

# A Form of Medicinal Treatment in Severe Cutaneous Leprotic Fever.

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**T**HOSE concerned in the treatment of lepers encounter much difficulty from time to time in dealing successfully with severe cutaneous leprotic fever. While very severe cutaneous reactions are somewhat infrequent, they may, in the second and third stages of leprosy in Muir's classification, *i.e.*, in the stages of extension and of elimination, by their prolonged duration, cause serious exhaustion, and they occasionally terminate in death. Moreover, in the stage of extension, the patient on recovery from the fever, may be more heavily involved in leprosy than before, through dissemination, with grave prejudice to his chances of ultimate re-establishment. A further point of importance is that the application of modern methods in the treatment of lepers, in which the immediate objective is often the production of the mildest reactions clinically recognisable at short and regularly recurrent intervals, involves some risk of the eliciting of reactions of impredicable severity; this risk is, however, reduced to a minimum if the patient is under careful observation, and if the earliest indication for the modification or temporary suspension of treatment is promptly acted upon. Measured against the benefits reasonably to be expected in suitable cases, this risk becomes a minor matter; nevertheless, even where all possible care has been exercised, severe reactions are very occasionally brought about by treatment.

In consequence of the very variable duration of attacks of leprotic fever, if untreated, it is difficult to assess the value of any method of treatment unless a large number of cases have been dealt with. It is proposed herein to describe a method that has been used with marked success in the majority

of the very many cases treated thereby during the last four and a half years. As a result of the experience so gained, the following claims are thought not to be excessive, viz. :—

(a) That the fever is often at once, and usually, but not invariably, speedily controlled.

(b) That, even if the patient is in the second stage of leprosy, new lesions associated with the attack of leptotic fever usually fail to become permanent.

(c) That the retrogression of pre-existing lesions, which occurs with some frequency in lepers in the third stage of leprosy after an attack of leptotic fever, occurs in still greater frequency as a result of the treatment to be described.

There are, however, occasional cases in which success is not immediate, and a very few that prove entirely resistant ; in the latter, one or other of the various methods that have been advantageously used, of which a summary is given by Green (1929)<sup>1</sup> may prove more successful.

The procedure for which such considerable claims are advanced is an adaptation of that recommended by the late Sir Archdall Reid and others (1921)<sup>2</sup> for the treatment of patients in a large variety of acute febrile conditions. It consists essentially in the giving in combination of Aspirin, Phenacetin and Dover's Powder.

Treatment is carried out in the writer's practice as follows :—The patient on admission to hospital is wrapped in a blanket, hot-water bottles are applied, and he is given a large cup of tea as hot as he can drink it, preceded by the following powder :—

Aspirin	...	...	...	...	grs. x.
Phenacetin	...	...	...	...	grs. v.
Pulv. Ipecac. Co.	...	...	...	...	grs. v.
Calomel	...	...	...	...	grs. iv.

In about two hours, during which the patient has been kept wrapped up as above, the very heavy sweating induced begins markedly to diminish ; clothing and bedding are now changed, and later the patient is given two ounces of Mist. Alba. Thereafter he receives the above powder, the calomel, however, being omitted, morning and evening, the additional means of inducing severe sweating being applied as before, until his temperature has been normal for two or three days, and then the powder, etc., are given once daily only for several days.

Almost invariably the establishment of free sweating is accompanied by a falling temperature and relief of distress. The fever and associated symptoms may recur, but, even so, they are likely to be less marked than at first, and are again

controlled. The patients speedily learn the benefits of the procedure, and willingly tolerate its transient discomforts. No ill effects sufficient to cause anxiety have been noted in dealing with many patients varying widely in age and in general condition ; even the old and the debilitated have proved, with hardly an exception, quite able to profit by this treatment.

It is hoped that the procedure described may be tried elsewhere in severe reactions, and that its merits will be found not to have been over-estimated herein.

#### REFERENCES.

- <sup>1</sup> Green, R. (1929.) Some Observations on the Leprous Reaction. *Trans. Roy. Soc. Trop. Med. & Hyg.*, Vol. xxii, No. 4, January, 1929.
- <sup>2</sup> Reid, Archdall, G. (1921), and others. The Treatment of Acute Toxæmia. *B.M.J.*, June 4th, 1921, and following issues. (Correspondence.)