

Unna has treated sixty lepers in twenty-two years and has followed these cases from two months to twelve years. The lesions varied from the mildest form of nerve leprosy, free from bacilli and recognizable only to the expert, to most pronounced, universal nodes in the cutis and subcutis. Common complications were paresthesia, circumscribed muscular atrophies, affection of the nasal mucous membrane, and leprosy eye diseases. Since all the cases exhibited skin lesions, the treatment was chiefly dermatological.

Every physician must confess that in treating leprosy he has a very difficult problem before him. Unlike syphilis, we do not possess a ready specific which will dissipate the lesions. Yet even with regard to syphilis, many cases might be cited where the constitutional treatment has little or no effect, unless preceded by an energetic external application. Some individual or local resistance is probably offered, possibly by the encapsulation of the virus or by a mixed infection, which prevents the action of mercury and the iodides. The leprosy lesions closely resemble these torpid syphilides, and a number of factors are present which will explain their obstinate character. The invasion of the bacillus of leprosy does not give rise to symptoms of an acute inflammation, but, instead, there is a tendency to encapsulation, with simple hypertrophy of the fibres and part of the cells of the connective tissue. The lymph-spaces will become obstructed, so that drugs penetrate only very slowly. The bacilli themselves elaborate a fatty substance and are surrounded by a mucinous material (zooglea), containing some solid fat. This substance represents the dead and swollen germs. By means of a special staining method (Victoria blue and safranin), the living bacilli will appear blue-black, the zooglea mass golden-yellow. Some of the germs, however, also show a marked affinity for the yellow constituent of the stain, and therefore are most likely dead, even though they still retain their original shape. Probably a large percentage of the bacilli cast off by the patients belong to this class.

It follows from what has just been said, that our first attempts must be directed toward removing the mechanical obstacles present. The simplest way to attack the solid fat present in the bacilli and in the mucinous material, is by means of heat. Hot baths, particularly sulphur baths, have claimed popularity for ages. In certain natural springs of Japan and Roumania, strong acids (sulphuric acid) and iron compounds play an active part. Hot alkaline baths probably possess a better penetrating power, but the patients soon complain of heart weakness and general languor, and cannot stay in the water suffi-