proximal segement of left upper limb with varus deformity and limited movement of left elbow joint. Investigations revealed normal hemogram, liver function tests, kidney function tests, serum electrolytes and ultrasound skull. Ultrasound abdomen showed small right kidney with normal echotexture. X-ray of the baby showed micrognathia, hypoplastic left humerus, bilateral femoral hypoplasia, variable intercostal spaces with crowding and fusion of ribs *(Fig, 1)*.

FH-UFS is a distinct clinical entity(l-2). The findings in our case were typical of FH-UFS. In majority of the cases, the etiology is unknown but maternal diabetes mellitus, fetal constraint deformation (for example, oligohydramnios) and genetic factors are possible suggested etiologies(l,2). In our case, the etiology could not be established. Absence of neurological abnormalities with normal vertebrae and sacrum exclude the possibility of caudal regression syndrome(2,3). Lack of glossoptosis and respiratory difficulty exclude possibility of Pierre Robin syndrome^). Crowding and fusion of multiple ribs and unilateral small kidney were additional findings in our case and they do not form an essential component of this syndrome. The majority of cases of FH-UFS are normal in intelligence and have normal life span(l-3). Treatment is symptomatic.

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Intraosseous Infusion in a LBW Neonate

Intra-osseous infusion (IOI) refers to the administration of fluids namely crystalloids, blood, blood products and drugs into the medullary cavity of the long bones. This procedure utilizes the rich vascular net work of long bones as a non-collapsible vein. Its utility in critically ill children in whom vascular access may not be possible in an emergency situation is well documented(l,2). This communication reports successful adoption of IOI in a LBW neonate.

An intrauterine growth retarded (1.6 kg) male baby presented with septicemic shock and sclerema. Immediate venesection attempts were unsuccessful. Ultimately successful IOI was achieved in the upper end of the left tibia and this could save the baby. Afterwards venous

access was obtained and IOI was discontinued.

IOI is an important procedure used as an alternate pediatric life support. Usually long bones like tibia and femur are chosen. Sites selected are upper end of tibia, medical surface of the distal end of tibia proximal to the medical malleolus and distal end of the femur in the middle. Through intraosseous route, fluids, drugs, blood and blood products and also vasopressors(2) can be infused. Bone marrow aspiration fluid can also be used for investigations like bacterial culture, blood grouping and cross matching and hematocrit(2). The sternum should not be used as site of puncture for this procedure. In conditions with local infection, osteogenesis imperfecta, osteoporosis, osteopetrosis, fractures and vascular injuries, IOI should be avoided. Precautions for doing this procedure include appropriate care to prevent damage to the epiphyseal plate with proper size of the needle according to the age and weight of the neonate; avoidance of hypertonic solution to prevent disseminated intravascular coagulation. IOI should be stopped as soon as venous access is achieved.

IOI is an important alternative life saving procedure in places where pediatric surgical assistance is not possible.

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Baby Friendly Hospital

The Editorial entitled "Baby Friendly Hospital Initiative: The Kerala Experience" has come at an appropriate time(l). The suggestions made in the editorial are very practical, there is no reason for any disagreement.

I would like to make one further suggestion. Every Baby Friendly Hospital should have a creche, so that, young babies of the female staff can be kept there and given breastfeeds during the duty hours of the mother. A hospital should be designated as 'Baby Friendly Hospital' only if it is Baby Friendly for the babies of the staff members also. Creche can be made economically viable for small instituions by admitting other children also. Location of the creche should be such that the children are not exposed to nosocomial infections.

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