EDITORIAL

THE SULPHONES AT THE CROSS ROADS.

It is now accepted that the sulphone group of drugs constitute the therapy of choice in lepromatous leprosy. Besides this there is growing evidence that these drugs are of definite value in the treatment of the early indeterminate active macule, and in active tuberculoid leprosy. That is, we may assume tentatively that all forms of active leprosy are beneficially influenced by the sulphone drugs. It remains to be seen what influence this may have on our concept of the action of the sulphones.

Two claims are now being made which are of cardinal importance in leprosy therapy. One is that diaminodiphenylsulphone—the original basis on which the proprietary sulphones are built—can produce results on a dosage of half a gramme a week. The other is that the proprietary sulphones, promin, diasone, sulphetrone, etc., are broken up in the tissues with the release of the basic diaminodiphenylsulphone.

These two claims require the most careful consideration, and call for the most intense research. It would be difficult to overestimate their importance. If half a gramme a week of diaminodiphenylsulphone—a non-proprietary and relatively inexpensive compound—can produce therapeutic results comparable with much higher doses of the proprietary drugs, then a notable advance would seem to have been made. The claims made with regard to the retention of diaminodiphenylsulphone in the tissues are at present conflicting. Rapid elimination of the drug will presumably mean failure to exert its specific action. On the other hand, retention of diaminodiphenylsulphone in the tissues, even in relatively small quantities, means an outbreak of toxic symptoms. The long term action of small but cumulative doses of the drug has still to be ascertained. Diaminodiphenylsulphone is the cheapest of all the sulphones; it is also by far the most toxic.

The other claim is that the proprietary sulphones, by any method of administration, act by the release of basic diaminodiphenylsulphone. Is this true? If so, have the various modifications of the original drug no special benefit apart from acting as diluents, or possibly detoxicants, of the effective basic substance? The future of leprosy therapy and, to some extent, of leprosy control, depends on the answer to these questions.

It is evident that the blood or tissue concentration of sulphone is no certain indication of its therapeutic efficiency. Some cases improve with amazing rapidity; others take years. The biochemical answers are not necessarily the therapeutic answers. The time is indeed ripe for a qualified scientific study of the sulphone drugs.