

Editorial.

WE would draw the attention of our readers to page 132 of the REVIEW, the Extract of Current Literature. We feel that the article Dr. John Lowe has contributed to the "Indian Medical Gazette" is one of very great interest, and we would advise all workers to read the original if at all possible. Dr. Lowe stresses a number of very important points which we have endeavoured to emphasise from time to time. It is of the utmost importance to find this well known authority sounding a word of caution and advising against unreasoned optimism. We have still a long way to go in the therapeutics of leprosy. The work of the last fifteen years marks a very useful and important step towards the control of leprosy. It cannot be too strongly stressed that once a case has become an advanced cutaneous one (C3) it is extremely difficult to render it bacteriologically negative.

Dr. Lowe mentions a fact of utmost importance to the question of the prevention of the disease when he says that many cases of leprosy are of a mild nature in India, and may continue for many years with little evidence of decrease or increase. The fact that a survey of leprosy may actually show a high incidence of people with obvious signs of the disease is not the most important. The estimation of the relative virulence of the malady as shown by the proportion of neural and cutaneous cases and the proportion of children and adults afflicted is of greater value. Dr. Low lays stress on the necessity for really intensive study being undertaken. Much of the leprosy work done at present, admirable and excellent though it is, is doing little to contribute towards the ultimate control of the disease. Unless individual endeavours are linked up with an efficient system this disease will be very difficult, if not impossible to control. We hope that Dr. Lowe's suggestions for India will be adopted elsewhere, and that authorities will realise the importance of creating at least one study and research centre in countries where leprosy is endemic. Much money and time is being spent on the disease, but little of real constructive value is being done in many parts. One adequate centre with someone undertaking the investigation of the disease scientifically and systematically, is of greater help in the ultimate solution of the problem than many small camps where the work cannot be adequately supervised, or the results conserved or followed up. We make no apology for

abstracting this article so fully, as we believe that it deserves all possible publicity.

The article by Dr. Dixey on the Gold Coast gives the situation up to the time he left. We fear, however, that as a result of the prevalent depression and retrenchment even the "*status quo*" is hardly being maintained. On all sides medical work is suffering, and schemes for leprosy prevention are the first to be affected. Not until either Government or an organisation such as the British Empire Leprosy Relief Association is endowed sufficiently to be able to place medical men in each colony studying the question, is there any real hope of controlling the scourge. While the problem does not cry out dramatically for solution, yet it is an urgent one, and the economic loss to the country must be very considerable when we realise that the victims are stricken in the very prime of life.

This number of the REVIEW contains other very practical articles which will be of extreme interest to those in charge of colonies and to nurses. Sister Thornton's contribution shows how much can be done with the raw material in the institutions, and we trust it will be helpful to those who have undertaken nursing duties. Mr. McKean shows once again how much a part the patients themselves can take in the general management of an institution.

In the Indian section we have reprinted a note on the intradermal treatment. Dr. Muir mentions the point that it takes some 32 punctures to inject 1 c.c. We feel this is more than the average patient can stand, and if this rule is adhered to, none but the most spartan will put up with this method of treatment. Intradermal injections, however, are of the utmost importance, and wherever possible, should be used. We are able now to announce the fact that iodised esters as used by the Philippine workers can be obtained in this country, and we are prepared to supply limited quantities and also the appropriate needles to those wishing to try out the intradermal treatment.

We are indebted to Dr. Manson-Bahr for contributing another article. He deals briefly in this paper with the treatment of dysentery and this forms the second of a series of contributions on general diseases which we hope to include from time to time to help nurses and others who are in charge of leprosy work where there is no qualified medical man to consult.