

REPORTS OF MEETINGS

Reports of meetings that deal with leprosy are printed, so far as possible, when submitted by proper persons in suitable form.

FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE NINTH CONGRESS, LEPROSY SECTION

The Ninth Congress of the Far Eastern Association of Tropical Medicine was held in Nanking, China, October 2 - 8, 1934. Though no effort was made to organize a meeting of the Eastern Section of the International Leprosy Association, the Congress brought together a number of persons especially interested in leprosy.

Agencies of the Government of China, and local medical organizations, officials and private individuals, in both Nanking and Shanghai, made every effort to make the Congress a memorable one, both scientifically and as regards the entertainment of the delegates attending it. Considering the difficulties of the times and the distances to be travelled, the number of delegates from foreign countries was fairly large, and in consequence the scientific presentations and discussions were diverse and interesting.

The work of the Congress was divided into a considerable number of sections, of which four were in session during most of the periods devoted to scientific presentations. The section devoted to leprosy met on Saturday, October 6, from 9 a. m. to 12 m., under the chairmanship of Dr. H. W. Wade, of Cullion; Drs. James L. Maxwell and Daniel G. Lai, both of Shanghai, rapporteurs. For the most part it was well attended and some of the papers read gave rise to lively discussion. The papers read, and the authors' abstracts of certain of them as printed in a booklet provided the delegates, were as follows:

1. *Tuberculoid leprosy and its classification*, by DR. H. W. WADE, Leonard Wood Memorial Laboratory, Cullion, P. I.

A summary of the condition known as tuberculoid leprosy is presented, and the classification of the condition is discussed. It is much less rare than has been supposed heretofore, and should be recognized. A distinction is made between (1) cases of cutaneous-type leprosy which simply have one or more *tuberculoid*

lesions, and (2) these cases to which *tuberculoid leprosy* is applicable as the type designation. The distinction is the same as that between cutaneous cases with neural manifestation, and the strictly neural cases.

Consideration is given the clinical features that commonly lead to the mistaking of tuberculoid lesions for ordinary lepromata. The difference between these granulomata is, principally, that the tuberculoid one is an epithelioid structure rather than an accumulation of lepra cells. Lepra reaction may occur in these lesions, as in those of the cutaneous type, though apparently with less disturbance of the patient. This condition does not necessarily induce a transformation to the cutaneous type; to the contrary, it seems rather to cause an exaggeration of the tuberculoid condition. Ordinarily the tuberculoid lesion is bacteriologically negative, and when bacilli are found they are relatively few and scattered, not in globi. They are sometimes so found in severe, persistent reaction, and there is a possible question as to whether they are found otherwise.

The tuberculoid phenomenon is looked upon as one of resistance, evidently greater than that seen in cutaneous leprosy, but apparently different from that of ordinary nerve leprosy. However, true primary tuberculoid leprosy cases are essentially of the neural type, with the addition of the special epithelioid development in the macules—whether this be an alteration of the original condition or an exaggeration of it. Ordinary neural cases may develop recognizable tuberculoid lesions without other essential change. If a tuberculoid case should develop lepromatous lesions of cutaneous leprosy, that would simply be analogous to the conversion of an ordinary neural case to mixed. On the other hand, cases which have been of the usual cutaneous type may, on recovery after treatment, show a residuum, or a new development, of tuberculoid lesions—just as such cases may show a residuum of neural manifestations. For the reasons that such residual neural cases are classed as “secondary neural,” the tuberculoid cases of the same nature may be classed as “secondary tuberculoid.”

It is proposed that, though tuberculoid lesions are granulomatous and often mistaken for the cutaneous affection, cases of tuberculoid leprosy be classified as a variety or sub-type of the neural type, and that distinction be made between primary and secondary tuberculoid cases. The importance of recognizing this variety of leprosy is stressed.

This presentation was illustrated by lantern slides showing the clinical appearances of the condition discussed and the histological findings in the lesions. An interesting discussion followed, bearing particularly on the significance of the tuberculoid change and the diagnosis of the condition.

2. *The present position of dye therapy of leprosy*, by DR. GORDON A. RYRIE, of Sungei Buloh, Federated Malay States.

The paper first discusses the phenomena that have already been observed in treatment of leprosy by the use of various dyes. The selective staining of leprotic lesions after intravenous injections of dyes has been observed repeatedly. There is, however, considerable divergence of opinion with regard to the clinical

effects of such selective staining. The reasons for this are discussed and comparative data brought forward in favor of the use of Fluorescein.

The technique of using Fluorescein in Leprosy is described and two suggestions are put forward as to its use. One is as an interval treatment in institutions between courses of esters. Details of a number of experiments are given in connection with this. The other is as an adjuvant to out-door treatment in clinics and a number of advantages are claimed.

The present position with regard to the use of Fluorescein and its derivatives is then summarized.

In view of the comparative newness of this method of treatment this paper was listened to with much interest, but discussion was limited because few have had experience with it.

3. *Contributions à la sérologie et à la thérapie de la lèpre*, by DRs. M. OTA, S. SATO and T. ISHIBASHI, of the Tohoku Imperial University, Sendai, Japan. ✓

(a) REACTION DE FIXATION DU COMPLÉMENT CHEZ LA LÈPRE

An article on this subject by Drs. Ota and Ishibashi appeared in the last number of this JOURNAL.

(b) L'ÉTHÉR ÉTHYLIQUE D'HUILE CHAULMOOGRIQUE CONVENABLE
A L'INTRODUCTION INTRAVEINEUSE

An article on this subject will appear in the next number of this JOURNAL.

4. *Bacteriological study of certain immune regions in skin leprosy*, by DR. DANIEL G. LAI, of the Department of Public Health, National Medical College, Shanghai.

As reported by Hopkins and his associates, there are certain immune regions in skin leprosy, such as the posterior inferior auricular area and the axilla. In a series of 83 cutaneous or mixed cases of leprosy, a bacteriological examination of these regions indicates that *Mycobacterium leprae* is not entirely absent, but thinly distributed in comparison with their adjacent areas, the ear lobe and the deltoid region.

5. *A preliminary report on the use of benzylephedrine-chaulmoogra oil in the treatment of leprosy*, by DRs. C. T. FENG and C. L. CHENG, of the Central Field Health Station, Nanking.

This preparation was advanced as less painful on injection than chaulmoogra oil and as productive of results as its ordinary preparations. The use of it had been limited and in discussion the rationale of using ephedrine in this manner was questioned.

6. *Anhydrosis and alopecia in leprosy. A report on two hundred cases*, by DR. LEE S. HUIZENGA, of Jukao, Ku, China.

No abstract of this paper is available. However, it will appear in full in the next number of this JOURNAL.

7. *Tuberculoid leprosy among Chinese*, by DR. F. REISS, of Shanghai.

No abstract is available of this paper, which dealt with a limited number of cases studied in the author's clinic at the Chinese Red Cross Hospital in Shanghai.

Papers read by title only were:

1. *Recent advances in the treatment of leprosy, with special reference to sodium thiosulphate*, by DR. F. REISS, of Shanghai.

The gist of this paper, which recounts remarkably promising results in a few cases treated over a short period by sodium thiosulphate injected intravenously, was indicated by the author in discussing one of the papers read, but an abstract is not available.

2. *Traitement de la lèpre par le bleu de méthylène en les injections intraveineuses*, by DR. M. L.-R. MONTEL, of Saigon.

A preliminary report on this subject by this author is reprinted in this number of this JOURNAL.

3. *Un cas de paralysie general d'origine lepreuse*, by HOANG PHO, of French Indo-China.

4. *Human sterilisation and its application to leprosy*, by DR. LEE S. HUIZENGA.

5. *Mycobacterium leprae in deep organs in fifteen "quiescent" and "arrested" cases of leprosy not demonstrated in smears - at necropsy*, by DR. J. O. NOLASCO, of the Cullion Leper Colony.