The yearly number of admissions for asthma rises steadily as in Brighton, but, for the 0–4 age group in particular, bronchitis accounts for a significant proportion of admissions in the early 1980s (see figure) with a steep fall in later years.

Bronchitis appears to be losing popularity as a diagnosis, which suggests that most of the children given this label really had asthma. Terms such as ‘wheezy bronchitis’ may be used more commonly in some areas of the country and be coded on an arbitrary basis as either ‘acute bronchitis’ (ICD code 466.0) or ‘asthma’ (ICD code 493) which may cause confusion.

We would suggest that figures for both diagnoses are examined in comparative studies where the precise diagnostic and coding criteria are not known.

Reference


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From the Editors

Dr Douglas Gairdner has drawn our attention to the unfortunate error in our editorial note at the end of his article on Great Ormond Street 50 years ago. He writes: ‘far from being the “only consultant paediatrician” during my years in Cambridge, throughout I was fortunate indeed in having as a colleague, research partner, and also close friend, Dr Janet Roscoe, who was a consultant paediatrician.’

Reference