REPORT ON TRIAL TREATMENT OF LEPROSY
WITH DIPHTHERIA ANATOXINE RAMON

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The trial was begun on 13.6.1940, and continued till 7th March, 1941. Fourteen men and 5 women were chosen for the trial, all natives.

Dosage began with 1 c.c. weekly, and increased by 1 c.c. to a maximum of 4 c.c. weekly. Each increase of 1 c.c. was made, on the average, at the end of 6 weeks. All patients complained of "pains all over the body," and particularly in the joints, especially in the knees and ankles. The experiment was finally stopped at the request of the whole body of the patients, and because the majority did not show any improvement.

Case 1. Male, aged about 35. Lt N1.
Positive ear, nose, and back. Remained so.
Several fresh lepromata appeared.
Some ulcerated. Worse.

Case 2. Male, aged about 17. Lt N2.
Positive ear, nose and face. Remained so.
Enlarged ulnar nerve. No improvement.

Face, ears, back and limbs very nodular and infiltrated. Several nodules broke down and ulcerated, and a few of these became + 1 from + 3, but the great majority remained strongly positive (from + 3 to + 5). No improvement, though he appeared to be deriving benefit in the early stages of treatment. He complained much of pain, and nasal ulceration.

Case 4. Male, aged about 9 years. Lt N1.
Nodules on nose and cheeks. + 2.
No change at all.

Lepromata of back, face grew steadily worse.

Ears nodular. No change.

Nodules increased in extent and size. Worse.
Complained much of joint pains.
Several nodules ulcerated. Vesicles appeared on both flanks.
Conjunctivitis B.E.
Treatment was not continuous. Worse.

No change. Complained much of pain in knee joints.

Case 10. Male, aged about 50. Lt N1. + 1.
No change.

Several fresh maculae appeared on the back. Worse.

Case 12. Male, aged about 25. Lt N2. + 5.
A very advanced case with enormous lepromata on face, body and limbs. At first several of these ulcerated, and disappeared, and became negative, and the patient appeared to be improving very much, but the general mass of lesions remained unaffected. No improvement in neural symptoms and signs.

This case was at first tuberculoid, but later in 1939, became lepromatous. Complained much of joint pains. No change at all.

This woman appeared to improve for a time, but many lepromatous infiltrations and nodules remain on the back and upper limbs. Did not complain of any pain. No change.

Case 15. Female, aged about 10. Lt + 1.
Only a few nodules on the ears. No change.

Case 16. Female, aged about 20. Lt + 1.
A few small lepromata only. All of these disappeared. Became negative.
This case definitely improved, but she is the type of case that improves here rapidly under moogrol.

Case 17. Female, aged about 30. L2 N1. + 3.
Massive lepromata on face and ears. Complained much of pain and had a reaction after a dose of 2 c.c. at 8th week. Cough, swelling of abdomen.
Treatment interrupted and finally abandoned after 20 weeks. No improvement.

Case 18. Male, aged about 7 years. Lt N1. + 1.
A few nodules on alae nasi only. Several new ones appeared. Worse.
Under treatment for month only. Still continues. No change so far.
Treatment has now been discontinued in 18 cases, and I conclude that mixed cases show no improvement. The trial will possibly be continued with a few cases of neural type, but at this hospital the treatment is very unpopular.

REVIEW


These workers have carried out lepromin tests in 276 children from the Silver Jubilee Children’s Clinic, Saidapet, Madras. In addition 471 inmates of the Lady Willingdon Leprosy Sanatorium were tested for purposes of comparison. The results are given in a series of tables, from which the following conclusions are drawn. Reactions of less than 5 mm. in diameter are considered to be of little significance, and the appearances were noted once a week for six or more weeks. The results are in agreement with previous workers in showing negative results in 100 per cent of lepromatous cases in both groups. In the healthy children 14 per cent were negative against 20.5 per cent in the other group. Simple neural cases gave 40 per cent negative among the children against 56 per cent in the others. Children tuberculoids were all negative. Further analyses of the data indicated that, if lepromatous cases are excluded, lepromin reactions tend to be negative more frequently in children where the history of contact with other cases in houses or among families is maximal. On the other hand, hereditary predisposition does not influence the reaction significantly. It is therefore suggested that the most important factor in breaking down cellular resistance in leprosy is continuous contact with an open case. The necessity for repeated lepromin tests is stressed.