

7. That in the case of voluntary institutions now notified under the Act, the provision of detention wards is not desirable.

8. That the Conference reaffirm the principle that segregation of the sexes should be maintained in all Mission asylums except under exceptional circumstances, and that the marriage of lepers in Mission asylums is not desirable.

9. That the Conference recommend that great care be observed in the selection of sites for new asylums and in the arrangements for water supply and drainage, and that where necessary expert advice should be obtained; also that it is desirable and economical to erect buildings of substantial construction and of an approved type according to local requirements.

10. That, in conclusion, it is the opinion of the Conference that the disease of leprosy could be stamped out in India if all lepers were segregated, but, as this does not appear to be practicable at this time, it strongly urges that the first step to be taken in this direction is the segregation of all pauper lepers.

Correspondence.

IS HUMAN HYDROPHOBIA INFECTIVE?

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR.—We have never come across a hydrophobia patient biting his attendant. But in case he bites, is his bite as dangerous as that of rabid animals? Are there such instances recorded? Does the human saliva contain the virus, and that too in as virulent a form as in the rabid dog?

Yours, etc.,

KESHAVALAL J. DHOLAKIA, L.M. & S.

BHUJ (CUTCH),
26th August, 1920.

TREATMENT OF MALARIA IN PREGNANCY.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR.—May I request you kindly to publish the following few lines with reference to the query of "An Enquirer," in the correspondence columns of your valuable journal for August, 1920, regarding the treatment of malaria in pregnancy?

I reproduce below an extract which I read some time ago from a text-book, the author of which I cannot exactly call to my mind now. "Many physicians regard pregnancy as a contra-indication to the administration of quinine because of the observation that, in women who abort easily, this drug is capable, in considerable doses, of inducing this accident. On the other hand we know that severe malarial paroxysms will also cause abortion, and I believe that if the infection is allowed to continue untreated this accident is more apt to occur than if quinine be administered. I would say, therefore, that pregnancy is not a contra-indication to the use of this drug in malarial disease, for, if it be carefully administered in the smallest efficient dose, the patient is less apt to abort than if the malarial infection is allowed to go untreated. In pregnant women in whom pernicious symptoms develop, the drug should be given exactly as in any other pernicious cases, for the prospective mother's life is endangered and we are justified in disregarding that of the child. I have given quinine many times to pregnant women, and I have never yet seen the drug produce abortion, although in many instances I have given it in large doses for several days. I cannot but think that the danger of using the drug in pregnancy has been greatly exaggerated, and that most of the instances of abortion following its use have been due to the malarial infection rather than to quinine."

I may add that the above sound observations have been a safe guide to me, and I state it from my memory that I have treated two cases of malaria (diagnosed only

clinically) in pregnant ladies—both of them were in their second or third pregnancy with no previous history of abortion—by administering quinine hydrochlorid, gr. 5, in solution by mouth b.d. for about four or five days, and there were no untoward effects.

Yours, etc.,

K. SUBRAHMANYAM,
Civil Assistant Surgeon.

MUNICIPAL HOSPITAL, PALAMCOTTAH,
26th August, 1920.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR.—Will you be kind enough to publish the following few lines in your esteemed journal, which, I hope, will partly serve as an answer to the query in your August number from a Bangalore gentleman.

The following authorities say that the toxic properties of quinine are apparently in abeyance in pregnant women suffering from malaria, and, therefore, it may be unhesitatingly administered and that the high temperature alone can bring on abortion.

R. Ghosh's *Materia Medica*, Ed. 1916, page 510.

Berkelev and Bonnev—*Difficulties and Emergencies of Obstetric Practice*, Ed. 1915, page 142.

Kedar Nath Das's *Handbook of Obstetrics*, Ed. 1914, page 241.

From my own experience, in treating a few cases, I obtained excellent results with five grains quinine in solution T. D. S., but in one case the patient aborted as quinine was not given till the fourth day of fever, the abortion being due to the high temperature. I prefer the hydrobromide to the other salts. I reduce the dose gradually after the temperature has subsided.

Although quinine by itself has always been regarded by the majority of the profession as a specific in malaria. I have lately read in the *Indian Medical Gazette* of April 1920, page 152, that quinine three grains, in combination with arsenic and large quantities of water, given at the beginning of the cold stage in cases of malaria in general, is more efficacious. I think the efficacy of such a small dose is worth trying in pregnant cases.

Yours, etc.,

ABINASH CHANDRA DAS GUPTA,

Sub-Assistant Surgeon.

BERHAMPURE, BENGAL,
8th Sept., 1920.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR.—In answer to the letter from "An Enquirer" regarding the treatment of pregnant patients suffering from malaria, I would say that I have used quinine in two-grain doses every two hours for five hours, or injection of five grains. I have had no trouble even in cases two and three months pregnant.

Yours, etc.,

M. ALLEN,

Lady Doctor in Charge.

FRANCIS NEWTON HOSPITAL,
FEROZEPUR CANTT.,
21st August, 1920.

To the Editor of THE INDIAN MEDICAL GAZETTE.

SIR.—Regarding the enquiry in the last August issue of the *Indian Medical Gazette* as to whether quinine is admissible in malaria in pregnant females, I am induced to give my personal opinion in favour of quinine in pregnancy.

This matter has been very freely discussed in previous issues of this monthly.

My personal experience is not to give a big dose at once. I generally give 2½ grains in solution every four hours to the extent of 15 grains in 24 hours mixing with five grains of pot. bromide each time, and I have never found any bad influence upon the pregnant uterus.

Yours, etc.,

KESHAVALAL J. DHOLAKIA, L.M. & S.