

standing the fact that the study by Osmond and colleagues needs to be confirmed in a prospective study, their results may prove an important basis for deriving a decision rule for the management in the emergency department of children with mild traumatic brain injury.

Sascha Meyer MD and colleagues

University Hospital of Saarland,
Department of Pediatric Intensive Care
Medicine, Neonatology and
Neuropediatrics, Homburg, Germany

REFERENCE

1. Osmond MH, Klassen TP, Wells GA, et al. CATCH: a clinical decision rule for the use of computed tomography in children with minor head injury. *CMAJ* 2010;182:341-48.

For the full letter, go to: www.cmaj.ca/cgi/content/full/182/4/341

DOI:10.1503/cmaj.110-2045

Seasonality and H1N1

The paper “Estimated epidemiologic parameters and morbidity associated with pandemic (H1N1) influenza”¹ fails to consider the impact of environment — the third apex of the epidemiological triangle — on the reproductive number of H1N1. Influenza is well-known to be a seasonal disease. The period studied by this paper fell mostly outside of what is usually considered to be “flu season.” This observation calls into question the authors’ core conclusion about the potential effectiveness of non-medical mitigation strategies on an in-season outbreak.

Richard Schabas MD MHSc

Medical Officer of Health, Hastings and
Prince Edward Counties Health Unit,
Belleville, Ont.

REFERENCE

1. Tuite AR, Greer AL, Whelan M, et al. Estimated epidemiologic parameters and morbidity associated with pandemic H1N1 influenza. *CMAJ* 2010;182:131-6.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/2/131#282043

DOI:10.1503/cmaj.110-2039

Commercial ultrasound

Re: “Proliferation of prenatal ultrasonography.”¹ I was recently made aware of what appears to be a proliferation of the availability of commercial fetal ultrasound. A young couple wanted to show me a 60-minute video ultrasound of their 34-week fetus obtained over a two-hour session during which time the uterus was poked and prodded to get the baby to wake, move, suck her thumb, etc. The couple told me they were aware of friends that were also getting fetal video ultrasounds in other locations. The authors of this paper express concerns about excessive prenatal ultrasound exposure. Are they aware of what appears to be a new trend mentioned above?

Edward J. Cormode MD

Pediatrician, retired

REFERENCES

1. You JJ, Alter DA, Stukel TA, et al. Proliferation of prenatal ultrasonography. *CMAJ* 2010; 182: 143-51.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/2/143#278694

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Intubation in acute asthma

Dr. Hodder and coauthors have written a detailed review describing the management of the severe asthmatic with respiratory failure requiring mechanical ventilator support.¹ I have a concern about their suggested approach to endotracheal intubation. Although they appropriately recommend that this procedure should be carried out by a skilled expert, they suggest rapid-sequence intubation if such help is not available. Rapid-sequence intubation in unskilled hands can have catastrophic consequences.² I would strongly advocate a near-awake intubation with maintenance of spontaneous respiratory efforts, as an initial intervention. This can be effectively achieved in most patients, with rapid-sequence intubation used as a backup approach. Once an artificial airway has been established,

sedation can be given to facilitate ventilation. It is important to bear in mind that the combination of pre-existing volume depletion, air trapping and sedative administration can cause marked hypotension and even cardiac arrest.

Stephen E. Lapinsky MB BCH MSc

Mount Sinai Hospital, Toronto, Ont.

REFERENCES

1. Hodder R, Loughheed MD, Fitzgerald JM, et al. Management of acute asthma in adults in the emergency department: assisted ventilation. *CMAJ* 2010;182:265-72.
2. Mace SE. Challenges and advances in intubation: rapid sequence intubation. *Emerg Med Clin North Am* 2008;26:1043-68.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/3/265#297996

DOI:10.1503/cmaj.110-2043

The problem with sleep?

Re: “To mandatory nap or not to mandatory nap.”¹ Surgery residents’ joke: What’s the problem with every-other-night call? Answer: You miss half the good stuff.

James M. Walker MD

Geisinger Health System, Danville, USA

REFERENCE

1. Doyle S. To mandatory nap or not to mandatory nap. *CMAJ* 2010;182:E151-2.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/3/E151#285236

DOI:10.1503/cmaj.110-2047

Letters to the editor

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