

REVIEWS.

Leprosy in India, Vol. 24, No. 3, (July, 1952).

Thiosemicarbazone in the Treatment of Leprosy by Dharmendra and Chatterji, K. R.

After reviewing the previous literature on this subject, an account is given of the results of treatment in 52 cases. Nine of these were untreated neural cases; 27 were untreated lepromatous cases; 15 were lepromatous cases previously treated with sulphones; had been previously treated with hydnocarpus oil. Treatment with the siocarbazone brand of thiosemicarbazone averaged 10 months. The most remarkable feature of the results was that, in addition to the usual therapeutic effects, there was complete or partial restoration of sensation in the anaesthetic patches and in the limbs with the polyneuritic type of anaesthesia, replacement of diseased nails by new ones, and growth of new hair in depilated areas, remarkable considering the short term of treatment. In general the toxicity of thiosemicarbazone seems to be less than that of the sulphones. However "a special kind of toxicity which indicates specific intolerance has been noticed and this has been manifested by a sudden rise of temperature even after small doses of the drug." The dose recommended is 25 mgm. gradually rising to 200 mgm. per day. It is found particularly useful in patients who cannot tolerate sulphones, or who cease to progress under treatment with sulphones after an initial improvement.

Thirty-five Years of Vasectomy by Mitsuda, K.

This method is strongly advocated by the author so as to make it possible for male and female leprosy patients to live together without having children. The patients are thus able to live a more normal and happy life without having children who fall an easy prey to leprosy. During the last 20 years the author has performed the operation of vasectomy successfully in 652 patients. He found that there was no change in the secondary sexual characters, nor was there any decrease of sexual desire. The method advised is very simple, the vas being located on the postero-lateral side of the scrotum, and each operation taking only 5 minutes under local anaesthesia (procaine). "The double folds of skin are then penetrated with a needle, so as to fix the vas deferens between the needle and the skin layer. It is left in this position till the operation is finished. An incision 0.5 to 1.0 cm. long is made in the overlying skin and then through the fascial layers. The thick white vas deferens is exposed and pulled out for a length of 3 cm. with a pair of forceps, taking care not to damage the accompanying blood

vessels. It is then ligated in two places, and 1.5 to 2 cm. length of it between the two ligatures is excised." The same process is carried out on the other side.

Diaminodiphenyl sulphone in Leprosy by Roy, A. T.

A comparison is made between the oral and the parenteral methods of administering DDS. Of the 98 oral cases, treated for an average period of 17.1 months, there was improvement in 75 per cent. Of the 140 parenteral cases, treated over an average period of 12 months, there was improvement of 74.2 per cent. The average amount of DDS per patient for 12 months in the former was 28.5 gm., and for the latter only 19.38 gm. The author concludes: "If the trouble of injecting the suspension is not taken into consideration, there is a great advantage in using the suspension of DDS parenterally. Here both the amount of the drug and the period of treatment are lessened to a great extent." [There is a possibility that the conclusion of the author is right, and that parenteral administration of DDS is more quickly effective than oral. If so, this may be the result not of more efficient absorption of sulphone but of the counter-irritant effect of the injections increasing the effects of the sulphone. There appears however to be a possible fallacy in the author's reasoning. The average amount given orally per patient per year was 28.5 gm., which works out at 548 mgm. per week. There is evidence that 600 mgm. orally per week may give as good results as larger doses; but many of the 98 cases were not able during long periods to stand as much as 548 mgm. per week, and yet they improved considerably, whereas others got far greater doses, many of them 1200 mgm. and some even 1800 mgm., amount which further experience indicates possess little, if any, advantage over 600 or 800 mgm. per week.]

E. MUIR.

"The Mask of a Lion," by A. T. W. Simeons. Victor Gollancz. 12/6d.

Many books on leprosy are written from the angle of pity and compassion and tend to overemphasis in this direction. On reading this book for the second time one could not but be convinced of the writer's honesty, sincerity and accuracy. Dr. Simeons writes with a deep and understanding sympathy of the afflicted "Brotherhood" and gives a vivid picture of the plight into which his hero is precipitated by the discovery of his condition.

Here is laid before us the physical, mental and spiritual reaction of the leprosy patient, which, although set in this instance in the customs and background of Hindu India, must be essentially similar in every sufferer. The triumph of faith is in this case

brought to a happy conclusion by the equal victory of new therapy over the disease.

It is to be hoped that as research data permits, the author will give us a sequel further emphasising the modern, enlightened approach to leprosy, and leading to the banishment of fear on the part of the public. The cause of leprosy would be much advanced if he could indicate those measures, both surgical and occupational, available for the patient's rehabilitation, and also those which will vitally assist in the control of the disease, both in the laboratory and in the field.

E.B.

Cochrane, R. G. *Leprosy—with particular reference to conditions at present pertaining in the British Isles.* Public Health (1952) Sept.

In this address to the Medical Officers of Health of London the writer has endeavoured to remove many fears and prejudices which unfortunately still persist not only amongst lay people but also amongst doctors.

Since leprosy was made notifiable in 1952 about 100 cases of leprosy have been notified in England and Wales. Possibly a further 50 cases may remain unnotified or unrecognised. No case has been traced to infection from a patient in Britain. A new attitude towards leprosy needs to be encouraged by education and by the avoidance of the use of the words "leper" and "unclean" by doctors. Finally the writer spoke of the facilities for treating leprosy in England and regretted the local opposition to the new hospital at Redhill, Surrey.

Cochrane, R. G. *Four Cases illustrating aspects of leprosy.* Proc. Roy. Soc. Med. **45** (1952) No. 5. p. 249-253.

Two typical tuberculoid cases, one atypical lepride, and one advanced lepromatous case were demonstrated. X-ray photos of a further lepromatous case were shown which revealed considerable rarefaction of the phalanges and absorption and necrosis of the metatarsal bones.

One of the tuberculoid cases—a boy—had had nerve decompression of his left ulnar, and the atypical cases had had both his peroneal nerves decompressed with great relief.

Surprise was expressed by those present that the writer handled the patients and that the boy was allowed to go to school. He explained that the disease was very mildly pathogenic and healthy adults were relatively non-susceptible and that the lesions in the boy were quiescent and not in any way infective.

G. O. TEICHMANN.