

KNOWLEDGE FROM WORLD CONTEMPORARIES

LEPROSY IN COLUMBIA (S.A.)

(Author's summary in English by KRETSCHMER)

by

W. A. PIRINGER, L. PLATA and F. MUVDI, (Zschr, Tropenmed. Pages 49-67, April 1961)

A survey of leprosy in Columbia shows that the disease, which was introduced by the Spaniards in the 16th and 17th century, is still endemic in several districts of the country. In a census taken early in 1960, 11430 victims of leprosy were counted among the total population of 14 millions. Lepromatous Leprosy is most common (69%) while tuberculoid and intermediate leprosy are less frequently encountered (13.6% and 16.4%, respectively).

Chaulmoogra oil is not used for therapeutic purposes any more. For the past ten years, DDS (diaminodiphenyl sulfone) compounds, which are orally administered, have been almost exclusively used. This therapy has proved very reliable, the percentage of failures being only 4.5. Additionally, thiosemicarbazone, streptomycin sulphate, and Dihydrostreptomycin sulphate as well as isonicotinic acid hydrazide have been prescribed, particularly if a change of drugs seemed desirable. During the stages of leprosy reaction, corticosteroid, antimony tartrate, and other remedies are given.

A large-scale programme has been designed to increase resistance to tuberculosis and, possibly, leprosy by continued oral application of BCG to certain victims of leprosy, their non-infected children, room mates etc.

Government authorities in charge of leprosy control aim at reducing the number of asylums for leprosy victims and plan to offer ambulatory treatment instead. This, of course, requires not only a reliable but also simple therapy so that infected persons will be incited to seek treatment voluntarily in one of the dermatologic field stations ("Dispensarios dermaotlogicos") already existing in Columbia. Thus costly leprosy surveys of the total population could be avoided. In future, these field stations shall offer treatment not only to leprosy patients but also to persons suffering from other diseases of the skin.
--SVD.

FILARISIS IN CHINA

by

F. HERTWIG AND F. OBERDOERSTER

(Zschr-Tropenmed. Pages 41-47, Heft. 1, Band 12, April '61)

Only a few years back, number of persons infected with *Filaria* in China was about 20 to 30 millions. In eleven provinces of the country, infections with **W. Bancrofti** and **W. Malavi** are common. In Schantung and Kwantung Provinces and in the Taiwan island infections

with Bancrofti are common. The rates of infections vary very much between 0.03 and 30%! In the vilages of highly endemic regions, the percentage of infection reaches even upto 50. The clinical picture differs according to the kind of filarial infection. For the diagnosis of filariasis, besides the approved methods, the Provocation-test with Hetrazan is employed: large amounts of filaria are found in blood examined 15 to 30 minutes after giving 25 to 1000 mg. of Hetrazan. Microfilaria are found in large numbers in capillary blood e.g. ear-lobe, than in blood from big veins and arteries. The compliment fixation reaction has less importance as it gives non-specific positives when there are infections with other kinds of Nematodes. For the same reason intradermal test with Antigens from *Dirofilaria immitis* is not trustworthy. The treatment that is followed is chiefly with Hetrazan 200 mgs. \times 3 times a day for the duration of 7-10 days. With this therapy not only microfilaria are killed but also grown up worms are effected and as an expression of this, in about half the cases, there were allergic symptoms such as headache, muscular and joint pains, feeling of weakness, nausea, anorexia etc.

The most important vectors of *W. Bancrofti* in China are *Culex pipiens* and *culex fatigans* and of less importance the *Anopheles hyrcanus sinensis*. The transmission of *W. Malavi* is chiefly done by *Anophelens hyrcanus*. Both kinds of Wucheria are transmitted by *Aedes togoi* in the coastal regions. Fighting campaign agains the vectors in the last years with contact-insecticides has resulted in the improvement of the hygienic life of the population and in the distinct diminishing in the number of new affections.—SVD.

INDURATIO PENIS PLASTICA

by

W. NIKOLOWSKI

"Therapeutic Possibilities in Induratio Penis Plastica" — Med. Welt 1961, 2: 114

The most effective drug therapy of induratio penis plastica is the administration of vitamin E which offers more rapid relief of subjective symptoms than all other previously known therapeutic measures and at the same time increases susceptibility of the tissue to x-ray or radium therapy. The necessary dose is between 100—500 mg. of vitamin E daily with a total therapeutic dose of at least 10—30 g. In addition, radiation therapy (close radiation according to Chaoul 400—500 r at 3—4 weeks' intervals, not more than 7—10 radiations) should always be attempted. Surgical therapy of induratio penis plastica today is most rejected, but may sometimes be considered in the presence of calcified or ossified plaques.

PSYCHOTOMIMETICS, CHEMICAL, PHARMACOLOGICAL AND CLINICAL ASPECTS

by

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The psychotomimetics, also termed "mind changing drugs" differ

from other groups of psychotropic substances in producing very profound psychic changes associated with changes in the perception of reality, of space and time, and of the body image. They transfer the subject into a sort of dream world, which is experienced as quite real. Consciousness is always retained. Hallucinations occur only after very high doses; they are not a characteristic feature of these substances, it would therefore be more correct to call them not hallucinogens, but psychotomimetics; they mimic a sort of psychosis. Most of them are known as magic or esoteric drugs.

The use of psychotomimetics in experimental and practical psychiatry.

The resemblance borne by the effects of psychotomimetic substances to the symptoms of certain mental disorders led to the term "model psychosis" being coined. Such model psychoses are of value in the experimental study of the biochemical processes involved in mental disorders.

In recent years promising results have also been obtained with the use of psychotomimetics as drug aids in psychotherapy. Mainly two effects of drugs such as LSD and psilocybin are of value:

- 1) their ability to release the patient from his autistic fixation and isolation by shattering and transferring his customary setting. As a result, the patient can re-establish rapport with the therapist.
- 2) these drugs reactivate forgotten or repressed memories. Even experiences of very early childhood may be reactivated. This is of major importance for the success of psychotherapy, particularly when the experiences are those which have led to psychic trauma.

Agents such as the psychotomimetics with their profound and unforeseeable effects may not be taken by patients without medical supervision. But in the hands of the skilled, capable psychotherapist these substances are new drug aids which facilitate the task of the doctor in his objective recognition of the conflicts involved and subjectively enable the patient to attain self-awareness and gain insight into his disease.

MAX THE KNIFE

(Reprinted from A.M.A. Archives Dermatology, 82 : 421, 1960)

By

RALPH LUIKART II, M.D.

Are you a dermatologist who moans his lot in life ?
 Are you a man who hands out salve and groans at home to wife?
 Do you know the average doctor goes early in the hearse?
 Do you realize a waitress can make more than any nurse?
 Did you ever call a plumber, and find his house call more than yours?
 Have you noted that the ointment helps but very seldom cures?

I quarrel not with your methods—use the tool that suits you best.
 Be it cancer, or a keloid on a nose, or ear or chest,
 Some say use the x-ray—and often it's the best.
 Use the tool that fits your hand, or any of the rest.

Have you cried about the surgeon—who merely cuts it out,
 And makes enough in half a stitch to make you sign and shout?
 Have you had a psoriatic ever tell you where to go,
 And had the acne patient's mother say it simply wasn't so?

Have you ever spent an hour just digging out the facts;
 Then scrape and culture many spots on leg and arm and back?
 Did you do a small biopsy and send it to the lab;
 Then in the last analysis you knew not what he had?

If you are one of those who spent the first half of his life,
 In schools, and schools, and labs and schools with struggling and strife;
 If you have had your daughter, 10, turn to you and ask,
 How come you're not a doctor, real like the one that checks my class?

If you borrowed to pay your income tax, and bought your car on time;
 And found that 40 office calls would net you but a dime;
 If this outlines your problems; let me give you this advice:
 Skill yourself in other ways that yield a better price!

One in 10 of all your patients has a lesion of some sort,
 That can be fixed in just a jiffy if to surgery you'll resort.
 You need an eye to see with, and 2 old aging hands.
 You need a half a dozen instruments upon a Mayo stand.

If there's a place a patient hates—a spot that worries you too,
 Take her into surgery and I'll tell you what to do.
 Take a knife, and cut it out, and send it to the lab.
 While you relax and sew it up, the 2 of you can gab.
 Your nurse can take the sutures out, and dress it once or twice.
 The lab will tell you what it is, and the patient gets advice.

You won't forget the psoriatic who said you were a gyp;
 Who griped about the bill for months, and claims you are a drip.
 But the gal you took the lesion from goes forth to show the line;
 Where you took that mean thing out, and joshed her all the time.

The x-ray for the acne case is disallowed by his insurance.
 He asked a million questions to test out your endurance.
 "Got my dough from my Blue Cross today," says the lady, with a line.
 "The pay was bigger than your bill—could the overpay be mine?"

That doctor he's a real one—you know he cut that thing on Joe,
 We'll stand by him thru thick and thin tho' he did it with a hoe.
 But the one that cured my dandruff under some pretentious name,
 Didn't really get it well—they say that skin's his game.

The collector says the acne boy is never going to pay.
 He'll hang on to that 5-buck bill until his dying day.
 But the 30 bucks for surgery with a note of many thanks,
 Was slipped between the letters of the psoriatic cranks !

This day I have not got the time to change the way of life.
 The plumber still gets better pay than I without my knife.
 The waitress will out-do the nurse—you'll mean out to your wife
 How broke and tired and old you are unless you try a knife !

*intensive
vitamin
therapy*

Vit. A
MASSIVE-A
 INTRAMUSCULAR
 Vit. A. 2,00,000 I. U. per c. c.



Vit. D
MASSIVE-D
 INTRAMUSCULAR & ORAL
 Vit. D. 6,00,000 I.U. per 3 c.c. Vit. 6,00,000 I.U. per c.c.



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