Reply

In reply, we have the following comments to offer:

We regret the calculation mistake in Table I, where mean FEV₁/FVC % in the female group has been printed as 38.65 instead of 88.86. Our observation that FEV₁/FVC ratio increases with conforms to that of many other workers (1). Prior to the test we fully explained the procedure to the patient and only the best of the three readings taken was recorded. Therefore, premature stopping of FVC effort is an unlikely reason for decreasing FVC observed with increasing asthma severity. We accept that PEFR values should decrease with increasing severity of asthma which is, although not reflected in our observations, probably because of less number of patients in severe asthma group.

At least 3 measurements were recorded per child and it is our observation that children can perform these tests easily with reasonable accuracy on repeated testings. Although it is true that definite finding for a restrictive pattern is reduced TLC, a restrictive pattern may be cautiously diagnosed from spirometric examination when FVC is reduced and FEV1₁/FVC % is normal(2). We observed useful changes in FEV and FEV1₁/FVC ratio in restrictive diseases and have made a mention of the same.

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