LETTERS TO THE EDITOR

Rapid responses
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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”.

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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 “closed 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 with water, and screw the lid on tightly. If the jar is shaken horizontally as vigorously as possible, the water 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 jars are 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 viscous drag, and the “acceleration reaction”, and the viscous drag. As all of the children with acute asthma (quite rightly) received steroids, the observed effect may equally reflect processes associated with spontaneous resolution.

Secondly, corticosteroids do not inhibit the release of eosinophil cationic protein (ECP) from eosinophils. Therefore to be expected that the asymptomatic asthmatics will have higher ECP levels than the mostly non-atopic controls.

J GRIGG
Dept of Child Health, Clinical Sciences Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX, UK


Oral steroids and inflammatory markers in asthma

**EDITOR—**Although the recent paper by El-Radhi and colleagues presents interesting data about decreases in inflammatory markers during the resolution of acute asthma,1 some of their conclusions are not valid. Firstly, acute asthma has a tendency to resolve without corticosteroid treatment.2 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.3 Secondly, the normal controls are inadequate. Atope per se is associated with increased serum levels of ECP,4 and it is therefore to be expected that the asymptomatic asthmatics will have higher ECP levels than the mostly non-atopic controls.

J GRIGG
Dept of Child Health, Clinical Sciences Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX, UK


CORRECTION
An error occurred in table 2 of Wisborg and colleagues2 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. of SIDS</th>
<th>Total no. with SIDS</th>
<th>% 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>
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*Adjusted for maternal age

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**EDITOR—**I write to point out an error in a recent paper by Poustie and colleagues.1 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.

B LASK
Child and Adolescent Eating Disorders Research Team, Department of Psychiatry, Jenner Wing, St George’s Hospital Medical School, London SW17 0RE, UK
blank@mgd.ee.nhs.uk


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 bronchoscopy, 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 inhalation of mud, sand, and aquatic vegetation is well known. A high index of suspicion is required as management may include diagnostic and therapeutic endobronchial/aluveral lavage.

Initial clues to significant aspiration may include increased peak airway pressures during mechanical ventilation and the appearance of a sand bronchogram on the x ray.

[Table 2: Crude and adjusted OR of SIDS according to different categories of smoking habits during pregnancy]

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