

Editorial.

WE would draw the attention of our readers to the first of two articles by Dr. McKenzie, which we are publishing in this and the following number of the REVIEW. These articles are of importance to the ordinary worker for they demonstrate that the more valuable of the non-specific serological tests can be carried out in a home which is isolated in the African bush. We know something of the situation of the leprosy settlement at Peramiho and congratulate the author of the article on his work. This should be an encouragement to those in the most isolated institutions where the question of equipment is indeed a problem. The author's statement that the Sedimentation Index test is an index of debility, we think, is generally accepted, and further the delicacy of this reaction is rightly stressed. It is difficult to appraise the value of the Sedimentation Index correctly. The Calcutta School have emphasised the necessity for it in the control of leprosy, while others have been frankly sceptical. However, as a test of debility, it is of value, for of all handicaps in the treatment of leprosy, that of debility, whatever be the cause, is the greatest. Further comments on this subject will be reserved until the concluding article of this series has been published.

We have included in this number a short article on Leprosy in Ceylon, gathering the information from a report sent to us. This forms an introduction to the subject, which will be amplified after the Secretary's visit to that country.

The Secretary's address at the Centenary Meeting of the British Medical Association has been published, because it has been written from the standpoint of those who are treating cases of leprosy in England. While mentioning this subject, we would like to lay stress on the totally inadequate hospital care of the cases discovered in the homeland. The only institution in England is constantly full, and the patient who acquires leprosy and returns to England may find himself in a sad predicament. Many of these cases, on account of poverty, live under the most adverse conditions, being afraid of appearing in public owing to the social ostracism and shame attached to the disease. If the sufferer falls acutely ill or contracts another malady which needs hospital care, it is difficult or impossible to persuade the health authorities to cater for him. The contention that there are so few cases in England is not a plea for almost completely ignoring these poor sufferers, and the

knowledge that the disease is "not officially recognised" makes the horror of the scourge more real to the victim. It is because we have some knowledge of the difficulties of patients suffering from leprosy in this country that we have digressed in order to enter a plea for them. We are anxious to add to our meagre knowledge concerning the numbers and types of cases in this country, and would be grateful to any reader who can supply us with information on this subject. Needless to say, any communication sent to us will be treated with the strictest confidence.

The article by Dr. Moiser is another example of the excellent way the leprosy problem is being dealt with in Southern Rhodesia. We would remind readers that surveys revealing a low incidence of the disease are as important as those showing a high incidence. We have stressed on more than one occasion that the importance of a survey does not consist so much in the actual number of cases discovered, valuable as this information is, as in the number of the different types present, and in the age groups of those suffering from the disease.

Our readers will be interested to hear that the Medical Secretary of the Association is spending some nine months in India and Ceylon. The main purpose of his tour is once again to get into touch with the latest developments of leprosy treatment; for this purpose he has been stationed at the Leprosy Settlement at Purulia, Bihar, and is finding his stay both valuable and profitable. At the end of March, an important Conference was held in Calcutta, the chief object of which was to try and apply the recommendations of the First General Report of the Leprosy Commission of the League of Nations to local conditions in India. The Conference was of very great value and a report of it will be included in a future issue of the REVIEW. During April, Dr. Cochrane conducts the special course of instruction at Dichpali, and in May he proceeds to Ceylon to carry out a leprosy survey and investigation in the Eastern Provinces. This contact with the field is of the utmost importance, as this is the only means by which the work at headquarters can be kept up-to-date.

We have referred elsewhere to the passing of Dr. Isabel Kerr and would appeal to any qualified medical man who is contemplating the Mission field to offer to fill the gap at this important institution. No work is more satisfying and no privilege is greater than to follow in the footsteps of the pioneers. Information concerning this or any other vacancy in leprosy institutions can be had from the British Empire Leprosy Relief Association.