

## Editorial.

**L**EPROSY REVIEW enters the third year of its existence, and we would at the outset, like to express to our contributors and readers our deep sense of appreciation for their support and encouragement. From a small magazine entitled "Leprosy Notes," which appeared in March, 1928, the quarterly publication of the Association has developed until it has reached a recognised position in both lay and medical circles. We have decided to increase the REVIEW slightly in size and alter the binding a little, so as to make it more attractive. This does not mean that the policy of the REVIEW has in any way changed. The aim will always be to supply a semi-technical magazine to workers—both lay and medical—which endeavours to keep them abreast of modern development. As it is anticipated that the new International Journal of Leprosy will appear this year it is perhaps wise to state again that LEPROSY REVIEW is in no sense a competitive journal. Just as the British Empire Leprosy Relief Association has a definite place, and cannot be absorbed into the International Leprosy Association, so we feel LEPROSY REVIEW fulfils a function which cannot be undertaken by any other journal.

This number of the REVIEW contains three most illuminating articles from three different quarters of the globe, one from the Southern Sudan, one from Hawaii, and a third from India. Dr. Cruickshank gives an admirable account of the situation in the Southern Sudan. With many of his views we are in sympathy, and he has rightly laid stress on the fact that many early cases do not need active treatment, because for years their lesions have shown no signs of activity. They are what have been called in this journal before, for want of a better term, abortive cases, and play a large part in leprosy prevention schemes throughout Africa. The method of prevention in the Southern Sudan we would commend to the study of those similarly situated. Such a complete system may not be feasible everywhere, but the ideal wherever possible, is to organise settlements on a self-supporting basis, as outlined in the article. Alepol given intravenously does tend to cause thrombosis, and it has frequently been stated that experience tends to show that this is not the best route of administration. While it is difficult to estimate the value of a given remedy in leprosy, the hydnocarpic derivatives still hold the field. Their position is not unassailable, yet few physicians would be willing to treat leprosy without their aid.

Dr. Wayson lays stress on the fact that patients who return to surroundings and circumstances in which they have previously developed leprosy, tend to relapse. This is seen commonly in tuberculosis and raises the question of efficient follow-up, where possible, and of insistence on maintaining the general health at a high level. This may be a council of perfection, but it cannot be too much emphasised that the maintenance of a high general standard of health is the best preventive against leprosy. In reviewing the past decade's work the conclusion cannot but be made that increased knowledge of the disease and its treatment has led to a brighter day of hope, and has given many a case complete freedom from the disease, while to others it has given a period of five or more years of renewed life and vigour, and that in itself is greatly encouraging.

We have reprinted the article by Dr. Muir, which appeared in the October number of "Leprosy in India" because it puts the present position in India so admirably. We would like to draw attention to the message of Lord Reading when he opened the campaign in India. It is hardly necessary to say that these words apply with equal force to the rest of the Empire. Unfortunately, the parent body is not in the same sound financial position as the Indian Council, and we would appeal to those interested in this scourge to make this fact more widely known to their friends.