

REVIEWS

International Journal of Leprosy, Vol. XI, December, 1943.

A World Within a World is an article by Perry Burgess. He reviews the various disabilities connected with leprosy in which the patients and their dependents are involved : isolation from families, families left uncared for, life in an abnormal community, unwillingness to work, partial inability to work because of the disease, iack of work because of lack of markets.

He propounds a scheme by which all leprosy patients would be provided with work according to their capacity, which would maintain their self-respect by bringing in a wage which would maintain them and their dependents and provide for the time when they are no longer able to work. His suggestion that the uninfected wife or husband be permitted to accompany the ill spouse into the segregation institution is a questionable one in some countries, though it might be less dangerous in others.

Sensitization to Lepromin, by J. M. M. Fernandez. When lepromin, containing all the elements of leproma, is injected intradermally, there are two possible reactions : (a) an immediate one after 24 to 48 hours, with erythema and oedema, and (b) a delayed one, which starts after a week, and forms a papule or nodule at the site of injection. The author considers the first to correspond with the protein derivative reaction obtained by Lowe and Dharmendra by injecting protein extracts from lepra bacilli, and that, when this is positive, it is a sign of previous sensitization with leprosy bacilli.

He adopts Wade's view that the second reaction is a sign, not of allergic sensitiveness, but of capability of developing an allergic state after the introduction of the antigen into the body. Dharmendra and Lowe have shown that both the early and the late reaction are caused by the protein fractions of the bacilli, only that, in the latter, the antigen is set free more slowly. He

found that injections of whole lepra bacilli, suspended either in oil or saline, and also injection of a Koch's bacilli in oil, had the effect of changing, in a certain number of cases, a negative into a positive lepromin reaction and intensifying originally positive reactions. The lepromin used for this test was a solution of the protein of lepra bacilli producing an immediate reaction. He considers that an allergic reaction is a sign of the power of resisting leprosy, and is dependent on an unknown factor. When, however, this factor is absent, nothing can be gained by intradermal injection of antigen.

Sister Hilary Ross found raised tyrosin indices for euglobulin in 147 out of 150 cases, the greatest variation being in active advanced cases, and the albumin-globulin ratio below normal in 123 of the 147. She suggests that hepatic disfunction and liver damage may be an etiologic factor in the disturbed protein metabolism. The same author found the Mazzini flocculation slide test gave false positives in presumably non-syphilitic patients to a lesser degree than Kolmer's simplified complement fixation test and the Kahn standard test. The Mazzini test is rapid and easy for those with experience to interpret, and the antigen supplied is stable. For these reasons it is particularly valuable for isolated leprosia.

Faget and Pogge, after using pooled blood plasma transfusions in 12 cases, consider that, at present, there is no evidence to indicate that non-specific blood plasma has any value in the treatment of leprosy.

Feldman and Moses treated guinea-pigs infected with tuberculosis with diphtheria toxoid without effect.

Peixoto describes a case with lesions which he ascribes to mixed syphilis and leprosy.

Davison makes a plea for a standardised method of staining for acid-fast bacilli in nasal smears. He advises 20 minutes decolourization with 5 per cent. sulphuric acid.

A condensed Spanish translation is given of a report by Dr. Faget and his colleagues at the National Leprosarium, Carville, on treatment of leprosy with *promin*. (The conclusions are abstracted elsewhere in this number.)

Leprosy in India. Vol. XVI, No. 3, July, 1944.

This number is restricted in its size due to paper shortage. It contains an abstract of the report on *promin* by Faget and his

colleagues, which we have already referred to, and which we have abstracted elsewhere.

***Leprosy Control.** Dr. Robert Cochrane has drawn up a comprehensive scheme for the control of leprosy, with special reference to the Madras Presidency of India. This should be read in the original by all interested in the subject. He deals in turn with institutions, teaching, survey, rural and urban leprosy, general hospital and out-patient clinics, children's sanatoria, deformed and derelict cases, the beggar problem, research, propaganda, the place of voluntary organisations, and legal measures. He rightly lays stress on the importance of having a doctor of the right calibre to organise and carry through the scheme, and that the methods he advises should first be tried out experimentally in a limited area. The voluntary principle should be used as far as it will go, but there should be powers to use compulsion in the case of infectious patients who are not willing to co-operate. Again, compulsion would only be applied in limited areas where there was already proper institutional accommodation. Admission to institutions would be confined to four classes of cases :

1. Early lepromatous cases (infective) who are liable to pass on to the more advanced stage unless given institutional treatment.

2. Infective cases, whether early or late, in whose house there are young children liable to be infected.

3. Acute conditions needing hospitalisation might be admitted temporarily where there is a bed available, or if the patient is unable to go to a general hospital.

4. All active cases among children, whether open or closed.

Under *teaching* he proposed four types of courses : elementary, lasting 14 days ; advanced, for those wishing further acquaintance with the subject, and especially those in charge of out-patient leprosy clinics ; refresher courses of 10 days duration ; and specialist courses of 6 months' duration.

Surveys should be undertaken only as a basis for the organisation of a preventive unit, to ascertain whether leprosy is a serious disease in a given area, or to find out if leprosy is diminishing or not in an area as a result of preventive measures.

The question of child leprosy and children's sanatoria must be actively considered, and child contacts should be periodically examined for early signs.

Makogai. This is the title of an attractive illustrated booklet written by Dr. Austin, the Medical Superintendent of the Central Leper Hospital in the Fiji Islands.

Makogai lodges patients not only from Fiji but from New Zealand, the Gilbert and Cook Islands, Samoa and Tonga. The island itself is oval in shape, volcanic in origin, with mountains up to 876 feet, while the various buildings are situated in the bays or "flats."

From the description it must be a most beautiful spot, and the patients are well looked after by the doctor and sixteen Missionary Sisters of the Society of Mary, assisted by ten native Sisters.

The photographs show women patients working in the laundry, the men making boats and houses, the children boxing and staging a drama, and the Sisters at work.

The number of patients from the Fiji Islands was 352 in 1919, and is now 444, an increase of 92 over a period of 24 years. This is chiefly due to the increase of the population in the colony. Also, in 1919, there were no cases admitted in the early and relatively non-infective N-1 stage, 24 per cent. of the admissions were hopelessly crippled or deformed N-3 cases, and 32 per cent. were in the far advanced and highly infective L-3 stage. In 1943, on the other hand, 27 per cent of the admissions were N-1, 3 per cent. N-3, and there were no L-3 cases admitted.

These figures indicate that the great majority of those admitted in 1919 not only stood no chance whatever of a return to normal civil life, and would have been nothing but a serious burden to their friends or Government had they been released, but also must have left behind them a great number of undisclosed cases among relatives and friends whom they had already infected. The Medical and Native Medical Practitioner Services of Fiji were far less efficient than is the case to-day, and there is no doubt that hundreds of earlier cases must have been missed.