affected the outcome of quinine therapy by selecting for chloroquine-resistant parasites.

Finally it should be noted that pharmacokinetic studies show at least threefold inter-individual differences in plasma concentration of quinine (White, 1987: *Acta Leidensia*, **55**, 65–76). Low bioavailability may thus be a third factor in therapeutic failure.

In conclusion, although parasites with decreased sensitivity to quinine may possibly exist in Africa, the risk of therapeutic failure with quinine in an individual patient may be due to, or aggravated by, (i) selection of chloroquine and possibly quinine resistant parasites by previous intake of chloroquine; (ii) antagonism between quinine and chloroquine; and (iii) poor bioavailability of quinine in some individuals.

It is important to establish the respective roles of these factors as they will require different strategies to be overcome.

**Anders Björkman**

*Department of Infectious Diseases*
*Roslagstull Hospital*
*P.O. Box 5651*
*S-114 89 Stockholm, Sweden*

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## Sciapods and elephantiasis

Having recently returned from Bangladesh I was intrigued to see the letter from Dr Price (1990: *Transactions*, **84**, 322) with a picture of a carving of a sciapod. This reminded me of a beggar I saw occasionally in Dhaka who would clearly fit that description but certainly was not suffering from elephantiasis. He had one limb quite normal but the other bore a disproportionately enlarged foot, about 70 cm long, but which in other respects retained all normal proportions and was not in any way oedematous. I could not determine the cause of this excessive size and regrettably was not able to obtain a photograph of such an odd condition.

Could it be that this malformation was observed in others by early travellers and reported as the sciapod, and only an accident of our interpretation has led us to believe these 'mythical' characters were sufferers from a more familiar condition?

**Ian Burgess**

*Medical Entomology Centre at the*
*University of Cambridge*
*Austin Building*
*New Museums Site*
*Pembroke Street*
*Cambridge*
*CB2 3DX*

*5 June 1990*