Editorial.

In our last issue we were glad to give the chief prominence to the report of the Leonard Wood Memorial Conference on Leprosy. In this number of the Review, the attention of readers is drawn to Dr. Burnet's contribution on the work of the League of Nations, and on the Conference of the League of Nations Commission in Bangkok last December. Dr. Burnet's article will be studied with great interest, for the work of the Bangkok Conference was supplementary to that of Manila. We regret we cannot, for lack of space, print the complete findings of the Bangkok meeting, but copies can be supplied to those desirous of having them.

Dr. Rose's report on the leprosy settlement in British Guiana is instructive from the treatment point of view. An increase in the number of patients discharged without deformity from the institution rising from 14.3 per cent. in 1923, to 93.8 per cent. in 1930* is no mean achievement, and partially answers the point which has been raised, that the comparison between two groups of patients under similar conditions and stage of disease, one group being placed on chaulmoogra treatment and the other not, has never been made. One can assume that the conditions in the leprosy settlement have remained unchanged, but the cases have come in slightly earlier, but still not nearly so early as in settlements in India. Therefore, one can legitimately conclude, we think, that part, at any rate, of the great improvement is due to the so-called specific treatment.

Dr. Davison, of Emjanyana, contributes an article on his institution, and in the course of this, he mentions a treatment which he has been using of massive doses of alepol, as much as 50 and 100 c.cs. of a 10 % solution being given. In a private communication, he states that he has had to discontinue such large doses on account of general and eye reaction. In this connection, we should like to quote the following extract from a letter from Dr. Bernard Moiser:—

"With regard to the use of 9 per cent. alepol (plus 5 per cent. novocaine), I tried this on 98 male and 74 female patients intramuscularly and subcutaneously for a period of three months, and was obliged to give it up and return to the 6 per cent. solution, on account of painful local indurations, aseptic abscesses and hæmatomata. In a few cases that were seen by me there was also a rise of temperature. Most of the patients also complained that the stronger solution caused more pain, both at time of injection and later, so that it would appear that 6 per cent. is as strong as should be used. I am, however, definitely of opinion that 6 per cent. solution is better than 3 per cent., is well borne by the patients, and is safe."

*See Chart facing p. 149.