associated with a significant morbidity, gastro-oesophageal reflux in the absence of this anomaly is a relatively benign self limiting condition, which in the case of vomiting infants can usually be treated successfully by appropriate and adequate thickening of feeds.[4] I am therefore in no doubt as to the *clinical* importance of distinguishing infants with reflux and a partial 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 having an experienced paediatric radiologist as a colleague who is equally aware of the importance of carefully examining infants with reflux for a partial thoracic stomach.

I J CARRÉ
Le Val Farm,
Les Blicqs,
St Andrew's,
Guernsey,
Channel Islands

1 Milla PJ. Reflux vomiting. *Arch Dis Child* 1990; **65**:996–9.
2 Carré IJ. The natural history of the partial thoracic stomach (hiatus hernia) in children. *Arch Dis Child* 1959;**34**:344–53.
3 Carré IJ. Clinical significance of gastro-oesophageal reflux. *Arch Dis Child* 1984;**59**: 911–2.
4 Carré IJ. Management of gastro-oesophageal reflux. *Arch Dis Child* 1985;**60**:71–5.

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 collection and the authors' conclusions.[1] Firstly, this was a retrospective study, and thus has the major disadvantage of lacking standardisation in the collection of the auxological data. There is no mention in their paper of how height measurements were recorded and standardised, or on the accuracy of the staging of pubertal development.

Secondly, while agreeing with their findings that dramatic 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 investigating factors 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 performed prospectively by a clinical auxologist, and an accurate pubertal staging was performed in each patient at the time of surgery, together with the radiological bone age in the majority of cases. Our data (table) 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 timing 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 patient whose growth appears to be suboptimal is referred to a joint paediatric inflammatory bowel disease/growth clinic every three months, which is staffed by a paediatric gastroenterologist, a paediatric endocrinologist, and a clinical auxologist, to determine the appropriate strategy for managing the problem (for example, surgery) at an early stage.

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

	Boys		Girls	
	Before surgery	*After surgery*	*Before surgery*	*After surgery*
Prepubertal: stage 1 (n=18)	1·85	7·40*	1·64	9·08*
Early puberty: stages 2 or 3 (n=14)	2·81	8·20*	2·23	7·14*
Late puberty: stages 4 or 5 (n=10)	3·32	4·50†	2·87	3·09†

*p<0·0001, †p=not significant.

C M EVANS
J M W KIRK
M O SAVAGE
J A WALKER-SMITH
Academic Department of Paediatric Gastroenterology and Department of Child Health,
St Bartholomew's Hospital,
London EC1A 7BE

1 McLain BI, Davidson PM, Stokes KB, Beasley SW. Growth after gut resection for Crohn's disease. *Arch Dis Child* 1990;**65**:760–2.

Drs Davidson and Beasley comment:

Thank you for the opportunity to reply to the correspondence of Evans *et al*. We agree completely with their comments regarding the relationship of the timing of surgery to puberty on catch up growth in Crohn's disease. 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 distinct 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 measurements in these children. The use of a multidisciplinary team provides optimal management of children with Crohn's disease.

Finally, we are pleased to find that the prospective data of Evans *et al* support our retrospective observation.

SPRING BOOKS

The paediatric departmental library

What should be the priority for the paediatrician 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 journals 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 presentations but at a considerable expense. It is impossible to 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 review that 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 persuading departments 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 sometimes distant library?

There must be the equivalent of a paediatric encycylopaedia covering most common subjects, such as the *Textbook of Paediatrics* by Forfar and Arneil or Nelson's *Textbook of Pediatrics*. Then a selection of system or disease based textbooks should be available. The exact proportion of the subjects will depend on the case mix of the unit. Most general paediatricians will have these books but whether they can be maintained in their current editions is unlikely at present. A cheap but effective way of maintaining a more up to date reference for junior staff is to organise 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 difficulty is the archiving and security. However the availability of 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. This 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 breakthrough 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 alike, we 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 processed 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 stockmarket runners have and as the filing rooms in hospital will.

GRAHAM CLAYDEN
Reader in paediatrics

A Paediatric Vade-Mecum. 12th Ed. Edited by Jack Insley. 12th Ed. (Pp 296; £13·95 paperback.) Edward Arnold, 1990. ISBN 0-340-52693-9.

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

ric data, in terms of facts per cubic centimetre, than any equivalent volume. This 12th edition has built on the proved worth of its predecessors by the addition of a chapter on resuscitation and by extensive refurbishment of other sections. It now covers most paediatric emergencies, infections and immunisation, neonatalogy, nutrition, fluid and electrolyte treatment, prescribing, investigations, developmental paediatrics and sundry other topics, all in the space of 300 pages. This is achieved by a condensed but careful layout on good white paper, though in places the print is so small as to tax the presbyopic. Nearly 30 contributors are listed—an impressive parade of the paediatric talent of Birmingham. The multiplicity of authors results in variations of approach, some favouring a more discursive style but only a few giving references. The scope of the book is vast but the depth is variable, reflecting the expertise and influence of each author. Some sections are rather sketchy, and others are more detailed and academic, sometimes well beyond the needs of the busy doctor in a general hospital.

A book that is such a 'Jack of all trades' cannot hope to master them all with equal success. The section on prescribing is particularly good with drug dosages set out with space and clarity. The sections on neonatology and developmental paediatrics, however, are so condensed that a person working in these areas would also need a more specialist text. Indeed one wonders if the cursory outline of developmental paediatrics sits happily in what is basically a 'hospital' book. The new house officer will look in vain for guidance on procedures, a common source of anxiety for the newcomer to paediatrics, but once the drip is up he or she can find a wealth of advice on what to put through it. The chapter on nutrition contains much useful data and good sense. The list of voluntary organisations and the advice on cot death add some humane leavening to an essentially clinical loaf. The brief section on burns could be improved by inclusion of a percentage chart for surface area and a firmer recommendation for analgesia. One important point that might be questioned is the definition of a glucose concentration of 1·5 mmol/l as the threshold for intervention in neonatal hypoglycaemia, which in the light of recent research is surely too low. There is also confused advice on pertussis immunisation together with an outdated schedule—the new one was introduced just as the book went to print.

Inevitably such a wide ranging book has points one can quibble over; however, the general standard of information and advice is excellent. The vade-mecum is a bargain at £13·95. Its portability is less relevant where white coats are not the fashion, but puts lady doctors with handbags at a definite advantage.

C J BACON
Consultant paediatrician

A Longitudinal Study of Adolescent Growth. By John M H Buckler. (Pp 450; DM 360 hardback.) Springer-Verlag, 1990. ISBN 3-540-19569-6.

Elephants and turtles (seagoing, not teenage mutant) take longer to reach maturity than man. As a consequence, adolescence in these animals is not well documented. Even so, few of us have the courage, long term confidence, and dedication to document, in large numbers of children, the relatively shorter period required to reach human maturity. Those that do succeed in such a task find their results providing reference data against which other individuals and other groups are matched. This book provides just such descriptive data on more than 300 children from secondary schools in Leeds, and a boys' public school in Berkshire, who were examined and measured three times a year between the ages of 10 and 18. The children were not randomly selected. The data are not complete in that prepubertal or late pubertal growth is missing for children who matured early or left school early. But these limitations are offset by the variety of anthropometric detail presented, the longtitudinal nature of the study, and, most impressive of all, the fact that the measurements were all taken by one observer—the author.

The book is constructed as a thesis. The chapters present various aspects of the study and discuss the findings and then present the relevant tables and figures. Over 150 pages at the end of the book are devoted to computer printouts of the centile distributions of measurements for the different groups of children. The rest of the book contains more pages of figures and tables than text. Thus this is not a book from which to learn the basic facts of adolescent growth for the Membership but an essential reference work for paediatric libraries, those with auxological aspirations, and as an armchair book for the seasoned growth expert who can compare Buckler's findings with his or her own interpretations of adolescent growth.

The wealth of figures and tables may make the book sound heavy going but in fact it is easy to read. Interpretations of the anthropometric findings are expressed clearly and concisely and the figures are drawn in such a way that other growth curves can readily be matched against them.

The wide spectrum of anthropometric change presented in this book leaves an overwhelming impression of the variety in adolescent growth which inevitably becomes fudged in cross sectional studies. This impression is enhanced by the discussion comparing the Buckler children with other studies. What rules does nature follow to determine growth when individual variation is so great? This reader longed for the extra dimension of parental size in the study. Adolescents wishing to achieve an ideal size must, I suspect, do one thing they could never do: choose their parents wisely.

ELIZABETH POSKITT
Senior lecturer in child health

Childhood Epilepsies: Neuropsychological, Psychosocial and Intervention Aspects. Edited by Bruce P Hermann and Michael Seidenberg. (Pp 264; £26·95 hardback.) John Wiley and Sons, 1989. ISBN 0-471-91270-0.

After an initial, orientating overview of childhood epilepsies (Dreifuss) this book comprises an interesting collection of chapters reviewing facets of the other side of epilepsy.

All the contributors are American apart from the authors of a rather familiar chapter on the effects of anticonvulsants on cognitive function (Cull and Trimble), and there is an essay by David Taylor demonstrating psychosocial components are no less important because they are difficult to measure.

The transatlantic differences in financial priorities revealed by some chapters are so great as to form their main impact and Britain does not do well by the comparison. The chapter on clinical monitoring introduces the child clinical neuropsychologist as a primary resource (Berent and Sackellares). Another on school performance suggests regular standardised psychometric assessments of children with epilepsy (Seidenberg). While 'vocational and psychosocial interventions for older adolescents' (Fraser and Clemmons) indicates a major difference in the allocation of funding in response to public laws.

The government paper proposing regional epilepsy centres remains but a dream for most of Britain, a dream resurrected at several points by this book, particularly by a final description of the comprehensive multidisciplinary inpatient unit for children with epilepsy in Charlottesville (Santilli and Tonelson). 'Behavioural approaches to management' (Schotte and DuBois), concentrates on compliance and mentions low cost medication containers with built in alarms that signal the times at which doses are to be taken (for example, the Electric Pill Box Timer, Alaron Incorporated). Behavioural strategies for the reduction of seizure rate are covered in only three pages which is disappointing. 'Epilepsy and mental retardation' (Zielinski) reviews its topic competently but seems to have strayed into this neighbourhood from another book.

There is a concise and helpful review of surgical treatment (Wyler) and an updated account of the cognitive prognosis for children with uncomplicated epilepsy (Rodin). A masterly summary of information processing in petit mal epilepsy by Mirsky describes interictal and preburst deficits and was for me the highlight of the book. A middle collection of three chapters, largely reporting local work, was less rewarding.

Many British children with epilepsy get rather a bad deal despite the efforts of their physicians.

It is easy to become tolerant of services as they are. There are not many ideas in this book that could be implemented without more money. Even if money was available, one might not wish to follow all of the paths trodden here.

M PRENDERGAST
Consultant child psychiatrist

Developmental Speech Disorders. Edited by Pamela Grunwell. (Pp 200; £19:95 hardback.) Churchill Livingstone, 1990. ISBN 0-443-03992-5.

Problems with speech and language development are the commonest problems encountered in the preschool population and for many will have long term implications. During the last 20 years there has been remarkable progress in applying the sciences of cognitive neuropsychology and linguistics to clinical practice. Our methods of looking at language development have during this time concentrated on the development of hierarchical linguistic subdivisions of language, for example semantics and phonology. It is likely that in the future there will be a greater concentration on how these different areas are linked and integrated, and the assumed psychological reality of those theoretical categories will be challenged, for example Bates *et al.*[1] Pamela Grunwell has edited this multiauthor book for a range of professionals interested in language and speech problems with the aim of setting current clinical practice within a theoretical framework.