Comment

These findings show a selective reporting bias to the Committee on Safety of Medicines, with general practitioners notifying a greater proportion of adverse reactions that are of greatest clinical concern. Our estimates are subject to potential reporting and recall biases. Some doctors who had submitted a yellow card may not have completed the green form. We would have underestimated the proportion of yellow cards submitted if green form responders were less likely to complete yellow cards than green form non-responders. It seems more plausible that green form responders would be at least as likely to report yellow cards as green form non-responders. Doctors may not have indicated that a yellow card was submitted. As the number of yellow cards reported per doctor is low,[5] the impact of recall bias on our estimates is probably limited. Our overall estimate of underreporting corresponds to previous estimates.[5] The message that doctors should submit yellow cards for all suspected adverse drug reactions to "black triangle" drugs should be reinforced.

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Contributors: RMM was involved in formulating the study hypothesis, executing and coordinating the study, study design, analysis and interpretation of data, and writing the paper. KVK was involved in interrogating the prescription-event monitoring database and preparing the data for analysis and contributed to the writing of the paper. LVW was involved in study design, discussion of core ideas, quality control, and interpretation of data and contributed to the writing of the paper. RDM initiated the research project, discussed core ideas, helped formulate the study hypothesis, participated in study design, was involved in interpretation of results, and edited the paper. RDM will act as guarantor.

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Conflict of interest: None

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Neglect of growth and development in the clinical monitoring of children and teenagers with inflammatory bowel disease: review of case records

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Failure of growth and retarded sexual development are serious and common problems in children and teenagers with inflammatory bowel disease, particularly Crohn's disease. Thus height, weight, sexual staging, and bone age should be closely monitored in such patients. In 1989 we reported serious underrecording of these variables of growth in a cohort of Scottish children with inflammatory bowel disease.[1] We assessed the situation a decade later.

Subjects, methods, and results

We studied 28 boys and 13 girls aged ≤ 16 years at first admission to hospital with ulcerative colitis (n = 14) or Crohn's disease (n = 27). These patients, identified from the Scottish hospitals database of inpatients statistics for 1984-88, were resident in four of the Scottish regions.

We reviewed the patients' case records and noted whether height, weight, bone age, and sexual development were recorded. The frequencies of recording of these variables of growth were analysed by specialty of consultant. Since 14 (34%) of the patients were attending one consultant's (A) clinic, the frequencies of recording by this consultant were considered separately.

The table summarises the results. With the exception of consultant A, gastroenterologists, physicians, and surgeons made few recordings of height, and very few recordings of bone age or sexual development were made by any specialty, including paediatricians.

Comment

The causes of Crohn's disease and ulcerative colitis are unknown, but abundant evidence supports the clinical illness as being a composite effect of several variables both symptomatic and indolent. These include inflammatory disease activity, side effects of drugs, psychological distress, destructive ulceration, bone demineralisation, and growth failure. Growth failure is not confined to patients of paediatricians as growth and sexual maturation of young people with Crohn's disease often continue until age 20 or later. Despite this, few consultants in adult medicine or surgery record the physical development of teenage patients; perhaps the doctor assumes nothing specific can be done about growth failure, or this neglect may simply be an oversight.

We do not know if such neglect is unique to gastroenterologists, or whether similar findings would have emerged from studying the case records of teenagers with cancer, renal failure, asthma, rheumatic diseases,

Recording of height, weight, bone age, and sexual development by consultants during hospital based care of young people with inflammatory bowel disease (mean follow up, 7.1 years)

Type of consultant	No of consultants	No of patients*	Median No of visits per patient (range)	Total No of visits	Median percentage of visits		No of patients	
					Height recorded (range)†	Weight recorded (range)	Bone age ever recorded	Sexual development ever recorded
Gastroenterologist (consultant A)	1	14	23 (11-39)	313	51 (16-67)	92 (63-100)	12	13
Physician gastroenterologist	6	10	16 (4-27)	156	18 (0-50)	79 (50-100)	1	3
General surgeon	8	14	6 (2-31)	157	16 (0-60)	33 (0-100)	1	1
General physician	6	7	13 (3-30)	105	22 (0-67)	89 (14-100)	0	3
Medical or surgical paediatrician	7	17	19 (3-56)	386	89 (6-100)	93 (12-100)	1	3 (of 15 eligible)‡

*21 patients in care of more than one consultant.
†Some patients reached adult height.
‡Two patients aged <10 years were excluded.

or diabetes. A Royal College of Physicians Working Group on the transfer of young people with chronic physical disorders from paediatric to adult services has made 34 recommendations on health related aspects of transfer of care,[2] but the recording of growth and pubertal status are not mentioned.

Nutritionists may argue that accurate clinical measurement is a cornerstone of knowledge of the physiology and pathology of growth. Clinical investigators may emphasise that research on the pathogenesis and treatment of growth failure in disease requires accurate historical as well as prospective data. Psychologists, and probably most clinicians, patients, and parents, may agree that a patient's problems cannot be understood fully without recognition and discussion of physical and sexual differences between patients and their peers. Thus we reiterate[1] that consultants treating young people with inflammatory bowel disease need to be more aware of their patients' special nutritional and developmental problems, and should make regular measurements of the variables of growth.

Contributors: SG designed the study, collected, analysed, and interpreted the data, and prepared the paper. HED collected, analysed, and interpreted the data. AF designed the study, interpreted the data, and prepared the paper; she will act as guarantor for the paper.
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Words to the wise

Words that count

It is possible to suffer simultaneously from *acalculia* and renal *calculi*, which is an odd state of affairs, on reflection. Both terms come from the Latin *calculus*, a small stone: a word that is formed by adding a diminutive ending to *calx*, the Latin word for chalk or limestone. *Calx* gives us our words *calcium* and *calcine*; but the *os calcis*, you may note, is not a particularly chalky bone. For reasons unknown, the Romans also used *calx* to mean "heel," and our word *recalcitrant* derives from that usage: it suggests a person who is liable to kick with their heels, like a mule.

But we should return to the little stones: they can be used to *calculate*, if they are laid out in a grid pattern to allow addition and subtraction. The Romans marked out such a counting grid on a table they called an *abacus*: a word we now apply to a rather different counting device. The *counters* we move around gaming boards originally had this more serious arithmetical function, and shop *counters* were originally ruled out in grids so that merchant and customer could calculate their bill. *Exchequer* comes to us from the French, but it has the same connotations: a place where calculations were carried out on a chequered board.

Our word *number* has, as you might expect, an ancient history. It can be traced back to the ancient Greek *nemien*, to distribute or to divide up. (Their goddess *Nemesis*, for instance, was in the justice distributing business.) This idea of distribution also gave the Greeks their word *nomisma*, for a type of coin. From that, the Romans got *numerus*, number, and *nummus*, a coin. So we now talk of *numismatics*, the study of coins, and *nummular* eczema, which is distributed in coin-like plaques.

But the Greeks must have derived *nemien* from a more ancient Indo-European root, for it has cousins in the north European tongues, such as the German *nehmen* and the Old English *nim*, both meaning "to take." The Old English verb is with us still: *Nim* is the name of an ancient coin game, in which players take turns at removing coins from a grid-like array. It is much loved by games theorists and all who followed Martin Gardner's "Mathematical Puzzles and Diversions" column in *Scientific American*. *Numen*, the past participle of *nim*, gives us our word *numb;* in this case, it is sensation that has been removed. And a *nimble* person is one who is adept at seizing and taking away whatever is available.

By 1600, *nim* had fallen into disuse, except as a slang expression meaning "to pilfer," and Shakespeare used the word with this connotation. A modern audience can make a pretty good guess at the personalities of characters like Doll Tearsheet and Justice Shallow, but contemporaries could pick up other references that are now lost on us. When Master Slender accused Falstaff's cronies of stealing from his purse, Elizabethan attention would have turned immediately to that plausible rogue, Corporal Nym.

Grant Hutchison, *consultant anaesthetist, Dundee*

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake,* or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.