Use of Drugs and Their Effects on Leprosy Patients

TO THE EDITOR:

Looking back on the Tenth International Leprosy Congress in Bergen in August, I would like to say it was an interesting and useful time.

But, I have a comment to make which I think ought to be said; if there had been time, I would have commented on it during the discussion periods at the congress.

It should be remembered that medical and paramedical workers have on the whole upheld a strict ethical code when dealing with patients, one point being not to do the patient any harm.

In the zeal for research and experiment into drugs and their effects on the patient, the patient’s welfare and good should always be the first consideration, and it would be a grave indictment if this were not so. Therefore, I would draw attention to at least two examples where this consideration appeared to be absent.

1. In one drug trial where comparisons were made with two drugs used on patients with chronic neuritis, one group having dapsone 50 mg daily with prednisolone, the other Lamprene, with or without prednisolone.

As it has been proven already that high doses of dapsone precipitate or worsen neuritis, was it ethical to give these patients already suffering from neuritis 50 mg of dapsone daily, even though accompanied by prednisolone, just to show that Lamprene was superior to dapsone in treating leprosy with neuritic complications. It would seem that the first patients were in grave risk of further nerve damage.

2. In the paper read on drug trials with thalidomide for reaction in leprosy, figures and information had been collected and collated from over 150 hospitals or institutions in different parts of the world, and shown on a chart. It was therefore alarming to see and hear that in 11 of these places using thalidomide, that it was given to women of child-bearing age without any contraceptives being also given; and in others the contraceptives were given sometimes but not always with the thalidomide. If these patients had known the possible effects on the growing foetus had they become pregnant, would these women and their husbands have consented to take this drug?

Was advantage taken of patients not knowing what they were being given, and of possible ill effects? As a great many patients in developing countries of the world are ignorant of drugs and their side-effects, it is likely they did not know.

Therefore, I protest strongly against drug trials done without proper precautions and such unethical procedures as outlined in the two examples above.

—V. Graver
Sister-in-Charge
Alupe Leprosy Hospital
P.O. Box 35
Busia Market, Kenya

[Note: We have not been able to elicit, as of press time, any responses to this letter. —EDITOR.]

Sensitivity of Mycobacterium leprae to Dapsone, Studied in the Rat

TO THE EDITOR:

Levy et al (2) from their studies on the disposition of dapsone (DDS) in the mouse, the rat and man, concluded that the situation in man is comparable with that in the rat, whereas the disposition of DDS in the mouse is quite different from that in man.

In the rat and in man a substantial proportion of the dapsone administered is acetylated to mono- and diacetyldapsone, whereas the mouse fails to do so. It was therefore important to compare the activity of dapsone in rats and mice. Hilson (1) has shown that M. leprae multiplies in the foot pads of rats. We have done this for our strain 17547 previously described [Pattyn et al (3)].

Rats were inoculated in one hind foot pad with $10^4$ acid-fast bacilli (AFB) and divided
Correspondence

in groups, receiving food containing 0, 0.01%, 0.001%, 0.0001% and 0.00001% DDS.

The multiplication of M. leprae in the control animals reached the plateau level five
months after inoculation (7 animals out of 7). No AFB were detected in the animals fed
DDS at 0.01% (0/6), 0.001% (0/8), 0.0001% (0/10) concentrations. At the 0.00001% con-
centration four out of six animals showed multiplication of M. leprae.

In the past [Pattyn et al (3) the same strain of M. leprae had multiplied in one out
of eight mice fed DDS at a 0.0001% concentration.

DDS sensitivity of M. leprae strains has been shown by Shepard (4) to be a stable
character on continued mouse passage.

Our results show that the minimal effective dose, at least for the strain tested, is
identical whether it is determined in the mouse or the rat model.

-S. R. Pattyn
G. Verdoolaeghe-Van Loo
Instituut voor Tropische Geneeskunde
Prins Leopold
Nationalestraat 155
2000 Antwerpen, Belgium

Chaulmoogra Account Protest

To the Editor:

I have recently read your editorial “Origin of Chaulmoogra Oil—Another Version” in
the April-June 1972 issue of the INTERNATIONAL JOURNAL OF LEPROSY. On reading
this editorial, I had a few reactions which I think should not go unventilated. I am,
therefore, writing this letter to you. The reactions are as follows.

1. Is this mythological story connecting a king in northern India with chaulmoogra oil
so authentic and so important as to deserve an editorial in a scientific journal of the sta-
tus of the INTERNATIONAL JOURNAL OF LEPROSY?

2. The king is stated to be the King of Benaras, and he must have flown to the nearby
jungles. I would like to point out that nowhere near Benaras is it likely to have the
trees from which chaulmoogra oil is obtained. The habitat of the tree which can be
identified as Hydnocarpus wightiana, is

1. HILSON, G. R. F. Observations on the inocula-
2. LEVY, L., BIGGS, J. T., GORDON, G. R. and PE-
ters, J. H. Disposition of the antileprosy drug,
Med. 140 (1972) 937-943.
3. PATTYN, S. R., ROLLIER, R., ROLLIER, M. R.,
DE MUYNC, A., JANSSENS, P. G. and VERDO-
LAEGHE-VAN LOO, G. Correlation of laboratory
and clinical data during treatment of leprosy.
Ann. Soc. Belge. Med. Trop. 52 (1972) 537-
548.
4. SHEPARD, C. C. Studies in mice on the action of
DDS against Mycobacterium leprae. Symp. on

found on the western coast of the southern
peninsula of India. There is an authentic ref-
erence to it in the medical treatise by Sush-
rat. Further there was a time when the prod-
uct was in great demand both in India and
outside countries, and it came solely from
that part of India.

3. The name of the king involved in this
story is Rama, the King of Benaras. I may
say that it is very essential that no confusion
is caused by connecting this story with King
Rama of Ayodhya, whose life story is writ-
ten in the great Hindu epic “Ramayana.”
Perhaps you know that King Rama is held in
great esteem by Hindus who respect him,
adore him, and many worship him as an in-
carnation of God. It is, therefore, very essen-
tial that it should be made perfectly clear
that the King Rama of Benaras has no con-
nection or reference to the well-known King
Rama of Ayodhya. I may say that in India
when we talk of King Rama, it is usually the
well-known Rama, King of Ayodhya.