The molecular basis for the induction of cell-mediated immunity, the T cell product relationship to cell-mediated immunity, the full clinical significance and functional details of subtypes of human T lymphocytes, the specificity and molecular mechanism of the TF phenomenon, etc., all as they relate to our particular organism, M. leprae, and the intriguing but elusive nature of the defect in the defenses of its victims.

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The Need for Long-Term Follow-Up of Surgical Reconstruction in Leprosy

It is now about a quarter of a century since reconstructive surgery in leprosy first received great emphasis, came into vogue and was widely acclaimed as a major advance in the care of leprosy patients. In at least some major areas of leprosy endemicity, during this same quarter of a century there has been a marked decline in the incidence of new leprosy cases under the influence of chemotherapy and rising standards of living. Consideration of these trends suggested that in endemic areas where there are reasonably active therapeutic campaigns it can be expected that leprosy may be expected to be a minor problem in 25 to 50 years insofar as active new cases are concerned.1 These conclusions seem to be supported by the computer models studies reported by Lechat et al.2,3 This assumes, of course, that there does not appear to be a far higher incidence of transmission of drug-resistant bacilli than has been evident to date. Some workers have recently been anticipating this latter possibility.4,5

Be this as it may, it is fair to assume that in either case, there will for the foreseeable future be a considerable residuum of leprosy crippling necessitating care and attention. It would be good to have some long-term assessment of the results, effectiveness, and durability of reconstructive surgical procedures in leprosy after a generation of experience. We have not found such studies.

There would seem to be particular need for such long-term evaluations in leprosy since it might be expected that the usually irreversible nerve damage and changes in vascular circulatory dynamics might result in ongoing bone changes,6 which might modify or vitiate the results of some reconstructive procedures.

Essentially the same holds true for x-ray studies of deformities. Several studies of the pathogenesis of bone changes have been published14 from which it seems evident that there are progressive changes resulting...

from neurovascular changes, from pressure atrophy, and from the imbalance following on varied muscle paralysis even in the absence of active leprous or pyogenic infections.

Roentgenologic, angiographic and functional studies of the extremities of patients 15 to 25 years after similar studies carried out in preparation for reconstructive surgery could be expected to be revealing, valuable and timely. They could include not only subjects of reconstructive surgery but also patients with extremity deformity who have been bacteriologically negative for many years as a result of chemotherapy.

Surely records and suitable patients for such study must exist in many centers. To our knowledge, for example, the x-ray and other records of Hay Ling Chau in Hong Kong are well cared for by the Hong Kong Government, and when one sits in the outpatient clinics one recognizes not infrequently patients first seen in the early 1950’s, some of whom have had the benefit of surgical procedures and are available for comparative functional and roentgenological re-evaluation.

—Olaf K. Skinnness

Abstracting and Indexing of This Journal

Some years ago a cherished contributor to this Journal volunteered that he was reluctant to submit some of his work to us because the IJL is a relatively small specialty journal and was not indexed so that a broad range of scientists could be made aware of his work.

Recently, we received a suggestion from a subscriber that we should seek indexing in one of the Current Contents listings.

The present situation is that the IJL has been listed in Current Contents/Clinical Sciences since 1972. Since the first issue of 1972, notice to this effect has been regularly carried at the bottom of the inside front cover.

This inclusion is not “automatic.” It is achieved by negotiation, the payment of an initial fee and regular provision of free copies of each issue. This Journal which, by decision of the ILA membership meeting in Congresses, sells at a subscription price that is well under half its production cost, was a little delayed in its inclusion by difficulties in financing the initial inclusion fee.

Interested readers will note that currently the IJL is regularly abstracted or indexed in the following indexing or abstracting publications: Current Contents/Clinical Sciences, Tropical Disease Bulletin, Chemical Abstracts and Biological Abstracts.

Our published manuscripts are, of course, regularly indexed in the Cumulated Index Medicus, Index Medicus Medline and Sidelin. From 1973-1977 the Journal was also indexed in the Kokusai Igaku Zasshi Kidou Sakusin (Index of Japanese Medical Periodicals) until it ceased its production in 1977.

—Olaf K. Skinnness