During 1953 and 1954 three areas with a total population of 5,704 were surveyed and 390 cases of leprosy were found. These areas included three large villages and their surrounding districts of scattered hamlets.

Interesting features of the survey were:

- Leprosy children aged 1-14 years found ... 168
- Young adults aged 15-14 years found ... 86
- Adults, 25 years and over found ... 126
- Lepromatous cases found by survey ... 42

An encouraging feature was that no new highly infective lepromatous cases were found who had not registered for treatment at the clinic.

In 1955 approximately 540 patients were discharged after two years 9 months treatment. Forty per cent of these were children who had been admitted with one or two tuberculoid patches which had completely resolved before discharge. No lepromatous cases were discharged.

It was demonstrated by this experiment that patients in the Northern Region will attend for treatment regularly if treatment is made available to them in their own districts. An accurate incidence of 68.4 per thousand population was discovered. It was found that all cases of leprosy could be treated successfully by a careful use of DDS, and that weekly doses of 50 mg. could be given with good results in leprosy cases showing signs of persistent leprosy fever.

My thanks for permission to publish this note are due to the Medical Adviser, Federal Government, Nigeria, and to the Director of Medical Services, Northern Region, Nigeria.

NOTE ON SULPHONE ACTIVITY IN MALARIA INFECTION

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The Editor of this periodical* has quoted that sulphone drugs are active against at least one protozoon, mentioning the activity against toxoplasmosis only.

Some years ago I noticed that twelve lepers, treated with DDS in a public hospital and twenty-five patients treated polyclinically, were free from attacks of malaria for more than one year, although they were living in a holoendemic area and larvae

and adults of *Anopheles punctulatus* were often found in the hospital zone.

Only one attack of malarial fever was diagnosed among 194 inmates of the leprosarium at Mei during one year. This occurred shortly after admission of the patient, who had taken only a small initial dose of DDS. Thick drops of all patients were examined, but no positive one was found.

Malaria is highly endemic in this area and on several occasions full grown larvae and adults of anopheline mosquitoes were found in the leprosarium.

The difference between lepers treated with DDS and the general population is striking. The conclusion that DDS has some suppressive activity against malaria, seems permissible.

This finding has some practical importance in countries where both leprosy and malaria are endemic, especially in remote places where lepers are often treated at the policlinic and proper laboratory facilities are not available. In malarious areas, every sudden rise in temperature first arouses the suspicion of malaria. However, it should be borne in mind that in reaction of leprosy, skin eruptions are not always conspicuous and there may be pains in the bones and joints, which do not differ much from malarial disturbances in partly immune adults.

Reports that sulfones are also active against filariasis are not supported by our experience. Thick smears from 133 inmates of the leprosarium showed nocturnal microfilaria in 23 per cent of the patients treated with DDS.

THE MAKOGAI SANDWICH*

The following is the procedure in Fiji regarding the distribution of maintenance doses of sulphone tablets to patients discharged from Makogai Leprosy Hospital as arrested, and their review.

Patients who have been discharged from the Leprosy Hospital, and are resident in Fiji, come under the provisions of the Leper (conditional discharge) Regulations which provide for their periodical examination and imposes on them a duty to report to the medical authorities at stated times for examination.

For the first three years after the date of their discharge from hospital they are seen every three months. For the next three years they are seen every six months, and after that they are examined annually as long as they remain in the Colony.

At each examination, in addition to the usual clinical scrutiny, a "slit smear" is taken on a microscope slide after each twelve

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*Extract from letter to Colonial Office from the Director of Medical Services, Suva, Fiji, dated 2.11.55.