
LETTERS TO THE EDITOR

Knowledge of Immunization Practices in Medical Students

The uptake and awareness of childhood immunizations has increased in the last five years. This study was carried out to assess the medical students' knowledge of immunization practices in childhood. A pre-tested, semistructured open ended questionnaire was administered to a total number of seventy eight final year medical students at the end of their pediatric clinical posting of ten weeks duration, in the Department of Pediatrics, Medical College, Baroda. The students were collected in the classroom, questions were readout to them and queries if any, were clarified.

The results of the study that most of the students had correct knowledge about immunization schedule, doses and side effects of vaccines used in the National Immuniza-

TABLE I—Knowledge of Immunization Practices
(n = 78)

Knowledge	Correct response	
	No.	Percentage
Immunization schedule	58	74.4
Dose & route	53	67.9
Side effects	53	67.9
Contraindications to different vaccines	41	52.6
Vaccine handling and cold chain	25	32.1
Sterilization techniques	28	35.9

tion Programme (*Table I*). However, only nearly a one-third of these students had correct knowledge of vaccine handling and cold chain and sterilization techniques. Basic knowledge about the National Immunization Programme has been found inadequate by other workers also(1).

The teaching of medical students must stress upon to improve their practical abilities and to meet community health goals, including the National Immunization Programme. This may be re-inforced by providing active learning opportunities and reorientation of instructional programmes so that professional skills and attitudes receive same attention as biomedical knowledge(2).

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Branding—A Prevalent Harmful Practice in Neonatal Care

Branding or inflicting burn over the body is a dangerous harmful practice and has been reported from different parts of India for treatment of convulsions(1),

hepatosplenomegaly(2) and ear discharge(2). This practice is common in the normal neonates in Daspalla rural block of Orissa and the beliefs behind doing this and its consequences are reported here.

A total of 219 out of 2764 neonates (7.9%) who attended Pediatric Out-door of Daspalla Rural Hospital for different ailments during January, 1987 to December, 1989 had branding over abdomen. Of these cases, 11 had developed septicemia following the manoeuvre and were admitted. Three of them expired. Branding is done in this area by touching the skin with a red hot nail, iron rod or spoke of a bicycle wheel. In the present series, branding was done in 87 cases as a treatment of superficial veins over abdomen and in rest 132 cases as a measure to prevent future abdominal complaints.

Unfortunately, branding is done to healthy neonates in this area. Superficial veins are normally seen over abdomen of neonates. People believe this to be an ailment and inflict multiple burns by a red hot nail along the line of veins to cure that. They also believe that branding, once-for-all, over abdomen during neonatal period prevents all types of abdominal problems for the rest of life. Thus healthy neonates are unnecessarily exposed to this hazardous practice and steps should be taken at all levels to discourage this.

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Cholecystitis with Cholelithiasis in a Male Child

Inflammation of the gall bladder with cholelithiasis is a rare condition in childhood, more so in a male child. In a survey of 3,222 cholecystectomies, seven were in children less than 15 years old(1). We report such a case.

A 12-year-old boy was admitted with intermittent attacks of right upper quadrant abdominal pain for last 2 years. There was no radiation of pain to any other part of abdomen. there was no history of fever, jaundice, flatulence or food intolerance. Physical examination was normal except for tender hepatomegaly which regressed after a course of (Metronidazole) and a palpable globular mass in the right hypochondrium.

On investigation, hemoglobin was 10.5 g/dl, leukocytes 10,800/mm³, neutrophils 68%, lymphocytes 32%; peripheral blood smear on three occasions did not show any hemolysis and reticulocyte count was 2%. Urine and stool cultures were sterile. Repeated stool examinations for ova/cyst were negative. Culture of bile did not grow any organism. Serum bilirubin and other live function tests were normal. Upper gastrointestinal radiologic examination using contrast medium showed non-visualization of gall bladder on initial and double dose oral cholecystogram. Ultrasonography