LETTER TO THE EDITOR

HOSPITAL FOR TROPICAL DISEASES,
4 St. Pancras Way,

The Editor,
Leprasy Review,
8 Portman Street, W.1.

Sir,

We were interested to see the report by Drs. Garrett and Ellis on
their trial of Vadrine. Their results have caused us some surprise for
our findings with this compound, during the first year of treatment,
were comparable with those to be expected from sulphone except
that there was more individual variation in the responses. However,
further observations on those patients who showed an early improve-
ment have been disappointing, for they have either ceased to improve
after 12 months or more of treatment or have actually deteriorated.

It would seem therefore that Vadrine, used alone, has no place in
the treatment of leprosy, but we are at present trying it in conjunction
with sulphone in view of the very good initial response made by a
few patients in our trial.

We are, Sir,
Yours faithfully,
W. H. JOPLING
D. S. RIDLEY

Dr. J. T. Worsfold's results for Rhodesia resemble those of the
extensive surveys in Uganda which I have published at various times,
namely a child rate of between 18% and 19% and an equal sex
distribution. In some respects, however, his interpretations differ
from my own.

The extremely low conjugal rate, which is the usual experience,
suggests that something other than prolonged intimate contact is
necessary for infection, and the fact that so many cases show their
first clinical signs in later life may have a significance other than that
of a prolonged latent period, although the lengthening of this period
is probably a feature of a decline in an endemic. In East Africa there
is a fall in the incidence between the ages of 15 and 20, which may
also be traced in the figures published from other countries. It
suggests that in this five year period the losses by death are not
replaced by new cases and that there is an intrafamilial risk in child-
hood followed by an extrafamilial risk in adolescent and adult life.