

Nurturing in Delhi! Editor: Dr. PN Taneja: Years 1970–1972

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After six years, the child born in Kolkata (and named as 'Indian Pediatrics') was brought to Delhi for further nurturing and growth. It must have been a tough decision taken after lots of deliberations and heartburns as apparent from the last editorial from Kolkata by outgoing editor Dr NG Mojumdar [1]. Circumstances behind this decision are anybody's guess. Dr PN Taneja, often referred to as the senior most pediatrician of Delhi [2], took over as the first editor of the journal published from Delhi. Till date, he has been the only editor who was a past president of IAP; the subsequent six editors served as President of the Academy following their tenure as editor-in-chief of *Indian Pediatrics*. Starting the journal from a new place must have been a daunting task in those times but the editorial team accepted the challenge with a statement "The challenge has now been given to us and we would spare no effort to improve the quality of the publication in all its facets" [3]. They further mentioned that "Like a young mother we hug our re-newborn and consider it to be beautiful, even though to a dispassionate observer some faults would be apparent, which we hope our readers will overlook" [3].

The first issue of the journal from Delhi was published well behind the scheduled time. In his first editorial, editor appeals to the authors to adhere strictly to the guidelines: "It would greatly facilitate our work and the editorial office would not have to burn so much midnight oil if the contributors would carefully read and strictly comply with the instructions for preparation of manuscripts"; a statement having the same relevance even after 50 years. The guidelines for authors were published in the January issue, a tradition being followed diligently every year till very recently when the online submission process and a dynamic website having the updated 'Information for authors' rendered this yearly exercise futile. It is fascinating to read the 'Instructions to authors'. The simplicity of the document is noteworthy: no CONSORT, STROBE, PRISMA, STARD or MOOSE!; no complex web links; and no plagiarism or Embargo policy. Editor also appealed to the readers to get more advertisements for the cash strapped journal; advertisement rates were also

officially published for the first time in this issue (*Annexure 1*). The drugs advertised commonly were: oral penicillin, erythromycin, tetracycline, isoniazid, diethylcarbamazine (for filariasis and tropical eosinophilia), and many vitamin combinations.

The inaugural issue of 1970 mainly has contents related to VII National Conference in Bhopal: inaugural address, presidential address and papers read at the conference. As one flips through the pages of this volume, a wonderful piece of poetry, a toast proposed for ladies at the VII National Conference held at Bhopal by Dr P Tirumala Rao from Hyderabad, cannot be missed. Here is the masterpiece:

*Happy to address you tonight with my compliments dear Ladies
By your presence you made us forget all our worries and even
fairies*

Whether Angels exist or not one may doubt

But the Bliss of your presence no one can flout

Who can adequately describe the flavor of your presence

You are the fragrance of this Conference in Quintessence!

Like a Jasmine though small and white as a flower

Everybody however short has an unseen power

Even a man who is as full as an Eifel tower

Needs your support as he is only a leaning tower

*Your beautiful looks though pricking like hooks act as an
inspiration.*

*To the young and old whipping their spirits in all hours of
desperation*

Every man though longs to build his emotions on a strong keel

Ultimately before you, without strings has to kneel

Thanks to the creator for his wisdom

In ordaining you to rule this unruly male kingdom!

He began the story with the Adam resisting before the Eve

But had a happy slip into slopes of age eternally to heave

Thanks Ladies for you again and again!

And let your blissful smiles and hearts, till next Conference reign

Lest my thoughts may be spilled I quilled them for you

Just to show how much, how much, we all owe you

For the beautiful Ladies gathered here in Bhopal tonight

Let every delegate raise his hand with toast like a gallant knight!

Regarding academic contents, most articles in that era were related to conditions such as protein energy malnutrition, growth and development, low-birth-weight children, and profile and prognosis of infectious diseases. A landmark article by Dr Shanti Ghosh and colleagues documenting significantly low efficacy of three doses of oral polio vaccine in Indian children [4], and an accompanying editorial by Dr OP Ghai [5] raising concerns about polio control in light of the same and discussing concept of simultaneous vaccination of a large number of children (later termed as pulse polio), and additional use of injectable polio vaccine deserve special mention. Strategies based on these concepts ultimately resulted in elimination of polio from the country, though almost 45 years later! Other famous articles from 1970 were Dr KN Agarwal's first growth charts in Indian children [6] and an article by Dr VB Raju documenting poor efficacy of BCG vaccine in preventing tuberculous morbidity and mortality [7].

The editorial in inaugural issue of the editor's second year exudes confidence and reflects achievements despite hard circumstances of shifting of office to a new place (Delhi) and poor financial position. Editor reiterates his appeal to authors regarding adherence to the instructions for authors, and for increasing advertisements and subscriptions for the journal. Editor also discourages authors to send 'case reports' stating "*It is time we call a halt to sending case reports unless there is something original. We ought to clearly spell out for ourselves what we are trying to convey and only such of the material that is concerned with the 'message' should be included*". However, the enthusiasm of authors in sending case reports, and frustration of journal editors in dealing with these papers continue till date with 'case reports' still forming largest category of submission, and more than 95% of them currently getting rejected [8]. With the appeal from editor to send more quality matter from the country to '*Indian Pediatrics*' rather than foreign journals, the journal started publishing more variety of articles: from congenital heart diseases and neonatal respiratory disorders to genetics and Reye's syndrome! Dr PM Udani's landmark paper on BCG test was also published in this year [9]. Drug trials also started appearing in the journal: broxyquinoline, brobenzoxaldine, belladonna and berberine in childhood diarrhea (there was no ORS!), furoxone in enteric fever, sulfones in leprosy and Liv. 52 in acute hepatitis; one of these was even 'double blinded' [10]. Results were expressed in percentages and had to be interpreted subjectively; (to the general readers' delight) there were no sample size calculations, P values, confidence intervals or Risk ratios.

This journey over the years, with Dr PN Taneja at the helm of affairs, seemed to progress smoothly in his last year with more and more quality articles pouring in and getting published. A series of 34 children with celiac disease diagnosed at Chandigarh [11], an etiology study from 470 children with mental disability from Delhi [12], experience related to successful reduction of intususception in 28 children from UK [13], and a series of 136 cases of post-diphtheritic paralysis [14] are testimonies to this effect. Editorials were written on 'Pediatric Education' and 'Pediatric Research'. Poor efficacy of OPV and BCG continued to be discussed by experts with intelligent inputs which were ultimately given due attention (though much late) by the government authorities in revising the immunization program. A landmark development in 1972 was the report of the Nutrition Sub-committee laying down much famous IAP grades of protein energy malnutrition (*Annexure 2*). The financial health also seemed to improve as the number of advertisements increased, and the last few issues of year even carrying advertisement in color. Overall, the journal had achieved a strong foothold in Delhi and repute amongst Indian pediatricians by this time. A shift from the relatively traditional Kolkata to more metropolitan and vibrant Delhi was probably the most significant achievement for its growth and international status during the upcoming years.

Dr PN Taneja remained editor for 3 years before handing over the reins to his able successor Dr OP Ghai. The journey will continue. More from the tenure of Dr Ghai and *Indian Pediatrics* in next issue...

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Annexure 1: Advertisement Rates in 1970s

(From: Indian Pediatrics 1970; Volume 1: page 64)

INDIAN PEDIATRICS 24, Daryaganj, Delhi -6 RATES OF ADVERTISING CHARGES (Rupees)

Size and position	Insertion per year.		
	Single	six	Twelve
Ordinary – Full page	250	230	210
Ordinary – Half Page	160	150	140
Facing matter – Full Page	300	275	250
Facing matter – Half page	175	160	150
Inside Front Cover	325	300	275
Inside back cover	275	250	225
Outside Back Cover	450	400	375
Facing Business Information	275	260	250
Facing Contents	275	260	250
Facing First Article	330	310	300
Facing Editorial	330	310	300
Facing 2 nd Cover	330	310	300

Annexure 2: IAP Document on Grades of Protein Energy Malnutrition

(From: Indian Pediatrics 1972; Volume 9: page 360)

Nutrition Sub-committee of the Indian Academy of Pediatrics – 1971-72

Report of Convenor (Abstracts)

Membership: Doctors, A.S. Chikermane, W. A. M. Cutting, A. G. Desai, K. K. Kaul, Y.C. Mathur, S. Pereira, V. Reddy, B.N.S. Walia and P.M. Shah (Convenor).

A workshop on protein calorie malnutrition was organized in Bombay on 24th and 25th July 1971, under the chairmanship of Dr. S.M. Merchant. Fifteen leading pediatricians and nutritionist participated. Regional nutrition adviser, W.H.O. and chief of Food & Nutrition, USAID in India were present by invitation. Following recommendations were made:

1. Advisory committees on “Child health and

- nutrition” should be appointed by the Central and State Ministries of Health. These should include pediatricians as important members.
2. Pre-school protection programmes should be integrated with family planning activities.
3. Medical, paramedical and auxiliary health personnel should be trained in interpreting growth through use of weight charts at all levels of contact with pre-school children. This will help in promoting positive growth in vulnerable children.
4. Nutrition rehabilitation units should be developed in all teaching institutions, as far as feasible and nutrition programmes should be a major activity of health centres in rural and urban areas.
5. Teaching of nutrition to undergraduate and postgraduate students should be strengthened.
6. Short refresher courses should be organized by medical colleges in health centres for doctors, nurses, paramedical workers, gram and bal-sevikas.
7. Monographs on rarely detection and management of malnutrition should be published.
8. Pamphlets for disseminating nutrition education to the lay public should be published.
9. A dialogue between infant food industry and pediatric profession will help in supporting programmes for nutrition education, service and research in the field of nutrition in early childhood.
10. A mechanism for evaluating nutrition programme should be developed by the committee.
11. A uniform system for grading protein caloric malnutrition should be developed.

Nutrition subcommittee suggested that such percentile of Harvard growth charts should be adopted as reference standards for comparison. This does not compromise need for development of suitable growth norms for Indian children. Protein calorie malnutrition may be graded as follows:

Grade	Weight expressed As percentage of reference standards.
I	71-80%
II	61-70%
III	51-60%
IV	Less than 50%

Grade I and II are under weight and grade III and IV correspond to marasmus. When nutritional edema is present, letter K will be added after the notation e.g. I K, 2 K, etc. I & 2 K will be equivalent to kwashiorkor and grade 3 and 4 K will correspond to marasmic kwashiorkor.