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PROPHYLACTIC TREATMENT WITH THE SULFONES

TO THE EDITOR:

The question about what one should do on accidental exposure to infection by pinprick [see THE JOURNAL 17 (1949) 111-118] has been seen only after my return from leave. The matter is discussed so fully and soundly in the material which has appeared in the *Journal of the American Medical Association* that I can add little. All leprosy workers experience this accident; I have done so myself dozens of times, and have always forgotten about it within a few moments. I would only add that in some cases there might be some psychological value in a course of sulfone treatment if the person concerned were very worried,

but I do not think this point of any real importance. But this subject, as you say, does raise the question of sulfone prophylaxis, which may have to be carefully considered.

Actually I see no adequate reason for believing that sulfones do not act on the bacilli, and there is strong circumstantial evidence that they do. They were selected for use in leprosy because of their action on acid-fast bacilli *in vitro* and in animals. In leprosy they are therapeutically effective, slowly but very surely; and I believe they are beneficial in all active cases of it, regardless of type or form, although they appear to be without effect in persons in whom the bacilli have died out. In our experience long sulfone treatment is usually followed by the complete disappearance of the bacilli.

Now if for example one had a young child, long exposed to leprosy infection from its mother but showing no definite sign of the disease, I think that the advisability of giving a sulfone orally for prophylaxis would have to be considered. If I were the parent of such a child I think I should desire it, even if I were informed that it was not sure that the child had been infected and that the value of the treatment even in an infected child was uncertain. I should feel that anything which might minimize the risk should be done.

On the other hand, I must admit, the knowledge that treatment of leprosy is now so much more effective does tend to reduce the fear of the disease and it might perhaps reduce the emphasis laid on prophylactic treatment. If leprosy is an incurable disease, it can be controlled only by prevention. If, however, it is—as I now believe it to be—a curable disease, early diagnosis and effective treatment become equally important if not more so. Moreover, by reducing the period and the degree of infectivity, treatment may become a potent means of prevention.

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