their participation is entirely voluntary. Going beyond their usual role, the EC/IRB should also take up the mantle of an educator, informing researchers about the ethical standards to be followed while conducting pediatric trials. Only with such affirmative actions would the EC/IRB be able to fulfill their mandated role of safeguarding the interests of children and adolescents participating in research trials.

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Malnutrition and Anemia in Tribal Pediatric Population of Purnia District (Bihar)

Malnutrition and anemia form major public health problems among the school age children, particularly in the developing countries(1). In India too, the problems of malnutrition and anemia exist in a greater dimension among the young children(2,3). The children of tribal communities, due to their low socio-economic status and social isolation, become highly vulnerable in this regard. We presently report a study of the prevalence of malnutrition and anemia among randomly selected 180 oraon, 150 santhal and 100 munda children of 6-9 yr age group from among the tribal habitats of Purnia district of Bihar.

Anthropometric measurements *viz.*, height, weight, mid-arm circumference, chest circumference and head circumference of the selected children, comprising of both sexes, were recorded employing standard techniques. Blood hemoglobin levels of the children were estimated by cyanmethemoglobin method. On the basis of anthropometric measurements, the children were grouped under different grades of malnutrition by following Gomez classification. On the basis of blood hemoglobin levels, the children were grouped under different grades of anemia by adopting the criteria suggested by WHO(4).

It was observed that only 27.5% of tribal children belong to normal grade of nutrition. A major chunk of 37.5% fall in grade I, whereas, 8.4% are highly malnourished falling into grade III. Race wise, the severity of malnutrition is with mundas, where only 7%

are in normal category and as high as 27% in severe category. Oraon children rather show a bit better growth pattern. 35% were normally nourished. Santhal children were found intermediary to oraons and mundas in growth pattern. Thirty-two per cent of Santhal children were found in normal grade and 6% only in severe grade of malnutrition. Anemia was found to be a significant health problem among the tribal children. Only 21.9% of tribal children, on an average, were having normal Hb level. Though majority of children of all the three tribes had mild anemia an alarmingly big chunk (36%) of munda children had moderate anemia. Even among oraon children 16.11% were moderately anemic.

On the whole 72.6% of the tribal children were found to be in different grades of malnutrition and 78.1% were found to be anemic. Tribal population should be educated about the nutritional requirements of growing children. Child welfare schemes need be launched and medical infrastructure should be strengthened in the tribal habitats.

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Neonatal Psoriasis

A 26-day-old term female baby, product of a non-consanguineous marriage, presented with complaints of erythematous scaly lesions over scalp, face and diaper area for four days. Examination revealed sharply demarcated, erythematous plaque surmounted by a silvery scale spread all over the body (*Fig. 1*). Some lesions over trunk and abdomen had pustules under the scales and on removal of scales pinpoint bleeding was noticed (Auspitz sign). Nails were normal and systemic examination was non-contributory. Skin biopsy showed inflammatory changes typical of Psoriasis. Direct microscopic examination of the scales of diaper area was negative for fungal elements. There was history of psoriasis in an uncle. During the hospital stay there was remission of some lesions on application of bland emollients followed by recurrence.

While it is uncommon for psoriasis to appear in neonatal period this undoubtedly does happen(l,2). There is strong association of early onset psoriasis with Class I and II HLA markers–including B13, Bw57, Cw6 and DR7. They are more likely to carry PSORS I