

TO THE EDITOR:

The editorial entitled "The Trend to DDS" which appeared in a recent issue of THE JOURNAL [19 (1951, 344-349)] seems to me a little hard on us who are using it, in speaking of "wholesale adoption of a highly toxic drug" and otherwise. It is true that its wide adoption here in Nigeria followed only two years of experience in its use, but that experience was intensive and in a large number of patients (500). Moreover, with us it was not a question of using this drug or some other sulfone—or even chaulmoogra oil, which was unobtainable in good quality in the necessary amount for the 20,000 patients under treatment—but of using DDS or nothing at all for the majority of them. The decision was made by the Senior Leprosy Officer (Dr. R. H. Bland) in consultation with the medical staff of the Nigeria Leprosy Service, and with no recommendation from me. This decision took courage, and it has been fully justified. As for frank publication of the difficulties encountered, Garrett has already published one such report, which others here believe exaggerates the matter.

As a matter of fact, the mass treatment campaign is going very well, and the difficulties encountered have been much less serious than was expected. Our major one, allergy with dermatitis, hepatitis, etc., is now rarely seen, and when it occurs it is promptly diagnosed and suitably treated. There is no need of desensitizing the patients if they are in the colony; we simply change them to thiosemicarbazone.

That drug is giving us results comparable with those obtained with DDS, and it is rather better tolerated. It has now been used in 130 cases for 18 months. It is not likely to replace DDS, however, for it costs a great deal more and has to be given at least once a day; I have not yet succeeded in getting a twice-weekly regimen to be effective. The occurrence of acute agranulocytosis (three cases have been seen here in 130 cases treated, all in the first few weeks of treat-

ment) will prevent its use except under close medical supervision, and with laboratory facilities available. A trial with a combination of TB-1 and DDS has been started, but it is too soon to say if it will be more effective than either drug alone.

With regard to ACTH and cortisone, one short three-day course with either of them works like charm in conditions such as "reaction", acute neuritis, acute eye inflammation, though the response is very often only temporary. On the other hand, for more prolonged treatment these drugs are indeed dangerous, as shown by a four-months study which I have just completed. The early results in the relief of acute symptoms are so striking that one tends to be enthusiastic, but the late results even after a course of treatment lasting only a few days are often bad, indicating a definite aggravation of the leprosy and often of the symptoms for which they were originally given. They have, however, two very important uses in leprosy: in the treatment of sulfone-sensitivity dermatitis and of leprosy eye inflammation—for the latter condition, of course, cortisone used locally.

The sulfone treatment which is now being given in this area is making a big difference in the severity of the disease. It used to be possible to find plenty of severe, untreated lepromatous cases for our experimental work, but now they are few. The number of patients in the colony is steadily falling, because the discharge rate has risen so much while the admission rate has not increased at all. There has been a marked decrease in the number of known active cases in this area, but probably more than one factor is probably involved, including segregation and—in my opinion—the beginning of a natural decrease in the epidemic, that being said because there is evidence that a fall has occurred in areas where little or nothing has been done.

I have been doing a lot of lepromin testing lately, partly in connection with the effects of administration of BCG. No evidence has been seen that the reaction becomes positive in lepromatous cases in which the disease has been arrested by sulfone treatment.

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