

LEAGUE OF NATIONS.

C.H./Mal./187.

December 29th 1932
HEALTH ORGANISATION.

MALARIA COMMISSION.

The Medical Director has the honour to communicate herewith a note by the Health Section on the AIMS WHICH A CONFERENCE ON QUININE MIGHT AT PRESENT SET ITSELF.

When, in 1925, the Health Committee recommended that an inter-governmental conference should be summoned to study the various aspects of the problem raised by the treatment of malaria with quinine, it was fully justified in giving the conference only this single febrifuge to deal with. During the seven years which have since elapsed, science has advanced, and a new aspect of the treatment of malaria has made its appearance, namely, the therapeutic utilisation of synthetic products.

At its session in October 1932 the Malaria Commission therefore quite rightly proposed to enlarge the scope of the projected conference and to include the new synthetic preparations in addition to quinine.

That quinine retains the place assigned to it by long experience is clearly shown by the data obtained during the "Enquiry into the Quinine Requirements of Malarial Countries and the World Prevalence of Malaria" (Doc.C.H./Malaria/185). It is possible to maintain as Ascoli and Sinton have done, that no clinical form of malaria can withstand a quinine treatment. The particulars supplied by the enquiry show that, despite the continuous increase in the number of cases treated in the last ten years, the quinine consumption is still much below the minimum necessary to permit of the treatment of known malaria cases. It is sufficient, in order to be

convinced of this, to compare the quantity imported by Governments during the last year, viz., 156,280,000 kg., with that which they consider necessary for the treatment of all their cases, which amounts to 1,172,180,000 kg!

Nevertheless, the price of quinine remains high, and sulphate, the wholesale price of which has for several years past been maintained by a syndicate of planters and manufacturers - the Kina-Bureau of Amsterdam - at 35.50 florins per kg., is retailed in certain countries at from 69.45 to 400 Swiss francs and even 1,100 francs.

The question of the cost of treatment will therefore have to be considered in its manifold aspects by the future conference. In order to permit of more effective or cheaper treatment, it might be worth considering the replacement of quinine by mixtures of alkaloids of cinchona (quinetum, totaquina), or the recently synthesised products.

Among the latter there is already an abundant literature on plasmoquine; the work of the Health Organisation's experts has fixed the scope and limits of utilisation of this drug, associated with a therapeutic dose of quinine. Five malarial countries out of the ninety-three to which the enquiry related also mentioned the use of plasmoquine-quinine. From the point of view of the immediate cost, the treatment by plasmoquine-quinine is dearer than that by quinine alone. It must not, however, be forgotten that it results in a considerable decrease in the number of relapses and a reduction in the patient's power of infecting mosquitoes while treatment is in progress.

Quinfostovarsol, which is dearer than quinine, is not more effective when it is administered in the same doses. While it is a good general restorative, it does not constitute an important factor from the point of view of the possibility of lowering the cost of treatment.

Atebrine, although still in the experimental stage, is regarded very hopefully. Its effectiveness is equal to that of quinine and, according to some authors, is even slightly greater. According to Colonel James, the cost of treatment by atebrine would be lower than that of a standard quinine treatment.

As far as we know, plasmoquine and atebrine have hitherto been prepared only in the Elberfeld laboratories, where they were discovered and which will naturally fix the price as they think fit.

But the vast medico-social problem constituted by the treatment of malaria has not only an economic side; it is in close relation with the health organisation of malarial countries. In other words, it is not sufficient to be able to secure quinine or atebrine in sufficient quantities. It must also be possible to utilise them, to distribute them at the required time and place and to induce malaria patients to consume them properly. The question of distribution is least complicated for quinine for, as the drug is not toxic, it can be widely distributed, whereas the administration of synthetic products requires medical supervision.

The future conference cannot therefore disregard this aspect of the problem. This will lead it to compare the methods of distribution in marshy countries, which depend, especially outside the towns, on the personnel available and on the standard of civilisation of the population - questions which are definitely in the sphere of rural hygiene.

Thus enlarged, the aim of the conference seems to fit in better with present circumstances. It will be for the Bureau of the Health Committee to fix the date of the meeting and to draw up its agenda.