

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-

resolving pneumonia. There was history of a momentary bout of cough, choking and breathlessness preceding the present illness. X-ray chest done revealed a radio-opaque foreign body in the left main bronchus and tracheal and mediastinal shift to the left side along with collapse consolidation (Fig. 1). Before the bronchoscopy could be undertaken, the child had a severe



Fig. 1. X-ray chest showing radio opaque foreign body in the left main bronchus.

bout of cough and brought out a sharp irregular stone along with some blood stained sputum. Spontaneous expulsion of foreign body in the airway is well known but expulsion of a sharp pointed foreign body, as in the present case, is rare(4). A foreign body may also change its site due to coughing(5). A fresh skiagram before bronchoscopy, therefore, becomes mandatory.

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## Inequal Drop Rate with Different Droppers

With our collective effort, we have been able to introduce a measuring cap for accurate measurement with most syrup preparations. This step has minimized the danger of variable dosage with tea spoons of different sizes. Now we are encountering a similar problem with droppers. Some of us depend upon drops instead of 1 ml, 0.5 ml or 0.25 ml. This can be misleading specially with the in-built or improperly calibrated droppers.

We must remember that solutions with different viscosity have different drop rates per ml. For instance, we found a drop rate of 20, 25, 30 and 40, respectively for water, oil, a preparation containing domperidone and another containing dicyclomine.