A fumigatus IgG antibody would thus be difficult to elucidate.

We think that raised IgG antibody to *A fumigatus* in cystic fibrosis is in most instances probably a secondary event in damaged lungs with chronic infection. There is a risk in some patients for the development of allergic bronchopulmonary aspergillitis (ABPA) which should be carefully investigated in every patient with cystic fibrosis. The role, if any, of IgG antibodies to *A fumigatus* in absence of ABPA remains to be established as Forsyth *et al* say.

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Coarctation of the aorta corrected during the first month of life

Sir,

In their review of coarctation of the aorta presenting in the neonatal period, Ehrhardt and Walker emphasise the life threatening nature of this condition and the need for urgent referral to a hospital where confirmatory investigation and surgical correction can be performed.¹ They also point out that many babies arrive at their centre in poor condition and reiterate that initially an important clue to the diagnosis is the observation of a difference between blood pressure in the right arm and the lower limbs. No figure is suggested for the magnitude of this disparity but it is usually considered to be significant if greater than 20 mm Hg.²

Sphygmomanometric measurement of blood pressure in the newborn is not easy and many neonatal units have come to rely on electronic instruments which employ an oscillometric technique, such as the Dinamap (Critikon). The Dinamap, however, has been shown to overestimate blood pressure in some hypotensive infants,³ and we have recently seen two normally grown term babies with

coarctation in whom the Dinamap 8100 gave misleading results in the lower limbs. Both patients presented with heart failure and absent femoral pulses in the first week of life and despite the use of appropriately sized cuffs the blood pressure readings in the lower limbs were almost identical to the normal value obtained in the right arm. From our experience it appears that in cases of coarctation the Dinamap can overestimate blood pressure in the hypotensive lower limb and thereby obscure the underlying diagnosis. If absent femoral pulses suggest coarctation but the Dinamap shows no significant difference between upper and lower limb blood pressure, urgent referral to a cardiothoracic surgical centre should not be delayed.

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Accidental feeding of a dilute antiseptic solution to five babies

Sir,

Five normal newborn breast fed babies were accidentally fed a dilute antiseptic solution (chlorhexidine 0.05% with cetrimide 1%) in place of sterile water and developed caustic burns of the lips, mouth, and tongue within minutes; one baby became quite severely ill due to acute pulmonary oedema, but all survived without sequelae.

A full account of this incident in 1976 has been published elsewhere,¹ but I would like to draw it to the attention of a wider paediatric readership. Babies at this hospital are routinely given 'top ups' of sterile water if necessary after feeding from the breast so as to allay thirst but not so as to give a feeling of satiety—thus encouraging them to feed from their mothers; this avoids the pitfalls of giving top ups of cows' milk formula or glucose solution.

The five babies developed symptoms almost simultaneously, and a rapid inspection of the Milk Room showed that, in addition to sterile water, glucose solution, and proprietary milk feeds, there were a number of full and empty clear 50 ml bottles of a dilute antiseptic solution of chlorhexidine 0.05% with cetrimide 1%. This was normally supplied in 500 ml fluted opaque glass bottles, which were temporarily unavailable, so the suspicion was that the antiseptic solution had been given as a top up feed.