

that night she was found wandering in the ward. After a consultation with the psychiatrist, the medication was stopped. Her confusion cleared within 36 hours after discontinuation of her medication but she had amnesia for that episode. Other medications (*e.g.*, antacids) except cimetidine were restarted and she had no further problems. The presumptive diagnosis of cimetidine induced psychosis was made, since the blood level of cimetidine was not done and a re-challenge was not given.

Cimetidine is a competitive inhibitor of histamine type-2 receptors in the gut and hence reduces the gastric acid secretion. During the past few years, reports of cimetidine CNS toxicity(1-3) have emphasized the patients' confusional state, bizarre speech, amnesia for the episode, hallucinations, agitation and seizures. The rapid development of CNS confusion in the present case after cimetidine use, the similarity of the clinical picture in the reported cases and the rapid, complete clearing of symptoms after discontinuation of cimetidine suggest that the drug causally contributes to the clinical reaction described. Predisposing factors for this side effect have been suggested as high-dose medication, old age, pre-existing psychiatric illness, renal or liver dysfunction, cerebral impairment and simultaneous treatment with psychotropic medication(4). However, in the present case, none of the predisposing factors was present. The exact mechanism of cimetidine induced psychosis is not known but this side effect may be due to idiosyncratic reaction, or alteration in brain levels of dopamine and acetylcholine or blockage of histamine H₂-receptors in brain(4). Further investigation is warranted to determine the frequency and the pathophysiology of this side-effect

and also, its association with the serum and cerebrospinal fluid levels of drug.

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The Circus Dwarf—A New Sign for Early Diagnosis of Down's Syndrome

Down's Syndrome is characterized by mental retardation, hypotonia, and pathognomonic facies. In a newborn, mental retardation and hypotonia are difficult to assess and so recognition is dependent solely on appearance. We describe a feature observed in four newborns with Down's Syndrome, which we feel has not been recognized previously. This sign, if validated as consistent by larger studies, will help in the clinical diagnosis of Down's Syndrome.

A 4-day-old child was referred to us on account of a cardiac murmur. On examination, this child had mongoloid slant of the eyes, epicanthal folds, Simian crease on both hands and a cardiac murmur suggestive of ventricular septal defect. Chromosomal analysis showed trisomy 21. His upperlimbs reached up only to the pelvis and not upto mid thigh as in other newborns. By the age of 1 year while he had the characteristic hypotonia and mental retardation his upper limbs had grown up to mid thigh.

We have now noticed such short limbs in four mongols in succession. In Down's syndrome the crown rump: rump heel ratio is 2:1 compared to 1.7:1 in normal newborns. Shortening of the upper limb was more significant in the length of the lower arm, and the ratio of upper arm length to lower arm length was greater than one where as in normal newborns the lower arm is longer.

Achondroplastic circus dwarfs characteristically have short upper limbs that reach upto the pelvis. This circus dwarf-like appearance that we noticed in four children with Down's syndrome, disappears as the child grows older, and this is perhaps why the sign has escaped description earlier. The transient nature of this sign calls to memory the Cri du chat Syndrome where the characteristic high pitched catlike cry with this deletion syndrome (5p-) is heard only in infancy. Later on the child is indistinguishable clinically from other mentally retarded children. In the case of the newborns with Down's Syndrome, the relative shortening of the lower arm must point to an intrauterine developmental delay of the normal cephalocaudal growth and post natal catch up will explain the disappearance of the sign by the age of 1 year. This is only a pre-

liminary communication and a larger prospective study is being undertaken.

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Outcome of Low Birth Weight Babies

I read with great interest the recent article "Outcome of low birth weight (LBW) babies with special reference to some maternal factors"(1). It is an informative article where association of some maternal factors with LBW babies were delineated. But, the manner by which the association of post partum maternal weight with neonatal sepsis is shown, is not very clear. The authors observed that 85% of the neonates born to mothers with a weight of <40 kg and PROM and/or leaking developed neonatal sepsis, compared to only 56.1% in the group born to mother weighing more than 45 kg and having PROM and/or leaking. They suggested that LBW babies of mothers weighing less than 40 kg should be considered at greater risk for infection.

But this observed increased incidence of sepsis in the LBW babies of mothers weighing <40 kg in comparison to those of mothers weighing <45 kg, may be due to other factors like birth weight and gestational age of the newborns. It might be possible that, in their study majority of the LBW babies of mothers weighing <45 kg were of lesser birth weight (say