Note on the Parole of Uninfective and Apparently Cured Lepers.

1. *The Release of Burnt-out Uninfective Nerve Leprosy Patients.*—It is not even yet sufficiently recognized that from one-third to one-half of the inmates of most leper asylums are old uninfective mutilated nerve forms of leprosy, whose isolation on humanitarian grounds is useless as a preventative measure. In fact, the presence in treatment institutions of chronic mutilated uninfective nerve cases may be harmful in retarding the admission of much earlier curable cases, who do not like to associate with the mutilated cases, and are also discouraged by the failure of treatment in the latter. In South Africa, as the result of the appointment of a commission to examine bacteriologically all the segregated lepers, no less than one-third have been released as uninfective, subject to periodic clinical and bacteriological examinations, and some £50,000 a year saved, which is partly being spent on research and improved treatment. The isolation of lepers may cost anything up to £200 per case, as in New South Wales in 1924, which would provide the new painless sodium hydnocarpate, Alepol, for the bi-weekly treatment for a year, of 1,600 early amenable cases as out-patients. The release of all uninfective nerve cases who have relations willing to care for them from institutions for the treatment of leprosy is therefore the first desideratum. In countries such as India, where the people turn out their lepers, homes for incurables as a humanitarian measure will continue to be necessary, but should be distinct from treatment colonies. The Mission to Lepers is doing a great work in the field in India and elsewhere.

2. *The Parole of Apparently Cured Lepers.*—This is a more difficult problem, the custom regarding which varies in different countries with the local conditions, but the former very rigid rules are gradually being relaxed with advantage as the result of the increasing success of treatment. In the United States and in the great Culion Leper Settlement of the Philippines with advanced cases, it has been the custom to retain patients for two years subsequently to their becoming bacteriologically negative, during which repeated bacteriological examinations were made. In their paper of February, 1927, contributed to the Royal Society of Medicine's discussion, H. W. Wade and C. B. Lara record that this is no longer the case, but " under certain conditions they may be paroled after six months, to return weekly for treatment and examination." Again, in Hawaii, with very extensive experience, at the Honolulu Leper Hospital, in the four years from 1920 to 1924, 124 of 391 admissions were released, or 31·47 per cent., and only 13 had relapsed, 7 of whom had not continued

to attend for treatment as ordered. In the year ending June 30th, 1925, the average duration of segregation of those paroled was one year and four months, mostly early cases. In 1921 as many as 94 were re-released, but the relapses were more numerous, and it is recorded that this was possibly too lenient, but did much good by encouraging early cases to come forward for treatment. Of 75 recovered cases in Korea, Dr. R. M. Wilson found only five relapses after eighteen months.

3. *The Effect of Improved Treatment on the Problem.*—As long as we had nothing better than compulsory segregation and had no effective treatment, great care was necessary in paroling lepers, but now that progress depends essentially in attracting early cases for treatmen the position has become altered, and segregation measures require modification to prevent their doing more harm than good by preventing patients coming forward for treatment in the early more amenable stages, for recent leprosy surveys in India reveal that there may be from one to three or four early cases for every easily recognized advanced one. Moreover, most of the early cases are bacteriologically free, including the nasal discharge, and therefore uninfective, and in India and elsewhere these are now being treated safely and effectively at hospitals and special clinics at one-sixtieth of the cost of isolating them. The policy I advocate, and which is being adopted in British Guiana and elsewhere, is for all newly-discovered lepers to be examined by a board of three leprosy experts, including a bacteriological examination, and all those found uninfective allowed to be treated at clinics and hospitals as out-patients, but re-examined by the Board every three months as to infectivity. Infective cases should be sent to leper colonies with efficient treatment, and ought not to have to mix with mutilated uninfective cases. As soon as any become negative bacteriologically they should, where possible, be separated from infective patients, and re-examined every month or so bacteriologically, and only released after they have remained negative for six months, and then required to attend kly at a clinic or helped for further treatment, and to be re-examined every three months up to two years after first being negative, and afterwards every six months without treatment. Some 15 to 20 per cent. even of advanced cases have been found to become apparently cured in the Philippines, where over one thousand cases have been released in the last few years, but the early ones do best. Still better results are likely to accrue as the result of the introduction of Alepol and Muir's iodide-antimony treatment, and the latter is likely to prove a valuable test of actual cure.

4. *Examination of Contacts to Detect Early Cases.*—If the above measures are combined with the following plan, advised by me in "LEPROSY," page 134, in the more advanced countries leprosy might possibly be reduced to under 10 per cent. of the present numbers within a single decade. It is based on my conclusions from three years study of the literature of the disease, that 80 per cent. of the infections are house ones, and in 80 per cent. the incubation period is under five years. It follows that if, whenever a leper is discovered, all his household and other close contacts are examined minutely for leprous lesions, and this is repeated every six months for five years. 80 per cent. of possible infections should be discovered and cleared up in early stages, reducing the remaining foci of infection by 80 per cent. in five years, and in another five years to 4 per cent. This planis being adopted in several countries at the present time.

L. R.