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SATURDAY 15 NOVEMBER 1980

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Drug prevention of malaria

SIR,—At this hospital innumerable requests are received from practitioners and from travellers for information concerning recommended drug prophylaxis of malaria. The undersigned members of the medical committee have therefore considered this matter in the light of current knowledge concerning availability of anti-malarials and of the distribution of drug-resistant strains of malarial parasites. The following statement has been prepared and is available as a leaflet to all inquirers at the hospital provided that they enclose a stamped addressed envelope.

"The following drugs are recommended for the prevention of malaria:

Adult doses are given. Children under 1 year—quarter dose. Children 1-5 years—one-half dose. Children 6-12 years—three-quarter dose. Antimalarial drugs are safer than malaria in pregnancy.

- (a) Africa, Arab States, Pakistan, India (except Eastern India), Pacific Islands: (1) *Proguanil* (Paludrine) 200 mg daily (first choice) or (2) *Chloroquine* 300 mg weekly.

(b) Eastern India, Bangladesh, South-east Asia, Central and South America, Papua New Guinea:

- (3) *Maloprim* [pyrimethamine and dapsone] one tablet twice weekly or
- (4) *Fansidar* [pyrimethamine and sulfadoxine] one tablet weekly. Not to be taken by persons sensitive to sulphonamides. The manufacturers do not recommend Fansidar in pregnancy."

For further information see *Preservation of Personal Health in Warm Climates*, published

by the Ross Institute of Tropical Hygiene, Keppel Street, London WC1E 7HT (price 80p, or £1 overseas).

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Management of patients after self-poisoning

SIR,—The concern of the Royal Colleges of Physicians and of Psychiatrists with the problem of attempted suicide and the timely letter of Sir Douglas Black and Professor Desmond Pond (25 October, p 1141) draw attention to the fact that the number of patients admitted to hospital as a result of self-poisoning can now be considered to have reached epidemic proportions.

The suggestions made therefore require immediate and very serious consideration.

There is no doubt, as is stated, that "every patient admitted with self-poisoning, however trivial, must have an adequate evaluation of the situation which led up to the overdosage and of his or her mental state." Attention is drawn to