Reply

Dear Editor,

I thank the readers for deep interest and scholarly analysis of the article. I completely agree with the sentiments expressed in the letter commenting on our study. The future of neonatal ventilation actually lies in becoming less invasive and going back to CPAP. In this regard it is heartening that CPAP machines have now been provided at all zonal hospitals in the Armed Forces which have Pediatricians posted and they are being used extensively. We now need to see how this will change our ventilation statistics over the next few years. The acceptability of this mode of ventilation by the nursing staff, as has been brought out in our study,¹ is also very encouraging as good nursing care forms an integral part of administering CPAP effectively.

REFERENCE

1. Mathai SS, Rajeev A, Adhikari KM. Safety and effectiveness of bubble continuous positive airway pressure in preterm neonates with respiratory distress. *Med J Armed Forces India*. 2014;70:327–331.

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Letter to Editor

Dear Editor,

I read with considerable interest the article “Frequency doubling technology and standard automated perimetry in detection of glaucoma among glaucoma suspects” by Patyal et al.¹ published in *Med J Armed Forces India* 2014; 70:332–337. Having gone through this article, I have the following comments:

Results, Figs. 1 and 2, difference has been calculated by directly subtracting mean threshold values of FDT matrix from SAP SITA, however both cannot be compared with each other, refer author's discussion. Also Results and Discussion, mention glaucoma group, whereas study is done in glaucoma suspects and not in established glaucoma group.

It is not highlighted whether the difference in MD values was found to be same for all test values or Matrix values had some variability for some values reported by SITA.

Study mentioned as reference 9 also mentions the larger stimulus size in FDT matrix as one of the reason, not mentioned. Also the study mentioned in reference 9 is done in patients with established SITA field defects, whereas the study done by author is in glaucoma suspects.

REFERENCE

1. Patyal S, Kotwal A, Banarji A, Gurunadh VS. Frequency doubling technology and standard automated perimetry in detection of glaucoma among glaucoma suspects. *Med J Armed Forces India*. 2014;70:332–337.

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