uveitis and chancre of eyelids(2,4); of these chorioretinitis is more common(5). The present case, had markedly increased intraocular pressure as against a mean (SD) of 11.4 (2.4) mm Hg(6). Enlarged cloudy cornea (normal diameter less than 12 mm), proptosis and excessive watering seen in our case indicated a diagnosis of glaucoma(2,3). The proliferative and destructive lesions in bones present as increased density alternating with rarefaction on radiography(2). Classically symmetrical moth-eaten lesions in the upper part of tibia are described. Generalized periosteitis seen in our case is a rare manifestation at birth. Syphilitic osteochondritis requires approximately 5 weeks to become radiologically visible and periosteitis is usually seen after 16 weeks. When both are present perinatally, it suggests that the baby was infected during the second trimester(2).

The various factors contributing to death of present baby were low birth weight, birth asphyxia, pneumonitis and severe systemic involvement. Myocarditis may be present in 10% of infants who die due to syphilis(2). However, this patient did not show any evidence of myocarditis. In view of the poor immediate and long term outcome in cases with congenital syphilis, antenatal detection of the disease in the mother and adequate treatment are the best measures to prevent morbidity and mortality from this condition.

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Tongue-Tie: Myths and Truths

In complete ankyloglossia inferior, a very rare condition, the tongue is fused to the floor of the mouth. Partial ankyloglossia inferior (tongue-tie) is relatively common in infancy. It is quite upsetting to the infants' parents and a slight delay in the speech prompts them to seek surgical help. This leads to unnecessary surgery in many a patient. In 1991 alone, 148 patients underwent the release of tongue-tie in our department. But the truth is that lingual frenulum is sufficiently thin in most of the

cases and ankyloglossia would have disappeared spontaneously with time. Speech would also develop normally in these children.

Only rarely, the errors of speech articulation can be attributed to tongue-tie. These patients develop compensatory speech patterns whereby mass movement of the body of the tongue is substituted for discrete motion of the tip of the tongue (/s/, /z/, /t/, /d/, /l/, /n/, /th/)(1). These patients are not difficult to diagnose, as they are unable to protrude the tongue beyond the incisors. Rarely, they may actually have pseudocleft at the tip of the tongue as a result of short tethered lingual frenulum *(Fig.)*. In such patients, surgical release is definitely indicated. But one comes across only a handful of such patients in his/her whole career.

Release of tongue-tie may sound a minor procedure but has distinct possibility of letting surgeon's prestige down with bleeding, infection or injury to Wharton's duct. General anesthesia given along may have its own inherent problems. So, a strict patient selection is advised. Parents should be given a better understanding of the entity and should be warned of the potential hazards.

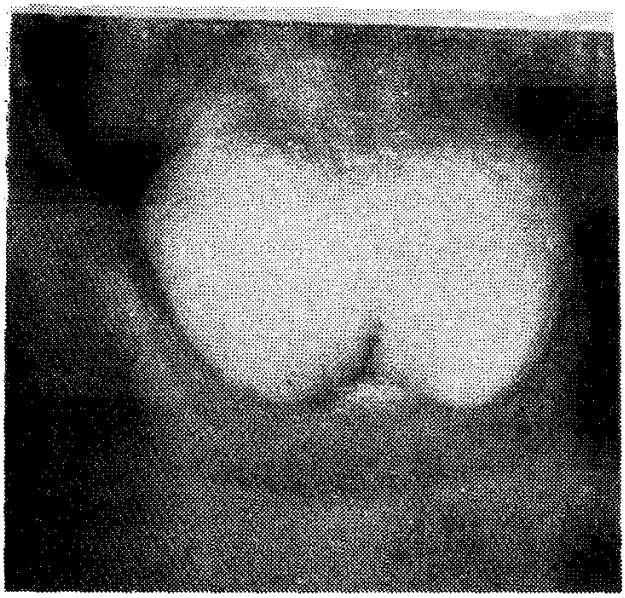

Fig. Pseudocleft of tip of tongue resulting from short tethered lingual frenulum.

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Present Status of Neonatal Care in India

The recent Editorial(1) gives in depth information on the present status of neonatal care in India. Doctors are probably managers because their overpowering desire to effect changes by technical supremacy makes their vision dull, and concepts hazy about overall human, social and economic impact.

I agree that the Neonatal Mortality rate should be reduced but it is also necessary to provide rehabilitation to cases who survived serious neonatal illness and now show long term sequelae. The chief causes which contribute to neonatal mortality include immaturity, birth injury, congenital anomalies, hemolytic diseases of new born and conditions of the placenta and the cord(2). Neonates who survive these illnesses may suffer from long term morbidity including mental retardation, cerebral palsy and congenital heart disease. The family and the society will have to bear the