

## Editorial.

THE contributions to this number of the REVIEW are of extreme interest and raise once again, the question of the efficacy of treatment and the much discussed subject of out-patient clinics *versus* leprosy hospitals. It might be profitable to consider the pros and cons of these problems in the light of the articles published.

Dr. Fletcher, of Taiku, contributes a most interesting article on Country Clinics, and is speaking from his experience in Korea. It cannot be too greatly stressed that whenever statements are made they must be judged according to prevailing conditions in the country of the author. Schemes suitable for Korea are not necessarily suitable for Central Africa. Schemes in Central Africa may not be at all applicable to South Africa. Further, the disease shows entirely different manifestations in different countries. The Secretary of the Association laid stress on this after his tour in Africa, and Dr. Wade, who has recently made a similar tour, has made some illuminating observations concerning types of leprosy which will be published in due course, in the new "International Journal of Leprosy."

To return to the original theme, the system laid down of country clinics in Korea is admirable, but one must remember that in the less civilised countries where there is not the same fear of the disease, the clinic system may break down because of the general inertia of the patients.

The article by the late Dr. Robertson emphasises the point that for that part of Africa, at any rate, the only practical method of prevention is prolonged treatment in leprosy settlements. While we would be the last to decry dispensary treatment, its definite drawbacks need to be realised. We are aware that in many areas it is impossible to treat all cases in settlements or colonies, and, therefore, the dispensary treatment must have a part. However, because it is impossible to control the regularity of the attendance or of lives of patients, dispensary treatment, we fear, in many countries, will for a long time remain a second best.

Dr. Fletcher writes very encouragingly regarding treatment. We are of the opinion that the hydnocarpus remedies have a definite value. The facts given by Dr. Fletcher, and those given by Dr. Rose, in LEPROSY REVIEW, Vol. II, No. 4, October, 1931, are fairly conclusive. Again in the large colony under the charge of Mr. Mackenzie in Fusan, a settlement which is always chronically overcrowded and where general conditions have remained unchanged,

the fall of the annual death rate from over 12 per cent. to less than 2 per cent. since the introduction of the chaulmoogra group oils is at least significant.

Dr. Wade tells us that between 1906 and 1921, about 88 cases were discharged from the various leprosy stations in the Philippine Islands, and since 1921, to the present date over two thousand cases have been discharged from Culion Leprosy Colony and other hospitals in the Philippine Islands. Such results cannot be ignored. It is not our present task to raise the question of relapse rate or the relatively disappointing results reported elsewhere. All that is said is that these figures cannot be gainsaid. We are willing to admit that just as types of leprosy vary in different countries, so may the result of treatment vary.

Mr. Jackson contributes an interesting article on a series of investigations carried out on the relation of the Hydrogen-ion Concentration and the Pain Factor in the Administration of Sodium Hydnocarpate. This work was done with great care. Mr. Jackson has taken individual idiosyncrasies into account in his work, and while no mathematical statements can take cognisance of such, yet the suggested formula may be of help in future work on the estimation of the pain factor of various drugs used in leprosy treatment.

Dr. Wilson, of Soonchun, Korea, gives an account of the progress of the work in his colony ; he has so organised his routine that the patients carry on all the necessary duties of the place, even to performing minor surgical operations. It is of interest to note that in this colony plain hydnocarpus oil with camphor is preferred before any other method of treatment.

On going to press, we have heard of the untimely death of Dr. Russell Robertson, of Garkida. Dr. Robertson was within a month of leaving for America on furlough, when he was stricken down with yellow fever and succumbed. Dr. T. F. G. Mayer, until recently Leprosy Specialist in Nigeria, writes a personal note of appreciation of his work, and states : " Dr. Robertson's death is a great loss to leprosy work in Nigeria. He was the one man who was keen on leprosy, apart from other diseases, and his camp at Garkida promised to be a great success. I can't tell you how very sorry I was to hear of Dr. Robertson's death." Dr. Robertson's name must be added to the great roll of medical men whom West Africa has claimed in the hey day of their lives. We associate ourselves with all those who mourn the loss of this pioneer worker in the field of leprosy in West Africa.