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Malaria Control in South America—Response to P.C. Matteson

To the Editor: Dr. Matteson, whose letter relies heavily on unpublished information and nonrefereed publications, states that growing drug resistance has contributed to increasing malaria. While drug resistance is important, when DDT use declined below effective levels (1), the proportion of *Plasmodium falciparum* infections (including infections with resistant strains) compared with *P. vivax* infections (no resistance) did not progressively increase (2). Moreover, malaria has increased in Central America, where drug resistance is unknown (3-6). As for attributing increasing malaria to deteriorating public health systems, the changes imposed on developing countries (in organizational structures of malaria control programs and prohibiting DDT [1,7]) correlate with increasing malaria rates (1).

Dr. Matteson states that large-scale migration explains why almost all Brazilian malaria cases occur in the Amazon Basin. However, DDT cleared malaria from the more populated and temperate southern regions of the country (8, unpublished report: U.S. Agency for International Development review in 1973-74 of Brazil's malaria eradication program). When DDT was in full use (pre-1980), large increases in malaria did not accompany population movement (1). With the 1970s' colonization program of the Basin came malaria problems, but not large population-based malaria increases. DDT prevented that (1,9-11). However, since DDT has been eliminated, persistent urban malaria is again becoming a problem (12-16).

Other factors (biting behavior, housing conditions, and human behavior), which Dr. Matteson attributes to increasing malaria, have always thwarted interdiction of malaria transmission in the Amazon Basin (17;18; an unpublished report: U.S. Agency for International Development review in 1973-74 of the malaria eradication program in Brazil) and are no more important today than they were before.

A UN-facilitated global negotiation process cited as a meaningful debate for malaria control is an effort to provide a legally binding agreement for global elimination of DDT and other persistent organic pollutants, not an open forum for debate of DDT use for malaria control.

Dr. Matteson claims that DDT is associated with reduced lactation. In the United States, where DDT has been banned for 26 years, mothers who stay home breast-feed for an average of 25.1 weeks—mothers who work parttime, for 22.5 weeks (19). In Belize, mothers in urban areas, where DDT is not used for malaria control, breast-feed less than 38.4 weeks—mothers in rural areas with lifetime exposures to DDT breast-feed more than 57.2 weeks (20).

The World Wildlife Fund's mass balance model of DDT sprayed in houses used to refute our assessment that DDT does not readily move away from sprayed houses also mentions that "There are few...data against which to validate the results of this...model, although actual data...should not be difficult to obtain." (21). Studies of DDT use in agriculture show that most DDT settles where it is applied (22).

Studies have shown no meaningful population-based adverse health effects from DDT use, despite more than 50 years' exposure, and evidence argues forcefully that DDT does not cause breast cancer (23).

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On the Etiology of Tropical Epidemic Neuropathies

To the Editor: In a recent report of an epidemic of optic neuropathy in Dar es Salaam, Tanzania (1), Dolin et al. state that the disease is clinically identical to one of the forms of epidemic neuropathy found in Cuba between 1991 and