

## CURRENT LITERATURE

To take due notice of the current literature of leprosy is one of the most important objectives of the JOURNAL. For the benefit of readers to whom medical libraries are not readily accessible it is intended that, so far as possible, abstracts of the more important articles shall be sufficiently full and complete to afford a clear understanding of them, rather than merely of the nature of their content.

The Contributing Editors are depended upon primarily to provide these abstracts. However, since authors' abstracts are generally to be preferred to those prepared by others, readers are invited to submit abstracts of recent papers or reports written by them which have been published elsewhere.

GALT, C. M. Kiulungkiang Leper Colony. *Chinese Med. Jour.* 47 (1933) 284.

This is a brief description of a leper colony on the southern border of the province of Yunnan. This province has a very bad reputation for its high incidence of leprosy, both among the Chinese and the aboriginal tribes. A point of special interest is the account of the arrangements for married lepers. These have been allowed to start a new village near the mother colony, the only proviso being that they should be able-bodied enough to build their own houses and to support themselves by their rice-fields and gardens. It would seem that children born in the village are to be cared for in the colony or adopted by healthy families, but the arrangements for this are not made clear. —J. L. M.

WILSON, R. M. Pellagra or pellagroid in leper settlements in Korea. *Chinese Med. Jour.* 47 (1933) 287.

This report refers to cases seen in the leper settlements at Soonchun and Fusan (accommodating about 1,300 lepers), and covers a period of six or seven years. The condition is known among the lepers as Red Disease (cf. *mal de la Rosa*, Casal, 1762). Pellagra seems to be very rarely met with among Koreans outside the leper settlements, but this report deals with 42 cases, 35 women and 7 men.

The condition evidently arises from a food deficiency and rapidly clears up after cod liver oil and pork are added to the diet. There have been no deaths caused by it since the condition and its treatment were recognized. Symptoms are a skin eruption resembling sunburn on the back of the hands, neck, ankles and occasionally the face. Stomatitis is universal, and gastro-intestinal symptoms are common. Nervous symptoms are not marked. The condition begins in the early spring. —J. L. M.

WADE, H. W. The present problem and organization of leprosy research. *Chinese Med. Jour.* 47 (1933) 233.

This paper, read at the First National Conference on Leprosy in China, reviews the status of the leprosy problem and discusses the difficulties which the

worker has to meet. The importance of organization is stressed, and it is pointed out that, in view of the difference of local conditions—social, economic, political and medical—a leprosy control program should be worked out for each country or region. The value of individual work is emphasized if recognition be given to what has been already done and learned and if such individual work be properly correlated.

An especially interesting section is devoted to the clinical variations of leprosy and the wide variability of the disease as a clinical entity in different countries or regions. Treatment is touched upon and the different forms of chaulmoogra preparations are briefly referred to. On the pathological side attention is drawn especially to the lesser known tuberculoid lesions. The question of classification of lesions is given some prominence and the desirability of following the suggestions of the Leonard Wood Memorial Conference is emphasized. Immunological problems are referred to, and also the confused position of bacteriological research.

The paper closes with a valuable section dealing with the planning for research. The final paragraph dwells on a point that is so deserving of emphasis but so often forgotten that it is quoted in full:

“As a final suggestion one would point out one conclusion drawn from recent experience. This is that what is true of leprosy in one region is not necessarily true of it in another. Consequently, when one reports observations made in his own region he may not be setting forth a general truth, and conversely, when one reads another's report which does not agree with his own experience, the writer of that report is not necessarily in error so far as his region is concerned.”

—J. L. M.

EMERSON, G., ANDERSON, H. H. AND LEAKE, C. D. Blood sugar changes in experimental rat leprosy. *Proc. Soc. Exp. Biol. and Med.* 30 (1932) 150.

There being clinical evidence of an alteration in blood sugar levels in various stages of leprosy, blood sugar determinations were made on 127 rats that had been experimentally infected with rat leprosy, and on 42 normal controls. Blood was drawn without anesthesia by the Giragossintz method after a 24-hour fast, and the sugar was determined by the Hagedorn-Jensen micro method.

The findings indicate that with the development of the infection there is a progressive tendency for the blood sugar to fall appreciably. During the treatment of such infected animals with certain antileprosy drugs in maximum tolerated doses the blood sugar seems to rise significantly toward the upper limit of the normal range, but with cessation of treatment it again drops. —H. W. W.

LOWE, J. Re-examination of discharged cases. *Lep. in India* 4 (1933) 5.

The author gives the results of re-examination of 84 patients who when discharged showed no clinical activity but half of whom still showed a few bacilli. The interval between discharge and re-examination varied from 6 months to 4 years, average 14 months. In 72 cases no sign of re-activation was seen, 6 showed bacteriological evidence of reaction, 6 showed clinical evidence only of reactivation, and in 4 showing bacilli on discharge none were found on re-examination.

In the group that had showed bacilli when discharged the reactivation rate was far higher than in the other. Most of the patients before discharge had

been given large doses (240 gm.) of potassium iodide with no sign of reaction. Failure to produce reaction in this way therefore gives little guarantee against relapse. —(AUTHOR'S ABSTRACT).

LOWE, J. Slight skin lesions in leprosy and the importance of their recognition. *Lep. in India* 5 (1933) 15.

The author comments on the frequency with which leprotic infiltration of the skin is much more extensive than the clinical appearances would suggest, apparently unaffected areas of skin sometimes showing slight infiltration and large numbers of bacilli. He considers that failure to recognize this fact often causes confusion, and quotes two recent publications by writers who claim to detect *Myco. leprae* by making thick blood films from punctures in so-called unaffected skin in leprosy cases. These findings have been interpreted as proving that bacillemia is a common finding in early cases of leprosy and even in "contacts" with no definite signs of leprosy.

Lowe criticizes these findings and conclusions in the light of an attempt made by him to detect bacillemia by thick blood film methods in 100 cases. He finds that, practically, bacilli are found by the thick film only when the skin at the site of puncture contains bacilli which are washed out by the blood. True bacillemia is difficult to detect, for bacilli are very few in the circulating blood. —(AUTHOR'S ABSTRACT).

LOWE, J. The leprosy clinic and the control of leprosy. *Lep. in India* 5 (1933) 67.

This article criticizes the idea that leprosy can be controlled in India by treatment, and emphasizes the importance of prevention in control. Isolation of all infective cases in institutions being impossible in India, the possibility of home and village isolation is discussed. It is pointed out that such isolation is not uncommon even now, but that it is carried out not when the patient becomes infectious but only when he is crippled and deformed. At present there are hundreds of clinics in India but few attempt to organize preventive work. It is suggested that to each clinic should be appointed a trained propaganda worker and health visitor whose work should be principally in the homes and villages of the patients, examining contacts, teaching prevention and organizing opinion in order to facilitate home and village isolation. —(AUTHOR'S ABSTRACT).

MUIR, E. Leprosy of the lungs. *Lep. in India* 5 (1933) 72.

This article surveys briefly the literature of the subject, quoting Hansen and Looft, Wade and others who reported leprosy of the lungs as non-existent or very rare; and Doutrelepont, Babes, Sticker, Wise, Kobabashi and others who reported finding leprosy lesions and bacilli in the lungs. Ten cases of cutaneous leprosy are then described all showing a temperature and cough with sputum containing acid-fast bacilli. In eight cases the bacilli were inoculated into guinea pigs and in only one case did tuberculosis develop, so most of them are regarded as being cases of leprosy of the lungs. The fever and cough were associated with lepra reaction and subsided with the subsidence of the lepra fever. None of the patients died or were in any danger of dying, yet enormous numbers of acid-fast bacilli were coughed up. Had these been tubercle bacilli the patients would have been moribund. The author considers that the rare finding of leprosy

of the lungs at post mortem may be due to the fact that lepers usually die of intercurrent disease which changes the pathological picture before death; and quotes a C-3 case dying from an inter-current disease and showing few *Myc. leprae* at post mortem. —J. LOWE.

MUIR, E. AND CHATTERJI, S. N. Co-existing leprosy and syphilitic lesions. *Urol. and Cutan. Rev.* 3 (1932) 304.

A patient is described who had on the cheek an analgesic macule of seventeen years' duration which on section showed changes typical of the macule of leprosy, with a few acid-fast bacilli. The patient also showed numerous other macules of seven months' duration that had raised margins and showed no sensory changes. Sections showed an appearance not typical of leprosy and no acid-fast bacilli. The Kahn test was positive. Under antisyphilitic treatment the macules of the second type disappeared, while that on the cheek persisted. —J. LOWE.

(SYMPOSIUM). The advantages and disadvantages of the intradermal method of injection. *Lep. in India* 5 (1933) 143.

This article is a summary of a symposium. The advantages of the intradermal method are considered to be a more rapid resolution of the lesions infiltrated, a beneficial psychological effect on the patients produced by the more rapid resolution, and the absence of pain except shortly after injection. The disadvantages are enumerated as the pain of multiple punctures, the greater time necessary to give injection, the greater skill needed in injecting. Hydnocarpus oil, if heated, can be given by the intradermal method and is less painful than the esters. The very few patients who are sensitive to esters may tolerate the oil well. The importance of not injecting too deeply nor too much at one point is emphasized. —J. LOWE.

(SYMPOSIUM). Treatment and management of trophic ulcers in leprosy. *Lep. in India.* 5 (1933) 60.

This is a summary of fourteen contributions on this subject. All the writers are agreed that the special antileprosy treatment has no beneficial influence on trophic ulcers. Their method consists of general treatment of the patient, and local treatment which should be conservative except in cases with necrosis of the bone or marked septic infection when operative treatment is often necessary. The methods advocated are those generally accepted, but many useful practical points are discussed. One writer notes that ulcers infested with maggots often heal more quickly than others. —J. LOWE.

(ANONYMOUS). Lepers and other beggars in Calcutta. *Lep. in India* 5 (1933) 154.

In two of the five districts of the Calcutta municipality 1,438 beggars were detected, of whom 224 were lepers. These had mostly immigrated from rural areas, and many live in quarters inhabited almost exclusively by leper beggars. Their begging parties are often organized by a head man who takes a commission on all earnings. Some are infectious cases, but many are deformed nerve cases. They are unwilling to go to leprosaria. forcible removal would be difficult or impossible, and many would scatter throughout the city instead of living in leper quarters as they do now. The measures recommended at present are registration

and supervision by the police, and the prevention of immigration of lepers from rural areas to the city. —J. LOWE.

CHRISTIAN, E. B. *Mycobacterium leprae* in the thick blood films of leper patients. *Lep. in India* 5 (1933) 84.

The author made examinations for leprae bacilli by the thick blood film method in 400 cases. Of 111 neural cases none showed them. Of 289 cutaneous cases 88 showed them. Most of these apparently came from the skin, since examination of thick films of venous blood of a group of these patients showed bacilli in only two cases. The author concludes that the thick blood film method is very inefficient, and that most of the positive findings are due not to bacillemia but to contamination of the blood from the skin. —J. LOWE.

SCHWETZ, J. A propos du traitement de la lèpre par la trypaflavine. [The treatment of leprosy with trypaflavine.] *Ann. Soc. Belge Méd. Trop.* 13 (1933).

Trypaflavine used according to the technic of M. Leger has been unsuccessful in the hands of the author. The treatment consisted of a course of five intravenous injections of 5 cc. of 2 per cent trypaflavine, a dose every three days. Nine cases of various types were treated. —A. DUBOIS.

CONZEMIUS. L'élimination de *Mycobacterium leprae* par desquamation cutanée physiologique. [Elimination of *Mycobacterium leprae* through physiological desquamation of the skin.] *Ann. Soc. Belge Méd. Trop.* 13 (1933).

The author observed one case of cutaneous leprosy in which fragments taken lightly, without any bleeding, from the epithelium over the lesions showed some bacilli. —A. DUBOIS.

DUBOIS, A. AND URY, J. Note sur le traitement de la lèpre par les sels d'or. [Treatment of leprosy with gold salts.] *Ann. Soc. Belge Méd. Trop.* 13 (1933).

A short account of experiments with eight cases of cutaneous leprosy treated in Pawa with several preparations of gold salts, especially solganol and solganol B. The doses were usually moderate, not exceeding 20 or 25 cgm., and the treatment usually consisted of one series of 30 weekly injections (4.5 gm. in all). Not a single satisfactory result was obtained. —(AUTHOR'S ABSTRACT).

SAMBUC, E. Cachexie lépreuse avec orchite. [Leprous cachexia with orchitis.] *Bull. Soc. Med. Chir. Indochine* 10 (1932) 256.

This report describes, with photographs, the case of a Chinese aged 63 years who had had leprosy for fifteen years. There was a bilateral orchitis which in appearance was suggestive of a double scrotal hernia.

—M. LEGER (translated).

LOUSTE, A. AND RABUT, R. Maladie de Hansen à prédominance nerveuse. [A case of leprosy predominantly neural.] *Bull. Soc. Derm. et Syph.* (1932) 736.

Describing the case of a young girl who was born in Guiana and had lived there until nine years old, then in Corsica for seven years when the disease first appeared. The initial manifestations seem to have been mixed from the outset. At the time of the report the lesions were predominantly neural—facial deplegia

of peripheral type, myotrophic paralysis of the Aran-Duchene type of the upper limbs, complete thermo-analgesia *en botte* to below the knees, cubital and external popliteal nerves clearly palpable but with normal sensibility.

—M. LEGER (translated).

DECOURT, P. La psychologie du lépreux et le problème de la lèpre à Paris. [The psychology of the leper, and the leprosy problem in Paris.] *Thèse de doctorat en médecine*, Paris, 1932. 92 pages. Lefrancois, éditeur.

This thesis is based on the study of a number of cases cared for in the hospitals of Paris. The psychology of the leper is induced by the spirit of the non-lepers about him. The leper is generally taciturn, inclined to be sad. He is not melancholic in the psychiatric sense of the term, but is intellectually active and confinement develops in him the spirit of observation. He does not have ideas of suicide. Through shyness as well as through *amour propre* he creates a mask of indifference, but his power of affection is not at all diminished. The hypersensitiveness of the leper continually watches for the reaction which he provokes in the non-leper.

The author gives the origins of the cases studied, and indicates what should be done to change the state of mind of the patients. —M. LEGER (translated).

MONTEL, L. R. Quelques considérations sur le traitement de la lèpre. [Considerations in the treatment of leprosy.] *Bull. Soc. Path. Exot.* 25 (1932) 404.

This article is a detailed report of four cases of leprosy, two of them early and two generalized, which demonstrate that treatment continued for long periods permits cure. Cures have been maintained in two of his cases for 6 and 10 years. In other cases he has always seen local lesions disappear. The author praises Dausse's collobiasis of chaulmoogra oil (1 cc. of which contains 0.0072 of oil) given by injection into the buttock. Every three months he gives 24 injections of 2 to 4 cc., and this treatment can be continued for years without interruption. He does not advise intravenous injection, which seems to him to favor the dissemination of the Hansen bacillus.

The author also speaks most highly of pills of the soap of chaulmoogra made in Cochin-China according to the technic of Boez and Guilherm. The use of these permits continuous treatment with saturation of the organism with the drug.

—M. LEGER (translated).

TISSEUIL, J. Première série d'essai de traitement de la lèpre chez le rat. [First attempts at treatment of rat leprosy.] *Bull. Soc. Path. Exot.* 25 (1932) 969.

This series of experiments on the application of certain of the drugs used in the treatment of human leprosy to animals infected with rat leprosy was carried on in the laboratory of Professor Marchoux, at the Institut Pasteur. Observations were made on various stages of the evolution of the disease.

Potassium iodide is useless at the beginning. On the other hand, in more advanced stages it activates the evolution of the disease. Lipiodol seems to have no effect.

The ethyl esters of chaulmoogra oil favors the maintenance of a good general condition for a long time, with retardation of the evolution of the lepromas, but it seems to be harmful in the later stages.

—M. LEGER (translated).

MARCHOUX, E. AND CHORINE, V. La résistance du bacille de la lèpre du rat aux acides et aux alcali. [Resistance of the rat leprosy bacillus to acids and to alkalis.] *Bull. Soc. Path. Exot.* 25 (1932) 104.

The experiments of the authors, made with the considerable material for study which they have at the Institut Pasteur in Paris, shows that the Stefansky bacillus of rat leprosy when treated with 5 per cent sulphuric acid or 15 per cent antiformin retains its vitality as well as the bacillus of tuberculosis.

—M. LEGER (translated).

LEGER, M. Coup d'oeil épidémiologique sur les maladies sociales d'une de nos vieilles colonies, la Guadeloupe. (Conférence avec projections cinématographiques faite le 25 avril 1932 à la Faculté de Médecine de Paris.) [Epidemiology of social diseases in Guadeloupe.] *Les Grandes Endémies Tropicales.* 4 (1933) 36.

Among the diseases having a direct effect upon the depopulation of the old French colonies in America the author cites leprosy immediately after syphilis and malaria. The disease is not rare in Guadeloupe, and besides the 50 or so cases hospitalized on the Island of Désirade there are numerous others with early or torpid lesions, but their number is not known.

Against these ambulant lepers no real precautionary measure can be taken. The obligatory declaration which is required is a myth; it only affects the cases late in the disease and infallibly induces others to hide themselves. The prophylaxis of leprosy in this country requires the detection of incipient cases in schools and dispensaries and treatment of the cases in the ordinary dispensaries and hospitals, with perhaps a sanitarium conveniently located on the mainland, and not on an inconvenient islet like Désirade. —(AUTHOR'S ABSTRACT, translated).

LUTROT, J. Les maladies sociales aux Antilles françaises. [Social diseases in the French Antilles.] *Thèse de doctorat en médecine.* Paris, 1932, pp. 132.

In this thesis the history of leprosy in the French colonies in America is well reviewed, from the first observation made in 1654, the disease having been introduced by slaves from the west coast of Africa. Today it is much more prevalent in the Antilles than appears from official reports and merits more attention than it receives.

The Désirade leprosarium, for the cases of Guadeloupe and Martinique, never has more than 80 inmates even though lepers circulate freely in the two colonies. This leprosarium is the sole legal measure of prophylaxis in the French Antilles. It cannot give any tangible results, since it shelters only those who have arrived at the last period of the disease.

—M. LEGER (translated).

PEGOURIER, P. La grande pitié des lépreux dans les vieilles colonies françaises. [Leprosy in the old French colonies.] *Thèse de doctorat en médecine.* Paris, 1932, A. Breger, imprimeur. pp. 64.

In this thesis the author reviews a large number of documents on the American colonies of Guadeloupe and Martinique, and on Réunion in the Indian Ocean. Though without precise statistics, he remarks that the number of lepers is everywhere high enough to merit serious attention.

The new measures taken in Guadeloupe, search for cases in the schools, treatment given discreetly in the dispensaries or hospitals, will certainly realize a much better prophylaxis than those applied heretofore.—M. LEGER (translated).