It seems unwise to assume the haemoglobin concentrations reported by Emond et al., are lower than those that would have been obtained from the same children. Their method of sampling appears to be similar to our own, and given the bias to slightly higher values obtained with the Hemocue (assuming the values given by a laboratory analyser represent truth), it is possible that venous haemoglobin values in their population could be on average some 5 g/l lower than those reported for skin puncture samples.

R F HINCHLIFFE
L M ANDERSON
Roald Dahl Paediatric Haematology Centre,
Sheffield Children’s Hospital, Western Bank,
Sheffield S10 2TH

4 Coburn TJ, Miller WV, Parrish WD. Unacceptable variability of haemoglobin estimation on samples obtained from ear punctures. Transfusion 1977; 17: 265-8.

Stronger arguments against the use of bicarbonate may need the combined intervention of health professionals and parents, the latter using the rights for special needs education prescribed by the Children Act as a basis for their lobbying.

The United Kingdom Children’s Cancer Study Group (UKCCSG) has made considerable progress in developing audited, collaborative research protocols that will allow assessment of the relative merits of different treatments. There is a need for ever closer neurosurgical input into clinical trial development.

Such a reorganisation of facilities for childhood brain tumour would be greatly assisted by the development of specialist purchasing guidelines that define core standards of care. This process has been discussed by representatives of the paediatric neurosurgical and oncological interest groups of the UKCCSG. Approval of all the relevant royal colleges is being sought.

We hope that we can ensure more consistent service provision for UK children with brain tumours. Current inequalities in health service availability become too obvious when high profile cases seeking international referral hit the national headlines.

DAVID A WALKER
(Chairman UKCCSG Brain Tumour Committees)
Department of Child Health,
University of Nottingham,
Floor E, East Block,
Queen’s Medical Centre,
Nottingham NG7 2UH

ANTONY J MICHALSKI
(UKCCSG Brain Tumour Committee Member)
Department of Haematology and Oncology,
Great Ormond Street Hospital for Children NHS Trust,
Great Ormond Street,
London WC1N 3JH

Paediatricians’ knowledge of cardiac arrest guidelines

Professor Dr Buss comments:
There was a typographical omission from the reference for the APLS guidelines—hence the problem that Dr Ward encountered. The third reference should have ended: London: BMJ Publishing Group, 1993 (reprinted with revisions 1994). The study itself used the current guidelines at the time (1994), and we stressed in our second paragraph that the 'Guidelines for paediatric resuscitation published by the European Resuscitation Council (1994) are incorporated within the advanced paediatric life support protocols'. This directly infers that we were using the 1994 APLS protocols but the failure to indicate this accurately in the references was not picked up by ourselves or the referees and Dr Ward is to be congratulated for noticing this incongruity. The controversy over the use of bicarbonate was clearly mentioned in the second part of our paragraph on asystole and although results were included they did not affect overall figures for sequence failure. With regard to the use of a precardial thump—this has similar connotations to bicarbonate usage and in the scenario that we gave would be neither warranted or desirable.

Dr Edward—as the trend of the incidence of the sudden infant death syndrome (SIDS) in Austria 1 strikingly resembles the one presented by Gilbert from England and Wales 2 (see figure 1). However, in our opinion there are several arguments against the widespread assumption of a causal relationship between the prime sleeping position and SIDS.

Primarily, it was at the 13th International Paediatric Congress in Vienna in 1971 that the assumed advantages of the prone sleeping position were first presented by the Austrian paediatricians Reisertbauer and Czerak. 3 If the prone sleeping position were to be blamed for the growing occurrence of SIDS,

![Figure 1: Mortality from SIDS and postneonatal mortality (PNM) in England and Wales (E/W) and Austria (A).](http://adc.bmj.com/Downloaded from)
Paediatricians' knowledge of cardiac arrest guidelines.

S J Ward

Arch Dis Child 1996 75: 171
doi: 10.1136/adc.75.2.171-a

Updated information and services can be found at:
http://adc.bmj.com/content/75/2/171.2.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/