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BRIEF REPORTS

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RELAPSE OF LEPROSY UNDER CONTROLLED CONDITIONS

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There is a general opinion that most if not all of the paroled arrested cases that relapse do so because they return to the original unfavorable conditions in which they acquired the disease, or because of the hardships that many ex-lepers undergo. Particular features often blamed include unhygienic surroundings, insufficient or poor, unbalanced food, and lack of proper treatment; most of the relapsed cases have had only irregular, trivial treatment, if any, after release.

To determine the soundness of these ideas it would be necessary to observe an adequate number of cases living under satisfactory conditions for comparison with those who return directly to their homes, but such an experiment would be expensive and difficult to arrange with the patients themselves. Therefore, it would be desirable if leprosy workers were to record, even in small groups of cases, the frequency and circumstances of relapses that occur among paroled patients living under proper conditions and receiving treatment.

The present report deals with only five cases, but the patients had lived under controlled conditions, approaching an ideal experiment, during at least the greater part of their negative period.

The chaplain of this station took to live with him in his own "convent" (residence) five boys paroled as arrested cases. All were supplied with adequate clothing which was kept meticulously clean. Each had a separate bed, and a suitable bathing place was provided. They were encouraged to lead methodical lives, with regular hours for sleep, work, and recreation. Their food was practically the same as the chaplain's. Injections were given regularly. The effect of

this wholesome life, under the fatherly supervision of their benefactor, was soon manifest in their health; all put on weight and looked bright and active.

REPORTS OF CASES

CASE 1, E. N.—Admitted June 7, 1927, 13 years old. Duration of the disease was said to be one year. There was slight infiltration of the cheeks and earlobes, with a few small nodules on the cheeks. The skin over the lower part of the left leg was thickened, pigmented, scaly, and anesthetic. Classified as C2-N1. Placed on the negative list on May 24, 1929, he was paroled on December 13, 1929, after a probationary period of nearly 7 months. He returned to his home in Cebu, but the conditions were so wretched that the chaplain continued giving him financial help for a time, and in January, 1930, brought him to live in the convent. In July, 1932, he was given charge of the chaplain's rest-house at Cebu, where he remained under the care and supervision of the chaplain until he was found positive in March, 1934, and was readmitted. He was examined once (June, 1932) and found negative by the National Disposal Committee, which has charge of this work throughout the Philippines. When readmitted he had numerous maculo-papular eruptions on the buttocks, upper extremities and thighs, and was again classified as C2-N1. He admitted knowing that his disease had relapsed since November, 1933, five months before he reported it. He had been continuously under the care of the chaplain for almost 4 years before relapse. He was not as cleanly and regular in his habits as some of the other boys.

CASE 2, P. S.—Admitted September 7, 1925, aged 14 years. Duration about a year. Type, C2-N2. The lesions were small red macules, roughly circular or ovoid, 2 to 6 cm. in diameter, on the chest, back, upper extremities and buttocks; a few small nodules on the ears and cheeks. The fronts of both legs were anesthetic, pigmented and thickened; a trophic ulcer on the right plantar surface. Negative in April, 1929, and paroled 6 months later, he lived for a time with his family but conditions there were so poor that the chaplain took him into the convent in July, 1930. He was found to have relapsed in January, 1932, with slight infiltration on the face and buttocks; plantar ulcer still open; type C1-N2. According to his companions a few papules appeared on his abdomen about 7 months before he was found positive, but he was able to hide them from the chaplain until many others appeared. He was thus free from signs of activation for about 2 years and 3 months, the last 19 months of which was spent at the convent.

CASE 3, V. L.—Admitted April 30, 1930, aged 11 years. Duration 2 years. Type, C1-N1. There were reddish raised macules on both cheeks and on the inner surface of the left thigh, and fairly extensive areas of infiltration on the back and buttocks. Smaller patches on the left earlobe, nose, arms and legs. Negative in April, 1931. There were no "interruptions" during his observation period of 1 year and 5 months, and he was paroled in September, 1932. He went directly to live with the chaplain and remained there until he was found positive in April, 1933, after only 6½ months. About a week before he was

found bacteriologically positive he noticed that the left earlobe became red and tense. There were no subjective symptoms—no itchininess, pain, numbness, tingling or fever. Type on readmission C1-N1. This patient has always been very neat and orderly.

CASE 4, T. L.—Admitted January 25, 1926, aged 8 years. Duration one year. Type, C1. There was a dollar-sized pinkish macule on the left buttock, positive for *Myc. leprae*. Some turgidity of the left earlobe and of the left ala nasi; the fronts of both legs were dry and scaly. The patient first became negative in April, 1928. This first negative period was twice "interrupted" by the discovery of bacilli in smears, with no clinical reactivation, once from June to October, 1928, and again from May to September, 1929. Finally paroled in August, 1930, after an uninterrupted period of 7 months, and went to his family. Found positive again in January, 1931, and readmitted. Found negative again in June, 1931, and paroled 1 year and 3 months later, in September, 1932. He went directly to the convent, where he lived until found relapsed in January, 1933, only 4 months later. Two weeks previously he had noticed a group of three small red patches on the left loin, and after about 10 days large patches appeared on the thighs, buttocks and upper extremities, and the cheeks and ears became slightly infiltrated.

TABLE 1.—Age, duration of quiescent period before and after parole, and length of stay at the convent, of cases reported.

Case	Age		Type on admission	Probation before parole	Quiescence after parole	Length of stay at convent
	When admitted	When paroled				
No. 1, E. N.	13	16	C2-N1	6 mo. 11 da.	4 yr. 3 mo.	3 yr. 10 mo.
No. 2, P. S.	14	18	C1-N1	6 mo. 5 da.	2 yr. 3 mo.	1 yr. 7 mo.
No. 3, V. L.	11	13	C1	1 yr. 5 mo.	6 mo. 13 da.	6 mo. 13 da.
No. 4, T. L.	8	14	C2-N2	1 yr. 3 mo.	4 mo. 3 da.	4 mo. 3 da.
No. 5, S. B.	16	22	C2-N2	1 yr. 4 mo.	2 yr.*	1 yr.

* Still quiescent, on December 31, 1934.

CASE 5, S. B.—Admitted June 4, 1926, aged about 16 years, and sent to Culion in November. He had marked infiltration of the cheeks, earlobes, knees, buttocks and the fronts of both legs, with atrophy of the muscles of both hands. Type, C2-N2. Paroled from Culion in May, he was found relapsed in December, 1930, and readmitted to this station. Type now C2-N3. Declared negative again in May, 1931, and paroled in September, 1932, after 15½ months. He went to live in the convent, but after just a year he developed a plantar ulcer on the left foot which became infected, and he was transferred to the station for treatment in September, 1933. He is still negative, almost 2 years after parole.

Of the five paroled patients here discussed who, after having been under observation as "negatives" for periods of different lengths, were taken by the chaplain of this station to live at his

"convent" under controlled and exceptionally favorable conditions, four relapsed after periods varying from four months to nearly four years. Parenthetically, the probationary period required of negatives under detention was extended in 1932 from six months to one year, in the hope of minimizing "interruptions" and "relapses." In the group here reported the prolongation of this period did not show the desired result, for though two of these patients (Cases 3 and 4) had been observed for more than a year before parole, and had been examined by the National Disposal Committee twice in accordance with present regulations, they relapsed after only 6 and 4 months, respectively. On the other hand Cases 1 and 2, which had been detained only slightly over 6 months, did not relapse until after 2 years and 4 years, respectively. The only case which did not relapse was practically a "burnt-out" case when paroled.

The high proportion of relapses in this small group should not be taken as a fair indication of the incidence of relapses among the patients paroled from this station and from Culion. We can cite many scores of negatives in this province who are leading useful lives and have not shown the least sign of reactivation, some of them seven to eight years after parole. This question will be fully discussed in another paper.

SUMMARY

1. Four out of five paroled "negative" leprosy patients who had lived during all or the greater part of their parole period under almost ideal conditions as to hygiene, food, behavior, and antileprosy treatment, under the direct supervision of a person deeply interested in their welfare, relapsed after periods varying from 4 months to 3 years.

2. Although the number involved is far too small to allow definite conclusions, this experience suggests that there are other, perhaps more important, factors which determine whether a paroled patient will relapse or not. Little-understood factors such as natural individual immunity, or varying states of infectiousness of the leprosy organism, may prove to be chiefly responsible for these results.