

7 LOCAL INJECTION OF PERSISTENT NODULES

TO THE EDITOR:

This is in reply to your request for further information about the mention in a recent report by me [*Lep. India* **23** (1951) 26]

of a combined treatment by means of DDS and hydnocarpus oil injected into lesions. You asked if the purpose was to determine whether the combination would have a potentiating effect, in which case it would be necessary to have a control group receiving only the intradermal injections of the oil.

My own past experience—and, of course, that of others since the Philippine workers introduced the “plancha” method—has been that, when hydnocarpus is injected into some of the lesions of a patient, they will clear up clinically and bacteriologically more rapidly than the lesions which are not injected. For some years I have used for such injections pure hydnocarpus oil, without anything added. When working recently at Purulia with DDS, given by mouth, I continued that practice. There was scarcely time before I left to assess the results.

I did find, however, that several patients had nodules, cutaneous and subcutaneous, which did not clear up quickly under DDS while their other lesions did so. With some of these patients I injected into the nodules 2 or 3 drops of a mixture of turpentine 1 part, camphor 1 part, creosote 1 part, and bland oil 6 parts; ground-nut (peanut) oil was usually used, but olive, coconut or cottonseed oil will do. The effect was an inflammatory reaction, sometimes with pus formation, which subsided within a week or 10 days. Most of these nodules became bacteriologically negative, although some of them needed a second injection.

It is on the same principle that I use hydnocarpus intradermal injections, only the counterirritant effect is more dispersed and less intense. I fancy that any other oily preparation with an equal degree of irritant effect would do equally well.

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