associated with a significant morbidity, gastro-
oesophageal reflux in the absence of this ab-
omaly is a relatively benign self-limiting condi-
tion, which in the case of vomiting infants can
usually be treated successfully by appropriate
and adequate thickening of feeds. I am there-
fore in no doubt as to the clinical importance
of distinguishing infants with reflux and par-
tial thoracic stomach (in whom the antireflux
contribution of the abdominal oesophagus is
absent) from those with reflux as the only
observed abnormality. Such reliance on the
prognostic significance of a partial thoracic
stomach is of course totally dependent on hav-
ing an experienced paediatric radiologist as a
colleague who is equally aware of the import-
ance of carefully examining infants with reflux
for a partial thoracic stomach.

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Growth after gut resection for Crohn's disease

StIR—We read with interest the paper by
McLain et al, and we would like to comment
on both the methodology of their data collec-
tion and the authors' conclusions. Firstly, this
was a retrospective study, and thus has
the major disadvantage of lacking standardisa-
tion in the collection of the aetiological data.
There is no mention in their paper of how
height measurements were recorded and stan-
ardised, or on the accuracy of the staging of
pubertal development.

Secondly, while agreeing with their findings
that the growth acceleration may occur
after surgery for Crohn's disease, we disagree
with their conclusion that 'catch up growth is
not limited by the stage of puberty'. We have
recently completed a large, prospective study
involving pubertal stages influencing growth
after bowel resection for Crohn's disease in 42
children requiring surgery before their 17th
birthday. All growth indices (including height
measurements every three months) were per-
formed prospectively by a clinical auxologist,
and an accurate pubertal staging was per-
formed in each patient at the time of surgery,
with the radiological bone age in the major-
ity of cases. Our data (Table 1) clearly show
a strong relationship between height veloc-
ity in the first postoperative year and the
pubertal status ( Tanner breast and genital
stage) at time of operation. The apparent lack
of effect of pubertal status on growth in the
study of McLain et al may merely reflect the
very small number of children in advanced
puberty (one), or the retrospective nature of
their data collection. In our opinion, the tim-
ing of surgical intervention is vital, and should
be performed before puberty becomes too
advanced and the potential for catch up
growth is lost. This is in direct contrast to the
conclusion stated in their paper.

Finally, we monitor growth very carefully
in all our children with Crohn's disease. Any

Mean preoperative and postoperative height
velocities (cm/year) in 42 children undergoing
bowel resection for Crohn's disease grouped
according to puberal status at time of operation

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepubertal:</td>
<td></td>
</tr>
<tr>
<td>stage I (n=18)</td>
<td>1.85</td>
</tr>
<tr>
<td>Early puberty: stages 2 or 3 (n=14)</td>
<td>2.81</td>
</tr>
<tr>
<td>Late puberty: stages 4 or 5 (n=10)</td>
<td>3.32</td>
</tr>
</tbody>
</table>

*p<0.001, #p=not significant.

patient whose growth appears to be subopti-
mal is referred to a joint paediatric inflamma-
tory bowel disease/growth clinic every three
months, which is staffed by a paediatric gas-
troenterologist, a paediatric endocrinologist,
and a clinical auxologist, to give the appro-
priate strategy for managing the prob-
lem (for example, surgery) at an early stage.

SIR—We have reviewed the literature on the
management of gastro-oesophageal reflux.

1 McLain BI, Davidson PM, Stokes KB, Beasley
SW. Growth after gut resection for Crohn's

Drs Davidson and Beasley comment:
Thank you for the opportunity to reply to the
reproduction of Evans et al. We agree com-
pletely with their comments regarding the
relationship of the timing of surgery to
puberty on catch up growth in Crohn's dis-
ease. Although we acknowledge that we have
insufficient patients in advanced puberty to
comment on the effect on growth of the stage
of puberty, our data would suggest that catch
up growth is not limited by the onset (as dis-
tinct from stage) of puberty. The one patient
in advanced puberty clinically who exhibited
catch up growth after surgery did not have his
bone age assessed.

Like Evans et al we would emphasise the
importance of careful ongoing growth moni-
torings in these children. The use of a mul-
tidisciplinary team provides optimal manage-
ment of children with Crohn's disease.

Finally, we are pleased to find that the pros-
tpective data of Evans et al support our retro-
spective observation.

The paediatric departmental library

What should be the priority for the paediatric-
ian when financial considerations reign and
access to current literature is still via books
and journals? The rate of change in paediatric
practice and slowness of publication in jour-
nals and especially in textbooks lead to such
a rapid obsolescence that departmental libraries

are rarely of use for any in depth study. They
provide a source to back up basic case presen-
tations but at a considerable expense. It is
impossible to keep short list key titles as every
paediatrician has a favourite selection of titles
that have proved to be of particular value.
These titles have often been selected because
the paediatrician has been asked to refer to
particular book or because a particular subject
caught his/her eye from browsing through the
unsolicited mailed catalogues or at bookshops
at conferences. Most medical schools are per-
suing developments to adopt a centralised
library system for the sake of more efficient
lending schemes and security. So what does the
paediatrician provide for the juniors who
rarely have time to reach the central and some-
times distant library?

There must be the equivalent of a paediatric
encyclopaedia covering most common sub-
jects, such as the Textbook of Paediatrics by
Forfar and Arnett or Nelson's Textbook of
Pediatrics. Then a selection of system or dis-
 ease based textbooks should be available.

The exact proportion of the subjects will depend
on the case mix of the unit. Most paediatricians
will have no precise idea as to whether they can be
maintained in their current editions is unlikely at
cheap but effective way of maintaining a more
up to date reference for junior staff who are
looking for a file of review articles from paediatric
journals or free journals such as Hospital Medicine,
Medicine International, Update, Hospital
Update, Prescriber's Journal, and Drugs
and Therapeutics Bulletin. There is also the
problem of using photocopiers has made this
easier, although care must be taken to avoid
infringing the copyright laws. Another very useful
practice is to incorporate a photocopy of a key
article in the hospital notes of the patient with
this particular diagnosis. It is important to
keep updating this and to include this article
in the departmental 'useful literature' file.

The filing system is unlikely to succeed unless
it is clearly one individual's responsibility and
that should be at fairly senior level.

However, we are on the brink of the break-
through in data retrieval which has had the
Medline searches and now the CD ROMs as
forerunners. When the computer terminal is
as familiar and essential an item on the desk
in consulting room and wards, on-line service
will enable you to access up to date original
articles and learned reviews at the touch of a
few buttons. I can foresee the time when the
medical details (plus accounting data) is entered
into the consulting room computer an automatic
search will be made for relevant new literature
on that child's condition. A summary of this
will be available for inclusion in the word pro-
cessed report that will be available for any of
the child's professionals to access, as well as
for inclusion in the hardcopy that the parents
will be carrying. So the medical library will
pass into the mists of memory as the stockmar-
ket runners have and as the filing rooms in
hospital will.

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