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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Reye's syndrome

SIR,—Dr A P Mowat (25 June, p 1999) points out that potent arguments have been put forward[1 2] questioning the validity of the case control studies which related aspirin use and the development of Reye's syndrome. Nevertheless, the Committee on Infectious Diseases of the American Academy of Pediatrics claimed to have considered the potential flaws in detail and still concluded that "there is a high probability that the administration of aspirin contributes to the causation of Reye's syndrome."[3]

The strict chronological sequence of think, rethink, and rebuttal suggested by Dr Mowat seems to be an oversimplification of the course of the debate. Most doctors would still be wary of giving aspirin to a child who might have either influenza or chickenpox. Even Hoekelman[4] and the consensus development panel of the National Institutes of Health,[5] who are quoted by Dr Mowat in argument against the association between aspirin and Reye's syndrome, conclude that aspirin should be avoided in such circumstances, and in practice, of course, almost any child with a fever of recent onset could have either of those viral diseases. As usual, the practising doctor has to decide what to do while the scientific debate proceeds. Were aspirin of unique and essential value in childhood fever then children ought not to be deprived of its benefit on account of the possible relation with Reye's syndrome, but that is not the case.

In referring to my own preference for paracetamol, Dr Mowat makes avoiding the use of aspirin sound something akin to nobbling an old lady in the street. Paracetamol was first used in 1893, six years before aspirin[6]; it might therefore claim precedence in Dr Mowat's presbypharmaceutical league. It has been in regular use since 1949, long enough, one might think, to have celebrated its coming of age. My preference, however, is based neither on pharmaceutical longevity nor on inordinate fear of Reye's syndrome but on evidence that paracetamol has an antipyretic potency which is equal to, if not better than, that of aspirin[7] and that aspirin may be toxic in doses dangerously close to those used therapeutically, especially in young children.[8] The current edition of the *British National Formulary* advises against the use of aspirin in infancy.

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[1] Wilson JT, Brown RD. Reye's syndrome and aspirin use: the role of prodromal illness severity in the assessment of relative risk. *Pediatrics* 1982;**69**:822-5.
[2] Reye's syndrome working group, Aspirin Foundation of America, Inc. Reye's syndrome and salicylates: a spurious association. *Pediatrics* 1982;**70**:158-60.
[3] American Academy of Pediatrics, Committee in Infectious Diseases. Aspirin and Reye syndrome. *Pediatrics* 1982;**69**:810-2.
[4] Hoekelman RA. Take two aspirin and call me in the morning. *Am J Dis Child* 1982;**136**:973-4.
[5] Consensus Developmental Panel. National Institutes of Health. Diagnosis and treatment of Reye's syndrome. *JAMA* 1981;**266**:2441-4.
[6] Goodman LS, Gilman A, eds. *The pharmacological basis of therapeutics*. 5th edn. New York: MacMillan, 1975:326, 344.
[7] Wilson JT, Brown DR, Bocchini JA Jr, Kearns GL. Efficacy, disposition and pharmacodynamics of aspirin, acetaminophen and choline salicylate in young febrile children. *Ther Drug Monit* 1982;**4**: 147-80.
[8] Craig JO, Ferguson IC, Syme J. Infants, toddlers, and aspirin. *Br Med J* 1966;i:757-61.

SIR,—Dr A P Mowat (25 June, p 1999) says that Reye's syndrome is not notifiable or reportable. He also describes the system of voluntary surveillance in the United States run by the Centers for Disease Control, Atlanta.

While there is no statutory obligation on doctors in this country to report or notify Reye's syndrome, a voluntary reporting system run jointly by the British Paediatric Association and the Public Health Laboratory Service Communicable Disease Surveillance Centre has now been operative for nearly two years, and the first annual report is currently being