associated with a significant morbidity, gastro-
eosophageal reflux in the absence of this an-
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. 1 I am there-
fore in no doubt as to the clinical importance 
of distinguishing infants with reflux and cen-
tral nervous (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 
spine 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 spine.

1 J Carré
Le Val, 
Los Bliq, 
St Andrews, 
Guernsey.

Channel Islands

Growth after gut resection for Crohn's disease

Sir,—We read with interest the paper by 
McLain et al, and we would like to comment on both the methodology of their data col-
collection and the authors' conclusions. 1 Firstly, 
this was a retrospective study, and thus has the 
minor disadvantage of lacking standardisa-
tion in the collection of the auxological data.

There is no mention in their paper of how 
weight measurements were recorded and stan-
dardised, 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 
into the factors influencing growth after 
bowel resection for Crohn's disease in 42 chil-
dren requiring surgery before their 17th birth-
day. All growth indices (including height meas-
urements 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, 
together with the radiological bone age in the 
majority of cases. Our data (table I) clearly 
show a strong relationship between height 
velocity 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 pubertal status at time of operation

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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 determine the 
appropriate strategy for managing the prob-
lem (for example surgery) at an early stage.

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

Dr S Davidson and Drs Beasley comment: 
Thank you for the opportunity to reply to the 
correspondence 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-
case. 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 mea-
surements 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 pro-
spective data of Evans et al support our retro-
spective observation.

SPRING BOOKS

The paediatric departmental library

What should be the priority for the paediat-
rician 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-
als 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 list all the shortlist 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 
such a book or because a particular subject 
catch his/her eye from browsing through the 
solicited mailed catalogues or at bookshops 
at conferences. Most medical schools are per-
forming departments to adopt a centralised 
library system for the sake of more efficient 
searching and security. So what does the 
 paediatrician provide for the juniors who 
really have time to reach the central and some-
times distant library?

There must be the equivalent of a paediatric 
encyclopaedia covering all most common sub-
jects, such as the Textbook of Paediatrics by 
Forfar and Arneil or Nelson's Textbook of 
Paediatrics. 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 general 
paediatricians will want to know whether 
they can be maintained in their current editions 
is unlikely at all. A cheap but effective way of 
maintaining a more up to date reference for 
junior staff will be 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. The diffi-
culty is the archiving and security. However the 
availability of photocopiers has made this easier, 
even though care must be taken to avoid infring-
ing 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. 
This filing system is unlikely to succeed until 
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 ward teams, it will be able 
to access up to date original articles and 
learned reviews at the touch of a few buttons. I 
can foresee the time when as 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 
remain in the mix of libraries as the stock mar-
ter runners have and as the filing rooms in 
hospital will.

A Paediatric Vade-Mecum. 12th Ed. Edited 
by Jack Inlay. 12th Ed. (Pp 296; E13.95 

Who needs a Filofax when he can have the 
vade-mecum? This remarkable little book 
must have a greater concentration of paediat-

ARCHIVES OF DISEASE IN CHILDHOOD