TABLE I-*Knowledge of Immunization in Health Workers*

Basic qualifications	No.	Fully correct	Partially correct	No knowledge
Secondary	204	48 (23.5)	83 (40.6)	73 (35.7)
Higher Secondary	69	23 (33.3)	34 (49.2)	12 (17.3)
Graduate	33	15 (45.4)	13 (39.3)	05 (15.15)
Total	306	86 (28.1)	130 (42.4)	90 (29.4)

Figures in parentheses indicate percentages.

It is evident from *Table I* that knowledge of health workers increased with higher basic qualification. Proper intermittent reorientation training and periodic reassessment for all health workers is necessary for successful immunization programme. The possibility of raising the minimum eligible qualification for health workers training should also be looked for.

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Waugh's Syndrome

A 7-month-old male infant presented with a two week history of bloody diarrhea, abdominal distension and occasional bilious vomiting. Intussusception was clinically suspected. At operation, an ileocecocolic intussusception was seen which could be partially reduced. Limited resection of terminal ileum was required for gangrene of the same. No 'lead point' was seen. It was also appreciated that the ascending colon was on a long mesentery and the cecum was lying in the subhepatic position. Ladd's bands were seen coursing over the duodenum which was minimally dilated. Ladd's procedure along with appendectomy was also performed. The infant made an uneventful recovery.

The lack of normal rotation and fixation of the intestine may be an important factor in the etiology of 'idiopathic intussusception' of infants. Brereton *et al.* found an unfixed cecum attached to the posterior abdominal wall by way of mesentery in all of 41 infants undergoing operative treatment for 'idiopathic intussusception'(1). We suggest that the infants with unfixed cecum are more vulnerable to have 'idiopatliic intussusception'. In fact, Waught was first to describe this association as early as

in 1911(2), but due importance to this causative factor has hardly ever been given.

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Chloramphenicol-Furazolidone Combination in Enteric Fever

Enteric fever is an important pediatric problem in developing countries. Emerging drug resistance of *S. typhi* to conventionally used antimicrobials like Chloramphenicol, Cotrimoxazole, ampicillin, *etc.* is of great concern all over the World. Furazolidone has been used by some pediatricians with equivocal results(l). We tried Chloramphenicol 75 mg/kg/day in 4 divided doses initatially intravenously and then orally in combination with furazolidone 8 mg/kg/day in three divided doses orally in 25 widal positive enteric fever cases. Other illness were excluded by thorough clinical examination and necessary investigations. Cases were between 3-12 years of age. Blood, urine, stool, CSF, and bone marrow culture was not feasible. All cases were admitted with fever of more than a week's duration, hepatosplenomegaly and anemia.

Thirteen (52%) children become asymptomatic within 48 hours, 10 (40%) within 7 days of treatment and the remaining 2 cases responded to ciprofloxacin therapy. Chloramphenicol-furazolidone combination therapy was given for 2 weeks. No relapse and no side-effects of drugs were noted during the 3 months follow up.

Although ciprofloxacin is the drug of choice for treatment of multidrug resistant typhoid fever(2), a combination of chloramphenicdl—furazolidone may be an alternative therapy for the treatment of typhoid fever.

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