

Commercial sterilizing fluids are sold to clean bottles and teats. Most of these fluids are based on chlorine bleach. Chlorine production is linked to dioxine emissions. Dioxine has been described as a highly toxic compound and the only way of dealing with it is to prevent its production.

Most lactating women do not menstruate for a prolonged period when they do not require sanitary towels or tampons. Most of the towels are flushed down the toilet. A major share of these are released untreated into the sea where tampons and sanitary towels take months to biodegrade. The toll on our environment due to pulping, bleaching and other chemical processes, cotton and pesticides applied to it, rayon and the dioxines produced during its manufacture must be added to this, as must the damage caused by packaging, transport and disposal.

All these waste materials, as they are rarely recycled, must be disposed of. The most popular form of getting rid of our waste is dumping it in landfill sites. Most of these are unlined, the theory being that any pollutants will be diluted and disposed; in practice, this allows the ground water to be polluted. Fears have led to some landfill sites being lined; these are better but can

still overflow in heavy rain, and any lining will eventually leak. Another method of waste disposal is incineration, a potent source of airborne dioxins.

In certain situation, fire wood is also used to boil water and to sterilize the feeding equipment. It takes 200 g of wood to boil one litre of water, so in one year an artificially fed child would use up at least an extra 73 kg of precious wood(2). More bottle-fed babies means more deforestation, soil erosion, climatic changes, and pollution. Breastmilk, on the other hand, is one of the few foodstuffs which is produced and delivered to the consumer without any pollution, unnecessary packaging or waste.

R.K. Anand,
*Department of Pediatrics and
Neonatology, Jaslok Hospital
and Research Centre,
Bombay 400 026.*

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Undigested Food Presenting as Bizarre Objects in Stool

Human intestine digests or absorbs very little amount of cellulose and pectin. The skin of the fruits and vegetables and the covering of the seeds consist of cellulose or pectin. Thus, most of the seeds and skin in the food pass as such in the stool if

swallowed intact, *i.e.*, if not cut or crushed. Sometimes, the color in the food also imparts color to the stool, *e.g.*, the spinach colors the stool green. I have come across two cases where undigested part of food presented as bizarre objects.

Seven years ago a 5-month-old female child was brought by the mother with the complaints that the child sometimes passed 5-7 mm long black worms in the stool. The

stool examination report was negative for any ova and cysts. The Pathologist reported that the black objects under study were not worms but of vegetable origin. On taking detailed dietary history it was found that those 'worms' appeared in the stool following ingestion of banana. Mother of the child was reassured about the nature of the 'worms'.

The edible part of banana is sweet pulp and core consists of a string of sterile seeds. The pulp is light cream in color, though the seeds are slightly darker but are not visible distinctly. These become slightly visible sometime in over ripened banana. The author could not find any explanation for the change of color of the banana seeds from cream color to black color in this case.

In the first week of April, 1994 a 5-month-old male child was brought with the complaint that the child sometimes passed large number of 'eye lashes' in the stool. In the light of the above mentioned case mother was enquired if she was giving any banana to the child? The child had not been introduced banana so far. On taking a detailed dietary history it was found that the child was being given crushed but not finely powdered roasted 'Chhuharas' (dried dates) sometimes, and these 'eye lashes' appeared in the stool following ingestion of 'Chhuharas'.

Yash Paul,

A-C-4, Gayatri Sadan,

Jai Singh Highway,

Bani Park, Jaipur 302 016.

Simpler Tools for Peritoneal Dialysis of Term Newborns and Young Infants

Acute renal failure (ARF) is common in children in underdeveloped countries(1). Peritoneal dialysis is supposed to be quite effective, rather preferable to hemodialysis to deal with ARF at this age(1). Recent text books of Pediatric Nephrology(2,3) and other workers(4) have advised the use of neonatal/pediatric peritoneal catheter (after

trimming it) for this purpose which also needs a "Y" connection set along with it. Since limitation of space in the peritoneal cavity of newborns and young infants makes it difficult to insert the rigid peritoneal stylet catheter, several workers have tried various substitutes such as suction catheter tip(5), No. 16 F plastic catheter(6), angiocath(7), neonatal chest drain(8), *etc.* in the past but no subsequent interest has been shown in them. Non availability/restricted availability of neonatal size acute peritoneal dialysis catheter and "Y" connection sets in our country pose hindrances for dialyzing at this age. Moreover, at present a pediatric acute peritoneal dialysis catheter costs