RESURGENCE OF MT MALARIA AMONGST TROOPS IN THE NORTH EAST

Dear Editor,

I have read with interest the article "Resurgence of MT malaria amongst troops serving in the North East" by Wg Cdr SK Krishnan *et al* (MJAFL 1994; 50 : 5-9). I have been serving in this sector for over two years and would like to highlight following points :

- a) WHO recommends use of a combination of Sulfadoxine 500 mg + Pyrimethamine 25 mg weekly for chemoprophylaxis in chloroquine resistant endemic areas including North East.

The use of above combination for chemoprophylaxis may be less economical but in the long run may well prove to be better in terms of cost-effectiveness by reducing the malaria associated morbidity and mortality.

Prospective studies on two different populations (two different units of a firm) should be carried out by putting them on chemoprophylaxis with chloroquine and sulfadoxine + pyrimethamine combination separately during the entire period of stay in the sector, and the malaria associated morbidity and mortality rates compared.

This will help implement chemoprophylaxis with sulfadoxine 500 mg + pyrimethamine 25 mg on a large scale.

- b) Insecticide resistance to DDT is now well established and newer insecticides be introduced.
- c) Peripheral non-medical units be equipped with parenteral anti-malarial drugs to avoid delay in treatment thereby reducing morbidity and mortality.

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Author's Reply

- (a) Review of chemoprophylaxis is recommended and prospective trials at Division level need to be carried out.
- (b) Sequential (each round with different chemical) or mosaic (different chemicals in different areas) use of residual spray needs to be carried out to overcome vector resistance.

- (c) Use of parenteral anti-malarial drugs at the periphery has inherent complications.

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QUEEN MARY'S TECHNICAL INSTITUTE

Dear Editor,

A number of medical officers undergoing training at the AFMC have visited the Queen Mary's Technical Institute for Disabled Soldiers. From the feed back received from them, it appears that many an AMC Officer is unaware of the existence of the Queen Mary's Technical Institute for Disabled Soldiers located next to MH Kirkee. Hence, through this letter, it is intended to highlight a few facts which will help the concerned medical officers in guiding those disabled soldiers, who may need assistance in their rehabilitation.

Those in medical profession would undoubtedly ensure that the soldiers have been treated in the best possible manner and would be boarded out only after the medical rehabilitation is completed. However, one would be left wondering whether such an individual will be able to remain a useful member of his family? Will he find employment? Will he be able to do something on his own? Will he need some assistance to acquire some skills which may help him in getting a job or starting a business?

The QMTI is the only Institute of its kind in the country which imparts vocational training in suitable trades to the disabled soldiers. Such training has All India acceptability as the same conforms to the syllabus and norms laid down by the National Council for Training in Vocational Trades, Ministry of Labour and Rehabilitation. Successful trainees receive ITI certificates. The courses are one to two year duration and cater for SSC and non-SSC servicemen/ex-servicemen. The servicemen are attached to Military Hospital Kirkee and attend the training at QMTI as day scholars. The ex-servicemen are admitted in the QMTI Hostel. The QMTI came into existence during the First World War and has continued to do exceptional service in training and rehabilitation of the disabled soldiers.

Will the medical officers who come in close contact with the disabled soldiers re-assure them that there is an institution, QMTI, which can provide 'ray of hope' for their independent future?

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