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The Secretariat of the Malaria Commission has the honour to communicate the attached Note by Lieut.Colonel J.A. Sinton, I.M.S. (retired), E.L. Hutton, M.B. and P.G. Shute, F.R.E.S. (Malaria-Therapy Centre, Horton Hospital, Epsom) on

PROSEPTASINE AS A TRUE CAUSAL PROPHYLACTIC IN MALIGNANT TERTIAN MALARIA.

Proseptasine (M.& B.125) is a benzyl derivative of sulphanilamide (para-benzylaminobenzenesulphonamide) and was supplied to us by the makers, Messrs. May and Baker, Ltd. This drug was tried in the treatment of a number of cases of induced malaria in this hospital. While it appeared to have little effect upon infections with the Madagascar strain of P.vivax, acute clinical attacks due to a Roumanian strain of P.falciparum were cut short by it. Although the acute clinical manifestations abated and the parasites disappeared from the peripheral blood in the latter type of infection, the disease relapsed in most cases at a later date.

Encouraged by these results it was decided to try whether proseptasine exerted any true causal prophylactic effect against malignant tertian infections. All the patients used were non-immunes, and were bitten by a large number of heavily infected mosquitoes. The control patients bitten by the same batch of mosquitoes all developed infections. The results obtained are shown in Table I.

Discussion.- Five of the eight patients given proseptasine prophylactically did not develop the infection while 3 did. It is interesting to note that only one case out of the six which were bitten at an interval of 24-32 hr<sup>s</sup>. after the first dose of the drug, developed the infection.- Cases 6 and 8 bitten at 7½ and 56 hrs. respectively both became infected.

These results seem to indicate that the prophylactic effects of this drug are greatly influenced by the rate of absorption and excretion of the remedy, and suggest that a high blood concentration is necessary to produce the desired result. In Case 6 the drug had probably not yet reached this concentration, while in Case 8 it had probably fallen below this level again.

P.T.O.

TABLE I.

Case No.	Dosage of drugs in grms. on days:-			Inoculation			Results.
	1	2	3	No. of insects biting.	Time after first dose of drug.	Total amt. of drug before inoculation.	
1.	6	1.5↓4.5	0	15	24 hrs.	7.5 gr.	Nil.(Observation period 90 days)*
2.	6	1.5↓4.5	0	20	24 hrs.	7.5 gr.	ditto.
3.	6	1.5↓4.5	0	15	24 hrs.	7.5 gr.	ditto.
4.	9	3.0↓6.0	9	16	24 hrs.	12.0 gr.	Attack after 22 days.
5.	9	3.0↓6.0	9	20	24 hrs.	12.0 gr.	Nil.(Observation period 84 days)*
6.	9↓	0	0	30	7½ hrs.	9.0 gr.	Attack after 15 days.
7.	9	↓0	0	20	32 hrs.	9.0 gr.	Nil.(Observation period 71 days)*
8.	9	0	↓0	20	56 hrs.	9.0 gr.	Attack after 16 days.

↓ Indicates time of mosquito bites. \* on December 15th, 1938.

While the results are of scientific interest, they do not appear to have a practical applicability, because (i) of the short duration of the protective action even with large doses of the drug, (ii) the need for medical supervision in treatment with this drug, and (iii) the dietetic limitations needed during treatment.