in the cases omitted. But it is quite feasible to suggest that parents who are quickest to get their child to a hospital may be of higher social class, more likely to have used the health services, etc.

Is it too late to ask the authors to reanalyse their data in the light of these comments and attempt a complete case ascertainment? Perhaps they could also determine whether any of the factors that might still be significant could be explained by any of the others. Would reanalysis confirm findings from other large prospective studies that breast-feeding is not a significant association once smoking and social class have been taken into account?

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SIR—We thank Dr Golding for her helpful comments on our paper. We agree that many cot deaths are registered at hospital, although in most cases the death actually occurred at home. In our study we included infants brought to hospital and certified there, and as a result we believe we are missing very few cases.

We did not seek to identify those variables that would remain predictive when all other variables are taken into account. Following Dr Golding’s own work4 we examined explanatory variables in pairs, a process which led to the discarding of some variables in favour of others. In particular, the cross-product relative risk of artificial feeding is 2.32 (χ² = 9.13, df = 1, p < 0.005). Adjustment4 for smoking habits reduces the relative risk to 1.90 (χ² = 5.28) and adjustment for social class gives 1.96 (χ² = 5.61), both significant at the 0.025 level; the effect of the one adjustment to some extent encompasses that of the other. The case-control study of Naeye et al.5 in which 125 cases of the sudden infant death syndrome were compared with 375 controls matched for social class, date and place of birth, gestational age, sex, and race, but not maternal smoking habits, gave a relative risk of 1.30 for artificial feeding, which is compatible with either unity or the value of 1.84 that we obtained.

Our article did not intend to imply that in Cardiff the necropsies on the bodies of infants who had died from SIDS were deficient in terms of additional investigations, especially histological examinations, and we apologise if such an implication could be inferred. In Cardiff, indeed, a particular interest is taken in the pathological aspects of SIDS as all infant deaths are regularly reviewed by a postperinatal death survey team, which includes several pathologists, one of whom is responsible for collating histological findings. Our remarks were intended to record that specialised research investigations such as analysis of vitreous humour were not routinely performed.

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References