

REVIEW

Sbornikh Nauchnikh Rabot Po Leprologii i Dermatologii, No. 14, 1960
(*Collected Scientific Papers on Leprology and Dermatology*);
Rostov on Don Experimental-Clinical Leprosarium of the
Ministry of Health of the USSR; Chair of Skin and Venereal
Diseases of the Rostov Medical Institute.

This publication is in the Russian language, with added summaries consisting of a few lines in French (only a few of the authors give a Russian summary). Prof. N. A. Torsuev has a paper of 45 pages with 8 maps and many tables on a *Study of Leprosy in Old China*, which means up to 1949, when the Peoples Republic of China was established. This is a valuable systematic study of the subject under the headings of diagnosis and treatment in China, and epidemiology, and the organisation of the leprosy campaign. I. A. Kaurov has an equally valuable paper of 51 pages on *Medicinal Plants used in China in the Treatment of Leprosy*. He gives a detailed description of remedies commonly used, with their botanical name, composition, dosage, and mode of use. There are 24 pages of tables of such medicaments under their Chinese and Latin names. (We would like very much to translate these two papers in full into English in order to make them available in some manner to our readers, but so far have not been able to get the time.—EDITOR). The third paper is by G. Moskalenko, on pp. 132–136, who reports on *Three Cases of Secondary Muscular Atrophy of the Skin in Leprosy Patients*. These cases were lepromatous leprosy in regression, and patches of cicatricial atrophy developed in the sites of former lepromata. Prof. N. M. Pavlov on pp. 137–142 discusses the *Retinal Interstitial Substance in Leprosy Patients*. He thinks that specific leprotic retinal lesions exist in the form of stearine spots or beaded spots in the perineural area or at the periphery of the fundus oculi. As for the interstitial substance of the retina, it becomes denser, and the neuro-epithelial layer shrinks, and a moderate turgescence appears in the nuclear and ganglion layer. V. R. Loguinov and T. V. Smourov on pp. 143–146 have a paper on *The Action of the Sulphones in Combination with Certain Anti-tuberculous Remedies on Tuberculous Lung Lesions in Leprosy Patients*. The anti-tuberculous drugs referred to are TB-1, Phthivazid, and Streptomycin. They find that they combine well with the sulphones and tend to make pulmonary tuberculosis in leprosy patients have a more benign course. N. N. Ivanova on pp. 147–151 has a paper on the *Amount of Ammonia in the Urine in Leprosy Patients*. Over two years she examined 100 leprosy patients and 30 contacts, and found that with lepromatous cases, especially in a state of reaction, the amount of ammonia in the 24 hours varied, being raised or lowered. These variations are probably bound up with changes in the acid-alkaline equilibrium. The decrease in

urinary ammonia is noted especially in lepromatous patients in an advanced stage of the disease, who have bacilliferous lesions and a raised blood sedimentation rate. N. N. Ivanova, pp. 152–160, also reports on a study of *Amino-acids in the Urine of Leprosy Patients*. This was a study of 115 leprosy patients over a period of one year, and of 35 healthy subjects. In lepromatous cases, especially during reaction, there was often seen to be elimination of cystine and amino-acids of the leucine group, more rarely of valine and phenylalanine. In about 50% of the cases the urine contained unknown compounds not found in healthy subjects. In 108 of the 115 patients there was a raised level of amino-acids. The most marked changes in quantity and quality occurred in the reactive stages of leprosy. Clinical improvement is followed by the amount of amino-acids in the urine becoming normal. K. K. Kharabadjadov, pp. 161–167, discusses *Methods of Active Prophylaxis against Leprosy* and describes a trial of BCG vaccination, after the method of De Assis, in 489 inhabitants of two villages in the Rostov on Don region. P. S. Grebennikov, pp. 168–180, discusses *Control Methods in the Area of the D'Abinsk Leprosarium*, and gives details of the case recording and case finding methods. E. V. Leontiev and N. N. Torsueva describe, pp. 181–196, the *Use of Pharmacodynamic Skin Tests*. They subjected a group of patients with various skin diseases, including leprosy, to various pharmacodynamic tests. For these they used an ordinary needle, as well as a triple needle, and found the latter more effective. For diagnostic tests it is better to use both, because the triple needle often causes a light erythema to appear, which the ordinary needle fails to elicit.