

*Where it all began! With Sisir K Bose!! Oh...At Calcutta (1964-1966)!!!*

**DEVENDRA MISHRA AND PIYUSH GUPTA**

*For: The Editorial Board of Indian Pediatrics. Correspondence to: drdmishra@gmail.com*

Incorporated as a society in December 1963, the academic activities of the Indian Academy of Pediatrics (IAP) started in the right earnest with the publication of the first issue of its journal, *Indian Pediatrics*, in 1964 from Kolkata (then...Calcutta), with Sisir K Bose as its first editor. Bringing out a new journal, even if backed by the experience of publication of the two previous journals (*Indian Journal of Child Health* and *Journal of Indian Pediatric Society*), must have been a mammoth task for the editorial board. Let's leaf through the first few volumes of the journal to see how the initial editorial board handled the task, and also to have a glimpse of the early years of this journey. Along the way, we would also try to highlight the various firsts of *Indian Pediatrics*, so as to have a record for posterity.

The first Issue (January 1964, Volume 1) starts with the Memorandum of Association of the Indian Academy of Pediatrics (**Fig. 1**) [1], and then continues directly to the academic content, without any intervening digression of an editorial. The first editorial (*Annexure 1*) is on expected lines, with the incumbent editor discussing the hopes and uncertainties lying ahead for a new journal [2]. The practice of placing the editorial in the end was a regular feature of the journal till 1969; from 1970, with the change in the location of the journal office, the position of the editorial also changed to the beginning of the issue. Later, regular editorials by the editor were discontinued; a policy still being followed. The Memorandum of Association is followed by a case report from Philippines which is also the first published manuscript in the journal by a foreign author [3]. This is followed by the first 'Research Paper' of the journal from MGM Medical College, Indore [4]. 'Case records' as a separate section first made its appearance in the June issue. The first review article by Mahapatra and Walia on 'the diagnosis of the mentally subnormal child' makes its appearance in the September 1964. The first 'Correspondence' in the journal is by Dr. DN Chatterjee from Calcutta in the same issue (**Fig 2**).

Similar to what we publish as 'Clippings' today, the journal in its formative years also featured a section

providing excerpts from other scientific journals; entitled 'Current Literature.' One is immediately struck by two seminal articles included in this section in the first issue: one describes the initial report of a study on screening method of phenylketonuria in newborns by R Guthrie, *et al.* (Guthrie test) [5], and the other by Reye, *et al.* [6] describes encephalopathy and fatty degeneration of viscera in children (Reye syndrome). Quite a few important articles appear in this section in later issues also *e.g.*, Lubchenco, *et al.* [7] article on intrauterine growth of live born infants aged 24-48 weeks. Another excerpt puts in perspective the long span of time since the publication of those issues *e.g.*, a study from *Annals of Internal Medicine* [8] reports on studies with a new broad-spectrum antibiotic – Gentamicin!

Issue of March 1964 was almost a 'conference number,' although the term is not used until years later [9]. It contains plenty of information on the First National Congress of the Academy in Pune (then *Poona*). Sisir Bose writes an editorial related to the holding of the National Congress [10]. His observations on the need for appointing '.... competent moderators ..... to guide the deliberations on the right channel' seems to be as applicable today, as it was then (*Annexure 2*). The same issue also contains the presidential address by Dr LSN Prasad (*Annexure 3*) [11]. His expectations that the two principal limbs of the Academy, *viz.*, the Central office and the Journal office should function in a coordinated way has still not been belied; and this coordination continues to be the backbone of the strong academic foundation of IAP. His hope that '*Indian Pediatrics ...will prove to be the most effective organ through which the views and experiences of the Indian pediatricians will be communicated to the scientific world ....*' still remains the guiding principle of the journal. The resolutions adopted during the Congress are subsequently published in another issue (**Fig. 3**) [12]. For those interested in trivia, it will be interesting to note that over 300 delegates attended the I National Congress and more than 60 papers were presented (compare this with more than 5500 delegates and nearly 700 papers at PEDICON 2012 in Gurgaon!).

# INDIAN PEDIATRICS

JANUARY 1964 Volume 1 Number 1

---

## Indian Academy of Pediatrics

### Memorandum of Association

I. The name of the Society is the Indian Academy of Pediatrics (hereinafter referred to as the Society).

II. The registered office of the Society shall be in the Republic of India.

III. The objects for which the Society is established are:

- (1) To encourage and advance the knowledge, study and practice of the science of Pediatrics in all possible ways.
- (2) To promote scientific collaboration of its members and make rules regarding standard: of their professional conduct.
- (3) To establish and maintain libraries, reading rooms, laboratories and research centres for the promotion of its objects.
- (4) To organise, establish, conduct, superintend or control institutions for promoting, whether directly or indirectly, the practice, study and research in Pediatrics in any of its aspects.
- (5) To provide facilities to students, scholars and institutions for the study of or research in Pediatrics in any of its aspects by way of scholarships, fellowships, grants, endowments, etc.
- (6) To found, maintain or award, either itself or in co-operation with other bodies or persons, fellowships, prizes, certificates, diplomas of proficiency in the science of Pediatrics and conduct such tests, examinations or other scrutiny as may be prescribed from time to time.
- (7) To print and publish an official journal of the Society, and books, periodicals or publications on Pediatrics and allied subjects which the Society thinks desirable for the promotion of its objects.

Volume 1 Number 1 Indian Academy of Pediatrics 3

Dr. S. S. Manchanda, Pediatrician	4, R. B. Dunichand Road, Member Radio House, Anrilsar
Dr. J. B. Mehta, Pediatrician	Medical College Bungalow Member No. 4, Jaipur
Dr. V. D. Arora, Pediatrician	Mangal Wadi, Girgaum, Member Bombay 4
Dr. M. V. Phadke, Pediatrician	1260/B Jangli Maharaj Road, Member Poona 4
Dr. J. N. Pohowalla, Pediatrician	1, South Tukoganj, Indore Member
Dr. P. Tirumala Rao, Pediatrician	14-A, R. T. Barkatpura, Member Hyderabad 1
Dr. P. N. Taneja, Pediatrician	24, Daryaganj, Delhi 6 Member
Dr. J. K. G. Webb, Pediatrician	Christian Medical College, Member Vellore

We, the undersigned being associated for the purpose of carrying out the objects in Clause III hereinbefore mentioned, are desirous of forming ourselves into a Society called the "Indian Academy of Pediatrics" under the Societies Registration Act XXI of 1860 and modified by the Act of September 1961.

*L. S. N. Prasad*

L. S. N. PRASAD

*Sisir K. Bose*

SISIR K. BOSE

*Shantilal C. Sheth*

SHANTILAL C. SHETH

*Harish Chandra*

HARISH CHANDRA

*S. P. Ghosal*

S. P. GHOSAL

*S. S. Manchianda*

S. S. MANCHIANDA

*P. M. Udani*

P. M. UDANI

2 Indian Academy of Pediatrics January 1964

- (8) To train up personnel for carrying out the objects of the Society and to incur necessary expenses for the purpose.
- (9) To organise conferences, lectures, meetings, seminars, exhibitions for the promotion of its objects.
- (10) To organise branches of the Society and to appoint agents and correspondents, whether in India or elsewhere, for promoting all or any of the objects of the Society.
- (11) To consider and express its views on all questions affecting Child Health in India and to study, suggest, criticise or otherwise advise on, or take part in, the framing of laws affecting the science and practice of Pediatrics.
- (12) To appoint officers and other staff as may be found necessary or convenient for the conduct and management of the affairs of the Society and pay them such remunerations as may be prescribed from time to time.
- (13) To co-operate and affiliate with other bodies and also to engage in such other forms of activities as may be decided upon by the Society from time to time, for the purpose of carrying out all or any of the objects of the Society.
- (14) To do all such other things as may be necessary, incidental, conducive or convenient to the attainment of the above objects or any of them.

IV. The first office-bearers and the first members of the Executive Board of the Society shall be:

Name	Address	Description
Dr. L. S. N. Prasad, Pediatrician	"Ashiana", Kadam Kuan, Ramkrishna Av., Patna	President
Dr. Shantilal C. Sheth, Pediatrician	"Roxana", 109, Queen's Road, Bombay 1	General Secretary
Dr. S. P. Ghosal, Pediatrician	11/1B Chakraberia Road North, Calcutta 20	Joint Secretary
Dr. P. M. Udani, Pediatrician	Modi Chambers, French Bridge, Opera House, Bombay 4	Treasurer
Dr. Sisir K. Bose, Pediatrician	1, Woodburn Park, Calcutta 20	Editor of the Journal
Dr. Harish Chandra, Pediatrician	Niloufer Hospital, Red Hills, Hyderabad	Member

4 Indian Academy of Pediatrics January 1964

*J. B. Mehta*

J. B. MEHTA

*P. N. Taneja*

P. N. TANEJA

*M. V. Phadke*

M. V. PHADKE

*P. Tirumala Rao*

P. TIRUMALA RAO

*J. N. Pohowalla*

J. N. POHOWALLA,

*V. D. Arora*

V. D. ARORA

---

No. 89

**Certificate of Registration**

The Societies Registration Act, 1860  
(ACT XXI OF 1860)  
No. 157/1963 C.A. 110  
Registration No. 157/1963 C.A. 110

IT IS HEREBY CERTIFIED THAT Indian Academy of Pediatrics

has this day been duly registered under the Societies Registration Act, XXI of 1860.

Given under my hand this  
3<sup>rd</sup> day of December, 1963.  
*R. S. Singh*  
Assistant Registrar of Societies,  
Co. Bombay Region.



FIG. 1 Memorandum of Association of the Academy reproduced from the first issue of the journal [1].

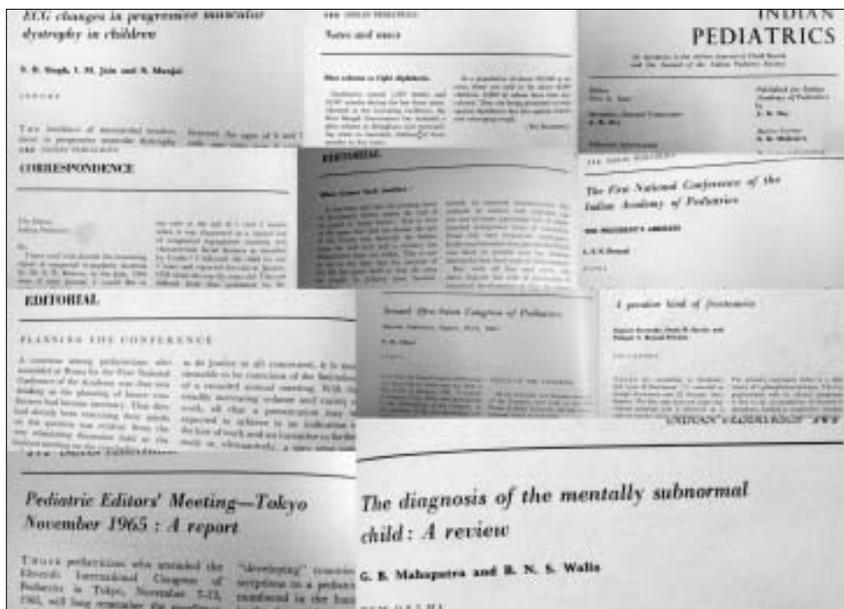


FIG. 2 Important headlines from the Volume 1 of Indian Pediatrics (1964).

200 INDIAN PEDIATRICS

**Indian Academy of Pediatrics**

---

**Resolutions adopted at the First National Conference**

THE following resolutions were unanimously adopted at the General Meeting of the delegates at the First National Conference of the Indian Academy of Pediatrics, held in Poona on the 11th January, 1964.

1. "That it needs to be clearly and emphatically stated that Pediatrics is a general clinical discipline and not an organ or a system speciality".
2. "That the training and evaluation of Pediatrics in undergraduate curriculum needs reevaluation. The time allotted to Pediatrics should be equated with the time given to Obstetrics and Gynaecology or equal to half of the time allotted to general medicine or general surgery in any medical curriculum at any time. There should be a separate independent theoretical and clinical university examination at the end of the clinical training on par with Obstetrics and Gynaecology."
3. "Recognising the fact that 40% of the Nation's population are its children and realising that problems of child health differ from those of adulthood, it is recommended that the Pediatric Department attached to all the Teaching Institutions in the country should be full-fledged independent departments headed by a Professor."
4. "All medical colleges in the country should have independent pediatric department headed by a Professor.

Immediate steps may please be taken to implement this."

5. "As Pediatrics is a general clinical discipline, representation on the Medical Faculty and the other bodies of the Universities should be commensurate with its status, like that of General Medicine."
6. "Wherever adequate training facilities for Pediatrics exist in the Universities, steps be taken to institute M.D. degrees in Pediatrics."
7. "The age span to be covered by Pediatrics should be upto eighteen years including adolescence."
8. "Adequate time be allotted to the training of Pediatric Nursing in the nurses' training programmes in the country."
9. "Early steps be taken for starting of more centres in the country for post-certificate courses in Pediatric Nursing."

SHANTILAL C. SHETH  
General Secretary

**NEWS ITEM**

**Second National Conference**

The Second National Conference of the Indian Academy of Pediatrics will be held at Patna early in 1965. Enquiries should be addressed to Dr. Shantilal C. Sheth, General Secretary, at "Roxana", 109, Queen's Road, Bombay-1.

FIG. 3 Resolutions adopted at the first National Conference of IAP in 1964.

INDIAN PEDIATRICS 463

**Indian Academy of Pediatrics**

---

**THE EXECUTIVE BOARD FOR THE YEAR 1964-65**

- Dr. P. N. Taneja, *President (Elected)*
- Dr. Shantilal C. Sheth, *Gen. Secretary (Elected)*
- Dr. S. P. Ghosal, *Jr. Secretary (Elected)*
- Dr. P. M. Udani, *Treasurer*
- Dr. Sisir K. Bose, *Editor of the Journal*
- Dr. Harish Chandra, *Member (Elected)*
- Dr. S. M. Merchant, *Member (Elected)*
- Dr. V. D. Arora, *Member (Elected)*
- Dr. B. D. Patel, *Member (Elected)*
- Dr. R. S. Dayal, *Member (Elected)*
- Dr. L. S. N. Prasad, *Member (Elected)*
- Dr. J. N. Pohowalla, *Member (Elected)*
- Dr. M. V. Phadke, *Member (Elected)*
- Dr. S. S. Manchandra, *Member (Elected)*

The General Secretary, Treasurer and Editor, continue in office for the second year.

Those Ordinary or Associate Members who have been admitted, but have not paid their subscriptions or filled up their membership forms, are requested to please do so immediately. The Academy is entering its second year and the subscription for the second year shall be due from October 1, 1964. Attention of the members is invited to Rule No. 12(c) of our Rules and Regulations as under:

"A member whose subscription shall be in arrears for a period of more than 3 months shall not be entitled to receive the Journal of the Society."

All the ordinary and associate members are hereby requested to send their subscriptions and lend their co-operation to enable the office of the Journal and the Academy to send them Journals and carry out other activities of the Academy successfully.

"Roxana," SHANTILAL C. SHETH  
109, Queen's Road General Secretary  
Bombay-1.

FIG. 4 The first executive board of Indian Academy of Pediatrics.

The journal also carried an announcement for the II National Congress at Patna. The delegate fee of the Congress was Rs. 25/- and the costliest AC single room on offer was for Rs 31/-. The diligent reception committee had even made the efforts to get permission for Railway Concessions for delegates for the to-and-fro journey! The same announcement also has a request to become members of the IAP. Can you guess the fees? – Rs. 41/- (including Rs. 1/- as bank collection charges)!

Going through the pages of the initial Volumes, one notices the problems faced by a new journal *e.g.*, lack of good quality articles, delays in publication, non-response from authors, etc. The initial issues were also relatively thin compared to the current norm of approximately 80 pages per issue, with the first one containing only 44 pages. This could well be due to a “... dearth of articles suitable for publication” [13] or a lack of funds for publication [14], as hinted at in later issues. The first volume ends at 510 pages, followed by Author and Subject indices, with 102 subjects and 293 authors listed in them. The publication of relatively thinner issues continued for first 5-6 years. Number of pages and popularity showed a definite hike by the time the journal office shifted from Calcutta to Delhi by 1970.

Sisir K Bose continues to surprise us with his eloquent and timely editorials. In yet another interesting first and unique editorial, he addresses a major ‘non-medical’ event in the country - the death of Prime Minister Pandit Jawahar Lal Nehru. The piece is aptly titled ‘When comes such another’ (*Annexure 4*) [15]. In addition to providing a perspective of the prevalent socio-political milieu, such material also indicates the editor’s understanding that the doctor or the researcher cannot stay in isolation from the society. Excerpts from relevant news in the lay press were frequently included in the initial issues of the journal. This practice of non-medical issues in journal has; however, been given a go by in the later issues.

The first report of the journal committee of 1964 is published in the May issue of 1965 [16]. At the outset, the committee acknowledges that 1964 was a ‘difficult year’ for them. Although the initial Executive board of IAP ‘... realized the need of a starting fund ...’ the same could not be spared. The readers would be surprised to know that the journal staff and the press worked on a ‘deferred payment basis.’ We provide the full report for the readers to have an idea of the trials and tribulations of the initial Journal Committee (*Annexure 5*). The report reflects the efforts of the various journal committees, since inception, in improving the standards of the journal, and also their interest in taking the individual IAP member along with them in this pursuit. The present editorial board also hopes to keep the same spirit going in the future.

The year 1966 could well be labeled the *year of the firsts*. Whereas most of the previous firsts were by default, just by being published in the initial issues; this was the issue where many ‘style’ changes/innovations were introduced by the editorial team. Moreover, the third volume is the first one of which we have a copy of the cover. It is also the first one having a ‘Contents’ page in each issue, including an ‘Index to advertisers.’ The issue also contains the details of the first editorial board, editorial information (including author instructions), business information, and subscription rates. It is also apparent that having completed two successful years, the journal became more confident of its standing, and prominently displays its lineage on the cover itself – ‘*In succession to the Indian Journal of Child Health and the Journal of the Indian Pediatric Society.*’ The first colored advertisement also appeared inside this issue, as did the first obituary (Dr. VD Arora, 1915-1965) and the first ‘Erratum’ [17].

In 2013, when India is likely to be declared polio-free, it is interesting to note that the ‘history’ of polio in India was published in the February issue of 1966 (*Annexure 6*) [18]. However, most of us would agree that there is still some time before polio becomes ‘history’ in the world. A piece in the July issue reports on a convocation of editors of pediatric publications from around the world, which was attended by the journal editor, and was held during the XI International Congress of Pediatrics in Tokyo, 1965 [19]. Another interesting item noted is the announcement of the II Afro-Asian Congress of Pediatrics at Jakarta, Indonesia, following the first All-Asian Congress of Pediatrics [20].

Detailed journal information and author instructions are published for the first time in the August issue, separately as a supplement [21]. Interestingly, leafing through the ‘assessment of papers’ section, we note that the process currently being used has remained nearly unchanged from then. An announcement of the new president and executive board is made in the October issue, which also informs of the change in editor with effect from December 4 of the year. The closing editorial of Dr SK Bose’s tenure – Not by bread alone [22] is reproduced as *Annexure 7* as it would be a fitting closure to this short journey through the formative years of the journal:

Having gone through the pages of the initial few issues,  
one cannot help but comment –  
“*plus ça change, plus c’est la même chose*”  
(Jean-Baptiste Alphonse Karr )!

*The more things change, the more they remain the same”*

We meet again in the next issue with stories from the second editor’s tenure ie, Dr NG Mojumdar from Calcutta (1967-1969).

*Disclaimer:* This article has been prepared by Editorial Board members of *Indian Pediatrics* after going through the previous issues available with the journal office, and is intended to provide an overview of the journal publication practices and significant material published previously. The authenticity of the information is commensurate with the material available at the journal office.

## REFERENCES

1. Indian Academy of Pediatrics. Memorandum of Association. *Indian Pediatr.* 1964;1:1-4.
2. Bose SK. The new road. *Indian Pediatr.* 1964;1:37.
3. Stransky E, Sarcia SR, Bayani-Seissen PS. A peculiar kind of fructosuria. *Indian Pediatr.* 1964;1:5-11.
4. Singh SD, Jain IM, Munjal N. ECG changes in progressive muscular dystrophy in children. *Indian Pediatr.* 1964;1:12-6.
5. Guthrie R, Susi A. A simple phenylalanine method for detecting phenylketonuria in large populations of newborn infants. *Pediatrics.* 1963;32:338-43.
6. Reye RD, Morgan G, Baral J. Encephalopathy and fatty degeneration of the viscera. A disease entity in childhood. *Lancet.* 1963;2:749-52.
7. Lubchenco LO, Hansman C, Dressler M, Boyd E. Intrauterine growth as estimated from liveborn birth-weight data at 24 to 42 weeks of gestation. *Pediatrics.* 1963;32:793-800.
8. Bulger RJ, Sidell S, Kirby WM. Laboratory and clinical studies of gentamicin, a new broad-spectrum antibiotic. *Ann Intern Med.* 1963;59:593-604.
9. Conference number. *Indian Pediatr.* 1964; 1: 114-8.
10. Bose SK. Planning the conference. *Indian Pediatr.* 1964;1:112-3.
11. Prasad LSN. The first national conference of the Indian Academy of Pediatrics. The President's address. *Indian Pediatr.* 1964;1:114-8.
12. Indian Academy of Pediatrics. Resolutions adopted at the first National conference. *Indian Pediatr.* 1964;1:200.
13. Indian Academy of Pediatrics. Second National Congress, Patna: A report. *Indian Pediatr.* 1965;2:185-9.
14. Further issue about funds. *Indian Pediatr.* 1964;1:114-8.
15. Bose SK. Editorial. When comes such another. *Indian Pediatr.* 1964;1:244.
16. Bose SK, Dey AK. Report of the Journal Committee 1964. *Indian Pediatr.* 1965;2:244.
17. Erratum. *Indian Pediatr.* 1966; 3: 280.
18. Basu S. History of poliomyelitis in India. *Indian Pediatr.* 1966;3:60-1.
19. Pediatric Editors' Meeting-Tokyo November 1965: A report. *Indian Pediatr.* 1966;3:272-3.
20. Afro Asian conference. *Indian Pediatr.* 1964;1:114-8.
21. Supplement to *Indian Pediatrics.* *Indian Pediatr.* 1966;3:312-4.
22. Bose SK. Not by bread alone (Editorial). 1966;3:447.

### **Annexure 1: The First Editorial by Sisir K Bose** (From: *Indian Pediatrics* 1964; Volume 1: page 37)

#### EDITORIAL

---

#### **The New Road**

On embarking upon the new road marked by the inauguration of the Indian Academy of Pediatrics and this Journal, Indian pediatricians face a future full of promise and new responsibilities, though not without its share of uncertainties. As builders of the future, let us hope, it is the promise that will inspire all our activities. The uncertainties we shall conquer with the new unity and sense of purpose that we have achieved.

Our first task will undoubtedly be to put our new house in order, so that we may function as a well-knit, constructive and effective force in national affairs. The organization that we shall build must be so fashioned as to serve a two-fold aim – first, to foster, preserve and protect an over-all oneness among the pediatric brotherhood of India, and secondly but simultaneously, to promote full expression in thought and action amount all its components in all areas of this vast country. It will be for us to show that there is no contradiction between these two aims.

To us in India, as in all countries in development, pediatrics is more a mission than a means of livelihood. The Academy, as the *avant garde* of child health movement in India, has to discover the nature of this mission. This can be done only through a realization of the urges and aspirations, often unspoken and yet unrevealed, of a nation in making. The Indian nation is only about to come of age. And one can see only the beginnings of a real search for a national ideology – the principles on which the new Indian society is to be built. One thing appears to be certain – we are headed towards an egalitarian society based fundamentally on social justice. Where does the child stand in the scheme for a new social order? It will be for the Academy to give the answer, clearly and effectively.

*Indian Pediatrics* will be the instrument; we hope a worthy one, for the fulfillment of both these aims – a harmonious development of the pediatric fraternity of India and the achievement of its national mission. We shall not forget that in this arduous task the eyes of the world will be upon us.

**SISIR K BOSE**

**Annexure 2: Editor's First Thoughts on National Conferences**  
(From: *Indian Pediatrics* 1964; Volume 1: page 112)

**EDITORIAL**

---

**Planning the Conference**

A consensus among pediatricians who assembled at Poona for the First National Conference of the Academy was that new thinking on the planning of future conferences had become necessary. That they had already been exercising their minds on this questions was evident their minds on this question was evident from the very stimulating discussion held at the business meeting on the concluding day.

It is not merely the creation of a single body that will inevitably result in much larger annual assemblies than previously, that has led to the reopening of this question. *Indian Pediatrics* has admittedly taken major strides in recent years. An increasing number of teaching and research centers are now functioning. A new generation of pediatricians and scientific workers have entered the arena and introduced a new dynamism into the Indian pediatric movement. Our annual meeting has to be refashioned to meet the demands of the new and developing situation.

It is necessary, in the first instance, to decide what and how much may be expect to achieve at the annual meeting. There are obviously two principal objectives and a number of other less obvious ones. The Big Two are, first, the presentation of and deliberations on scientific work in progress at different centers; and, second, to give expression to organized pediatric opinion on national questions relating to pediatric services, teaching and research. And, then, the development of personal and human relationships, a sense of belonging to the same cause and the same country, an awareness of problems of different regions in their proper perspective, are among the other less obvious but no less important purposes of a national conference.

As to the scientific proceeding, in order to do justice to all concerned, it is most desirable to be conscious of the limitations of a crowded annual meeting. With the steadily increasing volume and variety of work, all that a presentation may be expected to achieve is an indication of the line of work and an incentive to further study or, alternatively, a very terse summary of the

objectives of a project and the results achieved. Further, it is most important for all prospective participants in the conference to receive adequate and fairly long notice of what is coming and from where in order that the deliberations may be fruitful to all concerned. The time is now come for us to accept the idea of simultaneous sectional meetings devoted to the sub-specialties or important disease groups or contemporary public health questions of urgency, etc. rather than continue only with large plenary sessions dealing at random and inadequately with all manner or widely divergent problems. For such sectional meetings to be fruitful, it will be necessary to appoint competent moderators will in advance to guide the deliberations on the right channels.

This is not to suggest that there will be no provision for the clinical pediatrician and the general practitioner. Well-planned integrated symposia on major problems of curative and preventive pediatrics and prepared in advance by carefully chosen teams after adequate mutual consultation could fill plenary sessions with benefit to all concerned. Individual lecturers are of value only when they bring new and original ideas on the basis of work and research over a long period of time. Free short papers will of course continue to be an important feature of every conference.

In order to be able to express its views on national questions relating to pediatric services, teaching and research in clear and concrete terms, the national conference has to be properly guided by the Executive Board of the Academy. The Executive Board can fulfill this role properly if it functions as the watch-dog of all that goes on at the national level and in the States. Finally, in drawing the over-all program of the conference, the great importance of providing ample opportunities of building up personal relationships, particularly among those engaged in similar pursuits, cannot be overlooked.

When branches of the Academy start functioning in the different important centers of the country, regional meetings could serve as good testing grounds for contenders for the national conference.

**SISIR K BOSE**

**Annexure 3: Presidential Address by the First President LSN Prasad**  
(From: *Indian Pediatrics* 1964; Volume 1: page 114)

***The first National Conference of the Indian Academy of Pediatrics***

**THE PRESIDENT'S ADDRESS**

**L.S.N. Prasad**

Patna

I consider it a privilege to speak to you on this auspicious day in the history of Indian Pediatrics when all the pediatricians of India have assembled under one banner, determined to go ahead in the pursuit of their sacred task. It is a pleasant coincidence that we are holding the first National Conference of the Indian Academy of Pediatrics in Poona, as it was here that some of us had attempted some years ago to have a joint conference of the Indian Pediatric Society and the Association of Pediatricians of India. We have been able to form a single body which, I am sure, will grow in strength and will become a powerful voice in the cause of child health and care not only in India but in the whole of the East.

The objects of such an Academy will naturally be to foster and stimulate interest in pediatrics and co-ordinate all aspects of work for the welfare of children. It will also endeavor to establish and maintain the highest possible standards in pediatric education and to uphold the dignity and efficiency of pediatric practice in the country. While contributions to medical literature pertaining to pediatrics will flow through its official organ, *Indian Pediatrics*, the Academy will also serve the public at large by bringing out booklets and popular scripts from time to time.

In the past sixteen years, pediatricians have been trying to do their best through either the Indian Pediatric Society or the Association of Pediatricians of India. We have, however, been asked often by the Government and the people as to which of the two bodies should be taken as representing the voice of pediatricians. Today this question can be easily answered. I would appeal to all the pediatricians of India to enroll themselves as members of the Indian Academy of Pediatrics. We have now an unique opportunity of achieving our great objectives.

It is a tremendous task to try to solve the numerous problems facing the 160 million children of India. In drawing up any scheme for the welfare of children, we are, in the first instance, overwhelmed by the poverty and ignorance of our people as also the customs and prejudices of our village folk. And, the government and the voluntary organization devoted to the care of

children do not seem to realize the important role the pediatrician has to play in building the future citizen of this country. We realize that in order to attain our goal, it is essential to co-ordinate our activities with those of the Government and other organizations. But, unfortunately, we are not consulted at the time the health plans of our country are drawn up. The initiative in this regard must come in future from the Government, both at the center and in the states.

The authorities responsible for shaping the pattern of medical education must give pediatrics the place it deserves in the undergraduate medical curriculum. It is hardly necessary to argue this point as pediatrics is largely preventive medicine applied to the formative period of life, viz. birth to adolescence. Besides, in our country more than one third of medical practice is directed towards the care and treatment of children. At the All India Institute of Medical Sciences in Delhi, pediatrics forms a major discipline, and I think it is quite possible to so revise the curriculum for undergraduates that in every university the same pattern is followed. In the forthcoming All India Conference on Medical Education, the Indian Academy of Pediatrics should be able to place this view-point with confidence and emphasis. As regards, post-graduate pediatric education, I am happy to mention here that the tendency now in most of the universities is to start either a diploma in child health or a doctorate degree in pediatrics. I have only to say that in some centers, contrary to expectation, M.D. (Pediatrics) is still linked as an appendage to M.D. in General Medicine. This should no longer be encouraged as pediatrics on its own merit deserves to be an independent department with full representation on the university bodies. In Patna, pediatrics is a separate postgraduate university department and the head of the department has automatically his place on the Faculty, the Senate and the Academic Council. Although the pediatric department in Patna is categorized as a postgraduate department, it fully shares the load of teaching and training the undergraduates in the Medical College besides imparting instruction to nurses and health visitors.

The two principal limbs of the Academy, viz., the Central Office in Bombay and the Journal Office in

Calcutta, should function in such a coordinated way that we are able to influence the Government and the public properly besides gaining the confidence of the medical profession in this country. As times goes on, we shall be able to establish. I hope, a central pediatric library which will go a very long way in encouraging post-graduate pediatric education and research.

The Indian Academy of Pediatrics should get busy in tackling our various problems in right earnest. The Academy could set up a committee to assess the nutritional requirements and to find out methods for wiping out the picture of malnutrition which is a common sight everywhere.

Another committee could be profitably formed for the control of infectious and communicable diseases. Work in these directions can be augmented with proper planning as the Government of India are keen on taking such steps as would speedily raise the level of nutrition and control the incidence of infections in the population. Compared to the advanced countries in the West, pediatric education and research in our country are still in their infancy and one would very much standards *pari-passu* with control of infections and malnutrition. I, therefore, propose also the setting up of a committee on pediatric education and research. The committee could start its work by first collecting and medical institutions so that recommendations for upgrading undergraduate and postgraduate pediatric education and augmenting research in the field of pediatrics could be submitted to the proper authorities in every state and to the Medical Council of India and the Indian Council of Medical Research in Delhi. Thus we shall start functioning by creating the nucleus of a Central Pediatric Library and by forming the following committees: Committee on the Control of Infections; Committee on Nutrition; and Committee on Pediatric Education and Research.

Another problem on which I have been thinking of focusing your attention is that of mental deficiency in our children. This subject seems to escape our notice as we are overwhelmed with infections, diarrheas and problems of nutrition in pediatric practice. I am convinced that steps should be taken now for sorting out our cases of mental deficiency and retardation as more and more knowledge on the subject seems to be accumulating. Ever since Garrod described the 'inborn errors of metabolism' in 1923, attempts have been made to correct some of these metabolic disorders with mental disease. The subject, however, assumed a new clinical significance when Folling in 1934 described the condition of phenylketonuria. In addition to

phenylketonuria are now have a host of conditions, e.g., Hartnup disease, maple syrup urine disease, oculocerebrorenal syndrome, arginine-succinic aciduria, hyperglycinemia, citrullinuria, and recently a condition described as homocystinuria. In almost all of them there are some characteristic clinical features to suggest a metabolism basis and it may not be far from the truth to suggest that ultimately every amino acid may be found to be linked with some inborn disorder responsible for mental deficiency in children. Nothing can be more gratifying than detecting the cause and mechanism of mental deficiency in a particular case. I am sure if the urine of all mentally deficient children are subjected to elaborate chemical tests followed by paper chromatography, we should also be discovering new syndromes and new diseases with mental retardation as their principal presenting feature. In order to achieve tangible results in this field, one has to think of setting up a metabolic screening programme at two or three centres in the country, and perhaps the Indian Academy of Pediatrics could set up a special committee to investigate this problem and submit its report in due course. The Indian Council of Medical Research have been spending about a crore of rupees annually over various research projects and the allotment of funds is made by the Governing Body on the recommendation of its different committees and sub-committees. It is regretted that pediatric research is not being encouraged in proportion to the national need. I would therefore, suggest that pediatricians should be adequately represented on the Governing Body and also on the committees of the I.C.M.R. It is only then that research projects of pediatric importance will be carefully analyzed before sending proposals for sanction of funds.

In the last All India Conference on Medical education organized by the Medical Council of India in November, 1955, in Delhi, pediatricians untidily pleaded that pediatrics should be recognized as a major discipline and the undergraduate curriculum suitably revised to allow the students to stay in pediatric wards for at least 3 months for proper training. If you refer to the recent recommendations of sub-committee No. IV of the Medical Council of India, you will find that pediatrics is recognized as major disciple and that a candidate may obtain M.D. (Pediatrics) direct. Unfortunately, however, at the level of undergraduate medical education, the Council still retains its conservative attitude in spite of deputations led by the pediatricians before the President and the Executive Committee of the Council in the past. The net result is that the scope of training in pediatrics for the

undergraduate remains extremely inadequate and the young graduate in medicine leaves the institution without acquiring even the basic knowledge necessary for looking after children in health and disease. The Indian Academy of Pediatrics should be able to prepare its case in such a way that this basic gap in the education of our young graduates is filled without loss of time and uniformity is achieved in imparting pediatric training throughout the country. At the same time, pediatricians should find their place not only in the general body of the Medical Council of India but also in the executive committee so that this important branch of medical science is not ignored or neglected any longer.

The WHO, and UNICEF have been doing quite a bit for the cause of pediatrics in general and preventive pediatrics in particular in our country. Books, journals and scientific apparatus are being supported practically to all the important pediatric centers, and it is hoped that international assistance will continue to pour in so that we are able to carry out a national reconstructive programme for the children of India in collaboration with the Government at the center and in the states. May I suggest that the W.H.O. plan from now to provide adequate assistance to the Indian delegates wishing to attend the International Congress of Pediatrics in 1965 in Tokyo and the Indian Academy should also go all out to help this cause? In this connection it may be mentioned here that we value greatly the organizational efforts of the W.H.O. exhibited at the time of the First Asian Regional Conference of Pediatrics held in Singapore in 1958.

It gathered that during the fourth plan period the Government of India are contemplating to set up three or four regional Institutes of Medical Sciences throughout the country. On the other hand, we have been requesting the Central Government to set up Institutes of Child Health on a regional basis at least for the last twelve years. In fact, in 1956, in my presidential address at the Indore session of All India Pediatric Conference, I raised the point again and several other pediatricians have been emphasizing the importance of preventive pediatrics from time to time but nothing concrete seems to have emerged so far. It is well known that the Government of India through its Health Department has been spending large sums of money on malaria eradication program and family planning. While it is gratifying to note that malaria has been almost wiped out one wonders what real results we have achieved in checking the phenomenal growth in the population or in spacing of the families. If we are thinking in terms of ensuring proper growth and

development of our children uninterrupted by recent episodes of infection and if we really want the problem of 'malnutrition' to be solved, the answer is setting up of Institutes of Child Health by the Government of India in collaboration with the International organizations. I am convinced that mere increase in the number of pediatric beds or equipment in the different states will not touch even the fringe of the program of 'Preventive and Social Pediatrics' so urgently required to be developed in the economically under-developed countries of the East. Besides, we have to establish Child Health Institutes with a view to train up our child health personnel for increasing the tempo and level of preventive work in the field of pediatrics. I would, therefore, strongly appeal to the Government of India to include the establishment of Child Health Institutes in the Fourth Plan side by side with the Institutes of Medical Sciences.

In many Indian universities as pediatrics has still a minor place, the pediatrician does not become academically effective in the way one would expect him to be. This situation is largely due to the fact that in some of the medical faculties and the academic councils of our universities the indirect voice of the pediatrician is not heard at all. The remedy lied in asking for adequate representation of pediatricians on the university bodies. I strongly appeal to the Vice-Chancellors of our universities to consider the basic fact that in many countries pediatrics is an established major discipline and in Russia it even forms a separate faculty. The universities in our country are autonomous bodies and not bound down by the recommendations of the Medical Council of India and, therefore, they may take decisions in the best interest of medical education keeping in view the needs of the Indian population.

Although the Indian Academy of Pediatrics is just inaugurated, it will have the distinction of starting with a back-ground of rich experience. The Academy, although technically a new organization, registered on the 3rd of December, 1963, is virtually an extension of the personalities of the Indian Pediatric Society and the Association of Pediatricians of India. Similarly, its official organ "Indian Pediatrics," the first issue of which is before you, represents the accumulated experience of the Indian Journal of Child Health and the Journal of the Indian Pediatric Society. It is our fervent hope and ambition that this new pediatric journal will help the Academy in propagating its far-flung activities and that it will prove to be the most effective organ through which the views and experience of Indian Academy of Pediatrics strong by including within its fold each and every pediatrician of India and let the Academy in its

turn do its best to protect the rights and dignity of the profession.

It remains for us to contribute individually and also collectively in such a way that the Indian Academy of Pediatrics touches the lives of children in the remotest villages and in all the cities in India. Let the Academy

grow to such a stature that we all may seek from it strength and inspiration in our work. Let us demonstrate our love of children in such a convincing manner that other medical and non-medical organizations do not hesitate to give their unstinted and sincere support to pediatrics, the fastest growing specialty of modern times.

**Annexure 4: The Journal Mourns the Death of Pandit Jawahar Lal Nehru: A True Lover of Children**  
(From: *Indian Pediatrics* 1964; Volume 1: page 244)

EDITORIAL

**When Comes Such Another?**

It has been said that the passing away of Jawaharlal Nehru marks the end of an epoch in India history. This is true in the sense that with his demise the last of the Titans who bestrode the Indian scene for well over half a century has disappeared from our midst. This is not to say in the least that the purpose of his life has spent itself or that the purpose of his life has spent itself or that the aims he sought to achieve have become obsolete.

Jawaharlal Nehru is historically distinctive in that his life and work will continue to have meaning, purpose and application well beyond the limits of his physical existence. It is of course premature even to attempt an assessment of his role in Indian and world history. Yet, some of the main currents of the course of his great life may perhaps be defined. He was among the very few of India's national leaders who visualized early the ultimate social purpose of the struggle for national liberation. He spoke to the masses in terms of that vision and the people accepted him instinctively and unreservedly. Nehru was again one of the very few who sensed quite early the inter-relationship of the Indian struggle with world forces. And, then, not many among the national leadership realized, as he did, - long before the attainment of power - the role of science and technology, of planning and research, in national

reconstruction. His attitude to science and scientists was not one of mere patronage but to wholehearted acceptance born to conviction. From this very important stand-point, India was fortunate that Jawaharlal Nehru was there to preside over her destinies during the first vital years of independence.

But, with all that and more, who dares dispute the role of personality in historical development of that the departure of Jawaharlal the man makes a world of difference to India and humanity? And, what a fascinating example in personality development! A lonely and sheltered child growing up to be the darling of the masses, one reared in affluence and quite un-Indian tradition developing deep spiritual affiliations with the common man, one with no taste of adversity in youth maturing into a fighting champion of great popular causes! Verily, this was the miracle of a man!

Children of India and all those wedded to their welfare will remain eternally grateful to Jawaharlal for dedicating his own birthday as the Children's Day. The great cause we serve could hardly get a more fitting and worthier recognition.

India feels forlorn; millions of hearts ask in anguish;  
When comes such another.

SISIR K BOSE

**Annexure 5: The First Thoughts of Editorial Board Members**  
(From: *Indian Pediatrics* 1965; Volume 2: page 244)

**REPORT OF THE JOURNAL COMMITTEE 1964**

Indian Pediatrics, the official journal of the Indian Academy of Pediatrics commenced publication in January 1964. With the twelfth issue dated December 1964 the journal completed its first difficult year.

The beginning of the work of the Journal committee had indeed been difficult. The Executive Board realized the need of a starting fund but found it impossible to provide any to the Journal Committee. The Committee

therefore had to proceed with the publication on good will alone. The journal staff and the press agreed to work for us on deferred payment. The Honorary Secretary of the Indian Pediatric Society, the Secretariat of the First All-Asian Congress of Pediatrics and the authorities of the Institutes of Child Health, Calcutta, placed the necessary space, equipment and furniture unreservedly and unconditionally at our disposal for initiating our work till such time as the Journal Committee could provide itself with the necessary office equipment and furniture. The Institute of Child Health Trust subsequently formally sanctioned the establishment of the journal office at the Institute premises for an indefinite period without any rent. Payment of certain establishment and incidental expenses to the Trust is subject to mutual adjustment and agreement.

We are thankful to the many contributors who have made it possible for us to bring out reasonably good first twelve issues. We are also thankful to members of the Editorial Advisory Board who have judged articles for publication. It must be pointed out, however, that we have to go a long way both in the number, quality and nature of articles and the manner of screening them if we are to attain the standard that we all desire. We are obliged to point out that dearth of articles suitable for publication is a real one and has often led to inordinate delay in sending manuscripts to the press. The Journal Committee has drawn up a set of Instructions and Suggestions for Contributors and which have now been circulated among all members of the Academy. It is most important that these rules are observed by all contributors and that the referees scrutinize all articles on the basis agreed upon and send their comments and suggestions in detail to the Editor. It should also be stressed that if our journal is to complete with those of international status, more and more original articles on new observations and investigations, which stand the test of strict scientific scrutiny, are published rather than case records and case surveys and essays on various topics of general interest. Suggestions are of course welcome for a better categorization of different sections in the journal and on any feature that needs improvement and development.

The expenditure on various items, viz. establishment, production, salaries and honoraria, etc., have been kept strictly within the budget estimates approved by the Executive Board. In fact, much of essential and urgent expenditure in respect of furniture and equipment were kept in abeyance in order that remittance to the Central Fund might commence at the earliest. With a view to meeting the pressing needs of the first six months, the Business Secretary was able to persuade a number of firms to make advance payments at a discount for serial and/or long-term booking of advertising space. Towards the middle of the year, advertisement revenue started flowing in, thus stabilizing the financial position to a certain extent. It was thus possible to commence remittances to the Central Office, and beginning from July 1964 up to January 1965, a sum of Rs. 10,000/- (Rupees ten thousand) have been sent to the General Secretary.

The budget estimates of the first year had to be largely hypothetical. The estimates for 1965 have been drawn up with utmost care on the basis of experience and actuals. The Executive Board, it is hoped, will find them in order and approve them.

In accordance with the decision of the Board that the accounting year will be from April to March, the accounts of the period January-March, 1964, have been audited and submitted to the General Secretary. From the estimates for 1965, the Executive Board will, however, obtain a good idea of the actuals in receipts and expenditure for the whole of 1964.

Members of the Journal Committee and the Executive Board have, by and large, given their very best in time and services to the Journal. To all of them we convey our grateful thanks. We should like to state, however, that our policy should by all means be to strive to create a cadre of young and trained personnel who would take medical journalism as their life-work and thus win for us in due course an honored place among journals of the entire pediatric world.

**Sisir K Bose, Editor**

**A.K. DEY,**

*Secretary, Journal Committee*

**Annexure 6: Poliomyelitis had a history even in 1966***(From: Indian Pediatrics 1966; Volume 3: page 60-1)***History of poliomyelitis in India****S.N. Basu****Calcutta**

It appears probable that poliomyelitis might have been present in ancient India; cases of 'lameness', 'paralysis of one or more limbs', have been described by Sushrutta [1,2] but there is no way to prove the contention beyond reference. The earliest clinical description of poliomyelitis from India appears to be in 1923 [3] Garden [4] reported 31 cases of 'functional paralysis in children' from the Saharanpore dispensary as early as 1867. Clinical description of most of these cases were typical or paralytic poliomyelitis. In an editorial comment [5] in the *Indian Medical Gazette* in 1903, it was remarked that anyone with an experience of children's diseases in India is aware of the frequent occurrence of these diseases among children of European origin. In 1930, Rakshit and Dhar Roy [6] from Calcutta remarked that cases of acute anterior poliomyelitis are fairly common in Indian practice and thus could find a dozen cases in children during the preceding few months attending the Physiotherapy Department of the Chittaranjan Seva Sadan, Calcutta. The annual reports of the Public Health Commissioner<sup>7</sup> with the Government of India from 1913-37 (inclusive) made no reference to the occurrence of the disease in the army of India. According to the annual report on the health of the army in India [7], only 10 cases of poliomyelitis in British troops were notified between 1938 and 1941. In 1944, the rate per 1000 in RAF personnel was 0-4 and the case fatality rate was 37 per cent [7]. Since 1942 an increased incidence of poliomyelitis in British troops had been evident, but there was no corresponding increase among Indian troops. In 1945 Laha [8] from Agra, while reporting a case of a paralysis of neck in poliomyelitis, commented that 300 cases of poliomyelitis had come under his care during the preceding three and half years, indicating thereby that the disease was fairly common at that time.

About the epidemic trend to India, as far as can be gathered, Coelho [9] reported as epidemic as early as 1938; however, no other information about the said epidemic could be obtained. McAlpine [7] had reported an outbreak of 25 cases among troops at Ranchi in 1942. Between November 1947 and January 1948 an epidemic of poliomyelitis broke out in the Nicobar Islands, and there were 976 cases with 221 deaths [10].

In 1949 the incidence of poliomyelitis showed an abrupt change in India; Bombay and other big cities of India experienced an epidemic wave of poliomyelitis. This was the first major epidemic of poliomyelitis in India, and only from Bombay 389 paralytic cases with 65 deaths were reported [11].

Since the outbreak of poliomyelitis in 1949 the incidence of the disease in Bombay has persisted at a higher level than that of previous year [12,13]. In 1951 among hospitalized persons in the principal towns of India, 541 cases of poliomyelitis were reported [14]. During 1945-56 a total of 1411 cases were reported from Bombay alone, and during 1950-56, 2002 cases were recorded from the Punjab [15].

With regard to the incidence of the disease in eastern India in the recent past, Basu's series [16] of 3050 cases who attended the BC Roy Polio Clinic & Hospital for Crippled Children, Calcutta, during the six years from 1955 to 1960, might be taken as an indication of the magnitude of the problem. These cases were brought from almost all states of India, though for obvious reasons a majority belonged to West Bengal, Bihar, Uttar Pradesh, Orissa and Assam.

Singh *et al.* [17] could find the records of 9527 cases in Rajasthan from 1950 to 1962, and they reported a small outbreak at Udaipur city in 1963. Singh Paul, Gujral and Kapoor [18] could find a total of 1652 cases from the records of Kalawati Saran Children's Hospital, Delhi, between 1957 to 1962. On the preventive side, the first field trials with oral poliomyelitis vaccine undertaken by Gharpure and Dave [19] in 1961 in the state of Andhra Pradesh is worth mentioning. Live oral polio virus vaccine was administered to a little over 100,000 children below the age of 5 years, and the two-dose schedule was followed.

Singh, *et al.*, [17] in 1964 reported the results of their field trials with oral poliomyelitis vaccine obtained from the U.S.S.R. in Udaipur city of Rajasthan. They used a two-dose schedule in 10,000 children without any untoward effect.

The disease was made notifiable in the states of Bombay and Delhi in 1949, in the Punjab, Assam, Madhya Pradesh and Uttar Pradesh in 1952 [13]. The

disease was declared to be dangerous in Calcutta and for other urban areas of West Bengal in 1959. In Andhra, poliomyelitis has been declared to be a notifiable disease in 1961 after an outbreak of poliomyelitis [20]. The disease has been made notifiable in Rajasthan in 1963 [17].

### References

1. Bhisagaratna, K.L. *SushrutaSamhita*. English translation 2. Pp. 12-15, 1911, Published by the author at 10 KashiGhosh's Lane, Calcutta.
2. Sarkar, J.N. *SushrutaSamhita*. Bengali translation, Pp. 168, 1303 B.S. Published by K.R. Chatterjee at 34/a, Kalutola Street, Calcutta.
3. Paul, J.R. Poliomyelitis. *W.H.O. Monograph series* No. 26 P.I. Geneva 1955.
4. Garden, A. *Indian med. Gaz.*, 2:91,1867.
5. Anonymous (Editorial). *Indian med. Gaz.*, 38:462, 1903.
6. Rakshit, R. and Dhar Roy, J. *Calcutta med. J.*, 24:278, 1930.
7. McAlpine, D. *Lancet*, 2: 150, 1945.
8. Laha, P.N. *Indian med. Gaz.*, 80: 557, 1945.
9. Coelho, G.J. *Indian med. Ass.*, 20:207, 1951.
10. Mosses, S.H. *Indian med. Gaz.*, 83: 355, 1948.
11. Baliga, A.V. International Poliomyelitis Congress. Papers and Discussions presented at the Second International Poliomyelitis Conference at Copenhagen, 1951, P. 145. *J. B. Lippincot Co.* Philadelphia.
12. Bharadwaj, Y.D. and Ayer, C.G.S. *Indian J. med. Sci.* 7: 381, 1953.
13. Dave, K.H. *Indian J. Pediat.*, 27: 336, 1960.
14. Gear, J.H.S. Poliomyelitis. *W.H.O. Monograph series*. No. 26. P. 40, 1955, Geneva.
15. Gharpure, P.V. Papers and Discussions presented at the fourth International Poliomyelitis Conference, P. 167, 1958. *J.B. Lippincot Co.*, Philadelphia.
16. Basu, S.N.J. *Indian Pediat. Soc.*, 1:50, 1962.
17. Singh S., Meheromji, K.M. and Gharpure, P.V. *J. Indian med. Ass.*, 43: 153, 1964.
18. Singh Paul, S., Gujral, V.V. and Kapoor, D. *J. Indian med. Ass.*, 42: 428, 1964.
19. Gharpure, P.V. and Dave, K.H. *Indian J. med. Sci.*, 16: 1, 1962.
20. Reddi, Y.R. *J. Indian Pediat. Soc.*, 1: 43, 1962.

**Annexure 7: Parting thoughts of Sisir Bose: The Last Editorial**  
(From: *Indian Pediatrics* 1966; Volume 3: page 447)

### EDITORIAL

#### Not by Bread Alone

With this issue the present Editor lays down his office - making the end of the first three formative years of the Academy and the Journal. It is proper at this moment to remind ourselves of our aspirations at the beginning of the journey and take account of our successes and failures.

In our opening Editorial in January 1964 we ventured to suggest that "To us in India, pediatrics is more a mission than a means of livelihood". We expressed the hope that the Academy would seek to discover the nature of this mission and that *Indian Pediatrics* would be an instrument for its fulfillment. To the Editor and his colleagues of the Journal Committee the challenge of the new times was the attainment of higher and higher standards on scientific work and their prevention. It was

their belief that – not by taking the path of least resistance – but by meeting this challenge squarely and courageously could they justify themselves to Indian and world pediatrics. The struggle to attain higher standards was partially successful; one positive achievement was the evolution of a team of workers conscious of the challenge and determined to carry the fight through to its ultimate fruition. It is recognized that a struggle of this nature is not devoid of setbacks and cannot be carried on without continuous and agonizing self-criticism. Further, immediate materialistic considerations are not to be determining factors in a struggle for qualitative and scientific advance.

It is our hope that the struggle will be continued in the years that lie ahead of us.

**SISIR K. BOSE**