Aberdeen in 1964–65 when interviewing was carried out. From this sample of 2500, 300 possibly asthmatic children were medically examined and their parent or guardian interviewed by a paediatrician. 121 children were confirmed to be asthmatic. There were 84 boys and 37 girls: 16 of the 20 severe cases were boys. Age of onset of asthma showed that 98 (80%) had experienced their first attack by the age of 5.

There was a family history of asthma among first degree relatives in 64 (53%), of eczema in 14 (12%), and of allergic rhinitis in 21 (17%). The asthmatic children themselves showed other allergic manifestations: 35 (29%) had had infantile eczema, 27 (22%) had had flexural eczema, and 49 (37%) had had allergic rhinitis.

Review of therapy revealed that only one of the asthmatic children had received steroids before the survey. The group of 121 were graded according to severity—mild (50), moderate (51), and severe (20). Allocation was made on the basis of history and examination. Subsequent evaluation of pulmonary function tests showed good correlation with this grading.

Heights and weights of children in all grades tended to be below the mean, but those in the severe grade were at or less than 2 SD below the mean.

Sociological data obtained and evaluated revealed that there were significantly more of the severe asthmatics in the semi- and unskilled manual classes. The severe asthmatics tended to occur in families of 4 or more, regardless of social class. The IQ score at 7+ years showed that all asthmatics tended to score higher than the rest of the population. This was particularly apparent in the semi- and unskilled manual classes where the mean IQ of the asthmatics was 109 and that of the population 102.

The over-all prevalence of asthma in this sample of Aberdeen schoolchildren was 4·8%.

**Arterial Blood Gas Tensions and pH in Acute Asthma in Childhood**

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The arterial blood gas tensions and pH in 21 children studied during 24 acute attacks of asthma were reported. All were hypoxic on admission to hospital, and in 10 there was evidence of CO₂ retention. Cyanosis, invariably present when the arterial oxygen saturation was below 85%, and restlessness in patients breathing air, were the most reliable indices of the severity of hypoxia. There were no reliable clinical guides to the P_CO₂ level. Conventional oxygen therapy in tents (25–40%) did not always relieve hypoxia, and in 3 cases the administration of oxygen at a concentration of 40% or over failed to produce a normal arterial oxygen tension. Uncontrolled oxygen therapy could aggravate respiratory acidosis, and 2 children developed CO₂ narcosis while breathing oxygen. The necessity for blood gas measurements in the management of severe acute asthma in childhood was emphasized.
Some biochemical aspects of intrauterine growth retardation.

F. Cockburn

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