

EDITORIAL

1. Trial of a New Drug ("B 663") in Leprosy:

In this issue (page 6) will be found a report by S. G. Browne and L. M. Hogerzeil on their trial in leprosy of a synthetic Rimino-compound derived by progressive chemical alteration of the anilino-aposafranine molecule. The trial of this drug was suggested by R. G. Cochrane and V. C. Barry and carried out by the authors in Uzuakoli on 16 patients. During the trial all patients developed a ruddy skin and some became hypermelanotic but there were no signs of serious toxicity. The results were encouraging, because all patients, whether given "B 663" alone or combined with DDS showed considerable improvement in the lepromatous clinical condition, and the reduction in the bacterial index was also marked. There was a 49% reduction in patients treated with DDS as well as "B 663". There was 28% reduction in patients treated with "B 663" alone. Some patients were given ditophal in addition to "B 663" but the results here were sometimes good and sometimes negative and the results of the addition of ditophal must be regarded as capricious. This preliminary report by S. G. Browne and L. M. Hogerzeil suggests a valuable new line of investigation in the drug therapy of leprosy.

2. Three Reports on Etisul

It will be noted in this issue that there are three reports on Etisul each coming from widely distant regions of the world, viz. Y. F. Chao from Taiwan, V. Ekambaram and C. S. Gangadhar Sharma from India, and K. F. Schaller and C. Serié from Ethiopia. It is possible to detect from all these authors a certain consensus of opinion as to a greater efficacy and a greater rapidity of action of this drug in their experience.

3. Further Reports on DPT (Ciba 1906)

Of much interest in this issue is the report by F. Kradolfer and K. Schmid on the possibility of injectable DPT. Also in this issue R. M. Wilson, J. S. Kim, and S. C. Topple give a report on the use of DPT in leprosy cases who had shown lepra reactions. These authors studied 33 such cases altogether and had a good response in a third of them from the use of DPT.

4. Plantar Ulcers

It is fortunate for leprosy patients with deformities that in the past two or three years more and more attention is being given to their problems with very good results. We are glad to publish in this issue a study by W. F. Ross on the Etiology and Treatment of

Plantar Ulcers. Recently E. W. Price had a series of papers on this subject in *Leprosy Review* 1959, 30, 2, 98; 30, 3, 180; 30, 4, 242; 1960, 31, 2, 97; 31, 3, 159.

5. By courtesy of Dr. B. D. Molesworth of Ghana we are able to give the following account of the WHO Regional Leprosy Conference—Europe and Eastern Mediterranean.

This was held at Istanbul from the 2nd to the 7th October, 1961, in the Hall of the Professors—Faculty of Medicine of Istanbul.

After the introductory Session the subjects chosen were:

- (i) The Extent of the Problem in the Area
- (ii) Treatment
- (iii) Teaching and Training
- (iv) Leprosy Control
- (v) Prophylaxis
- (vi) Rehabilitation.

The general form of the Conference was the same as those previously held in the other Regions. Namely papers were prepared by WHO (consultants and temporary advisers) on the various subjects and these were then discussed by the delegates and observers.

On the whole a remarkable amount of agreement was achieved considering the enormous differences in the problem presented by the various countries; one with only six known cases and some with an estimated number of 25 to 30,000.

Obviously with such differences the approach of the countries differed too, with regard to isolation and staff and facilities. Likewise case finding methods must be entirely different. Sample areas and checking of contacts in its widest sense being more suited to countries of low incidence with a small problem than more wasteful mass campaigns.

Special attention could be given to infected zones within a country.

It was decided a specialised leprosy service was of value where the problem warranted it—this service to be part of the State Service, preferably under a chief with public health training, and working through all existing and available health structures.

A small leprosy advisory Committee to advise the Government was considered good.

It was recommended that there was no need for special legislation for leprosy and old laws should be abandoned to bring it into line with modern ideas.

The same criteria of arrest were adopted as at Brazzaville and Tokyo.

Treatment: DDS either oral or with “retard” injections remained the first choice for routine treatment; and for individual treatment

DPT Ethyl Mercaptan and Sulpha methoxypyridazine were included, though it was appreciated dosage and choice of drug would be modified by local conditions.

Reactions: In mild reaction it was decided treatment need not be interrupted but it might be necessary in severe types. The underlying cause should always be sought and treated. Useful agents cited were calcium preparations, blood or plasma transfusions, and corticosteroids preferably given over short periods and tapered off rapidly—a dosage equivalent to 20–30 mgm. of prednisolone daily at the start.

General measures should not be forgotten including the prevention of contractures during acute episodes. Drug trials should be conducted on lepromatous cases and if possible on cases hitherto untreated, using as a control group those on standard DDS treatment.

An attempt should be made to match the two groups with regard to age, sex, duration and severity of the disease.

Sufficiently large groups for correct statistics and to last for at least one year; laboratory control should be as laid down by WHO in their document “Controlled Clinical Trials in Leprosy” (WHO/PA/77.60).

Prophylaxis: All agreed that compulsory segregation was a hindrance to control and that other methods were proving more efficacious and that separation of children from parents should be limited to indigent or uncooperative families or during periods when parents were in hospital.

It was deemed unnecessary for special BCG campaigns since in most countries this was being carried out by tuberculosis campaigns.

Chemoprophylaxis in children with infected parents was recommended and it was pointed out that during breast feeding the child received adequate sulphone in the mothers milk (provided of course the mother was on treatment!)

After weaning a dose of 5 mgm. DDS per week per kilo of body weight was considered adequate, which could be administered in a suitable mixture.

Training in leprosy for students should be with, if possible the dermatological department in cooperation with other departments such as public health and orthopaedics. More time to be given, if possible including practical demonstrations, etc.

Short courses could be run for General Practitioners in centres with adequate cases.

Special courses longer and more detailed in countries which need specialists in leprosy.

All paramedical personnel who might be in contact with leprosy

should receive instruction to enable them to recognize cases and to assist in leprosy campaigns.

Give publicity in health education to all grades of the public.

Rehabilitation: For this field it was stressed that early and accurate diagnosis and regular treatment was the best way of avoiding deformity and consequently the need for rehabilitation.

Education of the patient to gain his cooperation was important. Prevention of deformities should be taught and surgical intervention given where necessary and finally the reinstatement of the patient as an independent member of society.

It was stressed that all existing medical and surgical facilities should be used—the patient with leprosy being treated as any others, and those concerned convinced of the possibility of this. The uses of a social service in leprosy were stressed and the re-education of the public to receive the “cured” patient back into society.

This is a very brief summary of the findings of the Conference but no report would be complete without acknowledging all the kindness and hospitality the Conferers received from our hosts both in a private capacity and as a body, including cocktail parties, a delightful dinner in a restaurant of very original character, even the Sea of Marmora and finally a delightful boat trip from Istanbul almost to the Black Sea completed a very useful as well as enjoyable work.

6. Obituary

PROFESSOR RALPH FRANCIS NAYLOR, PH.D.

We have heard with the deepest regret of the death, following a road accident in Northern Rhodesia, of Professor Naylor, on 6th August, and print this with acknowledgements to “Without the Camp.”

“Dr. Ralph Naylor had very close associations with The Mission To Lepers. While he was studying in London he manifested his interest in it and considered volunteering for service in its ranks. He came to the decision that he could best serve as a “non-professional missionary”, going to Makerere College in Uganda as a lecturer in chemistry, and there engaging particularly in research into the chemotherapy of leprosy. He was the Mission’s representative on the Managing Board of the Kumi Union Leprosy Centre, of which the Mission is one of the four partners. He went as one of the Mission’s delegates to the International Congress of Leprology at Tokyo in 1958, where he presented a Paper; and on the recent foundation of the Royal College in Kenya he was appointed to the Chair of Chemistry. Always he maintained a close and active interest in the Mission’s work and helped it in practical ways, apart from the valuable research he engaged in, particularly on the

action of sulphones on the metabolism of the *Mycobacterium leprae*, thus adding to the body of knowledge about the disease, and so helping forward its defeat.

Dr. Naylor was a man of deep Christian faith, ever eager to present and interpret it at the points of greatest need. His influence among students was considerable and he will be sorely missed as a friend, a teacher, and above all as a Christian.

Our sympathy goes out to Mrs. Naylor, and her young son who was also seriously injured in the accident. We give thanks for the work and witness of this dedicated layman, whose intellectual gifts were matched by his qualities of heart; who made a very valuable contribution in leprosy research, and who in all showed himself to be a true follower of his Lord.”

A.D.M.

Dr. Naylor also gave considerable co-operation in the work of the East African Leprosy Research Centre and in many branches of leprosy work in East Africa. Some of his research is reported in a paper in the October issue of *Leprosy Review* (see the paper by Ellard and Naylor) (1961) **32**, 249–258.