

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.

R., *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 dapsons*? 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. Rees 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.

—A. C. McDougall

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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 compounding 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

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[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]