

I am afraid that this idea of what is being done in Bombay, for Bombay, by Bombay, will require modification in material respects.

Major Covell, in the summary of his report, states, "I feel confident that endemic malaria in Bombay can be brought under complete control;.....(then, in large type),.....But it is quite certain that this result will not be achieved without the whole hearted adoption of radical and systematic measures" (which measures he has fully and with reason discussed in his report).

Now, the measures adopted in Bombay are neither radical nor systematic. It cannot be truly said that any single recommendation of Major Covell has been put into practice in its entirety: and when it is remembered that Major Covell has rightly stressed,—as did Bentley before him,—the urgent necessity of carrying out to the full all the items of recommendations *in toto* if Bombay malaria is at all to be controlled, it is easy to understand why the money being spent is worse than wasted. The expenditure merely lulls to sleep our petty-fogging aldermen till the next serious epidemic.

The war being waged against the mosquito in Bombay is not a specific "species" war, as proved by Major Covell to be so essential for our purpose, but is a general war against all mosquitoes. In the weekly returns of dangerous places that appear in the Bombay papers under the caption "Anopheles in Bombay," no attempt is made to single out *stephensi* breeding sites. To be frank, the so-called Malaria Department of the Bombay Municipality is in reality a Mosquito Department, attempting a hopeless task with the funds at their disposal, as even ten times the present budget grant will be insufficient to deal with all mosquitoes. As a result, the permanent breeding places of *Anopheles stephensi*,—the crux of the whole problem,—are still allowed to exist, and are allowed to multiply a hundredfold every rainy season, while the general mosquito population is as happy as ever.

Further, fundamental requirements like unitary control, suitable legislation to enforce proposed measures, etc., still remain to be accomplished.

Can it be said that we in Bombay are even attempting to tackle our malaria problem? It were far better to "do nothing and say so," than to drift into a false position and let the world point an accusing finger at "Bombay the Benighted."—Yours, etc.,

P. A. DALAL, L.M. & S. (Bom.),
D.T.M. & H. (Camb.),
Professor of Bacteriology.

GRANT MEDICAL COLLEGE,
BOMBAY,
12th January, 1931.

"DECEASED."

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—Some few years ago there was instituted a body entitled "The Royal College of Physicians and Surgeons of India" with its headquarters at Dacca, and was apparently officially registered under Act XVI of 1908. This College granted a "Membership," and it was stated that its object was the furtherance of research work in oriental and allied medical sciences.

After correspondence with official medical authorities, I have now ascertained that this "College" has ceased to exist; its Registrar was fined Rs. 200 by the Sub-divisional Officer of Dacca for a "misdemeanour." It would be of interest if the Indian Medical Association, the all-India Ophthalmological Society, the Medical Section of the Asiatic Society of Bengal, the Calcutta Medical Club, and other official medical societies and associations, would take note of this—now extinct—institution.

In the same connection, perhaps some of your readers can inform me of the official or other status of the "Royal Academy of Medicine and Allied Sciences of the Punjab," which also claims to be registered under Act XVI of 1908 of the Government of India.

At the same time, it would be a good move if some official society or association could be established for prosecuting research into Indian and oriental medical sciences.—Yours, etc.,

P. K. KURUP, L.C.P.S. (Bom.),
L.M.P. (Madras).

TALIPARAMBA,
MALABAR, MADRAS PRESIDENCY,
23rd January, 1931.

INTRAMUSCULAR QUININE IN MALARIA.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—Having read the letter by Dr. D. M. Vasavada in your issue for October 1930 on intravenous quinine, I am prompted to write to you to emphasise the value of intramuscular injections of quinine in malaria. The intramuscular injection is not followed by the fall in blood-pressure which occurs with intravenous injections, the method is easy and safe, whilst the absorption of the drug is slower and its effects more lasting than by the intravenous route.

Dr. Vasavada mentions abscess formation as having occurred in one out of four of his cases by the intramuscular route, but I have given hundreds of intramuscular injections of quinine during my twenty years' service in Burma, both in the Shan States and the Lower Chindwin District, where every year we have epidemic malaria during the rainy season. I have never yet seen a case of abscess, nor the nightmare of necrosis, sloughing, tetanus, etc., so often mentioned in your journal.* The only precautions that I take are thorough sterilisation of the syringe by boiling and to prepare the solution for each injection freshly,—grs. 7 to 10 of acid hydrochloride of quinine in 20 minims of aqua distillata, boiled in a separate bottle on a water bath. The skin is painted twice with tincture of iodine before the injection is given. I have often given 20 such injections a day, and have observed no bad effects; recently I have given some 500 such injections during an epidemic in the Upper Chindwin District.

The intramuscular route represents the principle of "safety first"; further, one cannot give intravenous injections in the jungle, and specially prepared ampoules for intravenous injection are much more expensive than freshly prepared acid hydrochloride solution. I have had considerable experience of the intravenous route, but only use it for patients in hospital who can be kept lying down. The clinical results with intramuscular injections are all that can be desired.

The intravenous method may be necessary for pernicious and comatose cases, but the intramuscular route is preferable for patients who do not respond to oral treatment. The method of choice should be quinine sulphate by the mouth preceded by an alkaline mixture in ordinary cases, and quinine acid hydrochloride intramuscularly for special cases; followed, in all instances, by a follow-up after-treatment, which should never be omitted.—Yours, etc.,

A. S. DAWSON, L.M.P.,
Medical Officer.

KAWA, PEGU DISTRICT,
BURMA,
23rd January, 1931.

A PROPHYLACTIC (?) AGAINST SMALLPOX.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—A drug in Hindu medicine which has a certain reputation as a prophylactic against smallpox is *kantakari*—a preparation from the root of *Solanum xanthocarpum* (Syn. Hindi, *kateli*, *katai*, *ringni*; Sans.

* (Note.—Has Dr. Dawson followed up and seen patients who have received intramuscular injections of quinine six or seven weeks after the injection? It is at this period that the aseptic abscesses which result come to the surface.—Ed., I. M. G.).

and Bengali, *kantakari*; Telegu, *pinna mulaka, vankuda, nella molunga*). This has been used for many years in Kaviraj medicine. Both I and several of my medical friends have found the administration of this drug to be of value as a prophylactic against smallpox. On several occasions members of a family which have taken it have escaped smallpox, whereas other members of the family who have not taken it have contracted the disease. Of course, one would not suggest its use in place of vaccination, but where vaccination is refused, it may perhaps be of value.

The root is administered as follows:—

About $\frac{1}{4}$ of a "tollah" (about 40 grains) of fresh root is powdered and ground with 2 or 3 black pepper seeds and made into a bolus. This is the dose for an adult; and a quarter to a sixth of this dose may be given to children. The mixed powder will keep indefinitely for use at any time. This dose is taken on an empty stomach the first thing in the morning for three consecutive days.

The root is available everywhere in India, and is sold in all Ayurvedic shops. It would be of interest to know whether any other medical practitioners have had any experience of the drug.—Yours, etc.,

SATYA KINKAR BISWAS, L.M.P.,
Medical Officer.

KIRKEND, KUSUNDA P. O.,
Manbhum, Jharria Coalfield.

[Note.—We have submitted the above to Capt. P. De, Offg. Professor of Pharmacology, Calcutta School of Tropical Medicine, who notes that according to Dr. Wilson (*Calcutta Med. Phys. Trans.*, Vol. II, p. 406) the stems, flowers and fruit are used as a bitter and carminative, and are prescribed in skin lesions attended with vesicular, watery eruptions on the feet. There is apparently no mention of the use of the drug as a preventative of smallpox.—Ed., I. M. G.]

"TAKO POWDER" IN DYSENTERY.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR.—Indigenous drugs may or may not be of value in the treatment of different diseases, but perhaps the following experience is worth recording.

Some time ago I had under treatment an old Parsi gentleman with complete stricture of the urethra and extravasation of urine into the abdominal and scrotal tissues; at the same time he was suffering from acute dysentery with the passage of some 50 stools a day consisting of blood and mucus. The condition was so serious that operation was postponed for a couple of days whilst emetine was administered. On the third day a suprapubic cystotomy was carried out, but the patient's condition was desperate. At this stage, Dr. A. D. Edal Behram, M.B., B.S., Boochoer's Bungalow, Malabar Hill, brought an indigenous remedy named "Tako powder" for dysentery to my notice. It is administered in doses of 5 to 15 grains t.d.s. by the mouth. Whatever the cause, in the case of this patient, its administration was followed by complete cessation of the dysentery in two days, and the patient recovered.

Since, then, I have used the powder in other cases of dysentery with very good results. Microscopical examination of the stools to determine the type of dysentery present has not been possible. On the other hand the preparation might be worth pharmacological investigation. Dr. Behram will be glad to supply samples for chemical or pharmacological investigation of the active principles.—Yours, etc.,

J. F. HENRIQUES, L.M. & S., F.C.P.S.,
Medical Officer.

BULSAR,
24th August, 1930.

[Note.—We have consulted Capt. P. De, Offg. Professor of Pharmacology, Calcutta School of Tropical Medicine, with regard to the above letter. He reports that "Tako powder" does not appear to be any well

known remedy in the indigenous systems of medicine; presumably its action is due to tannins, as with so many other astringent remedies. In our own opinion the number of "remedies" for dysentery ought to be reduced rather than increased, and each one of them subjected to stringent investigation as to their active principles and real therapeutic value.—Ed., I. M. G.)

Service Notes.

LEAVE.

LIEUTENANT-COLONEL V. B. GREEN-ARMYTAGE, I.M.S., Professor of Midwifery, Medical College, Calcutta, and Obstetric Physician and Surgeon, Medical College Hospital, is allowed leave for the period from 5th April to 3rd July, 1931 (both days inclusive).

PROMOTIONS.

Bt.-Colonel T. G. F. Paterson, D.S.O., M.B., K.P.H., has been promoted to the rank of Colonel with effect from the 17th October, 1930, with seniority from the 1st January, 1923.

The promotion of Major J. M. Shah, M.B.E., to the rank of Major has been ante-dated to the 17th June, 1927.

Captain A. I. Cox has been promoted to the rank of Major from the 14th January, 1931.

Captain V. S. R. Pandit has been promoted to the rank of Major from the 4th January, 1931.

APPOINTMENTS AND TRANSFERS.

The undermentioned officers of the Indian Medical Service have been appointed Honorary Surgeons to the King:—

Major-General J. D. Graham, C.I.E., M.B.

Lieutenant-Colonel J. McPherson, M.B., F.R.C.S.E., who has also been promoted as Bt.-Colonel.

Lieutenant-Colonel S. G. S. Haughton, M.D., has been appointed an Officer of the Military Division of the Order of the British Empire.

Lieutenant-Colonel H. L. Batra, M.C., has been appointed to officiate as Inspector-General of Civil Hospitals and Prisons, Assam, with effect from the 8th January, 1931.

Lieutenant-Colonel T. C. Boyd, I.M.S., is re-appointed as Chemical Examiner to the Government of Bengal and Professor of Chemistry, Medical College, Calcutta, with effect from the 19th February, 1931.

Major P. F. Gow, D.S.O., I.M.S., officiating Second Professor of Midwifery and Gynaecology, Medical College, Calcutta, is appointed to act as Professor of Midwifery, Medical College, and Obstetric Physician and Surgeon, Medical College Hospital, in addition to his own duties, *vice* Lieutenant-Colonel V. B. Green-Armytage, I.M.S.

Major S. R. Prall, M.B., I.M.S., Resident, Medical Officer, St. George's Hospital, Bombay, to officiate as Civil Surgeon, Nasik, *vice* Lieutenant-Colonel A. G. Tresidder, C.I.E., M.D. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), I.M.S., granted leave preparatory to retirement.

Notes.

NEW INSTRUMENTS IN TONSILLECTOMY.

By C. OSMAN BODMAN, F.R.C.S.E.,
Clifton, Bristol.

THE instruments described below have been found of great use in the investigation and after-treatment of tonsil cases. The *tonsil exploring hook* is of a convenient size and shape for lifting the anterior faucial pillar off the tonsil, for raising the tonsil from the