Reply

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Sir,

It is ironic that the title of the letter from Drs. Rorke-Adams and Christian [1] should refer to a king whose greatest fault is hubris, and who, at the end of the tale, thinks to himself “but I must bear up to the end” as he tries to walk away with false dignity [2]. In the fable, the emperor tenaciously refuses to acknowledge the evidence of his own lack of clothing, since it is in conflict with what he wishes to believe. It seems the authors are similarly resistant to acknowledging the anatomic evidence for the dural origin of subdural hemorrhage. If it were true (as their letter implies) that everything we need to know about the dura and its response to hypoxia were already known, then there would be little point in any further scientific inquiry. This premise that there is nothing more to learn is one that impedes the growth of medical knowledge. Only through careful investigation will we begin to understand the various causes of bleeding from the dura.

To be equally blunt in our reply, it is inappropriate to regard infantile SDH solely as the “consequence of inflicted or accidental trauma” [1]. To view all infants who present with SDH as victims of trauma is to use too narrow a lens; such a limited frame of reference invites cognitive errors [3]. Our exposition of the developmental anatomy and pathophysiol-

ogy of CSF and intradural/subdural collections does indeed raise reasonable doubt regarding the inevitability of trauma as the sole cause of subdural hematoma in infancy [4].

There is also something more of a story within the anatomy: this dural covering and its plexus of innervated vessels share key features with other mammals. A large descriptive anthropology literature provides strong evidence that the dural plexus and its connections became larger and more complex with hominid evolution [5–8]. To ignore this literature and the importance of understanding the role of the dura in the context of the function of the human CNS is to ignore potential novel treatments for infants presenting with subdural collections.

We urge Drs. Rorke-Adams and Christian to look at the evidence, and to apply their considerable talents toward furthering understanding of the human dura and its role in the homeostasis of the CNS.

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