

REVIEWS

Leprosy in India, 1942.

War restrictions have prevented us publishing full extracts of the recent papers in "Leprosy in India" and only a few of the more important can now be dealt with. The following recent Calcutta investigations on lepromin are most deserving of notice :

Dharmendra and Lowe (*Leprosy in India*, 1942, Jan. p. 3) report on the results of the Mitsuda test in cases of Leprosy of Different Clinical Types in 660 cases. Among 141 lepromatous cases, in 90 per cent. the reactions were negative, in 10 per cent. weak and in 0 per cent. positive. In doubtful cases 60 per cent., in neural (simple) 22 per cent., in neural (anesthetic) 9 per cent., and in neural (tuberculoid) 6 per cent. were negative, and positive reactions were obtained in 8, 43, 73 and 75 per cent. respectively; the remaining cases gave weakly positive results. Thus the reactions in nerve cases, as a whole, increase with the amount of activity as demonstrated by thickening of the lesions, so they are of some value in prognosis.

Dharmendra, Lowe and Mukherji (*Leprosy in India*, 1942, July, p. 86) report on variations in the test in 180 cases of leprosy of the neuro-muscular type to ascertain the results of repeating the test in different circumstances. The second reactions proved to be weaker than the first in 105, stronger in 20 and similar in 55 cases. They noted a tendency for the reac-

tions to be stronger in the summer than in the winter months, and that subsidence in clinical activity is associated with a diminution in the reaction to lepromin.

The same workers (*Ibid* p. 93) report attempts to increase the reaction to lepromin in cases of leprosy by repeated testing. Lepromin tests were repeated monthly, usually for a total of 5 to 15 injections, in 27 neural cases with no change in 9, slightly weaker ones in 10 and slightly stronger ones in 8. Similar trials in 62 lepromatous cases, which initially had given negative results in 58 and weak ones in the remaining 4, showed no change in 47 and slightly stronger ones in only 2. They were therefore unable to confirm earlier reports of Bargehr that by this means negative reactions to lepromin could be converted into positive ones.

Dharmendra (*Leprosy in India*, 1942, October, p. 122) reports on the preparation of a bacillary antigen standardised by weight. Hitherto, suspensions from leprosy nodules contained some tissue elements in addition to the bacilli, but the latter have now been obtained in a pure form. Two grammes of nodules from the ears, after sterilisation in an autoclave, are ground in a mortar with 50 c.c. of chloroform repeatedly until a smear of the remaining tissues is almost free from bacilli. On evaporating off the chloroform on a water bath only bacilli and lipoids remain. The latter are dissolved in added ether and centrifuged to remove the lipoids, the deposited bacilli separated by the centrifuge and dried in a vacuum. Standard lepromin is prepared by dissolving 1 milligramme of the dried bacteria in 10 c.c. of carbol saline, and 0.1 milligramme used as the standard dose.