

The Treatment of Residual Disease in Leprosy.

E. MUIR.

(Reprinted from *LEPROSY IN INDIA*, July, 1930).

IN India it is common to divide things into 16 annas after the manner of the rupee. Thus it is not unusual to tell a patient that so many annas of his disease have disappeared, and that so many annas remain to be cured.

In a typical case of skin leprosy it is comparatively easy to get rid of three-quarters, or twelve annas of the disease ; it is the last four annas that are difficult to cure. This " four annas " I have called the *residual disease* ; and it is the lines along which this should be treated that I propose to describe in this article.

Innumerable drugs have been put forward from time to time as specifics for leprosy. There are two main reasons for this. The first is that patients often recognise that there is something wrong with them and go for treatment to the doctor when the disease enters the reactionary phase. In this phase lesions of the skin, which have formerly been lying quiescent suddenly swell up and become red in colour and the local reaction is often accompanied by general symptoms such as fever and malaise. The doctor adopts some line of treatment and the patients' general health improves, with the result that the reaction passes off, the swelling of the local lesions disappears and the treatment adopted gets the credit of having effected a cure. The patient, however, is not cured ; all that has happened is that his more marked signs have disappeared and the disease, unseen, may be gradually extending and invading fresh areas of skin. In fact it is possible to have large areas of the corium invaded with leprosy without outward signs or symptoms sufficient to attract the attention of the patient or even of the ordinary doctor.

The other reason for the multiplicity of " cures " is that in more advanced cases, in which there is thickening of the skin, nodular ears and liontiasis of the face, it is possible by means of many remedies to remove the disease to such an extent that the patient to the outward eye looks remarkably better and is not easily recognised as suffering from leprosy, though bacteriological examination still shows abundant acid-fast bacilli both in the skin and in the nasal mucosa.

A severe attack of typhoid, malaria, kala-azar or some other febrile disease may be sufficient to bring about such a change. Large doses of potassium iodide will often have the same effect and so to a less extent will many other drugs.

There are then many remedies and many circumstances,

such as those caused by various acute diseases, which will clear up the greater part of leprosy and to the unskilled eye make the patient appear better or almost better.

What has to be remembered is that these remedies, etc., may sometimes diminish the patients' ultimate chance of complete recovery. For, while making a very striking improvement in the appearance of the patient, they actually lower his general resistance, and for recovery from the residual disease in leprosy the one great essential is high general resistance.

The writer has therefore come to the conclusion that in the treatment of leprosy the raising and maintaining of the general resistance of the patient should be put in the first place. If it is low, all efforts should be exerted to raise it. Seeing that injections of hydnocarpus preparations may in the case of a weak patient cause still further weakening, it is advisable in many cases to postpone such injections till the patients' general health has been improved, or till other diseases, which had been weakening him, have been removed. In other cases injections may be given in small doses and increased according to the tolerance and general improvement of the patient.

Fortunately we have in the sedimentation test a very reliable criterion of the patients' resistance, and this test is specially valuable in patients who have a low resistance, as shown by a high sedimentation index.

In this short article I cannot go into the details of this test, but speaking generally, one may say that the best way to deal with the residual disease in leprosy is to keep down the sedimentation index to below 20, or better still to below 10, and consistent with this to press the hydnocarpus treatment, using preferably the intradermal multiple puncture method. This may be supplemented in some cases with potassium iodide, given once or twice a week. But it is well to rely on hydnocarpus ester injections in the first place, the dose being the maximum consistent with a low sedimentation index. Oral administration of iodide may be added when 6 c.c. of esters given twice a week fails to raise the index. The dose of iodide should likewise be limited to the amount that is consistent with maintaining this slow sedimentation rate.

When a patient has reached this stage in his treatment with slow sedimentation maintained in spite of fairly vigorous treatment then the prognosis is good and is only a matter of time for complete recovery to take place. It may take a long time for the skin and nasal mucosa to become absolutely negative, but the progress in such cases is steady and sure.