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EDITORIALS

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THE MANNER OF USE OF DDS IN TREATMENT

Late last year, when a Government-WHO-UNICEF team visited recently-established traveling clinics in two of the southern islands of the Philippines [THE JOURNAL **23** (1955) 455], there arose the question whether or not treatment of the patients discovered might be more effective if the DDS should be administered by injection instead of giving them tablets to take home. As the result of a collaborative effort to obtain further information there appear in this issue two articles, several letters, and two news reports on the general subject.

One of the articles is by Floch, of French Guiana, who at an early date undertook a comparison of the oral and parenteral routes, and who devised an agar-saline menstruum for injections and studied the relationships between size of the DDS "crystals" and the necessary frequency of injection; and in a letter he tells of how he came to begin the use of DDS. The other article is by Lauret and associates, of Bamako, relating work that has led to a relatively large-scale trial, in the "bush" of the French African federations, of the parenteral method in the "bush" with chaulmoogra ethyl esthers as the principal vehicle. One of the news stories deals with observations in this area made late in 1954 by Dr. Mario Giaquinto, of WHO headquarters in Geneva. There are figures—decidedly large ones—regarding the numbers of cases put under this treatment, but without indication of what proportion of the patients persist with it, or of the results that are being obtained.

Whereas the French workers use the intramuscular route, in the Far East when injections are used they are exclusively subcutaneous. The suspension medium is usually refined coconut oil, although Roy has changed to hydnocarpus because it is cheaper. A letter by Cochrane, who

was the first ever to try DDS in leprosy treatment, in 1947, tells why he used injections: he had been warned that the drug was too toxic for oral use. He still advocates injections under certain conditions. Molesworth reports that since their first trials at Sungei Buloh in 1948-1949 this method has been routine with them. Ramanujam, in Madras, gives comparative data on small groups of cases treated by injections (since 1947) and orally (since 1949), and indicates a preference for the former method. Roy, of Purulia, tells of the large number of patients now being treated by injections, although the data he gives show no advantage for that method. Gass, on the other hand, seems to have changed from parenteral to oral treatment. Lauro de Souza Lima reflects what seems to be a rather general view of South American workers against injections, about which we have seen no actual reports from that region.

Although the inquiry was initiated primarily to obtain information about injection treatment, data on oral treatment were also sought to balance the picture. First is a letter from Davey, of the Eastern Region of Nigeria, where Lowe (on the advice of Muir) pioneered in the use of DDS by mouth and where it was first put to extensive use in the field—since which time there has been for whatever reason or reasons, a real decline in the prevalence of leprosy. Subsequently the control campaign by mass oral treatment was extended to Northern Nigeria, and Ross has contributed a note on the subject. It has also supplied comments on a news story of the work in that region based on an informal report by Keeny, of UNICEF, which is contributing the DDS tablets being used.

Wardekar tells in a letter of the practice of the Gandhi Memorial Leprosy Foundation in its system of clinics—an organized field experiment unique in India, or for that matter anywhere else in some respects. Finally, so far as concerns this round-up, Beaudiment, now in French Equatorial Africa, tells of the interesting way in which he introduced the oral method when he was in the Cameroons.

However much of interest there may be in all of this material, the people faced with the problems of undertaking leprosy control by field treatment with DDS, the only sulfone sufficiently inexpensive to be used on a mass scale, will find no definitive answer as to which method is best. There is no indication that the injections cause an undue frequency of reactions or other side effects; there are in fact claims that reactions are relatively infrequent. With the *retard* effect there cannot be the wide fluctuations of blood levels that there must be when the dose for three days or a week is taken at one time. On the other hand there are technical problems not involved when the patient is simply handed one or more pills to be swallowed at the clinic or at home. Each person responsible for a treatment campaign will naturally use the method most practical or inviting under the controlling circumstances. It is to be hoped that more reports of actual results of field treatments by both methods may be forthcoming.

—H. W. WADE