The method described by Ryley *et al.* (1975) relies upon the fact that a ratio of albumin : α_1 -antitrypsin in the meconium of less than 2.0 makes pancreatic insufficiency unlikely, while the method used by Antonowicz *et al.* (1976) depends upon the presence of lactase in the meconium of infants with cystic fibrosis. This lactase will hydrolyse an added solution of lactose producing glucose and galactose, and the glucose may then be detected by 'Dextrostix'. It is hoped that the above methods will succeed in reducing the number of false-positive results, and thereby lessen the natural anxiety which parents feel before the diagnosis of cystic fibrosis can be definitely excluded.

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Benign urinary infection in girls

Sir,

Girls whose urine refluxes into the vagina at micturition can suffer sudden dampness, sometimes with foul urine, dysuria, and ascending infections (Hughes-Davies, 1966). Some such may belong to the group described by Dr. Welch and his colleagues (Welch *et al.*, 1976) and it would be interesting to know whether there

is vaginal filling in their lateral cystograms, and whether they are helped by advice to separate the labia at micturition.

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Dr. Patricia A. Forbes comments:

Dr. Hughes-Davies has commented on the possibility of vaginal reflux of urine during voiding as a cause of the symptomatology we described and as a contributing cause of ascending infection.

We showed vaginal reflux on lateral voiding cystogram in only 2 or 3 girls. We were concerned that our urine cultures were significantly contaminated and in fact catheterized 2 of them to verify that the bladder urine was indeed infected. It was noted that the urethral orifice in both patients was situated at the vaginal introitus which may explain the ease with which urine refluxed into the vagina. We did not advise any specific voiding mechanism and at the present time both girls are symptom and infection free.

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