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 Oestreicher R, Dresseller SH, Middlebrook G. Peripheral neuritis in tuberculous patients treated with isoniazid. Amer Rev Tub 1954, 70: 504-506.

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- Money GL. INH neuropathies in malnourished tuberculosis patients. J Trop Med Hyg 1959, 62: 198-202.
- Eichenwald HF. Tuberculosis. In: Nelson Textbook of Pediatrics, 12th edn. Eds Nelson WE, Behrman RE, Vaughan VC. Philadelphia, WB Saunders Co, 1983, p 719.
- Goodman, Gilman. Drugs used in chemotherapy of tuberculosis. In: Textbook of Pharmacology, 7th edn, 1985, p 1201.
- Price JM, Brown RR, Larson FC. Quantitative studies of human urinary metabolitis of tryptophan as affected by INH and Deoxypuridoxine. J Clin Invest 1957, 36: 1600-1606.
- Weigand RG. The formation of pyridoxal and pyridoxal 5-phosphate hydrazone J Amer Chem Society 1956, 78: 5307-5310.
- 8. Mc Cune R, Deuschle K, Mc Dermoth W. Delayed appearance of INH antagonism by pyridoxine in vivo. Am Rev Tuber Pul Dis 1957, 76: 1100-1105.
- Dixie E. Snider Jr. Pyridoxine supplementation during the isoniazid therapy. Tubercle 1980, 61: 191-196.

Should Malnourished Children be Included for Defining Normative Values?

Gupta and Ahmed(1) have attempted to establish the normative values for blood pressure (BP) in a fairly large sample of school children. It is clear from their observations that mean systolic and diastolic blood pressure are lower compared to Task Force Committee Report(2). This may indicate that if values of Task Force Committee Report are followed in routine practice, some of the hypertensive Indian children will not be designated so, with obvious long term implications. But the authors do not mention whether malnourished children were excluded for establishing the normative values? However, looking at the Figs. 1 and 2, it seems that malnourished children were not excluded(1). This raises a question whether malnourished children should be included for defining normative values?.

Further, Figs. 1 and 2 of the article show the effect of nutritional status of BP as the children are grouped according to weight compared to the reference weight; while authors maintain that this shows the influence of weight on BP. Figure 1 also shows that nutritional status influences the BP and hence inclusion of malnourished children for defining normative values will influence the results. Increase in body weight has earlier been shown to have a positive correlation with BP(3).

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REFERENCES

- Gupta AK, Ahmed AJ. Normal blood pressures and the evaluation of sustained blood pressure elevation in childhood. Indian Pediatr 1990, 27: 33-42.
- Bluementhal S, Pepps R, Heavenrich R. Report of Task Force of blood pressure control in children. Pediatrics 1977, 59: 797-820.

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3. Laroia D, Sharma M, Diwedi V, et al. Profile of blood pressure in normal school children. Indian Pediatr 1989, 26: 531-536.

Reply

The authors appreciate the interest taken by Dr. Chandra in our study. The question whether malnourished children should be included or excluded for defining normative values of blood pressure in any study on establishing norms of blood pressure in a given population, is quite relevant.

The present study was carried out in a large population of apparently healthy school children to establish normative values for systolic and diastolic blood pressures in Indian population. All attempts were made to include children from varying socio-economic backgrounds so that the final data is applicable to all children of different socio-economic categories. It is well known that increase in body weight is associated with increasing blood pressure(1). The mean values for systolic and diastolic blood pressure in the present study were lower as compared to that found in the Task Force Committee Report(2) since the 50th percentile of Indian children for body weight is significantly lower than those of Western children(3,4). No doubt that inclusion of malnourished children has resulted in lower normative values in the present study; however, the normative values as established by us are applicable to normal childhood population irrespective of nutritional status. In conclusion our data is in the form of a bell shape normal distribution which is

true for any epidemiological study on establishing norms(5).

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REFERENCES

- Laroia D, Sharma M, Diwedi V, et al. Profile of blood pressure in normal school children. Indian Pediatr—1989, 26: 531-536.
- 2. Bluementhal S, Pepps R, Heavenrich R. Report of Task Force of blood pressure control in children. Pediatrics 1977, 59: 797-820.
- Ghai OP. Growth and development. I.
 In: Essential Pediatrics, 1st edn. Ed.
 Ghai OP, New Delhi, Interprint P, 1982, pp 1-18.
- 4. Vaughan VC III. Developmental Pediatrics. In: Nelson Textbook of Pediatrics, 11th edn. Eds. Vaughan VC, Mc Kay RJ, Behrman RE. Philadelphia, WB Saunders Co, 1979, pp 10-33.
- Park JE, Park K. Health information and basic medical statistics. In: Textbook of Preventive and Social Medicine, 11th edn. Jabalpur, Banarsidas Bhanot Publishers, 1986, pp 540-558.

Demonstration of Brain Lesions in Acute Lymphoblastic Leukemia by Magnetic Resonance Imaging

We report brain lesions demonstrated on magnetic reassurance imaging (MRI) in a patient of acute lymphoblastic leukemia (ALL).

An 11-year-old male, diagnosed case of