The isolates reported in our study were part of an ongoing epidemic in East Delhi. Results of phage typing of representative chloramphenicol resistant S. typhi strains isolated in the above study are awaited. These results are expected to throw more light on the epidemiology of these isolates.

V.G. Ramachandran,  
Lecturer,  
Department of Microbiology  
UCMS and GTB Hospital,  
Delhi 110 095.

REFERENCES


Reply

We appreciate the interest of Drs. Subramanyam and Lakshminarayana in our article. We agree with their point of view that disc diffusion method is influenced by many factors and ideal methods should be used.

In our study antibiotic sensitivity was done by Bauer's method(1). However, we feel the results can not be unreliable because (a) Control strains are used in this method, though on a separate plate, (b) The method is being used for over past many years, more so at many centres in the country, so emergence of sudden change in drug sensitivity pattern can not be doubted, (c) The reports of multiple drug resistant typhoid fever from different parts of the country prove further the changing pattern of drug sensitivity in typhoid.

Harmesh Singh,  
N. Raizada,  
Department of Pediatrics,  
Dayanand Medical College and Hospital,  
Ludhiana

REFERENCE


Coin Gift:
A Potentially Fatal Custom

In India, it is a common custom for a family guest to give money or coins to children of all ages in the house when he departs. This practice may be harmful to a young child as was demonstrated in this case.

A 5-month-old boy, 6 kg, presented with recurrent cough and occasional vomiting for 1 month. The child had been accepting breast feeds properly, without dysphagia or respiratory distress. Systemic examination was normal. The child has been treated symptomatically by various practitioners outside without any improvement.

In view of the lack of response of the symptoms, a chest roentgenogram was advised which revealed the presence of a coin shaped homogenous opacity in the superior mediastinum (Fig.). On the lateral
such a young child as a gift, which can also prove fatal.

S.V. Godambe,  
N.J. Shah,  
V.R. Dharnidharka,  
M. Agarwal,  
W.M. Dalwai,  
V.P. Dandge,  
Departments of Pediatrics,  
and Otorhinolaryngology,  
T.N. Medical College  
and B.Y.L. Nair Children Hospital,  
Dr. A.L. Nair Road,  
Bombay 400 008.

REFERENCE


Isolated Phrenic Nerve Palsy in Newborns

Isolated phrenic nerve palsy is a rare entity in the newborn. The first case of paralysis of a hemidiaphragm in the neonate was reported in 1902 by Naunyn in a child who also had an ipsilateral Erb's palsy. Only about 80 cases have been reported so far(1).

Phrenic nerve paralysis is usually seen in newborns due to traction birth injury. In this report, the infant presented with transient respiratory distress in the newborn period.

A baby boy was born at 35 weeks of gestation to a 23-year-old primigravida mother in a private nursing home after an uneventful antenatal period and labor. The