Professor Steer comments: I am grateful for the comments by Drs Seidman and Mashiah. However they seem to have misread my review because they claim that I stated that up to three digital vaginal examinations have no effect on provoking labour. In fact I suggested that 'careful cervical assessment should be made on all women' and that 'up to three (examinations) when they (the membranes) are ruptured'. Nowhere do I state that the examination should be digital, and I agree with Drs Seidman and Mashiah that 'virtually all the information necessary can be obtained from a sterile speculum examination'. I also agree that this need only be performed once if a decision is made for hydros fetalis. However, clinical, biochemical and histological studies made in Birmingham, Bristol, and San Francisco between 1960–7 shows this not to be so. Indeed, some hydropic infants that I studied at necropsy had no hepatic erythropoiesis. Instead, the explanation for the liver failure was in widespread liver cell damage to be found in 10–20% of the most severely affected Rh infants. Characteristically, such infants demonstrated obstructive jaundice, marked hepatosplenomegaly, and cord blood haemogoblin concentrations below 100 g/l. Half the infants, with a mean total cord serum protein concentration of 31 g/l and a mean serum albumin of 16 g/l, exhibited hydros fetalis. Prenatal growth retardation, haemorrhagic disease of the newborn, and neonatal hypoglycaemia were common complications, probably also secondary to the liver damage. During this eight year period I observed only three Rh infants with signs of knericterus. All had exhibited cholestasis. None had had 'dangerous' concentrations of serum unconjugated bilirubin. It seems likely in retrospect that these infants had had low serum albumin binding capacities. Microscopically, the liver architecture was grossly disorganised and the hepatic cells, often multinucleated, were loaded with haemoglobin. Reticulum and collagen fibres were markedly increased, even occasionally to the point of early cirrhosis. My studies led me to speculate that the liver damage which I reviewed was because they claim that I stated that up to three digital vaginal examinations have no effect on provoking labour. In fact I suggested that 'careful cervical assessment should be made on all women' and that 'up to three (examinations) when they (the membranes) are ruptured'. Nowhere do I state that the examination should be digital, and I agree with Drs Seidman and Mashiah that 'virtually all the information necessary can be obtained from a sterile speculum examination'. I also agree that this need only be performed once if a decision is made for hydros fetalis. However, clinical, biochemical and histological studies made in Birmingham, Bristol, and San Francisco between 1960–7 shows this not to be so. Indeed, some hydropic infants that I studied at necropsy had no hepatic erythropoiesis. Instead, the explanation for the liver failure was in widespread liver cell damage to be found in 10–20% of the most severely affected Rh infants. Characteristically, such infants demonstrated obstructive jaundice, marked hepatosplenomegaly, and cord blood haemoglobin concentrations below 100 g/l. Half the infants, with a mean total cord serum protein concentration of 31 g/l and a mean serum albumin of 16 g/l, exhibited hydros fetalis. Prenatal growth retardation, haemorrhagic disease of the newborn, and neonatal hypoglycaemia were common complications, probably also secondary to the liver damage. During this eight year period I observed only three Rh infants with signs of knericterus. All had exhibited cholestasis. None had had 'dangerous' concentrations of serum unconjugated bilirubin. It seems likely in retrospect that these infants had had low serum albumin binding capacities. Microscopically, the liver architecture was grossly disorganised and the hepatic cells, often multinucleated, were loaded with haemoglobin. Reticulum and collagen fibres were markedly increased, even occasionally to the point of early cirrhosis. My studies led me to speculate that the liver damage which I reviewed was because...