EDITORIAL

A Further Report on the Diphenylthiourea, Ciba 1906

Dr. Garrod of the East African Leprosy Research Centre gives in this issue (p. 210) his experiences with Ciba 1906, which follow up the earlier reports of Ross Innes *et al*[1] from the same Centre, and the earliest and later reports by Davey and Currie[2] and Davey[3]. Garrod's results are a general confirmation of the previous work. He draws attention more to the great reduction in the incidence of reactions during administration of Ciba 1906 for long periods, and reports that this drug has been found to be useful in cases resistant to the standard treatment by DDS; also it has been free from toxic effects, and as regards the fall in bacterial index as compared with standard treatment, in the first 12 months the advantage lies with Ciba 1906. It seems that the advantages of this drug are very solid ones, and either alone or in combination it is emerging as a valuable standard treatment of leprosy. Much is sometimes made of the somewhat greater cost of this drug, but fortunately for the patient most physicians find an irresistible attraction in using a drug which is the more efficient, in spite of greater price, as in that way lies true economy in the end.

Comparative Clinical Trial of Injection Therapy

In this issue Dr. Gordon Currie gives a very useful and careful study of the important differences in behaviour of the various injections of DDS (p. 220). Against a control group on oral DDS he tried DDS suspended in ethyl esters of hydnocarpus oil, DDS in an aqueous suspension, and DDS in the form of a special soluble sulphone. He evaluated these by records of the improvement in bacillary index and the evidence of degenerative changes in the bacilli, and objective and subjective clinical improvement, as well as occurrence of the reaction ENL. He usefully distinguishes between side effects and true leprosy reactions, and it is important that he also made a note of the incidence of pain as a result of the injection, and investigated the occurrence of anaemia in the different methods. While there was little to choose between the therapeutic effectiveness of the sulphones, whether given by mouth or injected, there were distinct differences in other directions. There was no significant lessening of the incidence of ENL by the parenteral methods, but there was a great diminution of unpleasant and depressive side effects. There was an increased incidence of ENL with the oily suspension group, and the cause of this remains obscure. The oily suspension was undoubtedly difficult to inject, and quite painful, whereas the aqueous suspension was easy and relatively painless. Dr. Currie discusses the psychological factors in regard to the pain of the injection and the reverence of certain African peoples for the

"healing power of the needle", and infers that this might be an advantage. However, it might be safer to be more cautious about this and look to the long term effect of a painful injection which often has to be repeated at intervals of a fortnight or more, often over a long period of time. In spite of the reported reverence of the African for such things, we beg to express some doubt whether in the long term a painful injection will ensure a high attendance rate; there is more to human nature than a reverence for magic.

Though the soluble preparation apparently can only produce high peak levels at fortnightly intervals, Dr. Currie found no loss of efficiency. He found that the Avlosulfone aqueous suspension was the preparation of choice on the grounds of freedom from pain, absence of side effects, ease of injection, economy in the total quantity of sulphone needed, and efficiency.

The Multipuncture Type Lepromin Test

Dr. Kinnear Brown reports on his further studies with this test (p. 215) and points out that any response to lepromin by this route can be independent of any normal tissue element it contains. He used antigen made from normal skin and from tuberculoid skin, and studied the effect of BCG vaccination on the depot lepromin. All the lepromin negatives became positive, and there was an enhancement in the degree of positivity. His continued experience with the multipuncture test has convinced him of its simplicity, economy, and effectiveness.

As regards the general use of multipuncture BCG vaccination, recently A. H. Griffith[4] has reported on his experiments to compare the multipuncture and intradermal routes. He found a falling off in conversion rate with the multipuncture route compared with the intradermal vaccination, and suggests that the general use of multipuncture should be delayed until the method has been improved and standardised. Kinnear Brown's work therefore has much practical importance, as supporting the efficiency of the multipuncture method.

References

1. INNES, J. ROSS *et al.* E. Afr. Med. J., 1957, **34**, p. 395.
2. DAVEY, T. F. and CURRIE, G. *Lep. Rev.*, 1956, **27**, p. 94.
3. DAVEY, T. F. *et al. Lep. Rev.*, 1958, **29**, p. 25.
4. GRIFFITH, A. H. *Lancet*, **1**, 7084, 6th June, 1959, pp. 1170-1172. (See Abstract p. 264 of this issue.)