Vietnamese origin. The incidence of SIDS varied from 0.9 to 1.5 per 1000 and was significantly higher in the groups which had been longer in the United States. The same authors had previously reported an incidence of SIDS among Chinese babies in California that was 38 times that found by Davies in Hong Kong.

Whether these differences are environmentally or culturally determined, or whether there is something about people who emigrate which makes them more likely to suffer SIDS than those who stay put, is not known. Do the Chinese in California lie their babies prone?


Severe neonatal respiratory failure
Extracorporeal membrane oxygenation and carbon dioxide removal for the management of severe acute respiratory failure has been on the horizon for some years now but its application to the newborn has been slow. A report from Paris (Chevalier J-Y et al, Lancet 1990;335: 1364-6) describes the use of this technique in 20 newborn babies, 17 of whom survived with no apparent detrimental long-term function.

The babies were all more than 35 weeks’ gestation and weighed more than 2000 g and the causes of their respiratory failure were: persistent pulmonary hypertension of the newborn (n=7), meconium aspiration (n=5), sepsis (n=5), respiratory distress syndrome (n=2), and diaphragmatic hernia (n=1). None had been expected to survive with conventional management.

Are we about to witness another revolution in neonatal intensive care?

Phenobarbitone is a depressing drug
Do we need any more nails to hammer into the coffin of phenobarbitone as a treatment for childhood epilepsy? If so, what about depression? Brent and colleagues in Pittsburgh report on the follow up of 28 patients aged 6 to 16 treated with a single drug for epilepsy (Pediatrics 1990;85:1086-91). Major depression was diagnosed in 38% of phenobarbitone treated patients. Two had developed seizures with carbamazepine. Discontinuation of phenobarbitone treatment led to recovery from depression. Strangely the frequency of suicide attempts was the same (phenobarbitone 13%, carbamazepine 12%) in the two groups. The authors do not say whether any of these attempts were successful and do not distinguish between sustained attempts at suicide and ‘cries for help’. They point out that the small study numbers and the non-random assignment to the two drugs preclude firm causal conclusions.

Latent coeliac disease
There are those who have coeliac disease and there are those who don’t. At least that’s the way its been looked at until recently, but now the concept of latent coeliac disease needs to be incorporated into thinking about basic mechanisms of the disease. O’Mahony and colleagues in Chicago (J Pediatr 1990;116:525-8) look at Americans of Japanese, Chinese, Filipino, Korean, and

Changes similar to those found in untreated coeliac disease, that is, raised IgA, IgM, and IgG and high concentrations of IgA and IgM antibodies to gliadin, β lactoglobulin and ovalbumin. Serum concentrations of IgA gliadin antibodies were the same in controls but those of IgG antibodies did not correlate between those found in controls and in patients with coeliac disease.

Latent coeliac disease may be found in apparently healthy people with recurrent aphthous ulceration, and in gluten sensitive diarrhoea without overt enteropathy. The changes in antibody secretion by the gut are probably a marker of susceptibility but a further insult seems necessary if the latent disease is to progress to enteropathy with characteristic histological changes. Those elucidation of the role of the gut may be an important part of future research into adult coeliac disease and the relevance of the findings for the disease in children will need to be considered.

ELISA’s baby and the diagnosis of tuberculous meningitis
We have used ELISA (enzyme linked immunosorbent assay), of course, and a very good friend she’s been. In the diagnosis of tuberculous meningitis, however, detection by ELISA of antmycobacterial antibodies in cerebrospinal fluid gives inadequate information. Some workers at the Karolinska Institute in Stockholm have developed a method for counting cells in blood or cerebrospinal fluid that are secreting antigen specific IgG or IgA antibodies—a much more sensitive and specific immunosorbent assay—and the method has been used at the Shanghai Medical University to examine cerebrospinal fluid and blood from patients with tuberculous meningitis (Liu et al, Lancet 1990;336:10–3). In previously reported studies the Swedish team has shown the technique to be useful in the diagnosis of Lyme disease and they have demonstrated cells in the cerebrospinal fluid secreting myelin antibodies in people with multiple sclerosis.

Twenty five patients, adults and children, had a clinical diagnosis of tuberculous meningitis. Their cerebrospinal fluid, obtained from all of them and cells secreting anti-BCG IgG antibodies were found in 24. Doing the test on blood was less reliable. Five patients with a positive cerebrospinal fluid IgG test had also had blood examined. Two had IgG antibody secreting cells and four had IgM antibody secreting cells in blood. Six patients had cerebrospinal fluid examined within a week of the onset of symptoms and five had anti-BCG antibody secreting cells. Maximum numbers of the cells were found in the second and third weeks of the disease. Cerebrospinal fluid was also examined in 12 patients at the time of a possible coccal, or viral meningitis and one sample, from a patient with cryptococcal meningitis, contained anti-BCG IgG secreting cells.

Nineteen of the 25 patients had raised cerebrospinal fluid concentrations of anti-BCG IgG antibody measured by ELISA, five of the six negative tests occurring in the first week of the disease and the other in the second week. As a parting shot the authors mention the possibility of using the polymerase chain reaction (PCR) to detect mycobacteria in the cerebrospinal fluid and call for comparative studies of PCR and the immunosorbent assay.