

figure and the residential elder woman and alter its behavior right from day 2 is not relevant. The normal vaginal delivery (NVD) babies were taken care of by the mother and the CS babies were in the nursery under the care of the nursing staff, prior to the initial assessment (day 2). Early separation was probably not the only reason for observed differences in behavior at 4 weeks. The mothers in the CS group having undergone major surgery were apprehensive even till the time of the follow up visit. The residential elder woman was the main caretaker for this group (CS) of babies whereas it was the mother in case of the NVD babies. The mother probably was a more positive influence on the babies' behavior.

Babies in our nursery were bottle fed by the nursing staff and not by the mother as in your data. The mother, we believe, provided a more positive influence on the baby, resulting in this group showing a better interactive behavior. This is akin to the superior performance of your SGA babies due to frequent handling(2).

The inference to be drawn from our study is that early separation (by admission to the nursery) in babies delivered by cesarean section to the poor socio-economic class of mothers in northern India affects the baby's behavior.

We do not agree with your suggestion. It would be unethical to separate NVD babies from their mothers. The study was planned according to the prevailing hospital practices and obviously the results should only be interpreted in that context.

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Treating Neonatal Sepsis

Results of survival (77.4%) following exchange transfusion (ET) for severe neonatal sepsis reported by Dalvi *et al.*(1) appear encouraging, but need reconfirmation by multicentric trials.

Of the last 12 cases of neonatal sepsis with sclerema, but without meningitis, treated by us without ET, 9 survived. We used a third generation cephalosporin, amikacin, metronidazole, fresh plasma, hydrocortisone and intravenous immunoglobulin in the therapeutic recommended dose(2) in all cases. A saphenofemoral long line is inserted to prevent complications of repeated venepunctures. Although numbers treated so far, with this therapeutic regime, are small, results of such intervention before irreversible microcirculatory changes are established, seem promising.

A significant percentage of neonatal sepsis occurs as a result of anaerobic infections(3). Most laboratories do not perform anaerobic cultures, and standard antibiotics used by the authors, do not treat anaerobes. It, hence seems rationale to add an antimicrobial such as metronidazole to combat such infections. Of 65 neonates treated by us with metronidazole, no ill effects have been observed so far.

To state that sclerema still carries a uniformly poor outcome, suggest that therapeutic advances almost over the last 50 years have been ineffective. We need to relook at sclerema as an ominous sign, as references, quoted by Dalvi *et al.*(1) date back to 1948 and 1966. The moot point is, at what moment of time during sepsis should ET be done. Early ET, before evidence of a disturbed microcirculation, may result in good outcome; however, if done

when circulatory changes are irreversible the outcome would obviously be poor.

The authors do not indicate what percentage of their cases had associated meningitis. In severe resistant sepsis one presumes a significant number would have meningitis. Did ET affect this complication in anyway? What needs to be studied in our setting, is the effectiveness of ET in lowering endotoxin levels, if these can be quantified, and changes in WBC, complement, opsonin, and immunoglobulins following the procedure. Although observations by Dalvi *et al.*(1) seem encouraging, it is still "a time to wait" before we routinely embark on such an intervention. Recommendation of any therapeutic regime must follow completion of prospective, randomised, controlled clinical trials, particularly as alternative treatment modalities appear to offer promise.

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Reply

In reply to the comments by Merchant and Joshi we fully accept the fact, as explained in the text of our article, that not being a controlled study, it has its limitations. Therefore, the conclusions need further confirmation by a prospective, and randomized controlled study. Merchant and Joshi, have recommended a multipronged attack for neonatal sepsis with sclerema, which however, would escalate the cost of therapy and would also need a meticulous scientific evaluation. We feel that in a developing country like India, especially in public institutions like ours, financial constraints on both the institution and the patient may preclude the use of higher antibiotics. Under such circumstances, exchange transfusions (ET) could provide an affordable, practical and effective alternative for management of neonatal sepsis. Only 7/53 neonates in our study had pyogenic meningitis, 4 of whom died. Therefore, no comment could be made on the effect of ET on pyogenic meningitis in particular.

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Foreign Body Bronchus— Spontaneous Expulsion

Foreign bodies in the respiratory tract are especially common in children between one to three years of age(1). Rarely, these may be coughed out spontaneously(2,3).

A 18-month-old girl presented as un-