PREVENTION OF SEPSIS IN HANDS AFFECTED BY LEPROSY

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The majority of serious septic troubles in the hands and feet in leprosy usually start as trivial injuries.

As a method of combating these in their earliest stages, I thought of issuing to those with trophic changes something in the nature of an "Iodine pencil," but using a more modern antiseptic.

Messrs. Ciba kindly let me have a sample of their plastic nose-sprays together with some "Bradosol" as the antiseptic. I have issued about 40 to patients with a tendency to trophic lesions at a time of year (the beginning of the farming season) when injuries are most common. All patients had recent evidence of injuries which would benefit by prompt attention.

There has been a noticeable absence of sepsis in all these patients and they unreservedly say that small injuries heal quicker than they did previously.

REVIEWS


In the Editorial, Wade traces the slow growth of the idea of the "borderline" as a special type of leprosy. He gives two points mentioned in recent articles which seem worth mentioning:

1. From the experience of many workers in the period when various dyes were being tried out in leprosy therapy, it is known that after repeated intravenous injection of methylene blue in lepromatous cases the skin lesions became coloured, so that even 'inapparent' lesions are made evident, because of selective absorption of the dye by the lepra cells. On the other hand tuberculoid lesions remained uncoloured, the cells which compose them lacking the capacity to store dyes. Montel, in his article in this issue of the Journal, tells of cases with both tuberculoid and lepromatous lesions, the former uncoloured by methylene blue, the latter intensely stained by it; and a photograph is presented to demonstrate this condition. This statement suggests a new means for the study of borderline cases, one by which anyone who can give the necessary course of injections might obtain help in differentiating between the severe reactional tuberculoid case that has not gone over and may be expected to subside to the quiescent phase, and the case whose lesions have actually begun to go over the border to the lepromatous region of the spectrum.

2. Another point of interest is the recent report of Hale, Molesworth and others on isoniazid treatment. A large proportion of the cases studied were of an 'atypical' class, 'more or less of the order of what is called 'borderline' by some workers. They stated that erythema nodosum leprosum occurred in many of the lepromatous and atypical cases, especially if the dosage was high. Now, it is generally recognised that that type of reaction is a characteristic of lepromatous cases but not of tuberculoid. That being true, it follows that if a borderline case under