intensive care of the seriously sick neonate in a large district hospital or a teaching hospital. The unique aspect of this system is supervision and training of level I care providers by the level II care team located in the hospital. Similarly level II care team is supervised and trained by level III care team. Such a system has been shown to work successfully in developed as well as affluent developing countries. There is no reason to believe that such a system will not work in our country. It is possible, we may have to modify this system in the light of our experience; and for that we shall have to make a beginning. In this context we are looking forward to hear the experiences of workers from Delhi, Pondicherry and Ahmedabad, where such projects were launched by the Indian Council of Medical Research a few years ago.

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Radionuclide studies in nephrourological disorders

Cure of the disease and prevention of complications are major objectives in treatment. Alternate objectives include arrest of the disease process and preservation of organ function. These objectives demand early detection and close monitoring of the disease process. In most diseases, functional abnormalities usually precede structural alterations. Any study which identifies functional abnormalities with simplicity and with acceptable levels of sensitivity and specificity can be strongly recommended for use in children. Many of the radionuclide investigations used in nephrourological disorders possess these qualities.

With the advent of suitable radio-pharmaceuticals (Tc-99m labelled compounds), nuclear instrumentation (Anger gamma camera) and data processing systems (computers), it has become possible to obtain adequate information regard-
Fig. 1. Tc⁹⁹m DTPA renal images and renogram in a child who had fulguration of posterior urethral valve nine years ago. Images show dilated pelvi calyceal system and ureters; but diuresis renograms show non-obstructive pattern.