

**Drop and Drip Method**

We quite often see newborns who don't suck for no apparent reason even when hungry. They cry, struggle and fight at the breast. There are others who won't suck for the first few days when milk is not easily flowing. This becomes a vicious circle, as the best stimulus for secretion of milk is sucking by the baby. There are some very small babies who have not yet learned to suck and need to be taught.

Sometimes there are circumstances when a baby has defects like cleft palate, cleft lip, or facial palsy or Pierre Robin Syndrome. These babies are to be taught

the sucking mechanism and can be successfully breast fed. Breast feeding can be successful in every baby, if there is co-operation between doctors, nurses, patients, mothers and relatives.

Under these circumstances we have found the Drop and Drip Method to be successful.

**Technique**

First some milk is expressed from the breast into a cup and this milk is slowly dropped over the breast in drops using a spoon (*Fig. 1*). The baby is positioned at the breast and baby is allowed to lick the milk drops. Slowly the nipple is put into the mouth of the baby. As the milk is continued to be poured over the breast in drops,



*Fig. 1. Expressed breastmilk is poured over the breast drop by drop using a spoon, allowing the milk to flow to the tip of the nipple.*



*Fig. 2. Baby positioned with mouth wide open at the areola. Continue pouring and allow milk to drip into the baby's mouth. The baby learns to suck.*

milk easily gets into the mouth of the baby and the baby starts sucking. (Fig. 2). If this procedure is continued at every feed for 3-4 days, the babies will very easily learn to suck at the breast properly. As the baby sucks, there will be more secretion of milk. For very small babies this is one way of training them and they learn very quickly.

We have tried this method in the past 2 years in 36 babies. Ten babies would not suck for an unknown reason, 7 babies were late starters and 2 babies had cleft lip and cleft palate. Seventeen babies weighed 1 to 1.2 kg, who were small for gestational age.

The other known method to initiate sucking is by using a nursing supplementer (lact aid) which is expensive, not easily sterilizable and not easily available. We found the method complicated and not hygienic due to involvement of a bottle.

This drop and drip method is simple safe and successful and can be taught to the mother, her relatives and peripheral workers. The method has been tried by my colleagues in Davangere successfully in their own patients.

**Nirmala Kesaree,**  
*Professor and Head,*  
*Department of Pediatrics,*  
*J.J.M. Medical College,*  
*Davangere.*

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## Acute Glomerulonephritis in *Salmonella typhi* Infection

With reference to this report(1), in the absence of renal histological findings, the diagnosis of acute glomerulonephritis in typhoid fever remains unconfirmed. More-

over, the clinical course of the acute renal failure in the patient was *not* characteristic of acute glomerulonephritis. The child did not have hypertension and had only slight proteinuria (200 mg/24 hour, in a 10-year-old boy). The patient was almost anuric for 8 days, with a blood urea nitrogen (blood urea, as shown in figure) of 260 mg/dl and a serum creatinine of 4.0 mg/dl (the figure shows 8 mg/dl), indicating very severe renal involvement. He "entered a diuretic phase" and the blood urea and serum creatinine levels came down to normal within about 10 days. Such a rapid recovery is typical of acute tubular necrosis, especially if associated with a pre-renal component.

Patients with acute glomerulonephritis who develop acute renal failure have very severe renal histologic lesions, often with glomerular crescent formation, and heavy proteinuria. The recovery is very slow in such cases. Those with extensive glomerular crescentic changes may progress to develop end stage renal disease or be left with significant renal damage.

The patient reported had red cell casts in his urine, which implies the presence of glomerulitis. However, all other features can be better explained by acute tubular necrosis. In any case, no nephrologist will accept the diagnosis of a rare complication without a complete renal histological examination.

The authors have clearly missed the opportunity to make a significant contribution.

**R.N. Srivastava**  
*Professor, Department of Pediatrics,*  
*All India Institute of Medical Sciences,*  
*New Delhi 110 029.*