methylprednisolone in doses of 30 mg/kg/day for three days, 20 mg/kg/day for four days, and subsequently 10, 5, and 2 mg/kg/day for one week each, respectively, followed by 1 mg/kg/day until their haemoglobin concentration reached 11 g/dl, as described previously in the treatment of childhood acquired aplastic anaemia.² Haemoglobin reached this concentration in 34, 62, and 194 days, respectively.

Liver and spleen became normal in size, with rises in leucocyte and platelet counts and haemoglobin concentrations to normal, a decrease in reticulocyte count, and disappearance of normoblastaemia in the first two cases and improvement in the third child. The patients' plasma haemoglobin concentration and alkaline phosphatase activity decreased to normal, with normalisation of haptoglobin concentrations. Their bone marrow became normocellular as studied by needle aspiration, but their bones have not been influenced by treatment yet according to findings on x ray film.

Although currently one child could only detect light and still had mild exophthalmus and all had macrocrania, their growth and development were appropriate for their ages. The two younger cases still required 2.5 mg prednisone daily and the third was currently on intravenous treatment. With the exception of Cushingoid appearance during high dose administration, they did not have any side effects of treatment with corticosteroid, such as hypertension, hyperglycaemia, or growth retardation.

I would also like to question the laboratory findings of the authors' second case, who had a normal (or raised) haptoglobin concentration (5 mg/dl), despite pronounced plasma free haemoglobin (125 mg/dl), which does not agree my findings or expectations.

References

- ¹ Dorantes LM, Mejia AM, Dorantes S. Juvenile osteopetrosis: effects on blood and bone of prednisone and a low calcium, high phosphate diet. *Arch Dis Child* 1986;**61**:666–70.
- ² Özsoylu Ş, Coşkun T, Minassazi Ş. High dose intravenous glucocorticoid in the treatment of childhood acquired aplastic anemia. *Scand J Haematol* 1984;**33**:309–16.

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Diamond Jubilee issue

Sir,

The Diamond Jubilee issue of the *Archives* provided fascinating accounts of those who over the years have guided it to its present state of eminence as a paediatric journal. Three citations were omitted—namely, those of the present editors Roy Meadow and Bernard Valman and the associate editor Malcolm Chiswick. While we recognise and respect their modesty, we should not let the occasion pass without acknowledging the very important part which they have played in maintaining and enhancing the position of the *Archives*. To Roy Meadow, who will shortly be giving up the senior editorship, we owe a particular debt of gratitude.

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Working party on cystic fibrosis

Sir,

In Dr Jackson's synopsis of the recent report of the British Paediatric Association working party on cystic fibrosis mention is made of the proposal 'that there should be one centre with from 50 to 100 patients in most regions'.¹ In some National Health Service regions it is clear that more than one cystic fibrosis centre will be needed so perhaps the proposal should be amended to 'at least one centre with from 50 to 100 patients in most regions'. The staffing levels suggested for a clinic with 50 patients should, of course, be increased pro rata for larger clinics.

Reference

- ¹ Jackson ADM. Working party on cystic fibrosis. *Arch Dis Child* 1986;**61**:724.

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