

CORRESPONDENCE

Dear Dr. Cochrane,

The use of D.D.S. has now been completely abandoned here—I must say we have been much happier since the decision was made to stop it altogether.

A brief summary of our experience with the mother sulphone is this. The first five months we gave an average of 200 m.g.m. daily (1200 m.g.m. wk.) and were alarmed to find out of 153 patients 7 developed exfoliative dermatitis. We, therefore, dropped the dose to 100 m.g.m. daily and had a further case in which the dermatitis was just as severe as with the higher dose. We, therefore, stopped the drug altogether, but had yet another case a

fortnight later. This patient is only just recovering from severe exfoliative dermatitis that appeared a fortnight after all D.D.S. therapy had been stopped 4 months ago. She had a total only of 1 gm. of D.D.S. during the three weeks before the drug was stopped, the next week presented a vague papular eruption, and the following week (the dangerous "fifth week period") the full blown "D.D.S. Syndrome" of hepatic tenderness, glandular enlargement and exfoliative dermatitis appeared. This seems to indicate that the toxic effects are a form of allergic response, and that as low a total intake as 1 gm. of D.D.S. can provoke this.

At the moment approximately 3,500 patients are being treated with interdermal chaulmoogra oil twice weekly, and about 700 of these are also having subcutaneous sulphetrone twice weekly doses ranging between 2 and 4 grms. a week. This is proving highly satisfactory—you may be interested to hear that some of our most striking results have been with tuberculoid cases.

We have been conducting a clinical trial on Thiacetazone for Bayer and are very pleased with the results, particularly in cases which were deteriorating fairly rapidly on sulphetrone. As we were very short of the drug a little while ago we gave only 50 mgm. daily with encouraging results. Our only trouble now is to get enough supplies.

Yours sincerely,

Ogoja Leper Settlement,
Ogoja, E. Nigeria.
7th June, 1951.

E. J. BARNES, M.B., B.S.,
JOSEPH BARNES, M.D., M.A.O.

Dear Dr. Cochrane,

You asked me to write a note re my finding of "acid-fast dust" in treating leprosy. In the mid-thirties in Happy Mount Leprosy Colony, Formosa, while doing routine examination of slides with scrapings (slit method) of patients under treatment, I was often struck with the anomalous appearance of the acid-fasts, especially in patients after prolonged (years 1, 2 or more) treatment with Hydnocarpus Oil. Those were from fragmented and diphtheroid bacilli, to just what I called "fine acid-fast dust." At that time I supposed it to be the final stage in the disintegration and disappearance of the organisms from the patient's skin lesions. I was pleasantly surprised later to find other workers writing of the same condition.

Yours sincerely,

Oct. 12th, 1951.
New Malden, Surrey.

(Dr.) G. Gushue Taylor.