endotoxin damages the cochlea, children with meningococcal disease would be a suitable population to study. Children present predominantly with septicaemia, meningitis, or a mixed picture of septicemia and meningitis. 3 Deafness in survivors of fulminant septicaemia, meningococcaemia without meningitis, and meningitis alone might be commoner in all groups than in a control population. A case-control follow up study of a cohort of children with meningococcal disease would answer this question.

The practical conclusion of such a study might be that clinicians should be ordering routine audiological follow up for patients with meningococcal septicaemia, as well as for those with meningitis.

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Dr Crouchman comments:
I must thank Drs Sharples and Eyre for pointing out the typing error in the first sentence of my paper. It should, of course, have read 45 per 1000 children per year.

I agree that there is an important role for the consultant community paediatrician in the prevention of childhood accidents. My own view is that health education has only a limited place, and that every district needs a multiagency group with the teeth to influence local housing, street planning, and the provision of safe play space. 1 It would seem very appropriate that consultant community paediatricians should contribute to this group as part of their essential public health function.

Doppler assessment of pulmonary artery pressure in acute phase of hyaline membrane disease

SIR,—I read with interest the paper by Evans and Archer. 1 The study is well described with clear presentation of results.

I would, however, take issue with the definition of right ventricular ejection time (RVET). The authors define RVET as the time interval between the systolic wavefront leaving its peak velocity and returning to the baseline. The total RVET is more appropriately defined as the time from the onset of ejection to that of zero flow. The latter definition is that used by Kitabatake et al and this is the main reference article by the authors. 2

Any error in the measurement of total RVET will be reflected in the ratio time to peak velocity: right ventricular ejection time (TPV: RVET). The ratio as defined by Kitabatake et al was shown to have a linear inverse relationship to log_{10} of the mean pulmonary artery pressure. 3 Any relationship to pulmonary artery pressure by the ratio TPV: RVET as described by the authors has not been verified.

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Drs Evans and Archer comment:
We are grateful to Dr Craig for drawing our attention to an error in the text which we failed to notice at proof reading. The correct definition of right ventricular ejection time (RVET) and the one which we did indeed use is shown in the following phrase which is a corrected version of the text: ‘RVET was the time interval between the systolic wavefront leaving and returning to the baseline’. This is consistent with Dr Craig’s definition.

Photic sneezing

SIR,—Photic sneezing is well documented in the ophthalmological 1 and neurological 2 literature. Light induced sneezing appears to be more common in male than female, white than black, and in those with a positive family history. Photic sneezing, an uncontrollable paroxysm of sneezing provoked by sudden exposure to intense bright light, is an occupational hazard for the ophthalmologist.

An enhanced photic sneeze reflex has recently been reported in patients with cistinosis. 3 4 The mechanism of the reflex is obviously complex involving optic, oculo-motor, and trigeminal nerves, autonomic pathways, and central brainstem structures. I am a ‘sufferer’ from photic sneezing, which is most noticeably inconvenient when driving into bright sunlight, and I have two boys who also demonstrate the reflex. I note, with interest, how frequently I have observed the reflex in babies.

I wonder about the evolutionary process behind this bizarre reflex? The reflex appears to be less marked because it serves no useful purpose and is a ‘vestigial’ reflex?

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Duplicate publication

SIR,—I read your recent editorial on duplicate publication with interest and some wry amusement. 1 This is not a new problem and has exercised the minds of editors of general as well as specialist journals. 2 It is surprising that the editors, all distinguished clinicians, should after an accurate diagnosis spend their efforts discussing control of symptoms with no reference to treating the underlying cause.

Clinicians will continue to submit multiple papers to professional appointments boards. This is not a new problem and has published five. Why a good clinician, who wishes to practice as such,