

Growing Hydnocarpus Trees.

It is generally admitted to-day that treatment of the disease is the most important item in the programme of those who are working for the eradication of leprosy, and, indeed, it is the only reasonable hope that there is for the control of leprosy. Chaulmoogra oil held the field in the treatment of the disease until some ten years ago, when Sir Leonard Rogers began to experiment with other oils.

It is now considered that the preparations made from *Hydnocarpus Wightiana* oil are giving the best results, and for some three years a good deal of attention has been given by The British Empire Leprosy Relief Association to the question of the supply of the oils from *Hydnocarpus Wightiana* and *Hydnocarpus Anthelmintica* trees. Dr. Victor G. Heiser, Associate Director for the Far East of The Rockefeller Foundation, speaking in New York recently, said:—

“ The questions have been asked: Should chaulmoogra orchards be established? Should volunteer organisations try to encourage the growing of additional chaulmoogra trees? A few years ago a greater acreage of trees appeared essential. At that time it was thought that the oil from the *Taraktogenos Kuzil* was the only one that was useful in the treatment of leprosy. Later experience indicates that the oil from a number of species of chaulmoogra trees, *hydnocarpus* and others, are equally effective. It so happens that the world has a large supply of nuts from the *hydnocarpus* trees. I was surprised to find that in Siam the trees are so common that ordinary soap is made from the oil. This would indicate that the supply is abundant in Siam at least.”

Up to the present the Association has obtained its supplies of Hyd. Wight. oil from South India, and the Hyd. Anthel. nuts have been obtained from Siam. For the past three years, however, quite large supplies of the seed of both these trees have been sent out to every part of the British Empire, as it has been felt that it would be a wise thing to find out where the trees could be readily grown. Hyd. Wight. has been grown, from seed supplied by the Association, in West Africa, in Nigeria, the Gold Coast and Sierra Leone; in East Africa, in Uganda and Kenya; while it seems to have grown well in quite a number of islands in British West Indies. In a number of British colonies no success was obtained after the seeds had been sown, but this may have been due to the seeds not arriving in good condition. Hyd. Anthel. is grown in a number of colonies, but full reports have not yet been received as to the success that has been obtained. Dr. E. A. Neff, Medical Superintendent of the Leper Station at Makogai, Fiji, has just written as follows:—

“ We have now nearly a thousand trees of *Hydnocarpus Wightiana* and *Anthelmintica* coming along, of which some are now three years old. One of the latter has recently been in bloom and now carries about a dozen small nuts! I hope that, in the not too far distant future, we shall be utilising our own oil.”

And this is encouraging.

In view of the fact that Hydnocarpus oil is most likely to be required in larger quantities as time passes in all parts of the British Empire, at least, where leprosy is prevalent, it certainly seems advisable that efforts should be continued to grow both Hyd. Wight. and Hyd. Anthel. The Editor will be glad to send supplies of either seed to any part of the Empire where workers are prepared to try and grow the trees, and he would call attention to a review, in "Leprosy—Summary of Recent Work," No. 8, pages 515-6, of an article by Dr. T. A. Henry, entitled 'The Treatment of Leprosy by Artificial Oils.' If any fuller information is required on the subject the Editor will be glad if communications may be sent to him.

F. O.

Lepers Turned Away.

PROGRESS IN NYASALAND.

"We have ninety-seven lepers receiving treatment at our Centre at present, and have to turn patients away almost daily."

So writes Dr. C. F. Birkenstock, of Malamulo, Nyasaland, on September 10th. His successor, Dr. H. A. Erickson, wrote on October 2nd:—

'Since coming up here we have turned over 100 lepers away, as we cannot do the work. We are treating 103 patients now. When one gives a hundred intravenous injections in the morning, it takes all our time.'

This is typical of how leprosy work grows when a doctor starts a Treatment Centre. The Association has made grants of money for the extension of the work, and Dr. F. E. Whitehead, Director of Medical and Sanitary Services, Nyasaland, recently wrote:—

'Since you were here the Malamulo Mission have built their new camp. I inspected it a few days after it was opened, and the patients had been moved to it from the old one. I can assure you that their grant has been well spent; it is well built, with an excellent lay out, and the organisation is good. It is at present the best in the Protectorate, and the Mission is to be congratulated.'

Such Treatment Centres are needed wherever lepers are to be found, and the Committee of the Association will gladly consider applications for financial help for commencing or enlarging such Centres.

F. O.