Abstracts

1. **Maharashtra Medical Journal,** Vol. 13, No. 1, April, 1966, and No. 2, May, 1966, Special Number on Leprosy in 2 parts, Poona, India.

These issues contain valuable contributions to leprosy in the following papers:—

PART 1: *Mycobacterium leprae*, by S. G. Deodhare.
Genesis of Early Lesion, by K. B. Niphadkar and R. V. Ranade.
Clinical Diagnosis of Leprosy, by N. Figueredo.
Differential Diagnosis and Pitfalls in the Early Diagnosis of Leprosy, by A. C. Parikh.
Classification of Leprosy, by N. Figueredo.
The Ocular Manifestations of Leprosy, by A. D. Patwardhan.
Drug Treatment of Leprosy, by R. Ganapati.
Physiotherapy in Leprosy, by Miss K. B. Kothare.
Deformity in Leprosy, by N. H. Antia and M. H. Keswani.
Complications of Leprosy and their Treatment, by K. K. Koticha.
Epidemiology of Leprosy, by N. D. Katdare.
Leprosy—A Social Point of View, by R. K. Mutatkar.
Leprosy Work in India and Maharashtra, by M. S. Mehendale.

PART 2: Leprosy—Its Diagnosis, by K. Ramanujam.
Certain Aspects of Early Forms of Leprosy, by C. G. S. Iyer.
Bacteriology of Leprosy, by C. S. Swaminathan.
Prevention of Deformities, by S. M. Mukherjee.
Epochs in our Fight against Leprosy, by P. Mohamed Ali.
Education of the Public, by D. Chakrabarti.
Epidemiology of Leprosy, by S. K. Noordeen.
Neuritis in Leprosy, by Shriniwas Ranade.
Skin—A Versatile Armour and an Immunologic Mirror, by Sharat C. Desai.

The papers are in English, with a few translations into Marathi, and would be well worth studying in the original. The journal is to be congratulated on its work for leprosy.

The following abstracts are reprinted with permission from *Trop. Dis. Bull.*, 1967, **64**, 3:

2. **Improvement of the Growth of *Mycobacterium leprae in vitro* and Isolation of Pure Cultures in a Selective Medium,** by A. L. OLITZKI. *Harefuah*, Jerusalem, 1966, Oct. 2, **71**, No. 7. (In Hebrew 199-202. English summary 202.)

The English summary appended to the paper is as follows:—

'1. *M. leprae* grew in 8 subcultures during a period of 15 months on the medium described previously (see this *Bulletin*, 1966, **63**, 411, 765). In addition to the extract of *M. smegmatis* (No. 2) growth was improved by human foreskin-extract, 0.5% glycerol and 0.05% Tween 80.

'2. *M. leprae* was isolated 12 times in 15 repeated examinations from the auricular skin of patients. In order to inhibit the growth of the non-mycobacterial flora, 0.01% malachite green was added. In 12 auricular skin examinations of patients the results obtained microscopically and by culture were negative.

'3. From 4 patients (3 microscopically negative and 1 positive) acid-fast bacteria were isolated which were identified as "rapid growers".

'4. Preliminary skin tests with cultured *M. leprae* showed stronger reactions in patients to the cultured bacteria than the conventional lepromin antigens.'

3. **Impaired Delayed Hypersensitivity in Patients with Lepromatous Leprosy,** by D. S. WALDORF, J. N. SHEAGREN, J. R. TRAUTMAN and J. B. BLOCK. *Lancet*, 1966, Oct. 8, 773-6. (17 refs.)

In view of conflicting evidence on the ability of patients with leprosy to develop delayed hypersensitivity, 34 such patients were tested for the development of hypersensitivity to 2,4-dinitrochlorobenzene (DNCB). DNCB was chosen as the allergen because it induces delayed hypersensitivity in over 90% of normal people and previous contact with it is unlikely. Only 4 of 17 patients with lepromatous leprosy but without erythema nodosum leprosum could be sensitized to DNCB. In all other groups (lepromatous leprosy with ENL, dimorphous leprosy and inactive leprosy) the response was not significantly different from that of the control group. Several patients in the non-reacting lepromatous group, in whom sensitization to DNCB was depressed, were tuberculin positive. This suggested that delayed hypersensitivity, which developed before the onset of leprosy, would persist despite the later state of anergy.

D. S. Ridley.

4. **Electromyographic Studies in Leprosy and Dermatomyositis,** by K. C. KANDHARI and V. N. SEHGAL. *Dermatologia Internat.*, Philadelphia, 1965, Apr.-June, **4,** 2, 96-101, 6 figs. (24 refs.)

'Electromyographic studies were conducted on 37 patients with leprosy and 3 patients of dermatomyositis. Results obtained were compared with 23 normal controls. Five of the leprosy patients showed a complete nerve lesion with isoelectric recordings, even on muscular contraction, while others showed a partial nerve lesion with a specific mixed pattern, with poly- and biphasic waves. Dermatomyositis patients showed a specific pattern of their own. The significance of these findings in the prognosis for such cases is discussed.'

5. **The Facial Nerve in Leprosy,** by N. H. ANTIA, S. C. DIVEKAR and D. K. DASTUR. **1. Clinical and Operative Aspects** (ANTIA, DIVEKAR and DASTUR). *Int. J. Lepr.*, Wash., 1966, Apr.-June, **34,** 2, 103-17, 8 figs. **2. Pathology, Pathogenesis, Electromyography and Clinical Correlations** (DASTUR, ANTIA and DIVEKAR). *Ibid.*, 118-38, 16 figs.

1. 'Detailed clinical features, surgical observations, and gross morphologic findings are reported for 11 patients with polyneuritic leprosy, who presented with lagophthalmos with or without weakness of other facial muscles.

'All patients showed greater or lesser areas of anesthesia in the distribution of the maxillary division of the trigeminal nerve.

'An extensive operative exposure, electric stimulation and biopsy of the affected nerve branch were possible as measures preliminary to surgical repair of the palsied eyelids.

'In no 2 patients was the pattern of facial nerve branching identical; different forms of dichotomizations and anastomoses were encountered.

'In accord with the clinical impression, the zygomatic branch of the facial nerve was found most affected and invariably unresponsive to electric stimulation; it was the one biopsied, and the biopsy specimen included the surrounding tissues.

'Adhesions, and frequently compression of the zygomatic branches in the surrounding tissues, which appeared fibrosed, were observed.'

2. 'Electromyographic findings in 7 and histopatholigc observations in 11 patients, and correlation of these with the clinical and operative observations reported in our first paper, have been presented here on patients with lagophthalmos due to leprosy.

'Preoperative electromyographic observations on the orbicularis oculi, the frontalis and orbicularis oris in 7 of the patients, revealed increased latency of conduction and abnormal muscle activity in the form of reduced interference patterns, giant single unit patterns and polyphasic potentials.

'A chronic inflammatory and fibrosing neuritis of varying severity and duration was observed in all patients. Granulomatous reaction was noted in 3.

'The greater involvement of distal rather than proximal parts of the nerves to the orbicularis oculi was noted in a number of patients, and suggested the possible ingress of infection in this motor nerve from the sensory branches of the maxillary nerve anastomosing with the zygomatic branch of the facial nerve. The role of secondary factors operating upon the facial nerve branches in the bony zygomatic region is discussed.

'There was a good correlation in 8 of the patients between the clinical, the electromyographic, the operative electric stimulative and histopathologic findings. This was more evident in severely affected patients with single unit activity in which correspondingly severe nerve damage was evident structurally.'