incontinence' are not as good as we would wish—even when the surgery is done by an expert in a good unit.

However, before he apologizes too hard for what he has done to a minority of these children, he ought to compare them with a similar group on whom he has not operated. I hope he is doing this now, for while it is interesting to know that a minority of the children acquire dilatation of the upper tracts despite diversion, we would all like to know what would have happened without the operation. Moreover, radiological dilatation is not the only thing that matters in the urinary tract or in the child's life. We need to compare the consequences of both the original state and the diversion, and assess how each affects renal function and, even more importantly, the child's life from the point of view of infections causing illness and incontinence causing misery. Until such a comparison has been reported, diversion procedures by ileal conduit are likely to retain a prominent place in improving the quality of life for many girls with spina bifida.

S. R. MEADOW

*Department of Paediatrics and Child Health,
The University of Leeds,
27 Blundell Street,
Leeds LS1 3ET.*

REFERENCE

Scott, J. E. S. (1973). Urinary diversion in children. *Archives of Disease in Childhood*, **48**, 199.

Shunt nephritis

Sir,

I read with interest the account of a further case of shunt nephritis reported by Dr. Moncrieff and his colleagues (*Archives*, 1973).

However, Dr. Moncrieff is mistaken when he states

that the presence of a high titre of *Staphylococcus albus* antibody provides 'for the first time, direct evidence of antibody response to this organism'. He reiterates this later in his account. I feel obliged to point out to Dr. Moncrieff that tests for serum antibodies to *Staph. albus* have been used as a diagnostic tool in this laboratory for over 3 years, and have previously been recommended as a useful adjunct to the diagnosis of colonized Holter shunts and consequent shunt nephritis (Bayston, 1971, 1972).

R. BAYSTON

*Bacteriology Department,
The Children's Hospital,
Western Bank,
Sheffield S10 2TH.*

REFERENCES

- Bayston, R. (1971). Serological indication of *Staphylococcus albus* infection in children with colonised shunts. *Developmental Medicine and Child Neurology*, **13**, Suppl. 25, 135.
Bayston, R. (1972). Serological investigations in children with colonized Spitz-Holter valves. *Journal of Clinical Pathology*, **25**, 718.
Moncrieff, M. W., Glasgow, E. F., Arthur, L. J. H., and Hargreaves, H. M. (1973). Glomerulonephritis associated with *Staphylococcus albus* in a Spitz Holter valve. *Archives of Disease in Childhood*, **48**, 69.

Dr. Moncrieff replies:

We regret we did not mention specifically the help we received from Mr. Bayston. We were of course aware of the work on antibodies to *Staph. albus* being carried out in Sheffield, and indeed acknowledged help from the laboratory there. The cases of shunt nephritis mentioned were published after our paper was submitted. *Editors.*

Vitamin E therapy in cystic fibrosis

Sir,

Serum vitamin E concentrations are frequently low in cystic fibrosis along with those of other fat soluble vitamins (Bennett and Medwadowski, 1967). Though no specific symptoms have been associated with vitamin E deficiency in cystic fibrosis, it is current practice in this hospital to include vitamin E in the therapy these children receive. Harries and Muller (1971) showed the efficient absorption of a specially formulated water miscible preparation of vitamin E, but since this is not generally available we now report our experience with tablets of fat soluble vitamin E for routine therapy.