the classical nine month regimen containing rifampicin, isoniazid, and ethambutol.

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Accidental poisoning

Sir,

Dr Craft's annotation on accidental poisoning raises some interesting points.¹ The Republic of Ireland has no regulations concerning use of child resistant containers or closures. Despite considerable effort and input into public education (return used medicines campaigns, 'play it safe' series, posters, and television campaigns by the Health Education Bureau and others, etc) the number of children attending our hospital after accidental drug ingestion has not altered (table).

Table No of children attending hospital after accidental drug ingestion

Ingestions	1975 ²	1980 ³	1983 ⁴	1987
Total No of children	322	237	323	230
Salicylates	67	34	30	11
Paracetamol	19	24	40	40

In 1987 a working party convened by the Faculty of Paediatrics of the Royal College of Physicians of Ireland concluded that application of child resistant containers to all medications on a regulatory or voluntary basis could be counter productive, especially where the drug contained therein was not toxic (vitamins, antibiotics, etc). It tried to select out those drugs which are most commonly ingested or most potentially toxic and recommended that they be dispensed in child resistant containers. The following groups of drugs were included:

- Aspirin, paracetamol, and other analgesics
- Non-steroidal anti-inflammatory agents
- Iron (haematinics)
- Antihistamines, including antitussives and decongestants

- Anticonvulsants
- Digoxin
- Theophylline and derivatives
- Sedatives, hypnotics, and tranquillisers
- Tricyclic and other antidepressants
- Opiate derivatives, including preparations containing diphenoxylate
- Appetite suppressants

It was estimated that the above groups of drugs account for about 60-70% of accidental ingestions presenting to hospital. It was suggested that ordinary containers could be provided on the request of patients, to old or disabled people, or at the discretion of the prescribing doctor or dispensing pharmacist.

The secret of success in accident prevention is access prevention. Child resistant containers constitute the most consistent method of prevention. Every consequence of accidental poisoning (induced emesis, gastric lavage, hospital admission, intravenous fluids) is extremely unpleasant to that most vulnerable group—toddlers and preschool children.

It never ceases to amaze me how little apparent consumer resistance there is to some everyday individually wrapped items (milk, marmalade, mayonnaise, peanuts) which can be extremely difficult to open. Therefore on with child resistant containers in a wider range of medications and household chemicals!

Finally, there is one commercial closure for use with liquids—'Squeeze 'N Turn' (United Closures and Plastics).

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Isolated pulmonary histiocytosis

Sir,

Isolated pulmonary histiocytosis is indeed a rare disorder, but it is not as rare as reported by McDowell *et al* in their article.¹ In world literature, 11 cases of isolated pulmonary histiocytosis in the paediatric age group have been reported.²

The prognosis of isolated pulmonary histiocytosis is grave. Of 11 reported cases, six died within one year of diagnosis.² Most of these patients were treated with a combination of steroids and alkylating agents. Nondahl *et al* reported one case who improved with steroids alone.²