

was inhibited by antimalarial drugs. Normal RBC exposed for 30 minutes to quinine or artemether in vitro showed significantly decreased rosetting. These inhibitory effects could not be reversed by extensive washing and 24 hours further incubation under the in vitro culture conditions.

Rosetting ability of uninfected RBC from uncomplicated and complicated malaria donors was similar to those of normal RBC ($A=B>O$). Regardless of blood group, rosetting of uninfected RBC from uncomplicated malaria donors was decreased significantly within 8 hours after treatment with quinine. (1.46 vs 0.70), $p=0.001$ or qinghaosu derivatives (artesunate or artemether) (1.29 vs 0.63), $p=0.001$. Similarly, rosetting of the uninfected RBC from complicated malaria donors was decreased significantly within 4 hours after treatment with artesunate (1.22 vs 0.54) $p=0.04$. There was no significant reduction in the rosetting of uninfected RBC from complicated malaria donors after 2-24 hours treatment with quinine. Neither uninfected RBC from uncomplicated or from complicated malaria donors exhibited a greater rosetting ability than that of RBC from healthy donors.

These observations may be useful for developing a standard practice of blood transfusion in anaemic malaria patients. Moreover, the results showed that besides the killing effects, antimalarial drugs can interfere with the rosetting mechanisms of P. falciparum-infected RBC, and might therefore rapidly reduce the pathophysiology and severity of the disease.