

DYE THERAPY OF LEPROSY

To the EDITOR:

Having recently been informed of the death of Dr. B. L. Lockett, who first came to this country in 1910 and ultimately started a leper colony for early cases only, and whose place I had taken temporarily while he was on leave, I find myself with this activity to carry on. There are now twenty-five patients in this colony, which is run under the Native Administration here. Having had little experience with leprosy treatment I would like to ask a question relative to it.

Recently one has read in news magazines and medical journals about intravenous treatments for leprosy. Is it considered safe and wise to use any of the various dyes intravenously? Many people seem to favor mercurochrome, and we have this drug especially prepared for intravenous use. However, I am a little skeptical about using it, having seen postmortem examinations, while an interne at Bellevue Hospital in New York City, on patients who had died following intravenous mercurochrome injections.

*Ogbomoso Leper Colony,
Ogbomoso, Nigeria,
Nigeria, Africa.*

J. C. ANDERS, M.D.

[*Comment.*—This question, illustrative of many that come from various quarters, refers to a matter that has aroused much interest of late and has been dealt with to some extent by matter that has appeared in this *JOURNAL*, including the article by Emerson and Anderson in this issue. That article, as well as the one in a recent issue by Ryrie, who unquestionably stimulated interest greatly by his preliminary report of experimental treatment, indicate that the matter is in a decidedly experimental stage, and that therapeutic results obtained to the present time are not what have been wished for by those who have turned to this method most hopefully. It is further to be noted the conditions under which such experimentation should be carried on, as stressed by Ryrie, would be difficult to meet in the ordinary leprosy institution. It is true that there are reports of intravenous medication—especially with mercurochrome—by Muir, and by Denney of the Carville leprosarium in the United States, that go far to allay fears. In Denney's last annual report a very large figure for routine intravenous injections is given. Yet the findings of Emerson and Anderson with regard to toxicity in experimental animals emphasizes the feeling that such experimentation, while much to be desired under proper conditions, is not to be undertaken lightly.

It is not recalled who first likened to the swinging of the pendulum the stages through which a new treatment for an important disease has to pass. There is first a period of elation and hyper-optimism, which later gives way to a contrary period of discouragement and negation which in intensity bears a direct relation to the degree of earlier over-expectation, and finally the third stage, that of balance, in which the treatment is given the place to which it is entitled. This was seen conspicuously with "606" when it was first made available, in spite of Ehrlich's precautions to avoid it. It appears that some of those who expected much of the modern phase of the chaulmoogra treatment of leprosy are in the second, depressed stage. It seems likely that this fact, together with the somewhat spectacular nature of the dye therapy, is what has made so many turn so eagerly to it. If there be virtue in it this should be learned, but it is to be hoped that it will not be given the onus of negative or harmful results from improperly conducted experimentation.]