



Hydroxychloroquine and Antimalarials

To the Editor:

We read the editorial by Sandhu, *et al*¹ about antimalarial-induced cardiomyopathy in systemic lupus erythematosus², and we want to point out some inaccuracies in the brief review of the history of antimalarials that they presented.

They state that the Allied push to synthesize antimalarial agents after World War II was prompted by Japan's seizure of Java in 1942. However, it was during the First World War that Germany could not obtain quinine sourced in Java. Therefore, German pharmaceutical chemists were commissioned to find a synthetic alternative in the 1920s. By 1932 they had produced mepacrine, which was manufactured in the United States by the Winthrop Co. in 1941³.

Hydroxychloroquine (HCQ) also came from Germany. In 1941 IG Farbenindustrie suggested to the French company Rhone-Poulenc that it carry out trials of a new drug known as Sontoquine. Three forms of Sontoquine were described: Sontoquine M (methane-bisoxo-naphthoate), Sontoquine C (hydrochloride or HCQ), and Sontoquine R (resorcin carbonate). The first field trials with these new drugs were conducted in North Africa but were interrupted by the collapse of Nazi Germany⁴. Chloroquine and Sontoquine were also patented in the United States in 1941 by the Winthrop Co. and approved by the US Food and Drug Administration in October 1949⁵.

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