REVIEWS

The Lancet, No. V of Vol. II, 31st July, 1948.

Treatment of Tuberculosis with Sulphetrone—D. J. Madigan. p. 174. A detailed and careful study. (Readers should note that dosages and blood levels of sulphetrone recommended in tuberculosis may be dangerously high in the treatment of leprosy.—Ed.) The author summarises as follows.—

"In 70 cases of tuberculosis affecting different organs sulphetrone was given for periods which varied from a few days in tuberculous meningitis to eighteen months in more chronic cases.

Whether sulphetrone is given parenterally or by mouth, a gradual increase of dosage is necessary to build up therapeutic blood-sulphetrone levels of 7·5—10 mg. per 100 ml. if toxic symptoms are to be avoided.

It is also essential to give iron and brewers' yeast to avoid hypochromic and nutritional anaemia. Even so a residual haemolytic anaemia will arise, leading to a fall in haemoglobin concentration though not to below 60% (Haldane).

To avoid major toxic emergencies, seen when blood-sulphetrone levels above 12·5 mg. per 100 ml. are allowed to persist, a scheme of management is suggested.

In general no beneficial effect was detected from sulphetrone therapy of acute infections—e.g., acute miliary tuberculosis and tuberculous meningitis—but a patient with chronic miliary tuberculosis recovered. On the other hand, improvement was observed in chronic lesions. Thus 12 out of 17 cases of acute pulmonary fibrocaseous disease, and 13 out of 22 chronic cases, improved. All of 4 cases of primary pulmonary tuberculosis, and 6 out of 8 strictly exudative lesions, improved. In the chronic haematogenous group all of 4 cases improved, and in the productive pulmonary infiltrative group 3 out of 4 improved.

In general, all exudative phases of infiltrative disease were halted and reversed by sulphetrone.

The need for long-continued courses is emphasised, units of observation being three months, and routine laboratory control is essential.

Sulphetrone is useful as an adjuvant with definite objectives in view."

Chemotherapy of tuberculosis with Sulphetrone.—Clay & Clay. p. 180. A report on the treatment of 44 tuberculosis patients with sulphetrone over a period of two-and-a-half years. (Again it should be noted that the dosages of 6-12 g. daily used in this experiment do not indicate that similar doses should be used in leprosy.—Ed.) The authors summarise as follows:—

"Sulphetrone was given to 57 patients with tuberculosis. Only 44 of these cases, 42 of which were pulmonary, were treated long enough for the results to be assessed.

Improvement was noted in 22, 5 were unchanged, 6 became worse, and 11 died. Of those who improved, 9 improved considerably, 7 moderately, and 6 slightly. Improvement was not dramatic, and at best sulphetrone can only be regarded as an adjuvant and not in any way a specific for tuberculosis.

Sulphetrone produced toxic side-effects (nausea, vomiting, anorexia, headache, depression, drug rash, and disturbances of vision) in 6 out of 57 patients. These effects disappeared on the withdrawal of the drug.

Sulphetrone lowers the haemoglobin level, but this can be corrected by iron and yeast.

Sulphetrone should be used only if there are facilities for estimating blood-sulphetrone levels and for carrying out blood-counts.

Further trials with sulphetrone in selected cases are warranted."