

NOTE ON SULPHONE ACTIVITY IN MALARIA INFECTION

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The Editor of this periodical* has quoted that sulfone drugs are active against at least one protozoon, mentioning the activity against toxoplasmosis only.

Some years ago I noticed that twelve lepers, treated with DDS in a public hospital and twenty-five patients treated polyclinically, were free from attacks of malaria for more than one year, although they were living in a holoendemic area and larvae

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and adults of *Anopheles punctulatus* were often found in the hospital zone.

Only one attack of malarial fever was diagnosed among 164 inmates of the leprosarium at Mieï during one year. This occurred shortly after admission of the patient, who had taken only a small initial dose of DDS. Thick drops of all patients were examined, but no positive one was found.

Malaria is highly endemic in this area and on several occasions full grown larvae and adults of anopheline mosquitoes were found in the leprosarium.

The difference between lepers treated with DDS and the general population is striking. The conclusion that DDS has some suppressive activity against malaria, seems permissible.

This finding has some practical importance in countries where both leprosy and malaria are endemic, especially in remote places where lepers are often treated at the policlinic and proper laboratory facilities are not available. In malarious areas, every sudden rise in temperature first arouses the suspicion of malaria. However, it should be borne in mind that in reaction of leprosy, skin eruptions are not always conspicuous and there may be pains in the bones and joints, which do not differ much from malarial disturbances in partly immune adults.

Reports that sulfones are also active against filariasis are not supported by our experience. Thick smears from 133 inmates of the leprosarium showed nocturnal microfilariasis in 23 per cent of the patients treated with DDS.