Bacterial relapse due to persisters or reinfection, and delayed hypersensitivity reaction are all possibilities, none being excluded by the biopsy. Waters & Ridley comment that BT lesions could represent a late reversal reaction, not necessarily a relapse, in a BL patient who had taken 12 years of DDS. On the other hand, neither of our cases had any clinical features of a reversal reaction, that is, the lesions were uninflamed and there was no pain or neurological deficit.

In one of our cases there was evidence of recent down-grading on initial presentation and it is perhaps not surprising that silent (or symptomatic) up-grading occurs quite rapidly in this situation. However, it remains the case that both these patients have moved from being near-lepromatous to being tuberculoid, without an overt reaction, in approximately half the time found by Waters & Ridley.

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References

DISAPPOINTING EXPERIENCES WITH BLISTER-CALENDAR PACKS
Sir,
In the provincial leprosy control programmes of south and south-east Sulawesi, Indonesia, blister–calendar packs (MB-Combi and PB-Combi, produced by Ciba Geigy) have been used since 1990 for selected patients. Only patients in remote areas, where it is difficult or impossible to attend monthly clinics, are provided with blister–calendar packs for unsupervised MDT for a maximum of 3 months.

For these patients blister calendar packs have logistical and operational advantages over loose drugs, but our experiences with the MB-Combi packs have been disappointing.

Our patients often find it extremely difficult to remove the clofazimine capsules from the pack. In our experience clofazimine tends to stick to the plastic, which causes the capsules to rupture, even when gently trying to remove them. The 100 mg capsules are usually more difficult to remove than the 50 mg capsules. If patients without disabilities face problems, it can be imagined what difficulties are encountered by patients with a loss of sensation or other disabilities of the fingers.

It should be remarked that the climate in south, as well as in south-east Sulawesi, is warm and humid. However, with loose clofazimine in containers of 1000 capsules, we face few problems. For patients not eligible for blister–calendar packs we use small personal containers where the somewhat sticky clofazimine is mixed with DDS, which provides a powdery white coating to the clofazimine.

We would like to know if there are other control programmes facing similar problems with blister–calendar packs.

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