

Slumdog Millionaire

I read with interest the article published in June 2009 issue of Indian Pediatrics titled “*Indian Slum children in Western cinema: Sensitive portrayal of stark reality or crass exploitation?*” Dr Vashishtha deserves appreciation for making a nice critical analysis on such a sensitive human issue. I wish to make following comments.

A British director’s work *Slumdog millionaire*, bags 8 Oscar awards and we accuse him of glorifying Indian poverty! From the movies name, the slums picturised in it, the child trafficking, the beggar industry and other scenes like the horrifying treatment by the cops are picked out from the movie and criticized in the name of “it’s not the true Indian picture” Why this over sentimental reaction every time we see Indian poverty on the big screen? Why are we only happy watching Karan Johar’s depiction of larger than life Indians? Why we are satisfied watching the rosier side of our country? Or is it that it hurts our ego to be reminded of the naked truth? It’s like a neighbor pointing to the dirty backyard of our bungalow and we don’t appreciate the criticism a bit! We know its there, but we don’t care much to clean it; we have almost adjusted to live with it but we don’t like to be reminded of it. Why?

Nowhere does the movie claim to be the whole and sole depiction of India, it unfolds a story of a young boy called Jamal, who happens to be from Mumbai slums. Coincidentally, it is the largest slum in world.. Where is our pride? Has the film director depicted anything that’s not true? Well, it is a bitter truth that our country has the biggest gap between the haves and have-nots, we happen to be a country of extremes and paradox. On one hand, some of us make it to the fortune 500, the richest persons in the world, on the other hand, we also top the list of people living below poverty line struggling for survival. Where on earth shall we get child trafficking, child labor, child prostitution and child beggar industry more flourishing than in our country? Why this uproar then? Merely picking out one slum child and standing for her child rights and uttering rhetoric because she happens to be a star in a foreign movie shows our hypocrisy. If we so earnestly care for children rights and their exploitation, then look around, it’s happening all around us, in our city just around the corner, may be even in our homes. If we want to start cleaning then start with our own locality. It is time for self introspection, not for shedding crocodile tears, mudslinging or pseudo-idealism.

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Salt or Water in Critically Ill Children

The controversy about what fluids to use in critically ill children to prevent hyponatraemia is ongoing. We congratulate Singhi and Jayashree for their contribution to this debate(1). There is however one point in their paper that needs clarification. In **Fig.1**, a line showing electrolyte free water (EFW) intake and expected fall in serum sodium has been drawn.

It runs diagonally across the figure suggesting that a linear relationship between the two is expected. The data source for this assumption has not been provided.

Interestingly, in their data on children who developed hyponatraemia, the biggest falls in serum sodium were seen in the patients who received less EFW ($r = -0.57$). The message can be best conveyed by drawing the regression line. We have scanned in their figure and have drawn the regression line in the attached figure. This graph depicts data on the relationship of EFW and fall in sodium in

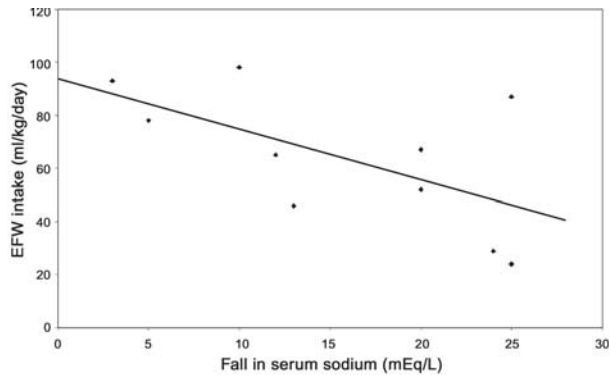


FIG.1 Electrolyte free water (EFW) and fall in sodium.

patients who developed hyponatraemia. It will be crucial to know whether this trend is seen in the other patients also (those who did not develop significant hyponatraemia), to test the hypothesis that fall in sodium is inversely related to EFW. It may be possible to understand whether the group that developed hyponatraemia is different from those who did not develop hyponatraemia and we can then 'focus on the inherent properties of the patient's physiology, rather than the inherent properties of the fluid being used' as suggested by Choong in the accompanying editorial(2).

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REFERENCES

1. Singhi S, Jayashree M. Free water excess is not the main cause for hyponatremia in critically ill children receiving conventional maintenance fluids. *Indian Pediatr* 2009; 46: 577–583.
2. Choong K. Should we add more salt, or less water. *Indian Pediatr* 2009; 46: 573-574.

Reply

We thank Jain and Manchanda for their interest in our paper and raising valid issues regarding the fall of serum sodium and electrolyte free water (EFW) intake.

In **Fig.1** of our paper, we have depicted the observed relationship between fall of serum sodium and electrolyte free water intake. The line which runs diagonally is a theoretical line depicting expected fall in sodium following addition of EFW. Jain and Manchanda have provided a figure along with a regression line. We thank them for this effort. Their figure depicts the same point which we have emphasized in our paper *i.e.*, fall in serum sodium was not related to volume of EFW intake.

We also tried to look into the suggestion given by them regarding a similar figure for normonatremic patients to substantiate the hypothesis that fall in sodium is inversely related to EFW intake. This exercise seems improbable as it was difficult to get values for 'X' axis that represents fall in serum sodium. In the normonatremic group serum sodium changes were less dramatic and stayed within normal range. **Table II** of our paper, however clearly shows that the EFW intake (mL/kg/day) is inversely related to development of hyponatremia. EFW intake (mL/kg/day) in hyponatremic patients in the pre-hyponatremic phase was significantly lower than in patients without hyponatremia. (A vs C, 70.7 mL/kg/day vs 83.2 mL/kg/day; $P=0.0001$). Hence it seems that the development of hyponatremia was possibly related to factors other than EFW excess alone.

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