

## Reply

Indian Pediatrics is an academic journal and highlighting the problems of children in difficult circumstances through this journal is as important as offering solutions. However, activities to help these children have also been discussed in the editorial.

Dr. Talukder has taken the help of Mr. Khushwant Singh's report to air his own opinion. It is apparent that he too believes in dealing with the problem of destitute only as a legal issue and that shows a poor level of sensitivity.

'There should be no street children' is an acceptable statement but can we wish them away. Yes, measures need to be taken so that children are not forced to come on the street. Macro level planning leading to equitable socio-economic improvement with less broken and destitute families will be an answer which we are looking forward to. However those who are already on street and surely not out of their choice, need a helping hand and not an iron hand.

Dr. Talukder's cynical view that all NGO's are fund-gulping agencies is not true.

Nevertheless corrupt agencies are only representative of corrupt individuals in the society. I am aware of many NGO's doing good work in the community. Many of these are also involved with educating street children on safe sex and prevention of HIV/AIDS. Use of force and coercion are no solution to any problem.

Lastly Dr. Talukder's opinion that all street children will grow up to be street adults with voting rights and that is a source of worry, is indirectly a demand for their rehabilitation so that they grow up as responsible citizens. Many NGO's are working in this direction. They provide congenial and supportive environment along with education. I have personally met grown up street children through these programs and can vouch that they are living a more positive and responsible life than many of us lucky ones. Their contribution is more than many of our fortunate friends who are desensitized to the core.

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## Tuberculin in India

This is with reference to the Letter to the Editor, regarding the shortage of Tuberculin PPD and concern for the lack of indigenous manufacture of the same by Dr. T. Jacob John(1).

In this context we would like to draw your attention to the fact that Span Diagnostics Ltd. has been indigenously manufacturing and

marketing Tuberculin PPD in three strengths of 2TU, 5TU and 10TU since 1973. Production and quality control protocols were based on those developed at the Staten Serum Institute, Copenhagen by Magnusson, *et al.*(2). Each batch of Tuberculin has been calibrated, against WHO's standard preparation of PPD RT23. For several years, 2TU-dosage form was discontinued because of lack of demand in Indian market. Subsequently, however, in the year 2001,

SPAN has relaunched Tuberculin 1TU/2TU, at the behest of several leading Pediatricians, mainly for the screening in the high prevalence areas.

SPAN's Tuberculin Purified Protein Derivative is manufactured at its Surat based plant, which complies with the WHO-cGMP guidelines and is accredited with ISO 9001-2000 Quality Management System.

Further, please note that SPAN has been continuously producing all the different strengths of Tuberculin PPD and so far millions of vials have already been sold in India. We also hold substantial stock of bulk material that can last for several years. The product is quite economically priced and made available through a distribution network of more than 250 stockists in the country. Moreover, SPAN's technical competence and manufacturing infrastructure is capable of meeting with any demand, nationally or internationally. Incidentally, in the past one-year, we have supplied more than 3000 vials of Tuberculin 1TU to TNMSC, Chennai.

Although, we appreciate your concern and interest regarding the availability of Tuberculin PPD, we would like to assure you about its perpetual supply, now and in future. We also take this opportunity to stress upon the fact, that India's dependency on procurement of PPD from outside sources is not truly justified when the product with equivalent quality is being indigenously manufactured and made available in the country itself.

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#### REFERENCES

1. John TJ. Shortage of Tuberculin in India: Reasons and Remedy, Indian Pediatr 2004; 41; 293-294.
2. Magnusson M, Bentzone MW. Preparation of Purified Tuberculin RT23, Bull WHO 1958; 19; 829-843.