

muddy as well as clear water. Rarely found in small collections.

Not fond of eating larvæ, although under observation in the laboratory when it was given nothing else as food it did eat occasionally.

5. Genus *Nuria*.—*Nuria danrica* of this group is a very common little fish of Mingaladon waters. It is easily distinguished by its characteristic black stripes on both sides of the body. As a rule it floats near the surface of the water and is definitely a larva eater.

6. Genus *Barbus*.—*Barbus stigma* of this group is present here. It is a small fish with two dark spots at the origin of the tail and on the dorsal fin. As to its fondness for larvæ it is second to none but *Trichogaster*.

It was observed that in pools where *Trichogaster*, *Barbus* and *Haplochilus* were found there were practically no larvæ.

The presence of these in most of Mingaladon water collections is the chief reason for the very low mosquito population in the cantonment during the dry weather. Their introduction into all waters will no doubt bring the mosquito breeding down considerably.

Taking all the local conditions into consideration one need hardly say that anti-malarial work in Mingaladon will remain a problem as long as the major portion of the area is covered with jungle and swamps exist on the east of the cantonment.

In conclusion I have to thank Lieut.-Colonel G. G. Tabuteau, D.S.O., V.H.S., R.A.M.C., Senior Medical Officer of the cantonment, who took a great interest in this work and afforded me all facilities to carry it out.

MILK INJECTIONS IN MALARIAL SPLEENS

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I HAVE used milk injections for over six years in various morbid conditions where I considered them beneficial. There is usually a reaction with a hopeful prognosis and a feeling of general well-being when the reaction is over.

While Resident Physician at the Medical College Hospitals, Calcutta, I saw several cases of enlarged spleens and treated them by local counter-irritants and general medicines but the treatment was a long and tedious one.

On coming to Burdwan, a district full of enlarged spleens both of malarial and kala-azar origin, I looked for something which would quickly decrease the size of huge spleens. As kala-azar is a disease with leucopenia and milk injections produce leucocytosis I made up my mind to try the effect in such cases. I could not, however, get enough clinical material at the time for the purpose and so started to try them in malarial spleens. I was really

amazed to see that spleens reaching down to about the umbilicus would disappear under the costal margin with 3 or 4 or at the most 5 injections, the whole course taking less than two weeks.

This treatment is being adopted in the several institutions under my control and the results are so uniformly good that the local practitioners have also started using the same in their private cases. At the Fraser Hospital, Burdwan, where facilities exist for doing blood counts and keeping a systematic record of all cases this work is being done on an elaborate and large scale. Dr. G. C. Sarkar, Teacher of Medicine, Ronaldshay Medical School, who is entrusted with this work will give me his figures at the end of the next malaria season.

Some kala-azar spleen cases have also been given milk injections but the results were not as successful as those in the case of malarial spleens. Further experience is, however, necessary before any definite opinion can be given.

The injections are given intramuscularly in the gluteal region. The doses used are 2 c.cm., 4 c.cm., 6 c.cm., 8 c.cm., and 10 c.cm., of the fat free sterilised milk at 2, 3 or 4 days interval according to the reaction produced. Aolan or some other preparation like it can be used instead of milk but I am more in favour of milk as it is so easily obtainable, even in villages, and costs practically nothing.

I shall be very glad if other members of the profession would try these injections in malaria spleen cases. If their results are as uniformly encouraging as mine we will be doing an immense amount of good to the malaria-infected masses by instituting this as a regular treatment for enlarged spleens due to malaria.

AN EPIDEMIOLOGICAL AND EXPERIMENTAL STUDY OF DRACONTIASIS IN CHITALDRUG DISTRICT

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INTRODUCTION

THE practical study of dracontiasis, one of the oldest known and in some parts of India the most prevalent of tropical diseases has been singularly neglected. Although it is not a fatal disease or one which attracts much sympathy its incidence nevertheless is commonly the precursor of much suffering and physical incapacity. A very large percentage of the inhabitants in the infected areas is more or less completely incapacitated for 5 to 6 months and in some complicated cases even up to 8 months in the year. This can be easily seen when it is said that in Chitaldrug district one has to import labourers from Malabar and other distant

* From the Department of Health, Government of Mysore. Paper read at a meeting of the Mysore Medical Association.