If the patient is depressed or gives way to fear, he must be encouraged, not with false hopes but by pointing to other cases who have made satisfactory improvement.

The kind-hearted sentimentalist who pities the leper as a hopeless incurable, who panders to his besetting sins of depression and dejection, who gives charity in such a way as to clog up the wheels of self-respecting action, is the greatest stumbling block in the way of recovery.

Lastly, we should remember that although leprosy is sometimes a painful disease, the mental distress is far greater than the physical. Also the mental distress is often in direct proportion to the education and culture of the victim. He tends to be abnormally sensitive and has periods of exaltation alternating with periods of depression. He is on the look out for new "cures" for leprosy, hails them with the greatest enthusiasm, is first sure that they are doing him good and is proportionately disappointed when he finds them of little avail.

The victim of leprosy deserves and requires our sympathy, but much more he requires understanding; and the object of this short paper is to interpret some of the least understood aspects of this obscure and difficult disease.

TREATMENT OF TROPHIC ULCERS

N. H. Maynard.

In common with others working among leprosy patients we have been perplexed over the trophic ulcers. We tried one treatment after another—everything we read of and others of our own efforts.

Finally on thinking of the meaning of the ulcer, we decided to attempt bringing nourishment to the parts. We began, accordingly, a series of experiments with ointments made up of animal fats. We summarise below what we finally settled on, beginning January 1937—

First remove carious bone and trim dead skin back to the level of the base of the ulcer; give a week of daily antiseptic dressings—perchloride, 1:1000, for a general cleaning up; then begin with an ointment of beef suet 2 parts; ghee 1 part; beeswax 1 part.

Beef suet alone is not readily absorbable; ghee alone soaks into the dressings; the two combined melt too quickly when the foot was in contact with the warm earth. Beeswax was
selected for combining with the above named fats because of its high melting point.

A jug is partially filled with this ointment, which is heated in a water bath, and into the clean ulcer this warm mixture is poured. As the ointment congeals, a piece of thick, white material (drill or americana), large enough to cover it, is placed over the ulcer and a pad of cotton wool over this; it is well bandaged and the
bandage sewed on. In the beginning of any case the bandage and ointment are left for three days then renewed as at first. After two weeks the dressing is changed but once a week. The bandage is protected from contamination by a stocking made of americana.

We began with sixty cases. In six months time fifty per cent of these cases were entirely healed. Some small, shallow ulcers healed in six weeks time. As cases healed others joined the group, keeping the number to about fifty. In the oldest case we have at present the ulcer involved almost the entire sole of the foot. Treatment was begun eight months ago and the ulcer to-day is four inches long and one inch wide.

Others may have found a better treatment; we are finding this to be quite successful.

HYDNOCARPUS SOAP

Gordon A. Ryrie.

About a year ago in Batavia, Dr. Lampe very kindly provided me with a prescription for hydnocarpus soap. The soap is made as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Quantity</th>
</tr>
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<tbody>
<tr>
<td>Sodium Hydroxide</td>
<td>143 grams</td>
</tr>
<tr>
<td>Water</td>
<td>143 grams x 3</td>
</tr>
<tr>
<td>Hydnocarpus Oil</td>
<td>1000 grams</td>
</tr>
</tbody>
</table>

Dissolve sodium hydroxide in water (3 times as much) and allow to cool. Then add hydnocarpus oil and mix well. Place into moulds and allow to harden.

During the past year cakes of this soap have been given to selected patients and it has been useful in quite a number of ways. Most patients like it and it makes an acceptable reward for regular attendance. Patients claim that it allays the tingling feeling of the skin that sometimes persists for a day or two after large doses of hydnocarpus oil or esters. It makes cleanliness more interesting. On its specific value in leprosy or its prophylactic value when used by leprosy workers, I have no view. Manufacture of this soap forms a practical method of using up old or contaminating oil. The soap retains the disagreeable clinging smell of hydnocarpus oil. Addition of a little eucalyptus oil remedies this for the time being but if the soap is left for some time the smell of the more volatile eucalyptus oil disappears leaving the hydnocarpus odour again predominant. "Elegant" preparations can easily be made by the further addition of glycerine, dettol, zinc, oatmeal, and so on. Ordinary skin medicaments and colouring matter can of course be added as desired.