Fig 2 At higher magnification numerous campylobacter-like organisms adhering to the luminal surface of foveolate epithelium. Giemsa.

outcome of the infection in a child with dyspepsia but no ulcer varioliform gastritis might indicate that this peculiar endoscopic picture is probably not specific to a particular aetiology. As histological diagnosis of campylobacter-like infection is possible also on formalin fixed specimens if the Warthin-Starry or Giemsa stains are used, we suggest that the association between it and varioliform gastritis may be easily confirmed in a large series.

References

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Haemorrhagic disease and vitamin K

Sir,

In their recent annotation¹ Tripp *et al* state their preference for using oral vitamin K₁ for routine prophylaxis against haemorrhagic disease of the newborn. They felt that convenience and acceptability to the parents were sufficient

grounds for recommending a 1 mg dose to be given orally routinely unless there was evidence of the baby being at high risk of haemorrhagic disease. In support of this recommendation, they state that they have not seen any case of early or late haemorrhagic disease in 25 000 babies treated in this manner.

The experience in Sheffield using oral prophylaxis has been less satisfactory. Routine prophylaxis was introduced three years ago following a cluster of cases of late haemorrhagic disease occurring between three and seven weeks after birth. Two of the maternity units in the city use intramuscular, and the third unit uses oral prophylaxis. One of the babies who received 1 mg of vitamin K₁ orally in the labour ward subsequently developed severe haemorrhagic disease at 7 weeks of age. He was born at full term weighing 4100 g and was fully breast fed. He was completely well until he developed convulsions at 7 weeks of age due to an enormous intracerebral haematoma occupying the posterior half of the left hemisphere. He had severe vitamin K deficiency which was corrected rapidly with treatment. He has subsequently made a good recovery. He had no predisposing reason for the vitamin K deficiency, and his sweat test was negative. His mother was well throughout the pregnancy and received no drugs other than iron and vitamins.

Haemorrhagic disease has always been uncommon even without routine prophylaxis. The aim is to prevent an uncommon, but potentially fatal, disorder. We feel that vitamin K given intramuscularly is more likely to prevent this serious condition than if it is given orally.

Reference

- Tripp JH, McNinch AW. Haemorrhagic disease and vitamin K. *Arch Dis Child* 1987;**62**:436-7.

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Skin rashes after triple vaccine

Sir,

With regard to the article by Denning *et al*¹ on rashes after diphtheria-pertussis-tetanus (DPT) vaccine, I have seen an eczematous reaction concentrated around an aluminium granuloma following DPT, spreading to the trunk, but tapering off from the injection site. There was no history of previous eczema. I did not risk giving another DPT injection. An article in the *Practitioner* described similar skin reactions.²

References

- Denning DW, Peet L, Pool J. Skin rash after triple vaccine. *Arch Dis Child* 1987;**62**:510-1.
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