EDITORIALS

Retrospect and Prospect
A Second Look

When the editor asked me to write an editorial in preparation for the forthcoming Ninth International Leprosy Congress, I gladly acquiesced. I accepted this invitation, because, not only have I been present at every International Leprosy Congress since the reuscitation of these international meetings after the Strasbourg Conference in 1923, but also I have been closely connected with the International Leprosy Association as a founder member, General Secretary, Vice President and, as now privileged, President.

I entitled this editorial "Retrospect and Prospect," the same title I used over a year ago for it is of interest to take a backward look and endeavor to assess the future with some degree of accuracy. I cannot help, and perhaps it is a sign of increasing age, recalling past events, first reminding myself of the stalwarts of the past and secondly remembering the early struggles and adversitys in endeavoring to make available a sulfone drug that would be cheap, within the reach of the poorest, easy to administer and relatively nontoxic.

This goal, I think we can say, has been reached, for, in the intelligent administration of the parent sulfone, diaminodiphenyl sulfone, we have a drug that, in the great majority of instances, will bring a patient to a stage of noninfectivity and therefore stamp out the source of infection.

In addition to this, it has been shown by our work in a rural leprosy center, that if a dosage of 50 mg DDS or its proportionate equivalent, is given to every man, woman and child above the age of four, leprosy can be controlled completely. In the village of Vadathorasalur no new leprosy case has arisen in the last year, and all cases, except one, have become negative.

To achieve such a result requires careful organization, which may be difficult to undertake, but at least it has been shown that under favorable circumstances, leprosy is an entirely preventable disease, and that this prophylactic approach is cheap, easy to administer, and efficient in its result. In an
appended to this editorial (publication expected in THE JOURNAL, No. 3), I have summarized the survey results of Vadathora-Salar village and its Harijan colony.

In casting our minds back to the early days when effective treatment was not available, we must be grateful that the sulfone drug was discovered. Had this not been the case the outlook for world leprosy would have been tragic indeed. The full story of the introduction of sulfones is of interest, but cannot be related here because it would occupy too much space. It might be useful, however, briefly to outline steps that brought the relative safe drug to the millions who suffer from leprosy.

The story starts with experimental work by Feldman and Hinshaw,1 who treated tuberculosis in mice with a sulfone drug. Unfortunately, while the treatment was very experimental tuberculosis. Preliminary report.

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If we had been as assiduous in the study of leprosy as countries were in struggling for independence, perhaps we would be nearer our goal—the elimination of leprosy—from those areas in which it is still a menace. Leprosy is an insidious foe. It is an enemy that disrupts families, causes misery, and challenges the souls of men. In our quest for its elimination, there must be no complacency, but a solid determination to apply the techniques and know-how already possessed. If this is systematically, enthusiastically and intelligently applied, the campaign will be won. The appeal therefore is to the doctor, leprosy worker, administrator, technician, and para-medical worker to redouble their efforts to control leprosy.

What I am about to say may be considered wishful thinking, but I am convinced that if prophylactic sulfones were given, leprosy as a serious public health menace would cease to exist. The problem is not that we do not have the tools, but that we do not have the personnel or the administrative set-up to achieve this objective. In this regard, it was suggested to me by a competent senior leprologist that, as with quinine, DDS should be available at every post-office in India, so as to ensure its widespread distribution and thus control the disease. It would be impossible, however, to exercise supervision over such a widespread distribution. Although this might seem to be a good suggestion, in actual fact DDS is too potent a drug to use in such a widespread and uncontrolled way. It would solve the problem of the "black market" in DDS, but again, without careful application with understanding of the disease and with a knowledge of its principles, it is not too optimistic to state that leprosy is not only a curable disease but also entirely preventable.

I am well aware of the early days of the chaulmoogra era, when extravagant claims were made for the injection of chaulmoogra (hydnocarpus) oil and its derivatives. Travels in Malay, Rogers in India, and Mitsuda in Japan all published most impressive before-and-after photographs and raised great hopes. In fact at that time, 40 years ago, the slogan was "cure the early case, render the infective case noninfective, and in 30 years leprosy will be eliminated from the British Empire." In these days of the very rightful independence of world nations, the most that can be said is that the British Empire is being eliminated—not leprosy!

While today we accept DDS as the most effective remedy for leprosy, its application must be carefully undertaken; otherwise disappointment is inevitable. When it is applied with understanding of the disease and with a knowledge of its principles, it is not too optimistic to state that leprosy is not only a curable disease but also entirely preventable.

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1 FELDMAN, W. H. and HENSHAW, H. C. Effect of quinidine on experimental tuberculosis in the guinea pig. PROC. STAFF MEET. MAYO CLIN. 14 (1939) 74-77.


supervision, the damage that would be done would not be commensurate with the good results the drug would produce.

In view of the forthcoming International Leprosy Congress in September it is well to remind those who are attending the assembly and those who study reports after the meeting that, as we are on the brink not only of controlling leprosy, but eliminating it, the Congress will meet in an atmosphere pregnant with hope. I am sure that when the Congress again convenes in another five years we shall be encouraged in the hope that the objective of all our work will be near attainment.

—R. G. Cochran

Progress in the Chemotherapy of Leprosy as Reflected in the International Congresses

In the forthcoming International Leprosy Congress in London in September of this year the chemotherapy of leprosy will receive renewed consideration. It has been a major subject of discussion ever since the first congress after the founding of the International Leprosy Association. Papers will be presented on its experimental and clinical aspects, and distinguished chairmen have been selected to preside over the sessions devoted to these subjects.

It seems appropriate at this time to review the development of chemotherapy in leprosy as reflected in the reports of previous international leprosy congresses. At the Cairo congress, in 1938, the first of the international leprosy congresses in which the International Leprosy Association was a primary organizing element, papers were submitted on the distribution of leprosy, its epidemiology and control, its clinical aspects, and its therapy, with a somewhat smaller number on its bacteriology, immunology, and chemistry. The papers that were devoted to therapy are of special interest now because they represented what proved to be the end of an era, that of dependence on chaulmoogra oil in the treatment of leprosy. The Sub-Committee on Treatment, under the chairmanship of Dr. G.A. Byrie of the Sungei Buloh Settlement, in summarizing current views on therapy, stated that as far as current knowledge went, hyoscarpus oil and its esters, administered intramuscularly, subcutaneously, and intradermally, remained the most efficacious drugs for the special treatment of leprosy.

Attention was devoted in the subcommittee's report to such practical factors as methods of administration, dosage, and toxicity. There was virtually no foreshadowing, however, of the specific antimicrobial therapy to come. Treatment by certain amines and potassium iodide, was mentioned briefly, but with disappointment, and in conclusion the subcommittee agreed that no form of treatment was wholly satisfactory and urged vigorous prosecution of therapeutic research.

In passing we may note that a huge literature had accumulated on the action of chaulmoogra oil in leprosy, a medicament that had been used in leprosy to some extent for centuries, but studied scientifically chiefly after fresh interest had been focused on it by Leonard Rogers in 1916. The supposed effectiveness of the drug was attributed in later years, and rather vaguely at the best, to the oleolytic properties of the oil and its derivatives, and their surface effect on the lipid-rich mycobacteria. By 1938, however, in spite of official pronouncements, a mounting dissatisfaction...