INTERNATIONAL JOURNAL OF LEPROSY

PUBLISHED QUARTERLY AS THE OFFICIAL ORGAN OF THE
INTERNATIONAL LEPROSY ASSOCIATION

Postal Address: P. O. Box 606, Manila, Philippine Islands.
Office at the School of Hygiene and Public Health
Published With the Aid of the Leonard Wood Memorial
Entered at the Post Office at Manila, P. I., as second-class matter.

VOL. 1 JULY, 1933 NO. 3

EDITORIALS

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DIAGNOSTIC AIDS

It is not so very long that the leprologist under average conditions has been greatly bothered with fine points of diagnosis. Once it was that if a patient had atrophies and contractions with anesthesia, or infiltrations (of skin or mucosa) from which bacilli could be obtained, the diagnosis was leprosy. Ulnar nerves and inguinal glands were more or less frequently palpated for enlargement, and possibly the nose was actually inspected for ulcerations, but in routine work these things were not invariably done even in doubtful cases.

However, the methods in vogue more or less met the requirements at the time. The cases to be examined were pretty much of the sort that could be recognized by anybody, though there can be no doubt that many an atypical case went undiagnosed—or, indeed, misdiagnosed, as for example a bacteriologically negative tuberculoid lesion set aside perhaps as a form of lupus.

Nowadays, however, the early and slight cases are especially to the fore. The physician, the sanitarian and the social worker all stress them. The first does so because of the greater chance of

cure, the second to minimize exposure of others, the last because an unmutilated person is so much the better off after discharge. As a consequence the work of diagnosis is more exacting. In a leprous community one may see a patient without spot or blemish, with only a small numb area, diagnosed as "clinically positive"—and see this condition disappear completely under appropriate treatment. However, there is too frequently a considerable element of assumption. Diagnosis in the lesser forms of the disease has certainly improved in ten years or so, but there still is need of making it more precise and definite. There is need of better knowledge of other conditions in which there may be, for example, diminution or perversion of skin sensibility, and better knowledge of differential characters. There is need, also, of better methods of eliciting known reactions, and of new, additional diagnostic procedures.

In the absence of a specific test for leprosy that is positive and dependable, and probably when there is one, all other possible diagnostic evidence must be utilized. The histamine reaction used by Rodriguez and Plantilla[1] promises to be of real value, or perhaps the same reaction elicited by other means, as adrenalin (Chiyuto and Manalang).[2] For another new method, one reads of Gabbat's test for sensory changes by the application of heat through concentration of light with a reading glass.[3] One notes, also, passing mention of methyl salicylate, which when rubbed on the skin in a case caused a sensation of heat except over an outwardly normal spot which was perhaps the first lesion of leprosy.[4] One may venture to suggest that it might be worth while to explore the possibilities of electrical apparatus. Imagination given a free rein visualizes a small, inexpensive instrument with which, by minute discharges, areas slightly affected by leprosy can be outlined and distinguished.

In quite another category is the sweating reaction. To inject a patient with pilocarpine and put him wrapped in blankets in a warm place to produce sweating is a procedure so cumbersome as to limit its usefulness. The resident physician at the Naini asylum, in India,

[1] *Philippine Jour. Sci.*, 46 (1931) 123, reprinted in the JOURNAL 1 (1933) 49. Also personal communication.

[2] Personal communication.

[3] (Mentioned in the Annual Report for 1931 of the Fonds Reine Elizabeth pour l' Assistance Médicale aux Indigènes du Conge Belge).

[4] Tolentino, J. G., *Mo. Bull. Health* (Philippine) 13 (1933) 88.

tells of using an ointment to demonstrate local abnormality of sweat production. The ointment—a simple, widely-sold proprietary that among other things contains eucalyptus oil—is rubbed over the suspected area and some of the surrounding skin. The part is then exposed to heat (the sun, in India) to promote sweating. This idea is perhaps worth further investigation.

It may be that, in the concentration of interest on the treatment of leprosy and the changes of lesions under treatment, there has not been enough consideration of the peculiarities of the very early changes and of means of demonstrating them. In the interest of accuracy and facility of diagnosis it is to be hoped that the possibilities in this direction may be given further consideration.