children suffering from disease which should include viral studies, maintenance of cold chain and potency of vaccine.

Administration of a potent vaccine in a healthy child should be our 'moto'.

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Comments

The observation of Mathur et al.(1) that partially vaccinated children develop a more serious form of poliomyelitis is granted, though our experience is otherwise(2,3). The number of cases in their study is too small to make a categorical comment of this nature. Their explanation that the greater severity of the illness is because of OPV, is however untenable because there is no temporal cause and effect relationship. Even on theoretical grounds, there are no reasons to suspect an adverse reaction of this nature with OPV. OPV can be implicated as a cause of paralysis only if it has been administered within 3 weeks preceding the illness, or if vaccine strains of the virus can be isolated from the affected patients.

Therefore, I would tend to agree with Drs. Joseph and Yashwant that "high mortality among partially vaccinated children and its interpretation as an adverse effect of OPV appears unfounded". Their statement that 2 doses of OPV gives 90 to 100% protection is not correct. This may be true for countries with temperate climates, but in tropical countries including India, even 3 doses of OPV does not give over 75% protection(4,5). Also their statement, that "the adverse effects of a drug or vaccine increases with the number of doses administered" does not apply to OPV, as OPV is well known to be a very safe and harmless vaccine. Even a greater number of doses, and larger quantity per dose is singularly free from side effects.

The data quoted by Mathur et al.(1) needs to be interpreted with caution. They say that 29.6% of the partially vaccinated group with poliomyelitis expired, really translates to 14/48 cases in absolute numbers. To draw a general conclusion from such small numbers is hazardous, especially for such an important vaccine as OPV.

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Charter for Care of Children in Hospital

The recent view point on "Charter for care of children in hospitals' is timely and thought provoking(1). Many senior pediatricians have expressed their views about the subject. I would like to highlight certain points which have been left out in the article.

Most patients in Government hospitals come from poor socio-economic background and remote areas. In most hospitals the diet supplied to children is known as "child's diet" which is nothing, but lesser quantity of the adult diet, unsuitable for infants and young children and insufficient for the older children. To add to this problem, the mothers are not given food in most Government hospitals. Consequently they tend to have a lion's share in the "child's diet". The diet supplied in the hospital needs to be, not only suitable for the condition the child is suffering with, but

also should be in a proper form to suit the physical needs of children of different ages, e.g., bland, semisolid and attractive diet for infants. The food is supplied twice a day in most hospitals, but children need to be fed more frequently, at least 4 times a day. As the popular saying goes children, like chicken should always be pecking. The food supplied twice a day cannot be stored because of lack of facilities to store food in hospitals and further the food gets easily spoilt in tropical weather. A place should be provided for mothers who can cook their own food, and a dining place which will be an added advantage.

Most mothers in general hospitals come from underprivileged communities. Health education in the conventional way will be meaningless to them. They should be provided with sufficient running water, soap, clothes, place to wash their clothes, place to dry their clothes, tooth powder, hot water for bath especially during the rainy and winter season. Thus these mothers will learn basic principles of personal hygiene as they practice them in the hospital wards.

Thus attention regarding proper food for children and their mothers and their personnel hygiene not only makes their stay in hospital comfortable and satisfying but will also go a long way in prevention of many childhood diseases.

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