

MEDICAL MATTERS.

ANTIMALARIAL MEASURES IN INDIA.

The *British Medical Journal* states that a new sanitary era seems to have dawned in India, and continues: "We are the more disposed to believe that this is not a too sanguine belief, because those responsible appear fully to recognize the importance of basing all their measures on scientific knowledge, not upon empiricism. The way was shown by the medical officers of the Army, and the General Malarial Committee, appointed by the Indian Government, has gone a long way on the road to applying to the protection of the indigenous population principles which have produced among European soldiers the remarkable diminution in sickness and death recorded by Sir F. W. Trevor, the retiring Principal Medical Officer of the Army in India. . . . Already application of the measures dictated by the knowledge accumulated since Sir Ronald Ross some fourteen years ago showed that the malarial parasite was transmitted by mosquitos of the Anopheleline genus has brought about a remarkable diminution in malaria among natives of India, where all the conditions can be controlled. In the memorandum presented by the Acting Sanitary Commissioner to the Indian Legislative Council in September last, he was able to show that the admission-rates from malaria per 1,000 of strength of the Indian army had fallen from 467 in the quinquennium 1889-93 to 228 in the quinquennium 1904-8, and that among Indian prisoners the rate had fallen in the same period from 393 to 199. The Government of India has assigned a sum of £33,000 to the Indian Research Fund for the study of medical and sanitary problems, and the resolutions of the second meeting of the Indian Malaria Committee, together with the address of the Acting Sanitary Commissioner, Sir C. P. Lukis, K.C.S.I., show that the value of scientific researches and surveys by experts is fully appreciated, and that those already conducted support Sir Ronald Ross's contention that anti-mosquito measures may not only prove more effective, but also less costly than was expected. At the same time, in another resolution the committee recognized that though further research is necessary, enough is already known as to the breeding habits of mosquitos to make it frequently possible for trained workers to deal with malaria in an efficient manner.

"There can be no doubt that the most effective way of dealing with malaria is by anti-mosquito measures, that the mosquito can be most effectually attacked in its larval stage, and

that this can best be done by abolishing all collections of stagnant water, small or large, liable to be visited by mosquitos. This is the ideal measure, and undoubtedly in many instances could be carried through in India. Even where it cannot be completely effected, it can be approximately carried out with corresponding benefits; at all events, it is the ideal measure which should be striven for. Circumstances, such as considerations of expense, engineering difficulties, native prejudice, agricultural requirements, and so forth, may in particular localities militate against its complete or even partial attainment, and it is in these conditions only that less efficient measures, such as quinine and mosquito protection, are legitimate; but in no case should the more radical measures be altogether lost sight of. Fortunately, as Sir C. P. Lukis indicates, in certain malarial areas it may not be necessary to tackle all mosquito breeding places, but only such spots—possibly very limited spots, as in Bombay and the Andamans—that foster the particular *Anopheles* responsible for the local malaria. This in many places will simplify the task and greatly reduce the cost of anti-mosquito sanitation. As Sir C. P. Lukis remarks, this is a powerful argument for further and careful study, by special officers, of the distribution of species of mosquito in relation to malarial endemicity.

"We presume that action will be taken on Dr. Bentley's report on the recurring epidemics of malaria in Bombay, which for so long a time have been a scourge to part of the city and to the shipping visiting the port. If so, we trust that every care will be observed that the measures to be instituted and the funds asked for shall be adequate to the end in view. A failure in Bombay would be a serious set-back to malarial sanitation in India, a set-back which might not be recovered from for many years to come.

"We are glad to see that the authorities are taking time by the forelock and are already preparing against the possible introduction of yellow fever into India by the new route which will be opened up by the completion of the Panama Canal. Other Oriental countries would do well to make similar preparations.

"Although she ought to have been the first in the field, India has been somewhat tardy in giving practical application to the recent developments in tropical pathology. She has at last awakened to their importance and to her responsibilities in the matter, and she may congratulate herself on the very efficient band of workers constituting and employed by the General Malarial Committee."

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