CORRESPONDENCE

This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters.

IN MEMORIAM

Dr. H. W. Wade

It was with a deep sense of personal loss that I received the news of the sudden passing of Dr. Wade on 8 June 1968. My friendship with Dr. Wade extended over forty years. It was to Dr. Wade that I owe so much in my study of leprosy, which enriched my knowledge and challenged me in respect to the necessity of regarding leprosy in the light of general medicine and pathology, rather than looking upon it as a bypath of medicine mainly of interest to the philanthropist and those working on the fringe of medicine.

Dr. Wade, when he went to Culion Island from the School of Medicine in Manila, brought to leprosy a well trained mind and a critical faculty of outstanding value; he reestablished leprosy as a scientific subject.

Dr. Wade was in the heritage of the great persons of the past, such as Danielsen, Hansen, and Hutchinson. He was a contemporary of Sir Leonard Rogers and Dr. Victor G. Heiser.

It was Dr. Wade who gave me my interest in the scientific approach to this fascinating disease, and to him I will be ever grateful.

Dr. Wade’s critical faculty and scientific honesty, and his abhorrence of anything slipshod, resulted sometimes in his being misunderstood, but his friendliness and willingness to encourage younger men were two of his outstanding characteristics. It is to him I owe my eagerness to study the histopathology of leprosy; I well remember, when I was showing little interest in this aspect of leprosy, he said to me, “Bobby,” as he affectionately called me, “you will never understand leprosy unless you become proficient in its histopathology.” How true this was!

Proxey Wade, as his friends called him, I salute your memory. My gratitude to you is unbounded and we who were your students are encouraged to follow the gleam of scientific knowledge and, remembering your example, trust that we will be enabled to add our small quota to the advancement of leprosy as a subject of great scientific interest and a connecting link with many medical disciplines. Hail and farewell!

—Robert G. Cochran
President, International Leprosy Association
47 Manor Road
Beckenham, Kent, England
15 August 1968

Streptomycin Combined With Sulfones in the Treatment of Relapsed Lepromatous Leprosy

To the Editor:

I suppose many readers have already written to you on the subject of the paper “Streptomycin combined with sulfones in the treatment of relapsed lepromatous leprosy” (Hastings, R. C. and Trautman, J., Internat. J. Leprosy 36 (1968) 45-51), but may I respectfully ask if this article gives any indication of why the selected patients were in fact considered to be lepromatous cases relapsed, despite adequate dapsone? I appreciate that no attempt was
made to determine sulfone resistance, but were they in fact taking their prescribed dapsone regularly? In his article "Drug resistance of Mycobacterium leprae, particularly to DDS" (Internat. J. Leprosy 35 (1967) 625-636, Part 2) R. J. W. Bees states, "... at least half our specially selected relapsed patients were infected with DDS-sensitive strains of M. leprae, and these same patients responded satisfactorily to a supervised course of DDS on injection. It is of course possible that a proportion of these particular patients, who, at the time of relapse, were taking DDS by mouth, may have been suffering from a malabsorption syndrome, resulting in inadequate tissue concentrations of DDS."

I realize that conditions in Malaysia or Zambia are very different from those in Carville, but it seems to me curious that malabsorption was not investigated, that the patients were not tried on injection DDS at the outset, and that prior to the trial blood-sulfone determinations were apparently not done.

Ministry of Health
P. O. Box 365
Lusaka, Zambia
13 June 1968

To the Editor:
The point raised by Dr. McDougall is entirely valid. The question of previous sulfone therapy being adequate was decided, regrettably, on the basis of prescribed oral dosage and an overall estimate of patient reliability. This is, of course, unreliable and it is entirely possible that these patients were not regularly taking their sulfones before the period of study. We remained undecided for some time, in fact, as to whether the article should be published, because of this point. Eventually it was decided to submit the observations for publication in the hope that they might prove useful in a field setting for physicians faced with similar cases. It may well be that this decision was an error of commission compounds the errors of omission so well pointed out by Dr. McDougall.

It should perhaps be mentioned at this time that a number of cases reported in the article in question have relapsed once more in recent months despite documented taking of their sulfone combined with streptomycin. We hope to communicate these additional observations and thereby amend the above article, as soon as possible.

—Robert C. Hastings
Tulane University School of Medicine
1217 Philip Street
New Orleans, La. 70112
17 July 1968

[This paper was the subject of some similar correspondence by the Editor with Dr. Hastings and members of the IJL Editorial Board. Decision in favor of publication was made because of the importance of the question of combination therapy. Further correspondence relative to questions by the Editor and an Associate Editor was anticipated and has in fact developed.—Editor]