(63%) had features of both upper and lower respiratory tract infection. In patients with bacterial gastroenteritis symptoms of upper respiratory tract infection were present in 40.5% and pneumonia in 27%. Features of respiratory tract infection were significantly higher in patients with adenovirus than bacterial gastroenteritis ($p < 0.05$).

Patients with adenovirus associated gastroenteritis showed pneumonic infiltration on chest radiographs in 28 (60.8%). Thirteen of 17 cases that had normal chest roentgenogram, had only diarrhea, but no respiratory symptoms. Three patients had tonsillitis.

The frequency of respiratory symptoms or signs in patients with adenovirus associated diarrhea varies between 0 to 93%(3). It is suggested that patients with diarrhea and pneumoni are likely to have an underlying aderovirus infecting(4,5). Similar results were found in our patients. Adenovirus infection is primarily of concern in children under two years of age with diarrhea and pneumonia. However there is need for more detailed studies.

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Breath Holding Spells in a Neonate

Singh has brought out the fact that breath holding spells can occur in young infants less than 4 mo of age(l). Most books of Neonatology describe breath holding spells between 4 mo to 4 yrs of age. However, we witnessed breath holding spells with classic sequence of events in a 24 day old neonate admitted in our unit.

All the episodes of breath holding were precipitated while crying, following anger/frustration due to hunger. Derailed physical examination, including cardiovascular system, laboratory investigations, X-ray, ECG, echocardiography and EEG were normal.

We agree with Singh that 4-6 months

as the cut off age for breath holding spells may be rather arbitrary.

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Child Labor: Action is Needed

The editorial on "Child Labor in India**:** Present Status"(l) briefly mentions the magnitude of the problem, its diverse forms and its determinants. He notes that the amount of money and the projects sanctioned by the Ministry of Labor, Government of India in 1991-92 can only cover a very negligible fraction of the working children, and draws attention to "conceptual ambiguities", administrative loopholes and a lack of "missionary" attitudes of the grass level implementers and involvement of community workers. He goes, on to give a few vague proposals for action and ends with an oft repeated remark of Gabriel Mistral.

Those who read newspapers and news magazines are familiar- with the problems of child labor. This matter has been extensively discussed over the past 3-4 years. The reasons for a very high degree of employment of children in various industries and other areas as well as for child exploitation and abuse are not difficult to understand. The crucial factors, *viz.,* extreme poverty, lack of education and too many children, will remain with us for several years.

Unfortunately the Indian Academy of Pediatrics (IAP) has not been able to make any contribution towards tackling this very serious problem of children. We have been too preoccupied with matters of child health and disease and child survival. Nevertheless the IAP must begin to take some action.

It is "clear that child labor cannot be abolished in near future. Hence, every attempt must be made to ensure the following: (i) The child does not work long hours; *(ii)* He gets appropriate monetary benefit; *(iii)* His nutritional and health needs are taken care of; *(iv)* His education is not interfered with; *(v)* He does not face occupational hazards or carry out dangerous work; and *(vi)* He is not exploited and protected from abuse.

The Academy can undertake the following action:

(i) IAP should join hands with various groups and agencies which are concerned with child labor and strengthen their activities. This should be done at all