

## Editorial.

THE article on the organisation of anti-leprosy measures in Surinam, by Dr. Lampe, reprinted from "Het Geneeskundig Tijdschrift voor Nederlandsch Indie," is one which should be carefully studied by all those who are concerned with the question of leprosy prophylaxis. Surinam is a comparatively small area and country where the indigenous population appears to be very amenable to discipline. Therefore, it is easier to put into being, an adequate system for the control of leprosy. We have stated more than once in this journal that the ideal system is one which segregates, either in an institution or in the home, the infective case, brings the non-infective case under adequate treatment and/or observation combined with the following up and periodic examination of contacts. This system seems to have been put into force extraordinarily efficiently in Dutch Guiana. In addition, stress is laid on the adequate supervision of children. A very fair index of the incidence and seriousness of the leprosy menace in any country is provided by a systematic investigation of all children of school age. In Surinam it is found that a fairly high percentage of children have signs of a leprotic infection. Unless such children are brought under supervision the chances of them passing into the more advanced and hopeless stages of the disease are considerable. We would recommend the dispensary school system to the consideration of authorities in countries where the adequate inspection of schools is a possibility, and where it is found that most of the children in the country concerned attend school. This system of the treatment of children going on *pari-passu* with their education is seen in European countries in connection with tuberculosis. A similar system modified to suit local conditions could be adopted with advantage in leprosy.

We felt that an article which appeared in the "Straits Budget" a few weeks back was of such general interest that it merited a wider circulation. This account gives a very good picture of the excellent work being done at Sungei Buloh. The statement that the Federal leprosy settlement outside Kuala Lumpur is one of the best in the world is not an exaggeration. The writer of this editorial has seen the organisation and experienced the cheerful atmosphere of the settlement. There repose on his desk two book-rests, a perpetual memory of the gratitude of the patients at this colony. These were given to him after a two days visit,

when an opportunity was afforded of seeing the work and of helping in the treatment of the patients.

In the present number the article on the combined treatment with Alepol tabloids and intradermal injections will be of interest to workers, and should others wish to carry out investigations along these lines we should be glad to help in any way possible.

The articles on Leprosy in the Belgian Congo and in the Solomon Islands give pictures of the situation in two entirely different parts of the earth. Little seems to be known of the incidence and extent of the disease in either territory. From information to hand the Belgian Congo appears to be an area of high endemicity, and our experience seems to indicate that leprosy in areas bordering the Congo is not only prevalent, but the type of the disease seems to be comparatively virulent. The close study of the disease in the Congo and neighbouring territories where leprosy appears to be spreading, should be of value in elucidating epidemiological factors still unknown.

Similarly the situation in the Southern Hemisphere is one which already has given us a valuable insight into modes of prevention. Any information amassed concerning the incidence and mode of spread of leprosy in the islands of the sea should add to our knowledge of this still partially understood scourge, and help in its ultimate eradication. For no matter how far the day appears to be still distant, let us ever remember that our ultimate goal is the elimination of leprosy from the Empire, and therefore be the contribution apparently small, yet we welcome data concerning the spread, incidence and types of the disease in every country, for it is only by extensive investigation and study that the whole problem can be rightly appreciated and each side of it correctly evaluated.

The Indian Section contains an article on Leprosy in Women. Owing to the paucity of qualified lady workers in leprosy this question has not been given adequate attention, and we commend this excellent article to the attention of workers and trust that Mrs. Kerr's interesting and instructive observations will be followed up, and will stimulate further research into this question.

The article on the Use of Mercurochrome Soluble 220 has been reprinted so that workers outside India might have an opportunity of confirming these observations, for if they are sustained a useful addition will be made to our therapeutic resources.