

AN EXPERIMENT WITH ORAL DDS IN AFRICA

TO THE EDITOR:

A letter from Dr. Chaussinand asks me to inform you of my opinion of the possibility of training primitive people to take DDS tablets given them.

I tried an experiment in this matter in Cameroon in 1953-1954. The tablets were given to the patients by European sanitary assistants. The task of these men was, first, to select among the patients those who seemed the most intelligent and amenable, and to explain to them in a simple way why treatment by a daily dose is best. They also explained why this favor was a privilege reserved for those who, because of their intelligence, could be trusted to understand the advantages of daily dosage and to follow instructions faithfully.

This recognition, given them publicly, flattered those who were selected, and they were careful to take their tablets regularly. During the following weeks the sanitary assistants went without notice to the houses of those patients, asking them to show the tablets they had left. As a rule the number of the remaining tablets corresponded well with the number they should have, which indicated that the plan of daily dosage was being followed.

Little by little the other patients, envious of the distinction made in favor of those who were regarded as the most intelligent, requested that they also be given the benefit of the same treatment. Others would then be chosen, and thus in due course it was hoped that by this method all would be led to ask for this privilege. At first they would be entrusted with tablets for one week, then for two weeks.

I left Cameroon in 1954, and I do not know if the good results obtained up to the time of my departure have been maintained, for Africans are not very persevering people and it is always necessary to wait a long time before success can be claimed. That is why, when I undertook this experiment, all of my colleagues were skeptical; but I maintained that experiments along this line should be tried, and I was not discouraged by first failures.

I shall probably start a similar experiment in French Equatorial Africa, and if it would be of interest I will inform you some months from now of the first results.

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From Dr. B. David Molesworth, Sungei Buloh Settlement, Sungei, Buloh, Malaya.—
The use of DDS in purified coconut oil by deep subcutaneous injection was not discontinued in this institution after the report by me and Narayanaswami on the treatment of 100 cases of lepromatous cases for one year [THE JOURNAL 17 (1949) 197-210]. Indeed, it remains our routine treatment, after approximately eight years

of experience with it. We use the oral treatment only for patients who cannot come to the clinic center easily and regularly.

There are three reasons for our preference for the injection method: (a) We are surer of the dosage actually given and received. (b) We think there is less anemia among the patients so treated than among those treated by mouth. (c) The local belief in injections as opposed to mere pills is unbounded. Furthermore, the injection parade twice weekly ensures regular supervision of all cases. On the whole, we get very little in the way of complications, such as abscesses, etc., considering the vast number of injections given. Since the suspension is made up locally and the coconut oil is a local product, the cost is very low.

From Dr. H. H. Gass, Schieffelin Leprosy Research Sanatorium, Karigiri, South India.—We are using DDS by mouth almost entirely and, so far, have not regretted changing over to it from any of the parenteral preparations. I have made a lot of inquiries about possible misuse of the drug, but have had no evidence as yet to suggest that we should not give DDS orally. A number of our outpatients who have become stabilized on treatment are given tablets to last a month, and in some cases for even longer periods of time.

From Dr. Lauro de Souza Lima, São Paulo, Brazil.—Regarding the use of DDS by the intramuscular route, I do not believe it can be employed for long periods. Our experience at Padre Bento was conclusive: the patients tolerated the intramuscular treatment for the first few months but later rejected it because it was extremely painful. With respect to its effect, I do not believe it has any advantage over the oral route.

It appears, however, that some workers now make the injections every fifteen days, in which case the tolerance should be greater.