

## Editorial.

**I**N this number of the REVIEW, Dr. Rose contributes an interesting résumé of five years' work in British Guiana. The tables in his article are of extreme interest, as they show in some respects, the difference between groups of cases untreated and treated. It is interesting to note that Dr. Rose prefers as a routine to start treatment by intravenous "Alepol," and Dr. Moiser, in the next article, states that so far, the most effective treatment which has been used is intradermal injections of antileprol. We feel that not only the type of the disease but the results of treatment and the response to the various drugs are dependent on the conditions in the various countries, and, therefore, in order to fully appraise the value of antileprotic treatments, all these must be taken into account. If the conditions in each country where leprosy is endemic were more accurately known, we feel sure a great deal more light would be thrown on the epidemiology of the disease.

Dr. Alfred contributes an article on the Solganol treatment of leprosy and his conclusions are a little more favourable towards this treatment than those come to recently and published in *Leprosy in India*. His doses appear to us to be rather on the high side, and we would once again emphasise that great care must be taken in gold therapy in leprosy, not to increase the doses too rapidly or give too great an amount.

The Leprosy Colony at Itu has developed very remarkably within the last few years, and the description of the work there will be of considerable interest to our readers.

We have reprinted another article by Dr. P. H. J. Lampe on account of the importance of the subject. We are inclined to agree with the conclusion which Dr. Lampe comes to, that a number of cases of clinical leprosy in childhood and early adolescence become arrested spontaneously. If this is so, it is most important with reference to leprosy prevention methods, and the necessity for survey work is increased. Not only does it seem to be essential to estimate as near as possible the actual number of cases of leprosy in each district, but the difference in the type and age of those suffering from the disease should be borne in mind before conclusions are drawn. It is quite possible to imagine an area with a relatively large incidence of leprosy, but if the greater proportion of these cases were healthy adults who had become arrested in the early stage of the disease, then the problem would not assume so great a proportion as if they were children and

adults in the more advanced stages of the disease. We feel that the question of the spontaneous arrest of early symptoms of the disease needs further elucidation. In this connection, Dr. De Langen's work is of importance, for if his test proves that these cases have an immunity to further infections of the disease, this will be a great help in estimating the seriousness of the prevalence of the disease in any given district.

Our readers will be interested in the letter which is published from Dr. Ryrie, of Malaya. His impressions of India are both illuminating and instructive. His criticism of outpatient work in India is worthy of attention, for there is no doubt that while out-patient work is an essential part of any anti-leprosy scheme, one is liable to stress it at times to the exclusion of the institutional work which is more thorough, and where one can put the patient under proper hygienic conditions. The chief drawback to outpatient work in leprosy is that the physician has no control over the home conditions of the patient.

We have reproduced two articles from *Leprosy in India*, one "A Note on Leprosy and Sex," and we feel from our experience in other parts of the world, that providing the environment is similar, there is no difference in the sex incidence of the disease. For instance, we believe that the incidence of male and female cases is about equal in certain parts of Africa where both the men and the women are exposed to the same risk of infection.

We have reprinted Dr. Lowe's article on "Hydnocarpus Oil and its Ethyl Esters," and include his description of making the esters. With the intradermal treatment, ethyl esters are coming more into use again, and some centres away from India may wish to manufacture their own preparations, and, therefore, this description is added.

The British Empire Leprosy Relief Association is willing to supply a limited quantity of iodised esters for the treatment of special cases. We have just received a letter from Southern Rhodesia in which it is stated that the iodised esters are more acceptable than any other form on account of their comparative freedom from pain.

This number of the REVIEW marks the commencement of the fourth volume, and we would wish to convey to all our readers our very best wishes for a successful year's work.