

EDITORIAL

Because of the rapid development of cheaper and more economical methods of sulphone therapy, it has been decided to issue another sulphone number. It is hoped that with the articles in the July-October issue of the Review, and those of this issue, workers will feel that they now have available authoritative opinion on the dosages, indications and dangers of sulphone therapy. We particularly welcome Dr. Lowe's contribution. Dr. Lowe was one of the first workers to use the parent substance by mouth, and this article is based on very great experience and demands the closest attention.

We publish the findings of a conference of leprosy workers held in the offices of BELRA on September 17th, 1951. These findings summarise the position of therapy to date. While the treatment of leprosy is now most satisfactory, the very fact that other remedies, such as the thiosemicarbazones, are being seriously discussed and compared, indicates that there is still scope for therapeutic research. To discover a drug which will destroy *M.leprae* quickly and in large numbers may not be the chief aim of therapy, for a remedy of this nature might produce serious effects, due to the rapid liberation of the toxins of *M.leprae*. Nevertheless the search for more active, quicker acting, and less toxic drugs must continue, for in a disease as widespread as leprosy, while treatment must be largely through the aid of untrained personnel, any drug the administration of which may give rise to toxic effects, must be looked upon with great caution and used until such time as a safer remedy is discovered.

Sulphone therapy has now passed the realm of controversy, and there is available enough information to assist individuals to select a sulphone preparation which is most suitable for use. The selection of this will depend on the experience of the workers, and the conditions pertaining in the country in which they work.

In passing, a plea might be made for agreeing on one abbreviation for the parent sulphone, diaminodiphenylsulphone. M. I. Smith, Feldman and others use the abbreviation DDS, while Muir, Lowe and the West African workers refer to DADPS or Dapsone. The Editor of the *International Journal of Leprosy* adopts the former abbreviation, and invariably refers to the parent sulphone as DDS. It would therefore be well if workers would adopt this, and in future this journal will refer
DDS.

The Medical Secretary of BELRA has just returned from the Pan-American Leprosy Conference. It was a great privilege to meet the workers in the Argentine and Brazil, and have the good fortune to visit the Armed Forces Institute of Pathology in Washington, and discuss matters of mutual interest. The opportunity thus afforded of studying histopathological material was of very great value, and has helped greatly to clear up points of doubt, particularly in relation to classification. A full report of the Medical Secretary's visit will appear in a forthcoming number of the Review.