tracheal aspirate was sensitive to penicillin, erythromycin, and cefotaxime. Despite aggressive intensive care and adequate antimicrobial antibiotic treatment, toxin release may occur late in the illness and have a fatal outcome.

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The technical editor comments:
Point(s) taken!

Sister journals

SIR,—In some quarters it will be seen as worthy of a good giggle, in others disingenuous of David Mellor to confess that his school French ‘has not really been kept fresh ... from occasional holidays in French gites ...' and at the same time to complain of examples of poor translations (into English) of titles and summaries in Archives Françaises de Pédémie,' and then to continue with ‘Clearly (that journal’s) parochialism must be largely to do with the difficulty non-Francophones have writing in that language'. As a fervent francophile and part time resident in France, the parochiality does seem to be on the other foot when he suggests that all the other ‘European medical journals should be encouraged to become fully bilingual (that is, national language plus English)' (my italics and exclamation mark).

He is right to say that highly skilled medical translators will be in great demand, as non-medical linguists are notoriously unreliable in the language of doctors. As one who has a vested interest in rewriting the entente cordiale, however, and who sympathises with the widespread French resentment at British arrogance in insisting on our own language, I do hope colleagues will become more sensitive in their Archival writings by 1992!

Did Dr Mellor notice the full page advertisement for the Organ der Deutschen Gesellschaft für Kinderheilkunde, entirely in German, on the page immediately after his piece? Gott in . . . !

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Dr Mellor comments: La plume du professeur est plus puissante que l'épee.