

## Correspondence

MAHAICA LEPROSY HOSPITAL,  
BRITISH GUIANA.  
11th September, 1935.

Dear Sir,

I wish to protest, if you will allow me, against the use of a certain word which seems to be creeping into current use in recent years.

Last year, while on leave in England, I read for the first time, in a communication from India, of "tainted" and "untainted" children. It seems that we are endeavouring to release ourselves, not altogether with success, from "lepers" only to fall victims to "tainted," which surely bears much the same idea of a stigma in the minds of ordinary folk.

Why cannot we use the ordinary technical terms "infected" and "uninfected"?

These words are well understood and seem to me to convey the same meaning, unless they have some special significance which I have not quite appreciated.

Yours faithfully,

F. G. ROSE.

*Medical Superintendent.*

The Editor,  
"The Leprosy Review."

Dear Sir:—

*Leprosy Infection from Mosquitos and Minor Accidents.*

By way of comment on the references in the "Journal" of April-June, 1935, Vol. 3, No. 2, to the "Mosquito theory advocated by certain South American Workers" (p. 169) and the "Risk of acquiring the infection of leprosy from minor accidents" (p. 230) the following personal experiences may be of interest.

In November, 1900, I was sent as medical officer with an exploring-surveying party to the River Monte Lindo zone of the Gran Chaco of Paraguay. The special reason for my accompanying the expedition was that the surveyor, an old Dane of 70 years of age, was said to be rather a sick man from heart disease and dropsy. He resented any suggestion that there was anything the matter with him. From a certain known fixed point the survey was begun, two other white men and myself, with a party of Chaco Indians, doing the surveying with chain and flags and compass. I was given the duty of noting down the distances and directions. Every evening, when we camped, I sat beside old Don Pedro making the logarithm calculations to get the figures right for the next day's survey. By the edge of the Chaco forest, or stream or swamp, the mosquitos simply swarmed at that hour. After suffering patiently for some time I suggested to Don Pedro that our calculations could be more comfortably done under a mosquito net. "Mosquitos!" he protested, "I neither feel nor see any mosquitos; it will be too stuffy under the net." Next evening, however, I rigged up my mosquito net and told Don Pedro I was going to do my logarithms inside. He was annoyed, but came under the net saying he must see what I was doing. For a full fortnight we

sat under the mosquito net an hour or more, sometimes with candle light, and generally with a sufficiency of mosquitos inside to worry me. Don Pedro was a huge man, sweated profusely, and smelt strongly from many sores on his feet and legs, and my nightly ordeal with him was far from pleasant.

Two and a half years afterwards I was sent for to visit a European, who was living in the city of Concepcion, Paraguay. A report was required regarding his condition; he was said to be a leper, and the local authorities wanted him removed from where he was. I found that it was my old friend, Don Pedro, the Danish surveyor. Two and a half years of neglect and poor living had made very evident the leprosy from which he had been suffering already for some twenty years. When I remembered what he was like during our previous Chaco expedition, the swollen leonine face and multiple sores, I saw that I had been deceived in not having then diagnosed the disease. In November-December, 1900, I had been in the closest contact with him and generally in the midst of clouds of mosquitos. In June, 1903, I had him provided for, brought to a habitation near my own place, and tended him until he died.

His sores often got fly blown, and the maggots had to be evacuated. The old man's eyes were badly affected and he was practically blind. On one occasion I had to get maggots from a wound between his toes. While I was bending over him, working with forceps on the maggots, he moved his foot, and it came up with considerable force, an ulcerated big toe coming right against my lips and mouth! I immediately rinsed my mouth out with a solution of permanganate of potash I was using for the patient. Owing to the general insensitiveness of the tissues, it was not always possible to find where maggots were harbouring. When too late, I found them far beyond reach up the nose and sinuses, and so the old man died like Herod the Great "consumed with worms." That all happened over thirty years ago. Since then I have suffered various minor accidents during the course of treatment of lepers, but never attributed any importance to them or worried about treatment for them.

J. W. LINDSAY.

Tolworth, Surrey.

---

THE LEPER COLONY,  
UZUAKOLI, N.E.R.,  
PORT HARCOURT,  
S. NIGERIA.

Dear Sir:—

*Intra-dermal Needle for use in giving Leprosy Injections.*

Certain difficulties are experienced in giving intra-dermal injections of the preparations of Hydnocarpus Oil when there is no method of securing the needle to the syringe. The preparations are thick oily liquids, and a certain amount of force is necessary to drive the injection into the skin. The oil acts as a lubricant at the joint so that even a tightly-fitting slip-on needle becomes loose in a very short time. The result is that the injection, to be given successfully, takes considerable time and concentration. More commonly the injection is given subcutaneously, or the needle and syringe become separated with much

waste of the drug. The hands of the person giving the injection become covered with oil, and it is then difficult to hold the syringe firmly. This is exaggerated if the operator is wearing gloves, as he ought. It is thus impossible to give a large number of intra-dermal injections successfully, when reliance has to be placed upon native staff using such equipment.

In 1933 I asked Messrs. J. Gardner & Son, of Edinburgh, if they could arrange for the special intra-dermal needles recommended by Dr. Cochrane of the British Empire Leprosy Relief Association, to screw on to the syringe. This they were able to do, and one turn of the needle now makes it absolutely secure. A washer is provided with each needle for the upper end of the mount.

In the Uzuakoli Leper Colony a large number of intra-dermal injections of Iodised Moogrol are given every week by the native staff, using the needles described. The experience of the last eighteen months has shown that the injections are given with more certainty, more convenience, and far less waste.

JAMES A. K. BROWN.

*Medical Superintendent.*

10.3.35.