RESURGENCE OF MT MALARIA IN THE NORTH EAST : THE DILEMMA OF CHEMOPROPHYLAXIS

Dear Editor,

This is in reference to the paper titled by 'Resurgence of MT malaria amongst troops serving in the north east' by Wg Cdr SK Krishnan (MJAFI 1994; 50: 5-9).

Doubts have been expressed as to the efficacy of chloroquin chemoprophylaxis. However, Krishnan has brought out that outbreaks have invariably been due to discontinued or irregular suppressive treatment. This by itself indicates that perhaps chloroquin resistance is over-estimated. The control of these outbreaks on resumption of supervised chemoprophylaxis further settles the issue in favour of continuing suppressive chloroquin.

Enforcement of chemoprophylaxis is a command function and not the job of medical officers as suggested by Krishnan. In this connection Field Marshal Sir William Slim, Commander of the British Army in Burma during the Second World War, stated : "Good doctors are no use without discipline. More than half the battle against disease is fought, not by doctors, but by the regimental officers.... When mepacrine was first introduced..... often the little tablet was not swallowed. An individual medical

test in almost all cases will show whether it has been taken or not..... I, therefore, had surprise checks of whole units, every man being examined. If the overall result was less than 95 per cent positive I sacked the CO. I only had to sack three; by then the rest had got my message" [1].

Taking lessons from history we have to concede that commanders influence health far more than medical officers. It is through the enlightened involvement of commanders that success can be ensured. Medical staff officers at formation level should carry out a 'Medical Threat Assessment' and communicate its results along with the remedial measures to the formation commanders so that these get the authority of command directives.

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REFERENCES

1. Slim, Field Marshal Sir W. Defeat Into Victory. London: Cassell and Company, 1956.

Dear Editor,

I have gone through the paper titled "Resurgence of MT Malaria amongst troops serving in the north east", Medical Journal Armed Forces India 1994; 50: 5-9.

While recommending a malaria control and eradication strategy for troops we have to keep in mind that the Army is a special risk-group being non-immune to the local *Plasmodium* strain. A variable state of herd immunity, proximity to thick jungles and international borders and frequent movements are also special factors. The problem is further aggravated when troops have to sleep and rest outdoor without being able to use mosquito nets. Mosquito repellents for skin application or for impregnation of clothing are useful. However, their effectiveness is reduced due to short duration of repellent effect which can be further shortened by sweating. Chemoprophylaxis in this situation seems to be the sheet anchor and practicable measure for control of malaria. However, success of

chemoprophylaxis depends upon the chemoprophylactic drug and regularity of drug consumption.

I had the opportunity to investigate two outbreaks of malarial fever during April 95 to July 95 in north east India. Incidence of cases were high amongst newly inducted troops due to inadequate supply of Dimethylphthalate (DMP) and probably due to poor compliance of chemoprophylaxis. Both outbreaks were controlled by strict implementation of chemoprophylaxis and by early diagnosis and prompt treatment of cases.

In view of the above I feel that stopping chemoprophylaxis in endemic areas will be disastrous. However, in view of chloroquine resistance in north east India, the drug policy for chemoprophylaxis requires revision.

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INCIDENCE OF ACUTE APPENDICITIS - OBSERVED SEASONAL DIFFERENCES

Dear Editor,

Acute appendicitis is a clinical entity usually thought to be diagnosed and treated exclusively by the surgeons. However it is the general practitioner who is faced with the initial diagnosis of this disease. This letter makes an

attempt to report and explain an observable difference in the seasonal distribution of acute appendicitis over a period of 4 years at an Air Force Base.

Out of a total of 31 cases of acute appendicitis who underwent appendicectomy during 1990-94, 74.2 per cent