Table  South West Thames: No (%) of babies of birthweight <1000 g resuscitated and surviving to go home

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitated:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St George's Hospital</td>
<td>13</td>
<td>18</td>
<td>18</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Rest of SW Thames</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>37</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>57</td>
<td>60</td>
<td>64</td>
<td>72</td>
</tr>
<tr>
<td>Surviving to go home:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St George's Hospital</td>
<td>4 (31)</td>
<td>10 (56)</td>
<td>9 (50)</td>
<td>16 (59)</td>
<td>18 (64)</td>
</tr>
<tr>
<td>Rest of SW Thames</td>
<td>4 (10)</td>
<td>10 (26)</td>
<td>17 (40)</td>
<td>11 (30)</td>
<td>21 (48)</td>
</tr>
<tr>
<td>Total</td>
<td>8 (15)</td>
<td>20 (35)</td>
<td>26 (43)</td>
<td>27 (42)</td>
<td>39 (54)</td>
</tr>
</tbody>
</table>

being effectively resuscitated and generally around the region are being managed so that they can go home. The greater expectations have implications for the provision of care. Intelligent anticipation by regional obstetricians with in utero referral is now commonplace, and baby units that are not staffed to practise even short term care provide effective resuscitation, so that the percentage of infants dying before transfer to an intensive care unit has fallen from 40% in 1980 to 19% in 1984.

References

NEIL MCINTOSH
St George's Hospital Medical School,
London SW17 0RE

Food related asthma: a difference between two ethnic groups

Sir,

I read the article by N M Wilson1 with interest. I was not surprised by the findings and feel I must express some reservation regarding its conclusions.

As a severely atopic child growing up in South India I can remember well my parents' admonitions relating to iced and fizzy drinks, fried foods, nuts, and chocolate. A deep sense of guilt, and a heavy wheeze, often accompanied my return home from children's parties. In the family inquest that usually ensued the atmosphere of dark suspicion and recrimination did little to alleviate bronchospasm. A school mate suffering from recurrent cystitis had similar food restrictions imposed (ice 'brought a chill to the kidneys').

Auto suggestion certainly played a major role in my reaction to foods. When, at the age of 21, I made the decision to remove milk and eggs from my diet a complete and permanent resolution of eczema resulted within weeks. Asthma that had been controlled for eight years only by the use of continuous systemic steroids regressed to four or five attacks a year. These are now triggered off by common antigen exposure—that is, house dust, pollens, and heavy exercise.

There are widespread food taboos on the subcontinent. The above mentioned foods are often incriminated in many relapsing ailments—for example, diarrhoea and migraine. Conversely, foods considered beneficial, like milk and eggs, are rarely, if ever, considered for indictment.

I therefore find it difficult to accept the conclusion that Asian asthmatic children have food sensitivities that are in any way excessive or peculiar. A control study of Asian children with non-asthmatic chronic disorders might be of value. It would also be interesting to know what proportion of the children studied derived from homes where first or second generation traditional influences still apply.

Camille de San Lázaro
Royal Victoria Infirmary,
Newcastle upon Tyne NE1 4LP

Dr Wilson comments:

The implication of Dr de San Lázaro's letter is that the ethnic difference found in the survey could merely be the spurious result of cultural taboo and that any experience of food related asthma in the Asian children was due to suggestion. She provides no evidence, however, that her symptoms as a child, after ingestion of certain incriminated foods, were in fact psychogenically determined rather than a genuine response to the ingested substances. In contrast, the claim that ice, fizzy drinks, and fried foods can precipitate asthma in Asian subjects was based on the results of controlled challenge tests.1-3 I think it highly unlikely that these positive responses were due to suggestion even when the tests were performed single blind. For example, ice but not placebo induced a significant increase in bronchial responsiveness that was greater at 90 than 30 minutes after ingestion, without a change in resting lung function.1 Because of the way the tests were conducted the subjects were unaware whether a positive response had occurred or not. Suggestion can undoubtedly induce bronchoconstriction, but an increase in bronchial responsiveness due to psychogenic factors has not been reported. Admittedly, one cannot be sure that every child giving a positive answer in the survey had experienced such an effect nor that all those with negative answers had not. However, positive histories were confirmed in almost all of the Asian children challenged with ice,1 cola drinks,2 and fried foods.1 On the other hand, asthma in the older child due to milk or egg intolerance, in the experience of myself and others using diagnostic elimination diets, is uncommon. It is not suggested that the incriminated substances are the cause of asthma in Asian children but rather that they act as an asthmogenic stimulus, as do exercise and smoke in asthmatics in general.

A control study of Asian children with non-asthmatic chronic disorders might be interesting but irrelevant. The fact that other disorders such as cystitis may be erroneously
Food related asthma: a difference between two ethnic groups.
C de San Lazaro

Arch Dis Child 1986 61: 97-98
doi: 10.1136/adc.61.1.97

Updated information and services can be found at:
http://adc.bmj.com/content/61/1/97.1.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/