

REVIEWS

Leprología, 2, No. 1 of Jan. to June 1957, pp. 1-84, Organ of the Argentine Society of Leprology, Buenos Aires.

G. Basombrío discusses *Leprosy Teaching and Prevention*, pointing out that the all-important need of early recognition of leprosy drives us back to the need for a sufficiently large body of leprologists and efficient and pervasive arrangements for the teaching of leprosy in medical schools. At least the medical faculty should give leprosy its just place as one of the national problems. The diminution of syphilis in importance gives a chance of paying more attention to leprosy, which still remains a problem. Health propaganda should not be forgotten. The formation of a body of trained leprologists still lags behind and is urgent. In spite of the special courses and the study bursaries that have been available in Argentina, leprologists are few and this problem is shared with the whole world. Perhaps the specialty is held in too low estimation and certainly the pay is not good, but the scientific possibilities are opening up and are fascinating. The Patronato de Leprosos in Argentina has understood this, for it has recently created the annual Baldomero Sommer prize for the best work in leprosy.

The Fernández Reaction using Total Protein Lepromin is reported on by N. O. Castro and P. B. Arcuri. They found that in subjects who were not leprosy patients and not contacts the Fernández was positive in 3.6%; in the lepromatous, it was positive in 0.5%, and in the tuberculoid 77.2%. If the healthy non-contacts had been sensitized previously by one or more intradermal injections of Mitsuda-Hayashi whole lepromin, the positives were 75.2%, and if they had been given BCG six weeks before, the positives were 81.2% for intradermal BCG and 46.8% for oral. In subjects with active tuberculosis who were positive to Mantoux 1/1000, the Fernández positivity was 43.0%. The results showed that total protein lepromin is an antigen which is sensitive enough to show grades of reaction and of co-sensitivity. The activity of protein antigens does tend to fall off with lapse of time, but this antigen did not lose its activity in one year. The total protein lepromin also does not produce sensitivity of the tuberculin type and is a valuable antigen for the study of co-sensitivity with BCG and especially in the study of the sensitivity in leprosy contacts, in whom it can be used as often as necessary without creating sensitivity states.

Inoculation of M. leprae in Rats fed on Pro-oxidant Diet; the Bacteriological Results up to ten months from the first Inoculation, by M. Bergel.

This author has been conducting a series of experiments to transmit the human leprosy bacillus to rats and previously found

that the transmitted bacilli had greatly multiplied and continued their multiplication up to seven months from inoculation. He now reports on the results of a re-inoculation of a new group of rats. In all cases, the rats were fed on the special diet. At ten months after the re-inoculation, he found an enormous quantity of bacilli in the testes of the rats. These bacilli seemed to be typical *M. leprae* in their shape and staining and tendency to form groups and globi.

Value of Segregation in the Prevention of Leprosy by J. A. M. Fernández, E. A. Carboni and T. A. Fernández Podestá.

These authors pointed out the failure of the modern anti-leprosy campaign which has been noted in some countries after twenty-five years of trial, and try to discover what are the responsible factors. They arrive at the conclusion that indiscriminate and rigorous isolation without control of the time factor is one of the causal elements in failure. They favour selective and temporary isolation of cases which are carrying bacilli, the intensive treatment of all known cases, and the faithful control and protection of all contacts.

Leprosy in the Province of Córdoba (1906 to 1956) by L. A. Pitt and C. A. Consigli.

They found that the leprosy endemic in this province had increased greatly during the years mentioned, from 0.1 to 0.6 per thousand. In one particular area, it rose from 0.6 to 2.2 per thousand.

Control of Tuberculoid Lepra Reactions by Means of Prednisone by E. D. L. Jonquières.

He thinks that the tuberculoid reaction brings no benefit to the course of the disease and should be suppressed, especially as atrophy and scars and nerve destruction often follow. In a few cases he tried prednisone, and found a quick and satisfactory involution of the phenomena of reaction. It was possible to continue the administration of the sulphones during the period of reaction, and there was no interference with their beneficial effects. In cases where the reactions are in some way connected with the sulphones, it was found that after the use of prednisone, the patient had a better tolerance to the sulphones.

The Therapeutic Status of the Thiosemicarbazones, by S. Schujman.

He found that the thiosemicarbazones are active and efficient during the first three years of treatment but afterwards, in most lepromatous cases, the effect fails in some and others have exacerbations of their disease. Drug resistance seems to become established. Therefore, he places this drug in a place after the sulphones and chaulmoogra, and prefers to use it as an auxiliary medication.

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This issue reports a symposium on the basic principles and

practices in the use of BCG in the prevention of leprosy held at Rio de Janeiro in September 1957 under the auspices of the Brazilian Association of Leprosy.

Professor Rabello took up the consideration of the plan of study of the relationship between leprosy and tuberculosis and dealt with it systematically; in spite of a close connection in the immunology of the two diseases, there are many doubtful points which require further study. Dr. Rotberg discussed the fundamental principles in this connection between leprosy and tuberculosis. He pointed out the importance of the acidfast mycobacteria of both diseases and that the serological reactions are bound to be inter-related because of the fundamentally similar chemistry of these organisms. Therapeutic results of the two diseases to the same drugs differ considerably and it is interesting that the sulphones which are a standard treatment for leprosy have been abandoned for tuberculosis. It is possible that the results of using BCG for both diseases will be similarly divergent and that BCG may have only minor value as a prophylactic. Professor Bechelli gave an exhaustive study of the factors, with quotations of the findings of many countries, and concluded by saying that he thinks that the parallelism in the tuberculin and lepromin curves depend upon the relation of cause and effect and not on an association. There is probably a transitory sensitization caused by *M. leprae* and *M. lepraemurium*. The cross sensitization between *M. leprae* and *M. tuberculosis* is of slight importance, and the influence of the one disease on the clinical course of the other is not strongly established. Similarly, in epidemiology, a definite conclusion is not possible on the influence of one disease on the other. Professor Hadler described the results of histological studies in the lepromin test and the action of BCG. In man, the histology of the site of the lepromin injection at twenty to thirty days shows diverse pictures. In cases of a clinical negative, the reaction is discrete and made up of isolated or numerous lepra cells containing bacilli in the cytoplasm. There are also non-specific cell reactions which do not contain bacilli. It seems that in the negative lepromin, the macrophages do not destroy the bacillus and they are transformed into lepra cells. The histology of the positive reaction shows epithelioid cells with few or absent bacilli. The reaction to lepromin is of a different nature from that to BCG. In study of the action of BCG on the lepromin reaction, histology has not been much used. All the evidence suggests there is a conversion by the BCG. Professor Azulay considered the same subject and concluded that the conversion of the lepromin reaction by the means of the BCG is true, because of the qualitative cell changes. Dr. Nelson Souza Campos and Dr. Quagliato reported on actual results of the use of BCG and concluded that there is much evidence for the prophylactic action of BCG against leprosy.