LETTERS TO THE EDITOR

Rapid responses

If you have a burning desire to respond to a paper published in ADC or FE/N, why not make use of our “rapid response” option?

Log on to our website (www.archdischild.com), find the paper that interests you, click on “full text” and send your response by email by clicking on “submit a response”.

Providing it isn’t libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on “read rapid responses” on our homepage.

The editors will decide, as before, whether to also publish it in a future paper issue.

Protective role of cerebrospinal fluid in brain injuries

EDITOR,—We would like to offer a simple model of brain injury which explains many features of “closed skull” injuries—that is, those where damage results from the action of inertial forces only.

The model is easily constructed as follows. Fill a jam jar to the brim with water. Glue two threads to an egg, suspend the egg in the water. When the jar is rotated, inertia tends to increase the acceleration of the egg relative to what it would have been in the absence of the viscous drag. A force is therefore associated with increased serum levels of ECP, and it is therefore to be expected that the asymptomatic asthmatic will have higher ECP levels than the mostly non-atopic controls.

J GRIGG
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Reliability of percentage ideal weight for height

EDITOR,—I write to point out an error in a recent paper by Poustie and colleagues. The authors state that there is no computer package available in the United Kingdom for calculating percentage weight for height (%WFH). This is incorrect, and for many years there has been available just such a package entitled WAH, under the copyright of Great Ormond Street Hospital for Children NHS Trust. The programme can be used with any version of Windows from 3.1 upwards, Excel, and on Psion hand held computers. The programme was produced by the Eating Disorders Research Team at Great Ormond Street and can be purchased from me at the address given below.

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Answers to quiz on page 164.

1. Adult respiratory distress syndrome and sand aspiration. The spirometry findings suggest air trapping by grains of sand, causing blockage of inspiration and expiration via a ball valve mechanism.

2. A CT scan of the lungs and a bronchoscopy, with diagnostic and therapeutic lavage.

3. Drowning and near drowning account for a significant morbidity and mortality in children, especially in seawater areas. The incidence of aspiration of mud, sand and aquatic vegetation is less well known. A high index of suspicion is required as management may include diagnostic and therapeutic endobronchial/alveolar lavage. Initial clues to significant aspiration include increased peak airway pressures during mechanical ventilation and the appearance of a sand bronchogram on the x-ray.

CORRECTION

An error occurred in table 2 of Wisborg and colleagues’ recent paper (Arch Dis Child 2000;85:203–6). The correct figures are given in the table printed below:

Table 2 Crude and adjusted OR of SIDS according to different categories of smoking habits during pregnancy

<table>
<thead>
<tr>
<th>Total no. with SIDS</th>
<th>Total no.</th>
<th>OR (95% CI)</th>
<th>Adjusted* OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-smokers from 16 weeks’ gestation</td>
<td>17536</td>
<td>8</td>
<td>0.5</td>
</tr>
<tr>
<td>Smokers</td>
<td>7450</td>
<td>12</td>
<td>1.6</td>
</tr>
<tr>
<td>1–9 cigarettes/day</td>
<td>3249</td>
<td>5</td>
<td>1.5</td>
</tr>
<tr>
<td>10+ cigarettes/day</td>
<td>4201</td>
<td>7</td>
<td>1.7</td>
</tr>
</tbody>
</table>

*Adjusted for maternal age

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