Non-01 Vibrio Cholerae

A new strain of *Vibrio cholerae* has been responsible for several outbreaks of the disease in India and Bangladesh recently(1,2). This V. *cholerae* non/01 strain (designated as V. *cholerae* 0 139 Bengal) poses a potential threat for future. Widespread disease caused in India by 0 139 serotype marks the first time that a non 0 1 strain has. been associated with large epidemics(3,4).

The amount of toxin produced and the diarrhea caused by 0 139 serotype are very similar to that caused by *V. cholerae* 01. This new serotype is sensitive to tetracycline, ampicillin and chloramphenicol, but is resistant to co-trimoxazole (98%), and furazolidine (86%), the latter two agents often used to treat cholrea(2,5). In India even in children, tetracycline for three days or single dose of doxycycline should now be preferred(4).

Additionally the immunity to 01 is not protective against 0 139 serotype and the current killed cholera vaccine is not expected to protect against this new strain(3). The greater speed of travel and large population migration may hasten the spread of this disease. Close monitoring by the public health authorities of different States and Union Territories thus becomes essential.

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Apert Syndrome with Partial Post-Axial Polydactyly and Unilateral Choanal Atresia

Acrocephalosyndactyly type-I or Apert syndrome is a rare anomaly resulting from fusion of coronal, sagittal and lamboidal sutures associated with either soft tissue or bony fusion of digits of hands and feet(1). We report here a one day old full-term male child who was brought with the complaints of feeding difficulty and abnormality of hands and feet. He was the third child of non-consanguinous parents without any significant antenatal or family history. The child weighed 2.7 kg with a head circumference of 33 cm, chest circumference of 32 cm, mid-arm circumference of 10.5 cm and a crown-head length of 43 cm. He had acrocephaly with complete fusion of coronal sutures and widely separated sagittal and