REVIEWS

Leprosy in India. Vol. IX, No. 4, Oct., 1937.

J. Low and S. N. Chatterji give a well illustrated article on their *Experiments in the Treatment of the Trophic Lesions of Leprosy by Injections of Hydnocarpus Preparations.* The trophic ulcers and subcutaneous tissue round the posterior tibial nerve is infiltrated and the tissues round the ulcer are infiltrated with about 2 c.c. of hydnocarpus preparations. The patients remained ambulant during the treatment. There was slight swelling and pain, but some of the ulcers, which had failed to yield to previous treatment, healed up and others improved. Similar injections were given with good effects round the eyelids in chronic cases of lagophthalmia.

J. Lowe and Dharmendra write on *Sternum Puncture in Leprosy.* We reprint this article on page 67.

N. Das writes on *Treatment of Maggots in the Nose* by syringing first with a 10% suspension of turpentine in distilled water, and then with a 1% solution of sodium bicarbonate.

International Journal of Leprosy. Vol. V. No. 4. Oct.-Dec. 1937.

The Dynamic Classification of the Forms of Leprosy by V. N. Kusnetzow.

Leprosy is envisaged as a progressive disease with a losing or gaining fight going on between the reticulo-endothelial system and the invading organism. Therefore special stress is placed upon the functional condition of this system and its 'absorptive capacity', this being tested by Nicolav's method which the author finds more accurate and simple than that of Adler and Reimon. He mentions that the reaction of this system "in infants at the beginning of infection tends much less to the establishment of immunity than in the direction of anaphylaxis". The author divides leprosy into four periods or stages:—I. Latent, in which bacilli may be found and there may be dry rhinitis, swelling or lymph glands, sensations along certain nerves, swelling of the face or limbs, febrile symptoms, pemphigus, disturbance of sweat and fat functions. II. Florescent, which takes the form of a parabola, first increasing and then diminishing. At this stage the disease may take on either a benign form (neural leprosy), or a malignant form, depending on the functional activity of the reticulo-endothelial system. III. Period of relative stability, corresponding to the "closed" forms of nodular or mixed leprosy. IV. "Some patients, having passed the first three periods emerge into the fourth one—the healed period, beyond danger of relapse". These are deformed invalids though they have got rid of the infection. Having described this ground work, the author divides cases into two groups—A and B. A comprises the milder forms of the disease and B the bulk of patients in Stage II.

GROUP A.

Subgroup 1. Patients with lepra incipiens showing unique lesions as regards morphological classification (lepra macan).

Subgroup 2. Patients with lepra II benigna (lepra nervosa), no account being taken of the extent or degree of the process.

Subgroup 3. Patients with lepra II maligna (lepra cutanea, C2-C3) in a stage of prolonged remission.

Subgroup 4. Patients with lepra II maligna (lepra cutanea C2-C3) with a tendency to benign lepra reaction.

Subgroup 5. Patients with lepra III (lepra cutanea, C2-C3), without disturbances of the functional condition of the reticul-endothelial system.

GROUP B.

Subgroup 1. Patients with lepra II maligna of moderate degree (face and peripheral parts of extremities involved), with increased absorptive and proliferative functions of the reticulo-endothelial system and normal oxidation processes.

Subgroup 2. Patients with lepra maligna at the acme of its development (the face, extremities and often the body being involved, with affection of the eyes and the upper respiratory tract); they are subject to frequent lepra reactions. The absorptive function of the reticulo-endothelial system is lowered and the proliferative function is still elevated; there is decrease of neutrophiles and marked shift to the left; the oxidation processes are lowered and there is a tendency to acidosis.

Subgroup 3. Patients in which the process is still more marked. The number of monocytes reaches the upper limit of normal; the shift to the left is more pronounced. Lepra reaction takes place less frequently and is generally mild.

The author's chief justification for his classification is that those in Group A may be subjected to energetic chaulmoogra and other treatment; while with those in Group B treatment has to be applied much more carefully and selectively. [This classification is apparently built upon an experience of leprosy in Russia which is more limited in character and different in proportion of types from that of leprologists in endemic tropical and sub-tropical countries. The insistance on the importance of the functional activity of the reticulo-endothelial system is the most valuable contribution, and we consider that one defect of the classification adopted at the Leonard Wood Memorial Conference is that due stress is not laid on this all-important factor. But the great virtue of the latter was its simplicity, and we fear that Kusnetzow's classification would be found far too complicated and abstruse for the ordinary busy physician. Whatever grouping is finally adopted, we consider that it should combine the simplicity of the present formula with the clearest possible indication of the resistance of the patient to the invading organism.]

The Erythrocyte Sedimentatio Test in Leprosy, by E. Muir.

The technique recommended for performing the erythrocyte sedimentation test is given in detail. It may be used in the detection of the various factors which predispose to leprosy and prevent recovery. Its application in regulating the treatment of leprosy is fully described. Its prognostic value is discussed. The iodide test may be safely used with the aid of the sedimentation test in former C2 and C3 cases which have reached the stage of giving negative bacteriological findings.

Erythema Nodosum Leproticum by F. Reiss.

Two cases of typical lepra reaction are described which the author considers " give further evidence that erythema nodosum does not have a uniform etiology, but that we are dealing with a clinical syndrome in most of the cases.

Erythema nodosum idiopathicum may be different, as it is clinically well defined, but in such cases the etiology is still uncertain."

Two papers on the *Besnier-Boeck Syndrome* and its relationship to leprosy by P. Rabello Junior and by J. Reenstierna, appear in this issue; also answers to a questionnaire from six authorities and an editorial by H. W. Wade on this same subject. The resemblance of this syndrome to tuberculoid leprosy, both clinically and histologically, is a striking one, especially the massive accumulation of epithelioid cells. The suggestion is put forward by one writer that this syndrome may be due to Hansen's infection as a kind of residual disease remaining over in countries from which other forms of endemic leprosy have disappeared. But it is pointed out in the editorial and in answers to the questionnaire that although those unfamiliar with leprosy may mistake tuberculoid leprosy for Besnier-Boeck disease, yet in the latter there are never the characteristic invasion of nerves or sensory changes found in the former.

The Skin Lesions of Neural Leprosy. IV. Observations in Madras by H. W. Wade, R. G. Cochrane and M. Paul Raj.

This beautifully illustrated article is in continuation of those previously published on this subject by Dr. Wade, in conjunction with other authors. A smaller proportion of tuberculoid cases was found at the Lady Willingdon Leper Settlement near Madras than in Calcutta, though the authors are not sure to what extent this is due to weighting of admissions to the settlement in favour of more serious types of cases. A larger proportion of micropapulate and simple lesions was found than in the Philippines and China. The findings support the conclusion previously arrived at that tuberculoid change, of correspondingly slight degree, is an essential element of the clinically simple leprides as well as of the frankly tuberculoid varieties.

Rat Leprosy—A Critical Review of the Literature by J. Lowe.

This concluding section of Dr. Lowe's review deals with filtrability, culture, immunity, treatment, relation of the infection to human leprosy, and leprosy-like diseases of animals. This comprehensive review cannot be abstracted, it will form a most valuable work of reference for all interested in this subject.