LETTERS TO THE EDITOR

Rapid responses

If you have a burning desire to respond to a paper published in *Arch* or *FE*N, why not make use of our “rapid response” option?

Log on to our website (www.archdischild.com), find the paper that interests you, click on “full text” and send your response by email by clicking on “submit a response”.

Providing it isn’t libellous or obscene, it will be posted within seven days. You can retrieve it by clicking on “read rapid responses” on our homepage.

The editors will decide, as before, whether to also publish it in a future paper issue.

Protective role of cerebrospinal fluid in brain injuries

EDITOR,—We would like to offer a simple model of brain injury which explains many features of so-called “skull” injuries—that is, those where damage results from the action of inertial forces only.

The model is easily constructed as follows. Fill a jam jar to the brim with water. Glue two threads to an egg, suspend the egg in the water, and screw the lid on tightly. If the jar is shaken horizontally as vigorously as possible, the egg will not usually touch the sides of the jar, let alone break. If, however, the jar is suddenly and impulsively rotated, one of the threads will normally break or pull away a small portion of the shell at the point of attachment.

Standard fluid mechanics explains why the egg is not damaged by linear motion. The acceleration of the jar gives rise to three fluid forces opposing the motion of the egg: a force due to the horizontal pressure gradient, the “acceleration reaction”, and the viscous drag.

Together, these three forces can be shown to resolve without corticosteroid treatment.

Firstly, acute asthma has a tendency to spontaneously resolve without corticosteroid treatment. As all of the children with acute asthma (quite rightly) received steroids, the observed effect may equally reflect processes associated with spontaneous resolution. Indeed, corticosteroids do not inhibit the release of eosinophil cationic protein (ECP) from eosinophils. Secondly, the normal controls are inadequate. Atopy per se is associated with increased serum levels of ECP, and it is therefore to be expected that the asymptomatic asthmatics will have higher ECP levels than the mostly non-atopic controls.

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Reliability of percentage ideal weight for height

EDITOR,—I write to point out an error in a recent paper by Poustie and colleagues. The authors state that there is no computer package available in the United Kingdom for calculating percentage weight for height (%WFH). This is incorrect, and for many years there has been available just such a package entitled WAH, under the copyright of Great Ormond Street Hospital for Children NHS Trust. The programme can be used with any version of Windows from 3.1 upwards, Excel, and on Psion hand held computers. The programme was produced by the Eating Disorders Research Team at Great Ormond Street and can be purchased from me at the address given below.

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Answers to quiz on page 164.

1. Adult respiratory distress syndrome and sand aspiration. The spirometry findings suggest air trapping by grains of sand, causing blockage of inspiration and expiration via a ball valve mechanism.

2. A CT scan of the lungs and a bronchography, with diagnostic and therapeutic lavage.

3. Drowning and near drowning account for a significant morbidity and mortality in children, especially in seawater areas. The incidence of aspiration of mud, sand and aquatic vegetation is less well known. A high index of suspicion is required as management may include diagnostic and therapeutic endobronchial/alveolar lavage. Initial clues to significant aspirations include increased peak airway pressures during mechanical ventilation and the appearance of a sand bronchogram on the x-ray.

CORRECTION

An error occurred in table 2 of Wisborg and colleagues’ recent paper (Arch Dis Child 2000;83:203–6). The correct figures are given in the table printed below:

<table>
<thead>
<tr>
<th>Smoking habit</th>
<th>Total no.</th>
<th>Total no. with SIDS</th>
<th>% with SIDS</th>
<th>OR (95% CI)</th>
<th>Adjusted* OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-smokers from 16 weeks gestation</td>
<td>17536</td>
<td>8</td>
<td>0.5</td>
<td>Reference</td>
<td>Reference</td>
</tr>
<tr>
<td>Smokers</td>
<td>7450</td>
<td>12</td>
<td>1.6</td>
<td>3.5 (1.4–8.7)</td>
<td>3.0 (1.2–7.3)</td>
</tr>
<tr>
<td>1–9 cigarettes/day</td>
<td>3249</td>
<td>5</td>
<td>1.5</td>
<td>3.4 (1.1–10.3)</td>
<td>2.9 (0.9–8.9)</td>
</tr>
<tr>
<td>10+ cigarettes/day</td>
<td>4201</td>
<td>7</td>
<td>1.7</td>
<td>3.7 (1.3–10.1)</td>
<td>3.0 (1.1–8.5)</td>
</tr>
</tbody>
</table>

*Adjusted for maternal age