

Haber, 1964; Brown, Burton, and Dahlin, 1967), though metastases are considered rare. They often remain asymptomatic until the size of the tumour produces pressure symptoms (Haber, 1964). In our case, metastasis to local nodes was proven. Surgical excision is the favoured form of treatment (Brown *et al.*, 1967), though the vascular nature of the tumour and its proximity to vital structures may make this impracticable as in our case. A poor response to irradiation is to be expected (Gillis, Reynolds, and Merritt, 1956).

To our knowledge, this is the first reported case in which cytotoxic drugs have been used. To date it seems to be successful. The dosage schedule is an arbitrary one, designed to recognize that these tumours are slow growing and that metastatic lesions have sometimes appeared years after the primary excision.

**Summary**

A case of malignant nonchromaffin paraganglioma is described in a 5-year-old boy. Intrathoracic examples of this tumour are very rare, and this is probably the youngest patient recorded. The successful response to cytotoxic drugs is also hitherto unrecorded.

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## Evaluation of Dip Inoculum Urine Culture

Infants and young children cannot always be persuaded to pass urine at a given time, and do not respect laboratory hours. Moreover, once a urine sample has been collected, there is frequently a delay before its arrival in the laboratory for conventional plating. In an effort to overcome some of these problems the dip inoculum method of

urine culture has been advocated (Mackey and Sandys, 1965; Arneil, McAllister, and Kay, 1970; Mabeck and Mabeck, 1970; Wille, Scharer, and Bickel, 1970). This communication reports a small trial in paediatric inpatient and outpatient practice.

**Method**

The Uricult dip-slide was used with MacConkey medium on one side and nutrient agar on the other. Fresh, clean urine samples were obtained from 73 infants and children of both sexes. The dip-slide, which was inoculated immediately, was then dispatched together with the clean urine sample to the bacteriology laboratory. The urine sample was then plated in the routine fashion, and plate and dip-slide incubated for 18 hours at 37 °C. After incubation, all the slides were read by one bacteriologist, while the routine plates were read independently. The time interval between inoculation of the dip-slide and plating of the paired urine samples was known accurately for 15 of the 73 specimens.

TABLE

*Comparison of the Results from Dip-slide and Routine Cultures*

Routine Culture	Dip-slide Culture		
	NG	NSG	SG
NG	18	1	
NSG		36	7
SG		2	9

Note: NG, no bacterial growth; NSG, no significant growth; SG, significant growth.

**Results**

The results are shown in the Table. Dip-slides and routine cultures were interpreted as showing no bacterial growth (NG), no significant growth (NSG), or significant growth (SG). There was complete agreement in 63 cases (86%); the dip-slide gave 7 falsely positive SG's (9.6%) and 2 falsely negative NSG's (2.6%).

The mean time interval between dip-slide and routine plate inoculation in the 15 cases was 2 hours 30 minutes, with a range from 1½ hours to 4 hours. There was complete agreement between dip-slide and plate in 14 of these cases; in one case, where the interval was 4 hours, the dip-slide showed SG while the routine culture showed NSG.

**Discussion**

The present study largely confirms previous work in that the dip-slide culture gave comparable results to routine cultures (Mackey and Sandys, 1965; Arneil *et al.*, 1970; Mabeck and Mabeck,

1970; Wille *et al.*, 1970). There were only two apparent false-negatives; this in itself is difficult to interpret since the delay in plating the urine in these two cases was not timed, and the routine cultures may have been falsely positive from overgrowth of contaminants.

In the 15 timed cases, the longest delay was 4 hours from micturition and dip-slide inoculation to plating in the bacteriology laboratory, with a mean delay of 2½ hours. This delay was not associated with an overgrowth of contaminant organisms. These cases do illustrate the magnitude of the delay between micturition and arrival of sample in the laboratory, in an average hospital specimen collection service. These long delays do not appear to have materially affected the results of culture in this very small series.

Differentiation and identification of the organisms on the dip-slide were more difficult than on routine culture; the dip-slides were also not entirely suitable for subculture for further examination of the flora and its antibiotic sensitivities. This suggests that the culture slides might not be suitable for investigation of children with acute urinary tract infection.

The dip-slide does not assist in the problem of obtaining a clean urine sample from a young child, but does offer a useful screening test for urinary infection. Perhaps its most significant contribution lies in the long-term management of urinary tract infections in children, particularly in excluding relapse or reinfection. A supply of dip-slides in the home, with instructions to the parents about the collection of clean samples, would avoid some of the frustrating hours parents have to spend in outpatient departments waiting for their children to pass urine.

### Summary

The results of 73 dip inoculum urine cultures were compared with the results after routine plating and culture. There was complete agreement in 63 cases. The dip-slides gave 7 falsely-positive results and 2 falsely-negative results. It is suggested that the dip-slides might provide a useful aid in the long-term management of urinary tract infection in children, particularly in excluding relapse and reinfection.

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## Birthweight Distribution in Congenital Pyloric Stenosis

In 1970 an epidemiological and family study was made on the cases of operated congenital pyloric stenosis (CPS) born in Budapest, 1962–1967. The incidence and birthweight distribution may be of general interest.

### Material and Methods

The index patients were ascertained from the registers of all paediatric surgery departments in Budapest. They were the infants with CPS born alive between 1962 and 1967 of parents living in Budapest, and who were surgically treated. The parents were sent a questionnaire with a letter explaining the investigation. Information on 148 index patients out of a total of 159 was obtained. The diagnosis of CPS in relatives was checked from hospital records. The birthweight distribution of all live births in Budapest, 1962–1967, was used as the control group (Demographic Year Books). The gestational ages of livebirths in Budapest are not available, so that the data of a separate Hungarian study (Fekete *et al.*, 1968) were used.

### Incidence of CPS in Budapest 1962–1967

In Budapest, capital of Hungary, with a population of two million, 159 cases of CPS were operated on out of 108,966 livebirths in 1962–1967. Thus the incidence was 1.46/1000 livebirths. The variation in incidence in the individual years did not reach the level of significance ( $\chi^2_5 = 2.71$ ;  $P < 0.05$ ). 77.4% of all cases were male. The incidence is comparable to the rates reported in other Caucasian populations, but higher than those reported in Negro and Mongolian populations (Shim, Campbell, and Wright, 1970).

### Birthweight Distribution of CPS

No significant correlations were found between the incidence of CPS and maternal age, birth order, paternal age, monthly distribution, socioeconomic status of parents, or the presence of other malformations.