Blood pressure measurement in infants

Sir,

Dr. A. M. Elseed and colleagues (*Archives*, 1973, **48**, 932) referred to 4 methods of indirect measurement of blood pressure: palpation, auscultation, flush, and Doppler. May I draw your attention to a fifth method which will measure systolic and diastolic blood pressure with reproducible results, even in very small infants—oscillometry. This method was first used by Mlle. L. Koessler (1912). By using a Pachon oscillometer, measurements were improved and used extensively by Balard (1912a, b, 1913), including observations on newborns in the first day of life. Using a similar instrument with a specially designed double chamber cuff, originally designed by Gallavardin (1922), I did measurements on term and premature infants (Kafka, 1967). Nelson (1968) designed an electronic oscilometer which could be used with the commercially available single chamber cuff. This instrument has proved to be very effective, as shown in a study conducted by Dr. Oh and myself (Kafka and Oh 1971).

The oscillometric method for indirect blood pressure measurements has obvious advantages.

- (1) It measures systolic and diastolic blood pressure.
- (2) Reliable and reproducible measurements can be taken on the upper as well as on the lower limb.
- (3) Measurements can be taken in very small infants.
- (4) The method will still be usable in conditions where blood pressure drops to low levels as in shock-like states or where there are low diastolic values due to shunts or low systolic measurements as in coarctation.

The rounding off of figures of blood pressure values widely used in clinical medicine is not acceptable for statistical studies, according to Armitage and Rose (1966).

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Childhood lymphoma resembling Burkitt's tumour in the Southern Argentine

Sir,

Burkitt's lymphoma is an uncommon finding in non-tropical zones of the world. We report a case observed in the southern part of the Argentine, which is characterized by its scarce vegetation, low degree of humidity, an average rainfall of 287 mm/year, and a mean annual minimum temperature of 9.5° C, considerably lower than that described in connexion with the African disease. The patient was born and lived in a town situated on the seacoast, where malaria and other tropical diseases are unknown.

A 4-year-old white girl coming from San Antonio Oeste (Long. 64°57'W; Lat. 40°44'S) was admitted on 4 February 1973, with a history of acute intestinal obstruction. Laparotomy did not reveal any outstanding pathology except for an ileoileal intussusception. Biopsy specimen of the resected intestine showed massive necrosis. 3 months later physical examination was remarkable for palpable abdominal masses. A new laparotomy showed enlarged ovaries, which were excised, enormous mesenteric lymph nodes and diffuse tumour involvement of the retroperitoneum. Imprints of fresh tumour and histopathological studies disclosed the typical pattern of Burkitt's lymphoma (Wright, 1963): vacuolated, P.A.S. negative immature lymphoblasts, numerous macrophages, and a 'starry-sky' pattern. The small intestine was also infiltrated with lymphomatous tissue. Peripheral blood and sternal bone marrow were normal, as well as head, neck, and chest x-rays. No peripheral lymph nodes were noted. Because of the clinical signs, the anatomical distribution and the histological picture, the diagnosis of Burkitt's lymphoma was suggested. As it has been stated (Wright, 1964), bilateral ovarian tumours are so rare in other types of