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CORRESPONDENCE

This department is provided for the publication of informal communications which are of interest because they are informative or stimulating, and for the discussion of controversial matters.

REMARKS ON SULFONE TREATMENT

TO THE EDITOR:

On the subject of abstracts of the three scientific papers on sulphetrone for which you inquired, I would suggest that the best possible one would be a re-set of the brief pharmacological introduction to the *Lancet* series on tuberculosis (July 24 and 31, 1948). That article is longer than an "abstract," but it was prepared for essentially the same reasons as led to your request.[1]

It happened that on the day your request was received I was visited by one of the men who is doing special work with the sulphones in leprosy. He expressed himself as well pleased with the "sulphone front." Indeed, after reviewing his case records we found ourselves commenting that sulphone therapy in leprosy may in fact be almost unique in the treatment of disease, inasmuch as it appears that all cases may be modified to some extent by those drugs. It is to my mind an unfortunate thing that the idea has got about that neuro-tuberculoid leprosy does not respond to them. That idea is very far from the truth, as is shown by the collection of work which is known to me; in fact, it may be possible to say that form of the disease responds more quickly than does lepromatous leprosy.

We have been taking a very active interest in the possible application of *para*-aminosalicylic acid (PAS) to tuberculosis and leprosy. In addition to its antibacterial action against acid-fast microorganisms the drug has interesting pharmacological actions. For example, it is antipyretic by reason of a peripheral vasodilating action. Whether or not it will prove as useful in either tuberculosis or leprosy as the sulphones remains to be proved. It is, of course, expensive.

The success of the sulphone derivatives has led to much thought about their cost, and Cochrane, Lowe and others have turned back in their tracks to the use of the parent substance, diaminodiphenylsulphone (DDS). That substance can be pressed into use in spite of its acute and chronic toxicity; but unfortu-

[1] Reprinted in this issue, p. 73.—EDITOR.

nately its toxicity is so high that it plainly cannot be distributed freely. Yet it seems that in the clinic, with the exercise of proper care, as good results can be obtained with it as with its well-known compounds.

There is, therefore, some pressure from field workers to look back over our shoulder again at other sulphones, particularly at those which we call "half sulphones," which is to say compounds in which only one of the amino substitutions is filled. This is very awkward, for one had felt that an adequate contribution to sulphone therapy had been made, and that it would be the part of wisdom to direct our resources upon entirely new molecules. That is the policy which we have been pursuing, and I have little doubt that as a long-term policy it is the proper one, but at the moment there is just this little indecision about it.

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