EDITORIAL

We are fortunate in being able to devote the whole of this issue to Dr. Cochrane's masterly clinical analysis of selected cases under various types of sulphone therapy.

Both from a clinical and an administrative point of view the case histories of those treated with injectible sulphones are of extreme interest. In a private communication Dr. Cochrane has informed us that the clinical and bacteriological improvement observed up to October, 1948 is being steadily continued.

In Malaya Dr. Molesworth has made a six months study of injectible sulphones in one hundred and eleven cases—again with most gratifying initial results. This work is as yet unpublished, but Dr. Cochrane's general comments on it are as follows:—

"Out of 111 cases, 69 have improved and only 40 have either deteriorated or remained stationary. An interesting observation is that, while lepra reaction has occurred, it has not been so severe in these cases as in our own, but that as the treatment was proceeded with the reactions became less severe. The whole question of dosages and reaction needs to be carefully worked out. While we have tended to give much larger dosages than others, we think that on the whole the improvement has been more rapid. It may be that smaller dosages are more effective in tiding over the reaction period, and if the reactions are fewer as the result of smaller dosages it may be more advantageous even though the patient takes longer to become negative. We have always gone on the principle that as diamino-diphenyl-sulphone is a chemo-therapeutic agent, as high a dose as possible should be given. It is interesting to note that the series of cases that we have placed on 3 c.c. of diamino-diphenyl-sulphone suspension twice a week—i.e. 1.5 grammes—have so far stood the injections better than those in which we have used 2.5 grammes. This matter needs further investigation and will be reported on further in due course."

There is therefore the obvious possibility that 90% or more of the oral sulphone derivatives are either inactivated in the tissues, or otherwise wasted. Equally obvious is the possibility that tissue concentrations of sulphone may have little relationship to clinical improvement. It is clear that the action of diamino-diphenyl-sulphone in leprosy is much more complicated than was originally believed. The interaction of tissue, drug and bacillus calls urgently for further study.

From an administrative point of view the possibility of obtaining results with injected doses of one to three grammes a week of sulphone may in the future mean the cutting of costs per patient by as much as ninety per cent. This might well result in a tremendous extension of sulphone treatment, demanding a considerable increase in available personnel in leprosy work.