for Smith-Magenis syndrome if this has not previously been considered.

Smith-Magenis syndrome is associated with mental retardation, sleep disturbances, few facial dysmorphic features, self-injurious behaviour and putting objects into orifices. This trait of bodily insertions is known as polyembolokoilamania.[2] The definitive diagnosis is based on absence of the 17p11.2 region (a band on the short arm of chromosome 17), determined by cytogenetic examination (in more than 95% of cases[2,3]) or by fluorescence in situ hybridization (also known as FISH).

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3. Smith AC, McGavran L, Robinson J, Waldstein G, Macfarlane J, Zonona J, et al. Interstitial deletion of (17)(p11.2p11.2) in nine patients. *Am J Med Genet* 1986;24(3):393-414.

[One of the authors responds:]

We did not consider Smith-Magenis syndrome for the patient described in our article.[1] This chromosomal microdeletion syndrome is associated with a clinically recognizable pattern of physical, developmental and behavioural features.[2] The facial appearance is characterized by broad, square shape, brachycephaly, prominent forehead, synophrys, upslanting palpebral fissures, deep-set eyes, broad nasal bridge, midfacial hypoplasia and prognathism. The behavioural phenotype includes sleep disturbance, attention deficit disorders, attention-seeking, aggression, self-injurious behaviour and stereotypes, especially the self-hug and lick-and-flip movements.

We suspect that Chitra Prasad raised the possibility of Smith-Magenis syndrome because the patient was mentally retarded and ingested foreign bodies. However, 2 important distinctions must be made. First, most people with Smith-Magenis syndrome have mild to moderate mental retardation, whereas this patient had severe to profound retardation. Second, the syndrome is associated with polyembolokoilamania, the insertion of objects into body orifices such as the rectum, vagina, urethra, nose and ear, rather than pica, in which ingestion is restricted to the oral route, as in the patient we described. Smith-Magenis syndrome is rare, occurring in 1 of 25 000 births, but pica affects some 20% of mentally retarded people.[3]

Other facts about this patient, not given in the article, made a diagnosis of Smith-Magenis syndrome unlikely. For example, the patient did not show the distinctive facial appearance or behavioural phenotype of this syndrome. Furthermore, virtually all cases of Smith-Magenis syndrome occur de novo, whereas the patient's family included other mentally retarded siblings, which indicated an inherited abnormality.

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2. Smith AC, McGavran L, Robinson J, Waldstein G, Macfarlane J, Zonona J, et al. Interstitial deletion of (17)(p11.2p11.2) in nine patients. *Am J Med Genet* 1986;24:393-414.
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Correction

In a recent article on adaptation of Inuit children to a low-calcium diet,[1] the units for the urinary calcium to creatinine ratio were given incorrectly. The units in the text and the table should have been moles per mole (mol/mol). Note that the numeric values for both the study results and the normative values are correct as presented.

Reference
1. Sellers EAC, Sharma A, Rodd C. Adaptation of Inuit children to a low-calcium diet. *CMAJ* 2003;168(9):1141-3.

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