

Sudden Infant Death: Revival of the Toxic Gas Theory

Research Letter to The Lancet

January 14, 2005

Sir,

ten years ago a Lancet Editorial¹ put an end to this journal's scientific discussion of Richardson's toxic gas theory by referring to the study of Warnock et al. in Bristol who "*replicated Richardson's experiments with his cooperation and observations, but with the addition of physicochemical analysis*". Quoting Richardson with: "*earlier this year, he said in this journal that other SIDS precautions 'will become irrelevant when the critical elements have been eliminated from cot mattresses'*" the editor qualified Richardson "*an over-zealous proponent of a pet theory*" who "*appears fixated on his theory*".

There was also the Final Report May 1998 of the Limerick Committee, much of the alleged credibility of which is based on the repeated assertion, that the Expert Group replicated Richardson's original experiments, and moreover that this "*work ... was conducted with his cooperation and his presence at key stages*", that e.g. "*Richardson agreed that the experiments ... in Bristol, followed his procedures*"... and that "*By replicating and extending Richardson's work, it was demonstrated that his Interpretation of his findings was incorrect*".² In consequence the medical establishment in general has accepted the conclusion of the Limerick Committee that there was no evidence to show that toxic gases are the cause of SIDS.

It is of general interest, therefore, that by June 1998 BA Richardson had submitted Comments to the Final Report to the Department of Health in which he stated in detail that most of the assertions above are not true. Richardson agreed that the Bristol experiments followed normal good practice but they differed from the Richardson experiments in several important respects, explaining the manner in which many of the procedures followed by the Expert Group would result in non-detection of the true causes of SIDS, i.e. toxic gases in particular. The Department of Health, however, suppressed these comments: "*A very comprehensive final report was produced in May 1998 which was, in*

general, well received by the scientific community and those involved with cot death. The Committee then ceased to exist. We thus did not circulate Mr Richardson's comments of June 1998 to the Expert Group".³

The negative impact of this neglect of BA Richardson's Comments to the Limerick Report on SIDS-research and -prevention has been tremendous, perhaps not so much in Great Britain, where mattress manufacturers and many parents know about the possibility of toxic gases in infant beds, but all over the world. And the least one must conclude now from this information is that the experimental evidence for the toxic gas theory presented in the literature has been controversial.

This is not so with regard to another prediction derived from Richardson's theory that has been tested by TJ Sprott in New Zealand, through his intensive "*mattress-wrapping*" program. During his 10-year intervention period from 1995-2004 over one hundred thousand babies have been protected from toxic gases by sleeping on mattresses wrapped in accordance with his simple protocol and no cot death has been reported. Given the close examination of all cot deaths in New Zealand (about 650 from 1995 to the present) nil reported deaths on wrapped mattresses effectively means that there have been no such deaths⁴. So there is convincing evidence that there is no risk of sudden infant death at all if infant mattresses are wrapped in polythene according to TJ Sprott's protocol.

Now the scientific community will be facing a dramatic change of opinion regarding the theory and mode of prevention of SIDS. According to Kuhn's widely known *Structure of Scientific Revolutions* we may expect two undercurrents regarding the forthcoming discussion:

1) As practically all the established facts related to SIDS can be explained by the toxic gas theory facts and theory will fall into place and consensus be-

come much easier. Examples of this are the relationship to sleep, the impressive distribution of age, seasonal incidence, preceding minor infection, and in particular the prone position when found, which AM Barrett had already documented in 1954. Also the risk factors that have been well established since: hyperthermia, younger maternal age, short intervals between pregnancies, lower socioeconomic status, maternal smoking. And other factors described more recently: the higher incidence of SIDS on used mattresses, in child care settings, and in the unaccustomed or secondary prone position as well as the failing autoresuscitation by gasping.

2) As some of the established members of the scientific community may hesitate to accept the "new scientific paradigm" if they had a role in supporting the old one, and some may fear to lose the support of research that is heading in other directions, consensus might also be more difficult.

How then best to inform parents? As the general consensus among the scientific community - for the sake of children who might die of SIDS if they sleep on a mattress which is not protected or not entirely free of Sb, As and P, and for their parents who would want secure protection of their children - is extremely important the author has suggested in another publication that scientific readers who are concerned engage in a new form of Child Survival Movement that can put a more immediate end to the tragedy of SIDS. The proposal is, briefly, to participate in scientific communication at a lower level using emails and the new media for the coordination of reader-reader-, reader-author- and reader-editor-interaction to speed up the tedious process of traditional medical communication and see that the parents in the developed countries of the world will be informed before the end of yet another year, how to save their babies by the mattress precautions of BA Richardson and TJ Sprott.⁵

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1 [No authors listed] Editorial. SIDS theory: from hype to reality. Lancet 346:1503, 1995.
2 Expert Group to Investigate Cot Death Theories: Toxic Gas Hypothesis (Chairman: Lady Limerick). Final Report May 1998, Department of Health, Crown Copyright 1998 (ISBN

1 851839 874 6, out of print).

3 RL Maynard Senior Medical Officer, Department of Health. Letter to the author, 11/3/2004 [copies: mailto:hannes.kapuste@t-online.]

4 Sprott TJ. Cot Death - Cause and Prevention: Experiences in New Zealand 1995-2004. J

Nutr Env Med 2004; 14(3): 221-235.

5 Kapuste H. Learning to Communicate with a SIDS Establishment that Denies the Cause of Sudden Infant Deaths. J Nutr Env Med 2004; 14(3):237-49. [mailto:hannes.kapuste@t-online.de for a copy]

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SR/SP/SR/ 05LET / 1070

11 February, 2005

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Dear Dr Kapuste

05LET/1070 Sudden infant death: revival of the toxic gas theory

Many thanks for submitting your paper to The Lancet for review. Several editors here have discussed the paper, but their decision was that it would be better placed elsewhere.

Unfortunately, we can accept only a very small proportion of the many papers we receive each week; the total per week is now about 180. We are sorry to be unhelpful on this occasion, though we would like you to think of us again in the future.

Yours sincerely



Sarah Ramsay
Senior Editor

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Ms Sarah Ramsay
Senior Editor
THE LANCET

February 12, 2005

Dear Ms Ramsay,

05LET 1070 Sudden infant death: revival of the toxic gas theory

Regrettably, the editorial decision which you reached in your discussion with several editors does not solve the serious problem I have raised with The Lancet.

When one searches in <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi> for "Lancet Sudden Infant Death toxic gas" the 1995 paper of Warnock et al. appears, despite the fact that this misleading information, which has been supported by a Lancet editorial opinion ever since, causes (as I wrote in my covering letter) the unnecessary deaths of many hundreds of healthy infants.

Since you have decided not to publish my research letter, I would like to know how you are going to solve this problem. My research and my covering letters place a responsibility on The Lancet to deal with this matter. I consider that your Suggestion "that my paper would be better placed elsewhere" is rather out of place. And since I have sent you quite an amount of highly relevant information, I feel that The Lancet should also inform me of the rationale on which the consensus was reached in your discussion.

I would not like to think that you are avoiding the topic simply because of some embarrassment which may be involved.

Taylor & Francis meanwhile have provided free online access to our papers on SIDS in the Journal of Nutritional and Environmental Medicine home page <http://www.tandf.co.uk/journals/titles/13590847.asp>; however since this journal is not referenced in Pub Med this information will not reach the readers of The Lancet.

Thus I appeal to you to re-consider your decision.

Yours sincerely,

Hannes Kapuste

Dr. Hannes Kapuste

Von: Mullan, Zoe (ELS) [Zoe.Mullan@lancet.com] Gesendet: Dienstag, 12. April 2005 12:57

An: 'hannes.kapuste@t-online.de'

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Dear Dr Kapuste,

Thank you for your letter to Sarah Ramsay concerning our rejection of your research letter on the toxic gas theory of SIDS. I'm sorry that you received a routine rejection letter: you are correct that it was inappropriate to suggest that your letter would be better placed elsewhere. However, we do not agree that we have a responsibility to "solve this problem". The letter was not suitable as a research letter simply because there was no research in it. We then considered it as a correspondence letter, but rejected it there also because it did not respond to a Lancet article published less than 2 weeks previously, nor was its general point particularly topical. When an evidence-based research paper on the toxic gas theory is published, the results will speak for themselves. Until that time (and beyond), the Warnock paper will remain a part of the historical record on the topic of SIDS.

Yours sincerely,

Zoe Mullan

Senior Editor (Correspondence)

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