We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have incorporated all the changes as suggested by the reviewers. We hope, you will find it appropriate for publication now. However, we will be happy to make any further changes you may suggest.

Reviewer's comments	**Authors reply**	**Changes made**
This paper studied the role of cerebrospinal fluid lactic acid in the diagnosis of bacterial meningitis, but this is not enough. It is better to refine the level of lactic acid in meningitis caused by various pathogenic bacteria, so as to provide more precise drug selection for clinical anti-infective therapy: Gram-positive, Gram-negative bacteria, tuberculosis, fungi, etc.	We thank the reviewers for their insightful comments. We agree that it would have been ideal to have a simple test which can differentiate various types of meningitis. However, this was beyond the scope of the present article as it was single center study with a small sample size. We could only use CSF lactate levels to differentiate between bacterial and non-bacterial causes of meningitis due to these constraints.	No changes made
The value of metagenomic next-generation sequencing (NGS) in the diagnosis of intracranial infection can also be studied.	We agree that a study on NGS will be useful for diagnosing TB meningitis. We also perform GeneXpert MTB/RIF test and it was positive in both the patients of TBM in whom it was performed. However, it is still not widely available and is an expensive test and hence we perform this test only when we suspect TBM. As we had only 3 patients with TBM, it would not have affected our results, but this does give us an idea for future studies.	No changes made
I read the submitted manuscript with a lot of interest. I would like to congratulate authors for this well conducted study. I have few questions as below: What is the	We thank the reviewers for their thoughtful suggestions. We agree with the reviewer that this test can not replace the	Necessary changes made in the discussion.

utility if this test for diagnosing meningitis with current evidence? Is there an advantage over traditional tests done currently. The authors are trying to convey the message that it is useful even in patients with previously received antibiotics. But in their results, it appears that, for the same groups of patients, it's sensitivity, NPV, accuracy are significantly lower than traditional tests like TLC etc. So why do we need this test? I would think that this can be an adjunctive to other tests, but with current evidence there is no meaningful use for it in a clinical set up. It would be helpful for the readers if this message is clear in the discussion section.	other tests used for diagnosing meningitis. We had even stated in our conclusions that this CSF lactate should be used as an "add-on" marker to aid in our diagnosis of meningitis. In critically ill patients, with multiple co-morbidities and concurrent medications including several antibiotics, diagnosis of meningitis may be challenging based on only CSF picture (TLC/protein). In such patients, CSF lactate may act as an adjunctive marker.	