

Editorial

One of the commonest fallacies connected with leprosy is the apparent improvement which often takes place under certain forms of treatment. The clinical signs are due not to toxins but to the reaction of the tissues to the bacilli in their neighbourhood. This reaction is an attempt on the part of the tissues to destroy the infection. If therefore the efforts of the tissues are reduced, as when the general health is depressed by intercurrent disease, or by excessive doses of drugs used in treatment, the clinical signs are likewise reduced. Therefore diminution of clinical signs, whether cutaneous or neural, does not necessarily imply diminution of infection; in fact, it often means the reverse. This may be best illustrated from the history of an interesting case. The patient had noticed signs of leprosy spreading for some months, first on the face and later on the body. He then had an attack of enteric fever. He noticed to his surprise and delight that during this attack the signs of leprosy disappeared. But as convalescence advanced his former signs of leprosy reappeared and were very much worse and more widespread. Later he was attacked by dysentery and then again the signs of leprosy diminished, only to show themselves once more in a far worse form.

Clinical appearances are therefore liable to be deceptive and should never be taken as a criterion of improvement if the patient is not in first-class general health. In cutaneous leprosy it is safer to rely upon careful and repeated bacteriological examination.

Likewise the deterioration of neural into cutaneous leprosy may often be accompanied by considerable restoration of sensation, which the patient and even the physician may misinterpret as a sign of improvement, whereas it is simply a sign of diminished tissue reaction to the bacilli inside the nerves and consequent relief of pressure on the nerve fibres. It should be noted that false signs of improvement are often caused in this way by excessive treatment which depresses the patient's health.

The reaction of the tissues to Hansen's bacillus is frequently accentuated by something of the nature of sensitization to these organisms. Certain drugs cause apparent improvement by desensitising the patient. Thus red and swollen lesions may become pale and flat and may even disappear. But bacteriological examination before and after fails to show diminution of the infection. This action is associated largely with small doses of the heavy metals, such as antimony, arsenic, copper, gold, etc. It is not unlikely that the recent popularity of dyes, such as methylene blue, fluorescein, etc., may in large measure be due to their desensitising effect.

It is not yet clearly enough realised that in leprosy, as in tuberculosis, no real progress towards recovery can be made through any yet known form of special treatment, apart from the sound general health of the patient. Given this factor, various forms of special treatment are useful auxiliaries, the best established of which are chaulmoogra oil and its preparations. Apart from this factor, any seeming improvement may either signify actual deterioration or, at best, desensitization.

Leprosy is a disease of very low toxicity. There is therefore nothing inconsistent between suffering from moderately advanced cutaneous leprosy and attaining good general health. For this, freedom from accompanying disease, suitable diet, and the right mental attitude are essential. Mass treatment and sole reliance upon drugs are likely in the long run only to bring discredit upon anti-leprosy measures.

Above all, in any endemic area, *treatment with a view to prevention* should be the motto of the anti-leprosy campaign. Leprosy is difficult to cure, but it is easy to prevent. In carrying out prevention the difficulty lies not in the nature of the disease, but in instructing and persuading those concerned to carry out a very few simple and inexpensive precautions.