Letters to the Editor

G 30 320 (B 663)

Anybody reading the paper by Dr. W. A. Vischer in the April issue of *Leprosy Review* (1969, **40**, 107) entitled "The Experimental Properties of G 30 320 (B 663)—a New Anti-leprotic Agent" might be surprised to hear that the synthesis and properties of B 663 and related phenazine derivatives have been the subject of more than 30 scientific papers published in various journals from this laboratory over a period of more than 20 years.

It may not have been Dr. Vischer's intention to mislead, but he nevertheless has succeeded in giving a very false impression. For a more complete account of the chemistry and biological properties of these interesting compounds and a detailed history of how they came to be developed, the following 2 papers should be studied:

BARRY, V. C. and CONALTY, M. L. (1965). The antimycobacterial activity of B 663. *Lepr. Rev.* **36**, 3.

BARRY, V. C. (1969). Synthetic phenazine derivatives and mycobacterial disease: A twenty year investigation. *Scient. Proc. R. Dubl. Soc.*, Series A, **3**, 153.

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We have shown the above letter to Dr. Vischer, who replies as follows:

Re: Letter of Dr. Barry and Dr. Conalty regarding the paper "The Experimental Properties of G 30 320 (B 663)—a New Anti-leprotic Agent".

It was certainly not my intention to depreciate the work of Dr. Barry and his collaborators done with B 663 and related phenazines. We have pointed out the importance of Dr. Barry's contributions within this field on other occasions (Vischer *et al.*, 1958; Vischer, 1968). It was felt that we should concentrate on that aspect of development of the compound with which we were intimately associated and that we should give a short account of the antimicrobial, pharmacological, toxicological and biochemical aspects of B 663. I completely agree with Drs. Barry and Conalty that the references cited in their letter given an excellent survey of the work carried out in their laboratories.

VISCHER, W. A., TIRUNARAYANAN, M. O. and BRUHIN, H. (1958). *Beitr. Klin. Tuberk.* **119**, 59, and references cited therein.

VISCHER, W. A. (1968). *Arzneim. Forschung* **18**, 1529.

WOLFG. VISCHER

N.A.E.O.

What effects have oral contraceptives on lepromatous leprosy? I have just re-read in *Leprosy Review* (1968, **39**, 173) a letter by Dr. Walter of Bangkok stating that he used norethisterone acetate ethinyl oestradiol (N.A.E.O.) in a series of 20 lepromatous women patients for a 3-months' trial, with a group of patients of about the same age and the same stage of the disease as a control. He states that no difference in the frequency of erythema nodosum (ENL) in the 2 groups was observed.

I would like to report that in a number of women patients we have been able to elicit a very definite history of crops of ENL which occur regularly 10 days before the menses are due. The first few days after menstruation begins, these ENL rapidly subside and for the next 2 weeks the patient is virtually reaction free and then starts showing crops of ENL. This ENL can be very severe, accompanied by fever, ulceration and gross oedema. The interesting factor is the definite cyclical pattern, though it takes quite a few months to establish the

pattern and casual enquiry will fail to reveal it. Also these patients will occasionally miss one month when reaction is minimal or absent.

We have attempted to investigate if this is connected with anovular cycles, but have not been able to obtain adequate patient co-operation to do regular temperature variation charts or vaginal smears. However, in a number of patients oral contraceptives have completely changed the pattern. I first realized this through giving stilboestrol to a patient with irregular cycles. Since that time we have used various contraceptives, but find that stilboestrol itself seems to be as effective as the others.

One patient previously developed gross oedema and when she was given various contraceptives, although her reaction was not so severe, she still continued to develop oedema but eventually we acquired Ethinyl-Oestradiol tab., 5 mg daily for 21 days in each cycle, and this completely controlled her reaction. However, it is no longer possible to purchase Ethinyl-Oestradiol tablets and we have now put her on stilboestrol, 2 mg daily for 23 days each month, commencing the second day of the cycle, and on this regime she remains reaction and oedema free. Twelve months ago she seemed so well that we stopped the stilboestrol and within 2 months she had resumed her pattern of ENL 10 days premenstrual. This is again under control, using stilboestrol.

This patient is the most dramatic case we have had, but there are several other patients in whom stilboestrol definitely reduces these episodes of reaction. Hence contraceptives may serve a useful purpose in the treatment of women with lepromatous leprosy, though for therapeutic purposes it would appear that the cheaper stilboestrol is quite adequate for this purpose.

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THE TANZANIA NATIONAL LEPROSY ADVISORY AND CO-ORDINATING COMMITTEE

(*continued from p.* 142)

As the Government policy has been to treat leprosy within the framework of the general health service, except where a special leprosy control campaign is called for, virtually all the "bush" dispensaries (which come under the aegis of the Local Authorities, not under the Ministry of Health) hold regular leprosy clinics. One of the functions of the Regional Leprosy Officers is to supervize these clinics, which, together with the special leprosy campaigns and the Voluntary Agency dispensaries, treat approximately 60,000 cases per annum (that is, about 50% of the total estimated cases in the country).

H. W. Wheate

Corrigendum

Dr. A. B. A. Karat has written to say that owing to a mistake in the manuscript of the paper by Rao, Karat and Karat (*Lepr. Rev.* 1969, **40**, 93) the heading to Column 2 in Table 7, p. 95, is incorrect. It should read "Sex ratio (no. of females per 1000 males)".