tute is available, the opinion of Saini et al. (1) will probably hold true for developing countries; where the non-nutritional advantages of breast milk are just as important for the preterm infant.

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Reply

In growing individuals, by lowering protein intake below a particular level, it is not possible to support their positive nitrogen balance. Thus the lower limit of protein intake is not difficult to define. As far as the upper limit is concerned, ambiguity will always exist if rate of growth is the only parameter used to define protein requirement since it is difficult to define the best rate of growth. A higher growth rate may not always be a physiologically better growth rate (1). The problem is still more complicated as far as preterm babies are concerned in whom the metabolic machinery as well as the renal excretory processes may not be appropriately mature. Thus while adventuring to exceed intrauterine growth rate in the preterm, we should not forget the advantageous position of the fetus over the preterm who is totally on his own. Kashyap et al. (2) are quite aware of this and have therefore added—“Nonetheless, the effects of protein intake during the neonatal period on both neonatal well-being and subsequent developmental outcome must be studied more thoroughly before stating definitively that the higher protein intake studied is safe as well as desirable with respect to growth.”

In the other two studies (3,4), comparison has been done between pooled mature milk and its fortified version or between fortified mature milk and formula milk. Addition of protein to mature milk for feeding the preterm is not contested since mature milk contains less protein than preterm milk.

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