to commonly used antibiotics is of great concern. Addressing this issue would require a host of measures, including adequate investments in safe water and sanitation services, community education, control over antimicrobial prescribing and over the counter sales, and large scale vaccination strategies. Box 2 details some of the preventive strategies and advice for travellers to areas where typhoid is endemic.

Competing interests: None declared.

- 1 Institute of Medicine. *New vaccine development: establishing priorities*. Washington DC: National Academy Press, 1986.
- 2 Crump JA, Luby SP, Mintz ED. The global burden of typhoid fever. *Bull World Health Organ* 2004;82:346-53.
- 3 Sinha A, Sazawal S, Kumar R, Sood S, Reddaiah VP, Singh B, et al. Typhoid fever in children aged less than 5 years. *Lancet* 1999;354:734-7.
- 4 Brooks WA, Hossain A, Goswami D, Nahar K, Alam K, Ahmed N, et al. Bacteremic typhoid fever in children in an urban slum, Bangladesh. *Emerg Infect Dis* 2005;11:326-9.
- 5 Siddiqui FJ, Rabbani F, Hasan R, Nizami SQ, Bhutta ZA. Typhoid fever in children: some epidemiological considerations. *Int J Infect Dis* 2006;10:215-22. Epub 2006 Jan 23.
- 6 Ochiai RL, Wang X, von Seidlein L, Yang J, Bhutta ZA, Bhattacharya SK, et al. Salmonella paratyphi A rates, Asia. *Emerg Infect Dis* 2005;11:1764-6.
- 7 Berkley JA, Lowe BS, Mwangi I, Williams T, Bauni E, Mwarumba S, et al. Bacteremia among children admitted to a rural hospital in Kenya. *N Engl J Med* 2005;352:39-47.
- 8 Graham SM. Salmonellosis in children in developing and developed countries and populations. *Curr Opin Infect Dis* 2002;15:507-12.
- 9 Rowe B, Ward LR, Threlfall EJ. Multidrug-resistant Salmonella typhi: a worldwide epidemic. *Clin Infect Dis* 1997;24(suppl 1):S106-9.
- 10 Renuka K, Sood S, Das BK, Kapil A. High-level ciprofloxacin resistance in Salmonella enterica serotype Typhi in India. *J Med Microbiol* 2005;54:999-1000.
- 11 Shirakawa T, Acharya B, Kinoshita S, Kumagai S, Gotoh A, Kawabata M. Decreased susceptibility to fluoroquinolones and gyrA gene mutation in the Salmonella enterica serovar Typhi and Paratyphi A isolated in Kathmandu, Nepal, in 2003. *Diagn Microbiol Infect Dis* 2006;54:299-303.
- 12 Bhutta ZA. Impact of age and drug resistance on mortality in typhoid fever. *Arch Dis Child* 1996;75:214-7.
- 13 Hathout S el-D. Relation of schistosomiasis to typhoid fever. *J Egypt Public Health Assoc* 1970;45:145-56.
- 14 Nsutebu EF, Martins P, Adigbo D. Prevalence of typhoid fever in febrile patients with symptoms clinically compatible with typhoid fever in Cameroon. *Trop Med Int Health* 2003;8:575-8.
- 15 Wain J, Diep TS, Ho VA, Walsh AM, Nguyen TT, Parry CM, et al. Quantitation of bacteria in blood of typhoid fever patients and relationship between counts and clinical features, transmissibility, and antibiotic resistance. *J Clin Microbiol* 1998;36:1683-7.
- 16 Vollaard AM, Ali S, Widjaja S, Asten HA, Visser LG, Surjadi C, et al. Identification of typhoid fever and paratyphoid fever cases at presentation in outpatient clinics in Jakarta, Indonesia. *Trans R Soc Trop Med Hyg* 2005;99:440-50.
- 17 World Health Organization Department of Vaccines and Biologicals. *Background document: the diagnosis, prevention and treatment of typhoid fever*. Geneva: WHO, 2003:19-23. (www.who.int/entity/vaccine_research/documents/en/typhoid_diagnosis.pdf).
- 18 Van den Bergh ET, Gasem MH, Keuter M, Dolmans MV. Outcome in three groups of patients with typhoid fever in Indonesia between 1948 and 1990. *Trop Med Int Health* 1999;4:211-5.
- 19 Rowe B, Threlfall EJ, Ward LR. Does chloramphenicol remain the drug of choice for typhoid? *Epidemiol Infect* 1987;98:379-83.
- 20 Bhutta ZA. Typhoid fever. In: Rakel RE, Bope ET, eds. *Conn's current therapy*. Philadelphia PA: Saunders, 2006:215-8.
- 21 Frenck RW Jr, Mansour A, Nakhla I, Sultan Y, Putnam S, Wierzbica T, et al. Short-course azithromycin for the treatment of uncomplicated typhoid fever in children and adolescents. *Clin Infect Dis* 2004;38:951-7.
- 22 Thayer D, Zaidi AK, Critchley J, Madni SA, Bhutta ZA. Fluoroquinolones for treating typhoid and paratyphoid fever (enteric fever). *Cochrane Database Syst Rev* 2006;(1):CD004530.
- 23 Phongmany S, Phetsouvanh R, Sisouphone S, Darasavath C, Vongphachane P, Rattanavong O, et al. A randomized comparison of oral chloramphenicol versus ofloxacin in the treatment of uncomplicated typhoid fever in Laos. *Trans R Soc Trop Med Hyg* 2005;99:451-8.
- 24 Okeke IN, Laxminarayan R, Bhutta ZA, Duse AG, Jenkins P, O'Brien TF, et al. Antimicrobial resistance in developing countries. Part I: recent trends and current status. *Lancet Infect Dis* 2005;5:481-93.
- 25 Okeke IN, Klugman KP, Bhutta ZA, Duse AG, Jenkins P, O'Brien TF, et al. Antimicrobial resistance in developing countries. Part II: strategies for containment. *Lancet Infect Dis* 2005;5:568-80.

(Accepted 5 June 2006)

Separating a septum sandwich

A 7 year old boy had inquisitively removed two small circular magnets attached to the bottom of his toy car. He then inserted one up each nostril. The magnets were immediately drawn to each other, clamping firmly on to either side of his nasal septum.

On his arrival in the accident and emergency department, various manual manoeuvres with metal instruments were attempted, but these were attracted to each magnet with a resounding "clunk," provoking squeals of pain from the child as doctors grappled to remove the adherent instruments. Plastic instruments failed to provide sufficient grip on the slippery edges of the magnets. Doctors and patient were becoming more frustrated, with the latter increasingly reluctant to let anyone near his nose. A powerful pacemaker resetting magnet was brought down from the coronary care unit, but this attracted both small magnets, pulling the septum forward. Vaseline was applied to both sides of his septum in the hope of slipping the magnets off, but it only made a sticky situation even stickier.

Three hours after the provoking event, I was called to see the patient. The likelihood of septal necrosis with perforation and infection was increasing each minute, just as the child's faith in the medical profession was diminishing. Understandably, he was anxious to prevent any further attempts to remove the magnets and cupped both hands protectively over his nose, turning away to sob despairingly into his mother's bosom.

After much coaxing, I had to promise the boy that my attempt would be successful. I then obtained a pair of Blakesley forceps, usually used to perform functional endoscopic sinus surgery, from theatre. A

nurse grasped his head firmly, his distraught mother held his left hand, and the senior house officer held his right. He shut his eyes and braced himself at the sight of the approaching forceps. With a deep breath from the patient and myself, a quick lateral tug dislodged the magnet from the septum, such that it stuck to the Blakesley forceps. The remaining magnet was easily retrieved as it had fallen off the septum.

Separating the septum sandwich had taken a long time, not to perform the actual procedure itself but to comfort and gently persuade the boy into allowing me one final attempt. Crucially, the promise I made him meant that there was no room for error. Children, even more so than adults, take promises very seriously, and broken promises are difficult to understand and accept. Fortunately, I managed to keep my word and was rewarded with the beaming smile of a relieved child.

A C Leong ENT specialist registrar, Medway Maritime Hospital, Gillingham, Kent
(Annabelle.Leong@btinternet.com)

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake, or any other piece conveying instruction, pathos, or humour*. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.