



MEDICINE

Mass Warfare on Malaria Is Waged by Palestine Doctors



Wild Bergamot

A CLOSE rival to goldenrod and wild aster for the honors of the autumn roadside is the straggling, tou-seled blue flower known variously as wild bergamot and horsemint. It holds out against the frost quite as well as they, it endures dust as bravely, and it holds up to the passer-by its little explosions of electric-blue flowers that are more eye-compelling even than the asters. It sweeps across the whole eastern two-thirds of the country, from Canada to the Gulf, thriving best in straggling brushlands or open woods, and often taking complete possession of long patches of roadside hedge or between-field fencerows. Thriftless, a weed if you will, it demands no more than a poet's sustenance and gives us a poet's pay therefor.

It is not always blue. A few species go in for red, and they achieve in this hue an even more piercing effect than the arc-light tint affected by the blue varieties. One species, native in Texas and now considerably used in cultivated flower gardens, is of such a vivid, assertive, even quarrelsome quality of cerise that it always has to be planted by itself. There simply is no other flower that can grow near it without clashing, not even a white one. Why this flaming plant should have got the name *Monarda didyma* is beyond guessing; there is nothing in the least doubtful about it.

The wild bergamots are very easy to cultivate. If you want to transplant a wild one, just go and pull it up by the roots, carry it home and stick it in the ground with a drench of water. It will grow without further attention. The plants propagate themselves to a very considerable extent by underground runners, and are hardy against even the stiffest winters of the nearer Northwest.

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MALARIA, which scourges whole Arab village populations in certain marshy districts in Palestine, is being subjected to mass attack by a medical corps with headquarters at the Hebrew University at Jerusalem. The afflicted Arabs, far from being hostile toward their Jewish medical visitors, have been cooperating in the effort to rid themselves of their perennial ailment.

The first step of the Hebrew University doctors was to find a treatment that could be used effectively in mass treatment of the particular type of malaria prevailing in the district under operation. They found that by combining quinine with plasmochin, one of the newer synthetic quinine derivatives, greater effect on the malaria parasites could be obtained, with less ill effect

on the patients. When they had adjusted the dose size by trials with small numbers of individual patients, they were ready for the mass attack.

Two communities of Arabs in marshy regions were selected, one consisting of a group of villages and camps, the other of a single village. Men, women and children, even babies less than two years old, got their daily two doses of quinine plus plasmochin through five days. About 75 per cent. of adults and 85 per cent. of children were treated.

Blood examinations disclosed the presence of malaria germs in 28 per cent. of the total at the beginning of the period, and in only about 7 per cent. at its end—a reduction therefore of three-fourths of the infection among those treated.

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