P-RAD-09-00114

Sir

I would like to correct statements in the commentary by Hobbs and Bilo ('*Nonaccidental trauma: clinical aspects and epidemiology of child abuse*', published online 7 February 2009.)

The theory that we proposed [1] was that profound hypoxia in the presence of raised central venous pressure, not hypoxia alone, could lead to subdural bleeding (SDH). In the four cases that came before the UK Court of Appeal in 2005, the Judges ruled that this explanation did not apply to the cases being heard, but refrained (quite properly) from commenting on the science behind our theory. Under cross-examination during the hearings I admitted that our theory was a hypothesis, and that it did not explain some cases of subdural bleeding. I pointed out that the traditional belief that 'shaking' causes subdural and retinal bleeding was also a hypothesis, also unproven.

Drs Hobbs and Bilo should re-read the transcripts from the Court of Appeal: I did not retract our theory, and have never done so - indeed, we have since given further evidence for raised central venous pressure being implicated in the production of SDH [2]. They might also like to know that the data in two recent papers support this hypothesis. [3,4]

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References

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2 Geddes JF, Talbert DG (2006) Paroxysmal coughing, subdural and retinal bleeding: a computer modelling approach. Neuropathol Appl Neurobiol 32: 625–34

3. Cohen MC, Scheimberg I (2008) Evidence of occurrence of intradural and subdural hemorrhage in the perinatal and neonatal period in the context of hypoxic ischemic encephalopathy. An observational study from two referral institutions in the United Kingdom. Pediatr Dev Pathol Nov 13: 1 [Epub ahead of print]

4. Mack J, Squier W, Eastman J (2009) Anatomy and development of the meninges: implications for subdural collections and CSF circulation. Pediatr Radiol **DOI 10.1007/s00247-008-1084-6**.