Reply

In the new International Classification of Epilepsy and Epileptic Syndromes (l) every major epilepsy type has been divided into 3 sub-groups (idiopathic, cryptogenic and symptomatic). Idiopathic epilepsies have an age-related onset, and have a presumed genetic basis. Neuropsychological evaluation of these patients remains normal. In cryptogenic variety the epilepsies are presumed to be symptomatic but the exact etiology is not identifiable. The neuropsychological evaluation is frequently abnormal. Probably those features which Dr. Mitra has pointed out as cryptogenic variety, are infact, suggestive of idiopathic epilepsies. In patients of symptomatic epilepsies exact structural or metabolic cause responsible for infantile spasms is readily identifiable (for example, tuberous sclerosis and cortical dysplasias). With the availability of newer neuroimaging techniques (MRI and PET), the percentage of patients with cryptogenic infantile spasms is steadily decreasing. Upto 80% of cases of infantile spasms are now identified as symptomatic (2). Due to obvious reasons, the prognosis of idiopathic variety is good, while the prognosis of symptomatic infantile spasms is poor.

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Minimum Inhibitory Concentration of Furazolidone in Children with Typhoid Fever

Furazolidone achieves negligible serum levels after oral administration(l,2) but is effective in some patients with typhoid fever(3,4). This study was carried out to determine the minimum inhibitory concentration (MIC) of furazolidone for *Salmonella typhi* and find out if it is below the achievable serum levels.

Thirty patients whose clot culture yielded *Salmonella typhi* sensitive to furazolidone (by Stokes diffusion method using *Escherichia coli* as control(5) were treated with furazolidone (15 mg/kg/day divided into 4 doses) for 14 days. Those who had defervescence within seven days and had no relapse on follow up for two weeks were considered to have been cured. MIC of furazolidone was estimated for the strains of *Salmonella typhi* by broth macrodilution method using *E. coli* as control (5).

From the study group of 30 patients, only 12(40%) responded to furazolidone therapy. The MIC of furazolidone for the organisms isolated from those patients responding to furazolidone therapy was 10 μg/ml. Of the 18 patients not responding to