volume in one second (FEV1 in ml, Pulmonet, Physiosystem), peak expiratory flow rate (PEFR in 1/min, mini Wright), heart rate (pulses/min). Results as mean (SD) were compared by analysis of variance. The three groups (11 in each) did not significantly differ in age (Nebulhaler: 8-5 years, range 4-5-13 and Turbuhaler: 10 years, range 6-14). There was no difference between the baselines for these variables. Results in efficacy are presented in the table. Both treatments were effective at 15 minutes to improve lung function compared with baseline (p<0.01 for all variables) with little further improvement at 30 minutes. No difference between treatments could be demonstrated at any time for these variables. No cardiovascular effect was observed in the Nebulhaler group. In the Turbuhaler group, a slight increase in heart rate (median: 80 to 86 pulses/min) was observed.

In conclusion, inhalation of terbutaline via Turbuhaler gave similar increase in lung function as a metered dose inhaler plus Nebulhaler in children above the age of 5 years with moderately acute exacerbation of asthma. The Turbuhaler is easy to use and to carry and can be recommended for paediatric use.

P RUFIN M R BENOIST F DE BLIC G BRAUNSTEIN P SCHEINMANN Servic d'Allergologie et de Pneumologie Infantiles, Hôpital des Enfants Malades, 149 rue de Stères, 75743 Paris and Laboratoire Astra-France, 92000 Nanterre, France.
Day case ligation of patent ductus arteriosus in premature infants.

K L Dodd

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