

## Editorial.

**I**N this number of the REVIEW we are glad to bring to the notice of our readers several important articles. Dr. Muir, in a contribution which was prompted by certain statements made by Prof. Marchoux in our July issue, rightly insists on the value of purely clinical methods of examination for establishing the diagnosis of leprosy. In these days of rapid advance in bacteriological, serological and other laboratory tests, the need for clinical acumen is not always realised. In no field is this better seen than in the field of leprosy. We therefore welcome Dr. Muir's article stressing, as it does, the importance of clinical diagnosis, and suggesting that serological tests are unreliable in the earliest stage of the disease, a stage which, needless to say, is the most amenable to treatment. While we hold similar opinions, yet we would suggest that the Intradermal Leprolin Test, described by Sir Leonard Rogers, should be given an extended trial. Sir Leonard states that places such as the S. Sudan are excellent for an extended investigation. Not only is early leprosy very prevalent in that area, but the authorities there have knowledge of the existence and place of residence of more than 90 per cent. of such cases. The Secretary of the Association, from experience in his recent tour, has accumulated a certain amount of evidence which gives support to the view that a large percentage of early lesions in adults can probably be termed abortive infections, and do not generally develop into the more serious forms of the disease. This observation is important when one is contemplating the treatment of lepers in some of the areas of British Africa, where the incidence of leprosy is extremely high. We should like to state for the guidance of workers who are perplexed regarding the matter of choosing cases for treatment, when it is impossible to provide therapeutic remedies for all the lepers coming to hospitals or centres that :

(1) Healthy adults who present one or two isolated flat depigmented patches, which have been in existence for years, and have shown no tendency to increase or spread, do not need active treatment. They should, however, be warned of the necessity of keeping absolutely fit, and they should also be examined, if possible, every six months.

(2) Advanced anæsthetic mutilated cases who present no raised patches, and whose nasal smears are negative, need no active antileprotic treatment.

Children and young adolescents, whatever the signs of the disease, should be treated actively, for it is during the "growing period" that the disease is most liable to extend.

As a rough guide, infective cases may be considered to be those with raised rashes or nodules, the former mildly or moderately infective, according to the number of bacilli found in skin clippings, or, where the microscope is not available, according to the redness or infiltration of the patch. Nodular cases should always be classified as highly infectious.

In this connection we draw attention to the article reprinted from "Leprosy in India," on "Routine Examination of Nasal Smears in Leprosy." The importance of this question was recently seen in S. Africa, where a large percentage of apparently non-infective cases were found on examination to have strongly positive nasal smears. In some cases these were only discovered on the examination of contacts, and had no outward manifestation of the disease. It would be interesting to investigate the possibility of the existence of carriers of the infection. The term carrier is used to mean an individual who is discharging active bacilli with no clinical signs of the disease. If the Shiga technique for the cultivation of the mycobacterium lepræ is confirmed by other workers, it might be applied to cases indicated here in order to determine whether such persons are actually discharging live bacilli. We intend to refer to these and other interesting points in abstracts of the Secretary's reports to the East African Colonies, which will be published in the REVIEW from time to time.

Dr. R. S. Donaldson contributes an interesting article on the employment of lepers. This is a difficulty which has to be faced by all those who are treating cases as out-patients who wish to pursue their own vocations. It is pointed out that there are occupations such as nurses and school teachers which should not be undertaken, no matter what stage of the disease the patient is in, or whether he is a healed case or not. While we would not go as far as this, yet, if the patient concerned cannot be examined periodically, then, in the interests of the children, we consider that it is better that such persons should seek some other occupation.

Dr. Donaldson lays stress on the importance of institutional treatment for all infective lepers. At a time when out-patient treatment is being so widely advocated, it is well to stress the value of institutional care. The need for institutions is often greater to-day than ever, for as a result of out-patient centres any institution in the vicinity benefits, because there are cases which cannot, or should not, attend clinics, coming in greater numbers to such hospitals. We stress this point for it is only by maintaining the right

balance between the leper hospital and the treatment centre that this problem can be adequately tackled. We commend the conditions laid down for Government servants before they can be discharged from Chingleput, to the careful consideration of all those who are in difficulty over this matter.

We feel that reports from workers are of extreme interest, and therefore, in this number we publish an account of the work at Mandalay for 1929. Our readers are invited to send such items of news for publication.

We would also like to draw the attention of our readers to the Annual Report of the Indian Council of the Association. This gives an account of the progress of the work in India and the information which has been amassed through the Special Survey Party of the Association. Those who are contemplating anti-leprosy schemes are advised to procure copies of this report.

The "China Medical Journal" has just issued a Leprosy number which contains extremely valuable information. We will be glad to secure copies for our readers of not only this, but also of the September number of the "Prescriber," which contains a useful summary of the Therapeutic Progress of Leprosy during the past year.