infant feeding practices (Department of Health and Social Security, 1974) strongly recommended a return to breast feeding and there is now little doubt that far more mothers wish and are attempting to breast feed. It is none the less a fact of modern life that many of our doctors and nurses were brought up and trained in a tradition of bottle feeding and are therefore unaware of important principles and practices of breast feeding.

Is it therefore wrong of us to draw attention to the problem of failure to thrive in breast-fed babies? We think not. In trying to understand more about the physiology, both basic and applied, of breast feeding, problems would be better understood and far from being to the detriment of breast feeding this better understanding will perhaps help to promote the practice.

D. P. DAVIES
Department of Child Health,
Leicester Royal Infirmary,
Leicester LE1 5WW

T. J. EVANS
Stobhill Hospital,
Glasgow G21 3UW

Reference

Department of Health and Social Security (1974). *Present Day Practices in Infant Feeding*. Report on Health and Social Subjects No. 9. HMSO: London.

Diaphragmatic hernia and pleural effusions

Sir,
Dr Chilton *et al.* (*Archives*, 1978, 53, 600) reported two infants with a right-sided diaphragmatic hernia which presented as a pleural effusion. A similar case was reported in an 11-month-old Collie dog (Claveau *et al.*, 1973). The fluid in the thorax appears to have been related to the strangulation of part of the liver which had to be resected. Bacteriological studies were negative except for the isolation of *Pasteurella multocida* from the trachea and pharynx.

T. J. DAVID
Walnut Farm,
East Dundry,
Bristol BS18 8NH

Reference

Claveau, R., Chalifoux, A., and Bonneau, N. H. (1973). Une hernie diaphragmatique avec effusion pleurale chez un chien. *Canadian Veterinary Journal*, 14, 277-279.

Insertion of sewing needle as a form of child abuse

Sir,
Insertion of a sewing needle into the body has been hitherto unreported in the UK as a form of child abuse, although two such cases have been reported—from

America (Stone *et al.*, 1976) and France (Arcadio *et al.*, 1969). A 23-month-old girl was referred by Social Services because she was found to have many bruises on her body when attending a day nursery on a Monday morning. These bruises had not been present on the previous Friday. The family was known to the Social Services department as being on the 'at risk' register. According to the parents, these bruises were sustained when she fell from a push-buggy during the weekend. On examination, apart from being dirty, she was otherwise well nourished and healthy. There were multiple bruises of different sizes and ages all over her face and body. It was obvious that not all of them could have been caused by a fall from the push-buggy.

Figure Site of sewing needle.

A skeletal survey showed no soft tissue injuries or fractures, but a sewing needle was found to be deeply embedded in the right gluteal region (Figure). Re-examination of the gluteal region in the light of the x-ray finding showed no pin prick marks or inflammation, nor was the needle palpable. It was felt unlikely that a needle could have worked its way through into her buttock accidentally without anyone being aware of its presence. The needle in this case would have been missed altogether but for the skeletal survey. While insertion of pins and needles into a child's body would appear to be an easy form of injury to inflict, it has rarely been reported.

C. K. BHASKARAN
Department of Paediatrics,
Basildon Hospital,
Basildon, Essex SS16 5NL

References

- Arcadio, F., Duverne, J., Bethenod, M., and Roche, L. (1969). Unusual forms of child abuse: introduction of 13 sewing needles into the body (in French). *Médecine légale et dommage corporel*, 2, 274-275.
- Stone, R. K., Harawitz, A., Anthony San Filippo, J., and Gromisch, D. S. (1976). Needle perforation of the liver in an abused infant. *Clinical Pediatrics*, 15, 958-959.