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Indian journals: To start or scrap?

It is a matter of shame that we tend to publish our findings in foreign journals to get better citation ratings and recognition. It is high time a national consensus was evolved on amalgamating different 'obscure' (*sic*) research journals to form one Indian journal of international standard and repute. This is very essential in the Indian context, notwithstanding the global trend to start highly specialized journals (e.g. *Tissue Engineering*). In India too, university-based journals have bloomed to bridge the scientific community with academia (e.g. *Resonance* from Bangalore) and industries (e.g. *Curie* from Pilani). These journals cater to specific needs at

various levels, and do not fall under the aforesaid category that requires unification.

It is sad to learn that the UGC has decided to abandon for good one such popular science journal, *Chemistry Education*. I have been associated with this journal in two ways: (i) To get handy up-to-date reviews/research information on various aspects of chemistry, during my master's programme at BITS. (ii) As a contributor myself (*Chem. Ed.*, 1995, 12, 19-23).

The editorial board comprised of illustrious names like C. N. R. Rao, D. Balasubramanian, etc. The journal was serving its pedagogic purpose only

too well when the decision to close down has come from the UGC. Considering its immense utility as a supplementary text to University students and instructors, the UGC is urged to continue sponsoring *Chemistry Education*.

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Microbes, molecular biology and the final assault

V. Ramalingaswami's excellent article¹ aptly highlights the infectious disease scenario in the changing world and ends with an optimistic note on the 'art of the possible'. The major instrument for the 'art of the possible' here, obviously, is molecular biology which is increasingly being applied to unravel the molecular underpinnings of the microbial pathogenicity^{2,3}, diagnosis of infectious diseases⁴ and development of newer therapeutic and prophylactic interventions especially novel vaccines. The benefits accruing from these developments would be enormous, but going by their versatility the pathogenic microbes are capable of outwitting all interventional strategies. My obvious reference

is to problems like emergence of new infections⁵, antibiotic resistance and antigenic variations among microbial pathogens. In addition to these problems, extreme complexity of molecular mechanisms underlying microbial pathogenicity puts molecular biologists on an extremely uphill task. Molecular biology as applied to infectious diseases thus needs further impetus. It is probably in this context that Cold Spring Harbor Laboratory⁶ is organizing a meet, later this year, on 'Molecular Approaches to Control Infectious Diseases'. The topics for discussion include - bacterial, parasitic and viral vaccines, HIV/SIV, DNA immunization, immunogenic structures and emerging infections.

Another area which needs particular attention in our endeavours to combat infectious diseases is their epidemiology. In fact, over the years epidemiology has become one of the most neglected aspects of the control of infectious diseases - a fact even acknowledged by CDC⁷, which keeps a tab on the outbreaks of epidemics and emergence of newer infections worldwide. However, recently, European disease-control organizations have joined hands to form surveillance networks to monitor important infectious diseases. CDC is also trying to establish more links across the Atlantic and the Pacific⁷.

To focus attention on the emerging and re-emerging infections, there is a

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worldwide collaboration among various medical journals in which some of these journals are devoting entire issues to this topic⁸. CDC has even started publishing a journal, *Emerging Infectious Diseases*, to provide peer-reviewed information on emerging microbial pathogens and related issues⁹.

Echoing Ramalingaswami's sentiments – allowing one the luxury of a vision – with further impetus to research on the molecular approaches to the control of the infectious diseases and reinforcement of epidemiological studies, it may be possible to mount a final assault on the conquest of the infectious diseases.

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3. Hormachae, C. E., Penn, C. W. and Smyth, C. J. (eds), *Molecular Biology of Bacterial Infection: Current Status and Future Perspectives*, Society for General Microbiology, Cambridge University Press, Cambridge, 1992.
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The aroma of *Bassia* flower

In an earlier publication (*Curr. Sci.*, 1996, 71, 257) it was mentioned that 2-acetyl-1-pyrroline (2AP), the aroma molecule of basmati rice and tiger marking fluid may also occur in the flowers of *Bassia latifolia*.

We have now confirmed this with HPLC. 2AP from fresh flowers was extracted as citrate, eluted by paper chromatography and run in HPLC together with standard 2AP-citrate. 2AP occurs in fresh *Bassia* flowers

in relatively large quantities.

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SCIENTIFIC CORRESPONDENCE

Praneem polyherbal cream for contraception – Safety in malaria endemic countries

WHO reports worldwide 300–500 million clinical cases of malaria, and 1.5 to 2.7 million deaths each year, and about 40% of the world's population is at risk in some 90 countries¹. In India, malaria cases fluctuate between 2 and 2.5 million, and *Plasmodium falciparum* constitutes about 1 million or 40% cases annually. *P. falciparum* is found in almost all parts of the country, but it is a predominant infection in the north-eastern states, Orissa and the forested and irrigated tracts in peninsular India². Furthermore, *P. falciparum* has become resistant to anti-malarial drugs so that recrudescences are more common³.

Praneem polyherbal cream and pessaries with dual properties of contraception and alleviation of genital infections by G. P. Talwar *et al.* have completed phase I clinical trials at the Safdarjung Hospital, New Delhi⁴. It seems to have a go-ahead signal. Praneem polyherbal cream contains purified extract of neem seeds (praneem), quinine hydrochloride and saponins from reetha (*Sapindus mukerrossi*), dispensed in a water-soluble cream base. We are concerned at the quinine hydrochloride content in the praneem polyherbal cream which constitutes 30 mg/ml. The recommended dos-

age is 5 ml of the cream each time, i.e. 150 mg quinine hydrochloride.

Classical blackwater fever (BWF) syndrome occurred predominantly in the non-immunes or semi-immune people exposed to falciparum malaria who were taking quinine in an irregular fashion as a prophylactic. BWF used to be a common malaria complication in endemic countries, but with the advent of synthetic anti-malarial drugs such as proguanil and chloroquine, BWF has become extremely rare⁵, although sporadic cases of BWF have now been reported after halofantrine and mefloquine treatment^{6–8}.