argument that in the absence of IEC the ethical clearance was sought from the Ethics Committee of institution to which two of the investigators belonged. This is an exception and should not be used as an easy way out.

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Perspective on Challenges in Scaling up of Special Care Newborn Units

We read with great interest the Perspective "Challenges in Scaling up of Special Care Newborn Units- Lessons from India" by Neogi, *et al*. in December issue of Indian Pediatrics. As neonatologist working in one of the SCNUs, we would like to make the following comments.

1. The reason for persistence of deaths due to asphyxia has not been mentioned. We have observed that the mothers arrive in hospital late, when the fetus is compromised already and a severely asphyxiated baby is born. Early referral of mothers will definitely help. Also, in many hospitals there is lack of dedicated anesthesiologist for Caesarean section OT, resulting in a delay of 2 or even more hours, that can be detrimental for an asphyxiated newborn. Further, all deliveries are not attended by a health personnel trained in neonatal resuscitation.

2. It is not clear whether, while calculating neonatal mortality rate only SCNU deaths are included or deaths in the labour room, and post-natal ward are also included. Also, the denominator *i.e.* the live births would be different for inborn and out born babies. We feel that an appropriate calculation would be to calculate percentage of death amongst admitted patients, rather than calculating NMR.

3. Although a good sum of money has been allotted each year for maintenance of SCNU by the government, in our experience, we found that to get the fund released locally and utilise this finally for maintenance of SCNU, it took nearly nine months due to lengthy official formalities needed to be maintained by the NRHM officials.

4. Simply reducing neonatal mortality in SCNUs probably will not help in long run unless the babies discharged from these SCNUs are provided follow up and parents are further provided help regarding feeding and nutrition, immunization, hygiene etc. Hence personnel in each SCNU who can be trained to counsel parents during their hospital stay and follow up them at home probably will help a lot in addressing this problem, reducing NMR, IMR and achieving MDG. This facility for home follow up is not available at present in the SCNUs.

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Cutaneous Manifestations of Chikungunya Fever: Significance?

The recent publication on cutaneous manifestations of Chikungunya fever is very interesting [1]. I have some concerns on this report. First, I agree with the finding of Seetharam, *et al*. that there are many cutaneous disorder in their case series. However, the question is whether these manifestations are real clinical manifestation of Chikungunya fever or they are only accidental co-incidences. There was no exclusion for other causes of the identified cutaneous lesions. Indeed, some manifestations such as psoriasis should not be the direct lesions. In addition, I would like to discuss on the use of the patient' picture in the journal. The blinded of picture face and eyes might be applied (such as in ***Fig*. 1** a in this report).

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