

## ADDENDUM TO THE ARTICLE

THE TRIPLE TREATMENT OF  
TUBERCULOID LEPROSY(in *Leprosy Review*, 30, 3, July, 1959)by A. R. DAVISON, M.R.C.S., Eng., L.R.C.P. LOND.  
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This article appeared in the July, 1959, edition of this Journal. Since writing the article we have made some alterations in our posology which may be of interest.

**DDS.** We have concluded that 200 mgm. of DDS daily is higher than is necessary so have halved the dosage, and we find our results are equally good. We now induce with 50 mgm. three times per week for the first month. In the second month we give 50 mgm. daily for six days per week. In the third month we reach our maximum of 100 mgm. daily for 6 days per week. We stop treatment for one month each year.

**Trivalent Antimony**, mostly in the form of Stibaphen is now given on alternate days, in a maximum dose of 3 ccs. This is continued for one month followed by a rest of one month.

**Atebrin** we still continue to give once a day in 200 mgm. doses. This is given for three weeks in each month and is followed by a week's rest period.

**Illustrative Cases.** I attach clinical details and photographs of two illustrative cases.

*Case No. 13272.* Admitted 31st July, 1957. The skin showed red and spongy tuberculoid maculae on face. The trunk showed very raised margins, but flat centres on the posterior aspect. The forehead showed very scanty bacilli. Other sites were negative. The Mitsuda reading was 5 mm. Treatment with DDS, Fouadin and Atabrin was started in August. In November we noted "Dusky spongy maculae on face, desquamating on trunk". In February, 1959, we noted "Clinical Cure".

*Case No. 13343.* Admitted 24th October, 1957. The skin showed raised spongy lesions on face. Discrete nodules (or maculae) on right forearm. Erythematous infiltration of very swollen left forearm and hand. No infiltration of thighs. Smears of ear, forehead and cheek were all 3 plus. Mitsuda 6 mm. In December we noted "Reaction of forearm resembles cellulitis". Smears were now negative, and have remained negative. Because of the severe reaction she was taken off DDS and was given Fouadin and cortisone only. In February she was much improved. The cortisone was stopped, and treatment by DDS, Atabrin and Fouadin was continued. By July lesions were flat and dusky.

We had first considered this case to be borderline, but the positive Mitsuda and the fact that she was only once positive enabled us to correctly classify her as tuberculoid (reactional). This was confirmed by two biopsies, one of the "nodules" of the right forearm and the second of the infiltrated left forearm.