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Journal 5000 wa diary
for period May 16th to June 12th

Last year was Paper

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Postcard Paper

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Sept. 1915

S.

I have the honor to acknowledge the

receipt of your check for \$506 of the

24th of June, with enclosing,

relative to question arising under

the Annual Medical Report for

the year 1914.

DRAFT

C. A. P. No. 64
Re SIMC Report

MINUTE

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have stated before if the drug be obtained from a reliable firm.

I have the honor to be,

SIR,

YOUR obedient servant,

Wm. A. R. Spang
ASSISTANT SURGEON.

much against, this officer was given injections of Quinine Bi-Hydrochloride in all his attacks of Malaria with good results.

In none of the cases treated with injections was there any sign of abscess formation, beyond a certain amount of soreness after the injection for a day or so the patients made no after complaints. The sites chosen for the injection was in the Gluteal Muscles or in the fleshy part of the Deltoid.

I am perfectly convinced that there is very little danger to be feared from Quinine injections if all aseptic precautions be taken and the drug used comes from a reliable firm, such as the Bi-Hydrochloride supplied in Sterilized Capsules by Burroughs Wellcome & Co. and my dose up to 20 Gm. can be given with safety, and, that the drug is absorbed your patient will very soon let you know.

In conclusion I might add that in all the cases I have reported as Blackwater Fever, which I have no doubt were of Malarial origin, Quinine Hypodermically formed the main part of the treatment and out of 6 cases I had one death in which acute congestion of Lungs and Uræmia supervened, while the others made very good recoveries, Moreover after the injections of Quinine no malaria parasites could be found in the peripheral circulation although no Quinine had been given by the mouth, which also confirms that the Quinine was here absorbed.

In India there is no any regulation forbidding the use of injections of Quinine, as some deaths were reported from Arsenical poisoning following the administration of the drug but this need not be feared as I

given by the mouth, but this soon caused him to vomit again and he brought up a large quantity of bright colored blood. He was then given an injection of Morphine and also an injection of Hignettin and Strychnine, after an hour when his condition was better, a blood smear was taken and parasites were revealed. His spleen was very much enlarged due to repeated attacks of Malaria. Given an injection of Quinine Di Sulphate intramuscularly. Another injection of Quinine Bisulphate was given in the evening. He made a good recovery. The chills and vomiting stopped after he was given the Strychnine and not Quinine. After admission he had no diarrhea but this might have been due to the action of the Strychnine. This was only the case in which Bisulphate of Quinine was injected as I had run out of my stock of Bisulphate, and I am glad to say with no ill effects.

Of recent years there have been many controversies regarding the giving of Quinine hypodermically, and Sir Ronald Ross is one who is strongly opposed to the drug being given intramuscularly with the belief that the drug is not absorbed by the tissues. With the very astounding results obtained by me after giving the Bisulphate of Quinine intramuscularly [It is said that it is given intramuscularly], I am very much convinced that such is not the case, at least in such cases as in my cases. That the drug was absorbed by the tissues is explained by the fact that the patients complained of tenderness and swelling at the site about two or three days after the injection although no Quinine had been given by the mouth. The European officials would not take Quinine by the mouth except in Tropical Form, a method of which I am very

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my notes, one child that was not treated by quinine hypodermically died on the 10th day of the disease, while the other two who were in a worse condition recovered after injections of quinine. One of these cases I reported in case No. 1 of my Malaria Fever cases, to illustrate its similarity to Malaria Fever, *Sporozoites* found in the blood in each case.

Nearly all the cases of Malaria which occurred at Serwill during the Malaria Season came under the heading (B) including 3 European officers, in which the acute symptoms, of severe pain and vomiting were very marked and in these cases, a small dose of Tr. Chloroform of Morphine or Acid Hydrocyanic oil was given for the vomiting also Morphine was injected in some cases; and quinine di-hydrochloride in doses of 100.1 was given intramuscularly. Quinine was not given until malarial parasites were demonstrated in the blood. In most of these cases parasites were found and in others a mixed infection. Injections were given in some cases twice daily and in others 3 times daily, until the acute symptoms had passed off and then quinine was given by the mouth.

Under the heading (c) two cases came under my care, both very severe cases and the amount of blood lost before the patients came under treatment was considerable. In these cases also a history of malaria was present and blood smears revealed parasites, a cure was effected in both cases by injections of morphine for the diarrhoea, and injections of quinine one of these cases I shall quote.

Patient a small, thin, aged 38 was brought to hospital with a history of previous malarial infections of blood and passed blood in his motions. When I saw him he was in a state of collapse, and quinine and morphine were

given

Serambi.

10th May 1912.

Infusions of Quinine St. 200.

The Principal Medical Officer.

—————

Sir,

I have the honor to state that during the recent epidemic of Malaria at Serambi injections of quinine were extensively employed by me. In all about 70 injections were given, all with very good results. The cases in which I consider that quinine should be given by injections, either intramuscularly or intravenously are those severe cases of Malaria in which the patient's system seems to have been poisoned by the parasite and in which cases the patient must be brought under the influence of quinine as rapidly as possible; these cases are:-

(a) Malaria fever with marked cerebral symptoms such as delirium & fits.

(b) Malaria fever with severe gastric symptoms such as vomiting & retching in which quinine cannot be administered orally.

(c) Malaria accompanied with hæmorrhages from the nose and hæmaturia.

(d) Malaria with hæmoglobinæmia (blackwater). During the epidemic cases during which these four conditions were met by me. Three cases under the heading (a) & children and one adult girl were under

my notice

Cases of Malaria Fever
Treated by Injections of Quinine.

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A. Spices Ashraf. This man arrived from Lajal in a comatose condition unaccompanied by any information about his illness or its duration. His spleen was enlarged and he had a few moist sounds at the base of one lung. His temperature was 102° and pulse 110. A blood examination revealed the presence of *Subtertian Parasites*, and an injection of quinine was given at once. This never had to be repeated as the patient was conscious next day, with a temperature of 99° , and for the rest of his stay in Hospital he took quinine by mouth.

Dr. Geoffrey Dunderdale
Medical Officer, Lajal.

No. 6/2 1.

Health Office,

Sierra,

15th March, 1918.

Case III. Two injections of quinine of 10 grs. each were given within 24 hours of admission, as parasites were found to be very numerous and temperature high 102°. Within 24 hours of admission the temperature was almost normal.

Case IV. Some delirium, jaundiced, vomiting and urine turbid with reference to Malaria fever. Parasites were not found on first examination as that quinine was not given. A few hours later became comatose, and appeared as seriously ill, an injection of quinine was given and repeated later resulting in fairly rapid improvement. Splenic parasites were found to be numerous in blood slides taken later.

H. A. Street.

Medical Officer of Health.

received a dose proportional to his grossed age, which dose was repeated in the morning about 12 hours after, when he was found to be cheerful and apparently recovered; after second injection no parasites could be found and the cure was completed by quinine by mouth.

I have frequently found that in cases which had failed to yield satisfactorily to quinine by mouth both in tablet and solution a few injections had a very marked effect upon symptoms.

I have never seen any ill effects from injections given by myself.

I have the honor to be,

~~Sir,~~

Your obedient servant,

W. A. Hensell,

National Office of Health.

The Principal National Office,
R. S. P.

No. 11/20.

Health Office,

Rangoon,

5th May, 1910.

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Sir,

I am convinced from my experience that the intramuscular is the most efficacious and least unpleasant method of quinine administration not only from a curative but also a prophylactic point of view.

I have, as you are aware, been for some years dissociated from hospital or private practice and so can give no recent examples in support of my views except in my own case.

The following however I can quote:-

Case I. An Indian Engineer on the Puke river steamer. This was one of the first occasions on which I used this method in the early part of 1906.

The patient had had several attacks of "fever" and when I got him he had malarial fever, a very high temperature and was very ill. Parasites, subtertian, were present in fully anabiosis. He received gr. i of quinine and 24 hours later the fever was repeated.

After the first injection the malarial fever gradually disappeared and by the morning had quite cleared up. Thirty six hours after the first injection I failed to find any parasites in the blood and the patient considered himself quite fit.

Case II. A small Hindi boy brought to Hospital at Kham. When seen was comatose and had a very high temperature, a blood slide was examined at the spot and found to be packed with subtertian rings. He

received

7.12.14. Blood count-sterile specimens.

White cells injected daily.

8.12.14. No specimens.

Blood count.	R.B.C.	W.B.C.	Lymph.	Trans.	Hgs.
7.12.14.	47	21	8	0	3
8.12.14.	43	14	21	0	3
10.12.14	38	18	14	1	4

Discharged cured 15.12.14. No further observation.

M/- James E. Thomson,
Medical Officer.

Principal Medical Officer.

injected is taken into the system.

2. Convenience in the method of exhibiting the drug and assurance that the whole amount is taken.
3. Assurance that the patient does take the drug. These paragraphs stay patients get careless about taking.
4. Digestion & absorption set up as often by as by mouth. Quinine by mouth should always be taken on full stomach not possible in vomiting.
5. Objectionable taste of quinine

Success against malaria

1. Pain. Trivial with good needles and skill alternate buttocks should be injected.
2. Abscess and chronic swelling. With careful sterilization this can be reduced by a clinician provided the buttocks is the selected place. Last. Surgeon Barrett has not had a single case of abscess in five years, sometimes giving a dozen injections a day. I consider that Dr. Barrett may be congratulated on the remarkable cure in sterilization.

3. Inflaming abscess. Fatigue. Inevitable with proper care.

The cases which have been found to respond best to injections are those in which there is a slight sub-acute fever (10-12) but show a rise of temperature daily. Two or three injections an alternate days usually have a prompt effect in cutting short an attack

1. Efficiency of various injections

This is very difficult to give a definite opinion about. It is only after having worked years in the treatment of malaria that any comparison can be made between the different methods of giving quinine and then it is very difficult to give definite evidence as to the value of any particular method.

The people who develop malaria in this country may be divided into three classes:-

- i. Europeans. This class is usually sent into hospital, if suffering from more than a mild attack and therefore not available for statistics of this hospital.
- ii. African natives. In this class quinine is frequent but they seem to come under the influence of quinine very quickly and the ordinary mouth method is the best for them.
- iii. Indians. This class comes mostly under observation here, though their having to be treated in quarters militates against frequent being kept. Assistant Surgeon Barrett has practised giving quinine injections among them for five years and it is to him that I am indebted for most of the matter in this report.

Time of Malaria attacks

Observation
Quinine

It is also given when no malaria can be detected but there is a large unaccounted increase.

Time of injections. Should always be the better of
Roughly following injections.

1. Specific action of drug.
2. Assumption that the whole amount injected

No. 14/205.

INCLOSURE
MEDICAL DEPARTMENT.

HEADQUARTERS OFFICER,

Nairobi, 12th June, 1918.

Sir,

Ref: Report with abstract No. 8. 420/18,
dated the 4th March, 1918.

I have the honour to transmit herewith, for your information, extracts from communications made by members of the Medical Department to this office, a perusal of which will give the information required regarding the definite value of quinine as administered intramuscularly. The drug is not, in this Protectorate, given subcutaneously. I have only selected definite facts from an amount of interesting material embodying decided expressions of opinion in favour of the intramuscular mode of administration of quinine.

1. The variety in the reported results of vaccinations performed in the various parts of this country is due to the fact that in some places these diseases are endemic, whilst in other localities those subjected to the operation are passing travellers.

2. Such Malaria is taken from water as have been

observed

The Honourable,

The Chief Secretary,

18/18/18

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Government House,
Nairobi,
East Africa

June 24th, 1915

No. 100

Sir,

With reference to the receipt
No. 4 of January 1915, on the subject
of the annual medical report on this Protectorate
for the year 1914, I have the honor to
transmit, herewith, copies of a letter from the
Principal Medical Officer and extracts from com-
munications to me received from Doctors Thom-
son, Dhall, Bwala, and Underdale, and Assistant
Surgon Wye.

I trust these will supply the infor-
mation desired by the Advisory Medical and Sani-
tary Committee for Tropical Africa.

I have the honor to be,

Sir,

Your faithful servant,

Governor.

THE HIGH COMMISSIONER

ANDREW BONAR LAW, P.O., S.F.S.

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET,

LONDON, E.C.4.

