that time. Because of this reflex we doubt the efficiency of screening boys for undescended testes at 1 year and at school entry. The figures from Tamhne et al confirm our opinion that too many boys will be operated on unnecessarily because of rettractility of the testes.

In 1989 a retrospective cohort study concerning the localisation of the testes from birth until puberty of 853 boys born in 1973 and living in West Friesland (The Netherlands) was done. In this study, which has been submitted for publication, we found a considerable number of boys with one or two undescended testes, that when previously measured, had been registered as scrotal. In all these boys the testes had assumed a normal scrotal position at puberty. This supports our advice that if the testes were descendent no further screenings are necessary.

We agree with Tamhne et al that there is a need to set clear guidelines for the diagnosis of undescended testes and for referral pathways. This is important especially to prevent unnecessary operations.

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1 Arch Dis Child 1990;65:909-11.

Crohn's disease

Sir,—Dr Puntis and colleagues have reported in this journal the first case of granulomatous lung involvement in a child with Crohn's disease.1 It is clear from many previous reports that pulmonary involvement is actually common in chronic inflammatory bowel disease, although only a minority of patients have symptoms or overt signs. Bonnere and colleagues have demonstrated, in 22 adults with Crohn's disease who had no pulmonary symptoms, reduced serum activity of angiotensin converting enzyme, lymphocytosis on bronchoalveolar lavage, increased superoxide anion production from activated alveolar macrophages, and abnormal pulmonary function tests.2 They concluded that most patients with Crohn's disease have latent pulmonary disease. After recent findings in this unit, we are now able to suggest a mechanism for this previously unexplained phenomenon.

We have demonstrated production of the cytokine tumour necrosis factor-α (TNF-α) by single macrophages in colon biopsies from patients with both Crohn's disease and ulcerative colitis,3 and have found raised serum concentrations of TNF-α in patients with relapsed colonic disease;4 we consider that chronic TNF-α elevation may contribute to anoxemia and growth failure. TNF-α has also been implicated in granuloma formation;5 granuloma epithelioid cells are in fact activated and transformed macrophages. TNF-α mRNA was found in large quantities within these experimentally induced hepatic granulomas during BCG infection. Cell 1989;65:731-40.


Arch Dis Child 1991;66:561-562

VIDEO REVIEWS