(b) *Causal Prophylaxis*—or the prevention of infection by the human host through the action of drugs on the sporozoites or upon intermediate stages of the malaria parasites in the body.

(c) *Suppressive Prophylaxis*—or the prevention of development of clinical manifestations of sub-patent infections by the action of the drug on the asexual forms.

Paludrine appears to constitute the ideal causal prophylactic in that it does not prevent penetration of sporozoites into the skin, but destroys the exoerythrocytic forms of malaria parasites.

The dosage is 0.1 gm daily for 10 days: It is also an efficient suppressive chemoprophylactic in as low a dose as 0.1 gm once or twice weekly, but is more effective in subtertian than in benign tertian malaria as already stated. It is, therefore, justifiable to recommend prospective travellers to the tropics to take 0.1gm paludrine for at least 10 days before entering the malarious zone.

**References.**


[8] *Paludrine Resistance*


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**Health Visitors Page**

**A Case of Abdominal Pregnancy**

On 27. 1. 48 Janki, aged 27 years, wife of a labourer of Chanda was first seen by me, at the Antenatal Clinic of the Welfare Centre, Chanda, where she came with the complaint of severe abdominal pain and dyspnoea.

**Previous History:** Patient was married when young; periods were regular. She had one premature still-born child four years ago, without complications during the pregnancy and amenorrhoea about eight months