It was assumed that in the absence of alcohol or any medication except ferrous sulphate the gastric erosions could be explained only by stress ulceration. It is said that stress ulceration is produced by the action of gastric acid on an ischaemic mucosa. This patient may have developed gastric ischaemia as a result of his atheroma, but it is surprising that there was sufficient acid produced following gastric resection to cause multiple erosions.—We are, etc.,

ALEXANDER P. ROSS
G. C. BRILL
Royal Hampshire County Hospital, Winchester

Intrathoracic Foregut Cysts

SIR,—Regarding your leading article on this subject (20 April, p. 132), I would like to warn against the discovery at operation that this physiological disorder, i.e. a radiological opacity in fact that other rarity an intrathoracic meningocele.1 When this is so the importance of obtaining a completely watertight closure of the dural defect cannot be over-emphasized. A subtotal or even total closure may otherwise result from leakage of cerebrospinal fluid into the chest.

Clinical clues to this diagnosis should exist in the form of some stigmata of neurofibromatosis. Radiological evidence in the form of adjacent bony dysplasia is also usually present, but more often is misinterpreted as being secondary to local pressure changes.—I am, etc.,

JOHN MILES
Regional Neurosurgical Centre, Walton Hospital, Liverpool

Streptokinase and Heparin in Treatment of Pulmonary Embolism

SIR,—We thank Professor W. A. L. MacGowan (13 April, p. 119) for his observations on our trial (2 March, p. 343). His point concerning the inapplicability of our results to heparin and hydrocortisone is valid: the statement in the paper implying that we added hydrocortisone to the loading dose of heparin was an error in writing: hydrocortisone was added only to the initial streptokinase infusion.

We do not agree that the acidity of 5% glucose for intravenous infusion reduces the potency of heparin to a significant extent in clinical practice. There were no marked differences among our patients in terms of plasma thrombin clotting times and plasma heparin concentrations whether the diluent was 0.9% saline or 5% glucose. Stock and Warner2 have shown with in vitro studies that heparin does not deteriorate in glucose solution kept at room temperature for at least 24 hours. This has been confirmed in clinical practice by a cross-over trial by Chessells et al.3 They compared 5% glucose (pH 3.8-4.5) and 5% sorbitol (pH 6.2) as diluents for heparin infusion in patients with myocardial infarction: the partial thromboplastin times with kaolin and the plasma heparin titre when glucose was used were not significantly different from those when sorbitol was used. On the basis of this evidence our study is unlikely to have been biased in favour of streptokinase.—We are, etc.,

D. A. TIBBUTT
A. A. SHARP
J. M. HOLT
Radcliffe Infirmary, Oxford

Graham Miller
George Sutton
The Brompton Hospital, London

Smoking in Pregnancy and Child Development

SIR,—Professor N. R. Butler and Mr. H. Goldstein (8 December 1973, p. 573) have shown that the children of mothers who smoked during pregnancy had small but significant impairments in physical and mental development at the ages of 7 and 11 years. They took into account the possibly confounding effects of maternal age and height, social class, birth order, family size, and sex. They interpret their results as showing that smoking in pregnancy has a long-term adverse effect on the surviving offspring.

We have recently demonstrated that the offspring of West Jerusalem mothers who smoked in pregnancy had an increased incidence of admissions to hospital in the first year of life.1 The effect of smoking was specific to bronchitis and pneumonia, while there were no significant increases in episodes of gastroenteritis and other causes of admission. The findings were independent of birth weight, social class, and birth order and were related to a dose-response effect to the number of cigarettes smoked by the mother in pregnancy. We interpret these findings as being due to the effect of the passive inhalation of tobacco smoke by the infants after birth.

The possible retarding effects both of repeated episodes of chest infections in young children and of admissions to hospital need no elaboration. We agree that smoking in pregnancy should be strongly discouraged but urge caution against the assumption that long-term damage is due to prenatal influence alone. It is necessary to take into account the possibility that the damage, or part of it, is due to a continued insult by environmental tobacco smoke.—We are, etc.,

SUSAN HARLAP
A. MICHAEL DAVIES
Department of Medical Ecology, Hebrew University-Hadassah Medical School, Jerusalem

1 Harlap, S., and Davies, A. M., Lancet, 1974, i, 529.

SIR,—It is usual, when discussing the insidious characteristics of the children of smoking mothers, to consider whether these characteristics may be ascribed to the mother or to the smoking. I would not wish to argue the innocence of cigarettes in regard to