But not only is the quack who kills his patients exempt from prosecution and responsibility; he is actually paid a fair remuneration by the relatives of the deceased for having killed him.

We—duly qualified medical men—receive scores of official circulars about the necessity for keeping all poisonous drugs in a "poisons' almirah"; the key of which is not even to be trusted to our own compounders. But the village quack is allowed free and unlicensed use—hypodermically, as often as not—of the same poisonous drugs; he may administer them in any dose, and in complete ignorance of their actions.

In the name of common humanity I would appeal to Government to do something to stop this dangerous and criminal system of universal quackery, whereby the lives of our people are endangered and often lost.—Yours, etc.,

H. DAS GUPTA,
Bengal Medical Service.

DAULATPUR, KHULNA,
6th February 1926.

"THE TREATMENT OF MALARIA WITH PERACRINA 303."

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—In common justice to myself and to the manufacturers of Peracrina 303, I feel it my duty to comment shortly on the article by Dr. William Fletcher, published under the above title in the *Indian Medical Gazette* for November 1925.

To begin with, Dr. Fletcher's disparagingly worded conclusion as to the composition of Peracrina 303, though *apparently* contradictory to the description given of the drug by the makers, does not *in reality* essentially differ from it. It is well known to every analytical chemist and every qualified medical man that "yeast cells" consist almost entirely of albuminates rich in medicinal value, and that unless the cells were "dead," they could not be used in an inorganic chemical compound; further, that "a little starch" (or wheat flour) is invariably employed in the making up of pills, because of its binding properties. Acriflavine may be truthfully described as a "yellow dye," though "an acridine dye stuff" is, of course, a more exact definition.

The term "specific albuminates" is used by the makers with reference to chemical classification, rather than in the strictly medical sense. Had they been addressing the general public, they would have employed the practically synonymous and equally accurate expression "specially prepared yeast." Their advertisement, however, was intended for scientific men. I may add that the chemical process by which Peracrina 303 is manufactured is based on the English patent No. 208699|23.

The doses recommended in the advertisement are 6 to 12 pills daily for adults and 4 to 10 for children, *according to the patient's state of health.* This point is frequently emphasised in the Peracrina literature, where it is made perfectly clear that the medical man is quite at liberty to exercise his discretion and vary the dose.

That "it is impracticable to administer Peracrina for a long period.....in the large doses recommended by the makers," and that it "is too expensive for general use" are, no doubt, correct conclusions with regard to the Federated Malay States. Social and commercial considerations such as these are, however, surely out of place in a scientific treatise, apart from the fact that Dr. Fletcher is scarcely in a position to decide whether they are applicable to other countries.

The clinical tests made in Kuala Lumpur were of much too short duration for Peracrina to destroy the malaria parasites.

Dr. Fletcher's fifth conclusion is calculated to give a very misleading impression to the uninitiated. In the treatise on my experiences in the malaria districts of South Russia, I certainly stated that Peracrina "was found to be at least equal to quinine in the treatment of malaria," but I also laid stress on the fact *that its action was essentially different.* I do *not* advocate its use "in place of quinine,"—to reduce high fever and effect an immediate but temporary cure; on the contrary, I have always declared that its anti-febrile properties are far inferior to those of quinine. I do, however, maintain that:—

(1) a complete course of Peracrina treatment (from six weeks to three months, or, *occasionally,* even a little longer) invariably cures *chronic malaria* completely and permanently *by annihilating the parasites;*

(2) in certain selected cases it may be used with advantage *in combination with quinine* to combat and finally completely cure *acute malaria.*

(3) It frequently proves effective in cases of so-called "quinine-resistance."

Even in the advertisement it is stated that *during the first three weeks of treatment* the blood tests may show an increase of parasites, and the temperature may rise. I account for this on the theory, justifiable by the well-known properties of its components, that Peracrina forces the parasites latent in the spleen and other affected organs to come out into the peripheral blood, where it is able immediately to combat and ultimately to annihilate them. This theory is confirmed by the speedy return of the spleen to a normal size, a characteristic symptom totally ignored by Dr. Fletcher.

(I should mention, too, that not only "the clinical histories of three cases" cited by Dr. Fletcher, but also several others, were reproduced as illustrations in my treatise.)

In view of the statements made by Dr. Fletcher under the heading "Clinical Tests of Peracrina in Kuala Lumpur," (paragraphs 1 and 2), it is comprehensible that he found the drug little suited for use in the hospitals of the Malay States. As, however, the conditions there are such that "it was impossible to give them (the patients) the three months' treatment recommended by the Haco Company," (he "was not able to detain these people in hospital for more than ten days or a fortnight"); and that "the question of permanent cure cannot be investigated accurately," he would, in my opinion, have shown a more open-minded spirit, (if, indeed, he experimented at all in the circumstances), had he refrained from writing and publishing an article in a tone calculated to deter others, perhaps more favourably situated than himself, from testing the value of Peracrina 303.—Yours, etc.,

J. WALKER, M.D.,
Medecin adjoint du Laboratoire Bacteriologique a Elisabethville, Prov. Katanga, Congo Belge.

BRUSSELS,
2nd February 1926.

(*Note.*—The above letter is published with a view to enabling our readers to hear the case *for* Peracrina as well as the case *against.* We are still unconvinced that any evidence has been produced of the curative action of Peracrina, but, doubtless the firm which issues the drug will take care that all possible evidence in its favour will be made available. EDITOR—*I.M.G.*)

THE PROVOCATIVE DIAGNOSIS OF MALARIA.

To the Editor, THE INDIAN MEDICAL GAZETTE.

SIR,—With reference to the two methods of driving parasites from the spleen into the peripheral circulation as described by Lieut.-Col. Jeudwine in last month's issue of the *Gazette,* there is another method which I have just been acquainted with, viz., the administration of amidopyrin. By E. Merck's Annual Report for 1917–1921, just to hand, on page 23, under amidopyrin it is stated, "according to H. Mautner, this preparation can be used in latent malaria to provoke an attack. If a dose of 0.7 gm. per diem be given for eight consecutive days an attack will as a rule occur on the fourth or seventh day. There is at present no explanation offered for this action."—Yours, etc.,

J. E. LEONARD, CHINAL,
M.D., D.T.M., L.M.

MONGHYR,
6th February 1926.