

Editorial.

THE leprosy situation in Palestine is one which is full of interest. Undoubtedly leprosy at one time must have been fairly prevalent throughout the Holy Land, but as Dr. Canaan points out, the disease now seems mainly to be confined to a few centres, the chief foci being situated in the Jerusalem district. At a Conference held recently in Calcutta for leprosy workers in India, Col. Stewart, the Director of Public Health of the All India Institute of Hygiene, laid stress on the fact that few realised that there were epidemics of chronic diseases such as tuberculosis and leprosy, just as there are epidemics of the more acute diseases such as cholera and smallpox. Unfortunately, epidemics of tuberculosis and probably also leprosy, cannot be studied in the life-time of one individual. The example of tuberculosis in England was cited by him, and it was suggested that the most important factor in the improvement was due to the natural decline of the epidemic, which had come to a peak during the last 50 or more years and was now rapidly on the wane. This may be the case with leprosy in Palestine, and therefore a careful study of the type and distribution of the disease, and the conditions of the people should elicit important epidemiological facts. If the measures indicated by Dr. Canaan are put into force, there is every reason to believe that the disease will be fairly rapidly controlled and the curve of the decline of the epidemic in Palestine hastened.

We conclude Dr. McKenzie's article on certain serological tests in leprosy, and his conclusions with regard to the Serum Formalin Test and the Sedimentation Index Test are of importance and deserve further attention. Unfortunately serological tests in leprosy remain only indications as to progress, and while they are useful guides to the physician treating cases, one must remember that nothing can replace clinical experience and the clinical sense which is acquired after much experience in the treatment of the disease.

Dr. Ryles, of Dhanbad, India, contributes a most interesting and instructive article on the use of aniline dyes in leprosy. It is well known that it is possible by eosin and other aniline dyes to sensitize living cells and to cause by the action of visible light abnormal conditions, similar to those produced by ultra-violet radiation. The Secretary of the Association recently visited the Dhanbad leprosy clinic and

was most impressed by the work done there. It is a model of its kind and the type of work that might well be copied by those in charge of coalfields and others who have, in addition to their mines or factories, the responsibility of surrounding villages.

The employment of Brilliant Green in the treatment of leprosy certainly seems to be promising, and its painlessness, extreme cheapness and many uses would appear to make it an ideal drug if first impressions are confirmed. We would be glad to secure samples for testing out by those in charge of institutions adequately equipped and large enough for the purpose. The whole field of the aniline dyes deserves further attention, and we believe those in Malaya are experimenting along these lines. We trust as a result of Dr. Ryles' paper others will be encouraged to follow suit. With regard to such experiments we would suggest that at least fifty patients should be chosen, and, when comparing the efficacy of two drugs, *e.g.* Brilliant Green and hydnocarpic preparations, the patients in each group should be, as far as possible, in the same stage of the disease.

In the Indian Section we would lay stress on two articles, *viz* : " Re-examination of Discharged Leprosy Cases " and " Slight Lesions in Leprosy and the Importance of their Recognition." If we are to evaluate the results of treatment, careful examination and observation of discharged cases is essential. With regard to the administration of potassium iodide as a test of fitness for discharge, this may be safe in the hands of those in charge of the larger institutions and who have adequate experience, but we do not recommend it as a routine test of fitness for discharge. If an adequate parole period has been allowed, then we suggest that to endeavour to see whether there are latent foci capable of being lit up is unsound therapeutics.

The importance of the slight skin lesion in leprosy cannot be exaggerated, and it behoves all who read this article carefully to study the early manifestations of the disease.

The Secretary had the privilege of being present and taking part in the All India Leprosy Conference held in Calcutta during March. We hope to make available for our readers the findings and some of the more important papers presented to this conference in a subsequent number of the REVIEW.