

EDITORIAL

We republished in a former number of this journal* two articles by Collier and McKean of Chiangmai, Thailand, one describing inoculation of monkeys with human leprosy material, and the other the treatment of leprosy with diphtheria antitoxine and toxoid.

The inoculation experiments were made with a view to testing whether the previous administration of colocasia, a food substance used widely throughout the tropical world, lowered the resistance of animals sufficiently to permit inoculation of *M. leprae* to produce progressive leprosy similar to the disease found in man. The results claimed by the authors have not been confirmed by others. Skin specimens sent by one of the authors for examination in London did not show any presence of acid-fast bacilli or other signs indicative of leprosy.

The subject of the other paper is of more importance as very extraordinary claims have been put forward in other publications by Dr. Collier. These claims are as follows:—

(a) Using diphtheria antitoxine, injections in about 50 patients who were suffering from lepra reaction, good results followed in all instances.

(b) Using diphtheria toxoid, as early as one month after the first injection, more than half the cases had shown improvement with respect to nerve enlargement and anaesthesia; after six weeks many cases showed marked improvement in the skin lesions; in every case with nodules and plaques there was reduction of these lesions and in many instances they had become flat; without exception in more than fifty cases examined the bacilli wherever examined had become fragmented. It is claimed that 21 out of 37 L-I cases had become negative.

To the article mentioned above as reprinted in this Journal we added an editorial note quoting a later personal communication describing control cases treated with chaulmoogra alone which had given results even better than those obtained with toxoid: 31 per cent became negative with chaulmoogra in six months as compared with 20 per cent with toxoid in the same time.

Since then this form of treatment has been tried out in different parts of India, in Malaya, China, Southern Rhodesia, South Africa, the Philippines and England. In none of these

* *Leprosy Review*, XI, 3, July, 1940, pp. 134 and 140.

have results at all encouraging been obtained except by Ryrie in Malaya, and he appears to consider after further trial that the treatment is of little value.

It is unfortunate that such high claims were put forward before this form of treatment was adequately tried out by those more used to the ordinary phenomena of leprosy. Apparently the usual mistakes made so often in the past have been repeated: tuberculoid lesions which often heal up spontaneously have been mistaken for those of the lepromatous type; the cessation of lepra reaction which also occurs spontaneously has been mistaken for permanent improvement.

It is still more unfortunate that the popular press has turned its magnifying lens on these supposed successes. Newspaper reports gave the idea that a great advance had been made in treatment. The mention by Dr. Collier that "we may have a possible means of protection of the immediate intimate associates of lepers" is exaggerated into: "It is reasonably hoped to immunize the children and associates of lepers and so to eradicate the disease."

As we have pointed out on previous occasions, great care should be exercised in publishing any premature claims of new methods of leprosy treatment. Leprosy makes good "copy" and anything out of the usual is particularly apt to find its way, considerably magnified, into popular journals. Many of those suffering from leprosy are voracious readers, and nothing of concern to themselves is likely to escape their notice. Their hopes are raised to fever pitch by these accounts, only to be dashed to the ground when the claims put forward are found to be abortive or greatly exaggerated.

E.M.