It is well known that disc diffusion method is influenced by many factors like depth of medium, pH, certain cations, supplements and amount of inoculum, etc.(5). Without use of control strains on the same plate as in Stokes method(4), the results and interpretation of the results are unreliable and tend to be subjective.

In most of the laboratories, including many teaching hospitals the antibiotic sensitivity is done without use of proper control strains. The reporting is entirely on the subjective impression rather than the comparison with known standard strains. Hence, it would be advisable for authors to ensure that standard methods are used and mention in the article about it. The ideal method would be the MIC(6).

Unless standard methods are insisted upon, the results are likely to give a false and alarming picture of resistance of micro-organisms to antibiotics.

B. Subramanyam, C.S. Lakshminarayana.

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## Reply

We are thankful for the interest shown in our article(1). We share the apprehension expressed by Drs. Subramanyam and Lakshminarayana that antibiotic sensitivity done by disc diffusion method (Kirby-Bauer technique) is subject to performance errors and unreliable interpretations.

In our study, the antibiotic sensitivity of Salmonella strains were done by Stokes technique on Mueller-Hinton agar with standardized inoculum(2). Simultaneously, known sensitive strains of NCTC Eschrichia coli were used as control. This facilitated standard comparisons and we never encountered any difficulty either in performance of this test or in its interpretation.

The therapeutic response to chloramphenicol correlated well with antibiotic sensitivity pattern. All patients infected with chloramphenicol sensitive S. typhi responded well to this drug and none infected with resistant strains responded to chloramphenicol.

We endorse the view that MIC is superior to all other techniques for antibiotic sensitivity. However, technically being more elaborate, it may not be feasible to use this technique as a routine procedure in busy laboratories.

The isolates reported in our study were part of an on going epidemic in East Delhi. Results of phage typing of representative chloramphenical resistant *S. typhi* strains isolated in the above study are awaited. These results are expected to throw more light on the epidemiology of these isolates.

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## Reply

We appreciate the interest of Drs. Subramanyam and Lakshminarayana in our article. We agree with their point of view that disc diffusion method is influenced by many factors and ideal methods should be used.

In our study antibiotic sensitivity was done by Bauer's method(1). However, we feel the results can not be unreliable because (a) Control strains are used in this method, though on a separate plate, (b) The method is being used for over past many years, more so at many centres in the country, so emergence of sudden change in drug sensitivity pattern can not be doubted, (c) The reports of multiple drug resistant

typhoid fever from different parts of the country prove further the changing pattern of drug sensitivity in typhoid.

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# Coin Gift: A Potentially Fatal Custom

In India, it is a common custom for a family guest to give money or coins to children of all ages in the house when he departs. This practice may be harmful to a young child as was demonstrated in this case.

A 5-month-old boy, 6 kg, presented with recurrent cough and occasional vomiting for 1 month. The child had been accepting breast feeds properly, without dysphagia or respiratory distress. Systemic examination was normal. The child has been treated symptomatically by various practitioners outside without any improvement.

In view of the lack of response of the symptoms, a chest roentgenogram was advised which revealed the presence of a coin shaped homogenous opacity in the superior mediastinum (Fig.). On the lateral