It seems unwise to assume the haemoglobin concentrations reported by Emond et al are lower than those that would have been observed in blood from the same children. Their method of sampling appears to be similar to our own, and given the bias to slightly higher values obtained with the Hemocue (assuming the values given by the laboratory analyser represent truth), it is possible that venous haemoglobin values in their population could be on average some 5 g/l lower than those reported for skin puncture samples.

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1 Emond AM, Hawkins N, Pentock C, et al. Haemo-


4 Coburn TJ, Miller WV, Parrill WD. Unaccept-
able variability of haemoglobin estimation on samples obtained from ear punctures. Transfusion 1977;17:265-8.

5 Bellamy GJ, Hincliffe RF. Venous and skin-


Challenges in the management of childhood brain tumour

Dr Buss comments:

There was a typographical omission from the reference for the APLS guidelines—hence the problem that Dr Ward encountered. The third reference should have ended: London: BMJ Publishing Group, 1993 (reprinted with revisions 1994).

The study itself used the current guidelines at the time (1994), and we stressed in our second paragraph that the ‘Guidelines for paediatric resuscitation published by the European Resuscitation Council (1994) are incorporated within the advanced paediatric life support protocols’. This directly interferes that we were using the 1994 APLS protocols but the failure to indicate this accurately in the references was not picked up by ourselves or the referees and Dr Ward is to be congratulated for noticing this incongruity. The controversy over the use of bicarbonate was clearly mentioned in the second part of our paragraph on asystole, and although results were included they did not affect overall figures for sequence failure. With regard to the use of a precordial thump—this has similar connotations to bicarbonate usage and in the scenario that we gave would be neither warranted or desirable.


3 Advanced Life Support Group. Advanced paediat-

Sleeping position and cot death

Endorsed.—The trend of the incidence of the sudden infant death syndrome (SIDS) in Austria 1 strikingly resembles the one pre-

sented by Gilbert from England and Wales 2 (see figure 1). However, in our opinion there are several arguments against the widespread assumption of a causal relationship between the prone sleeping position and SIDS.

Firstly, it was at the 13th International Paediatric Congress in Vienna in 1971 that the assumed advantages of the prone sleeping position were first presented by the Austrian paediatricians Reisertbauer and Czerkæ. If the prone sleeping position were to be blamed for the growing occurrence of SIDS,}