

Editorial.

WE fear that this number of the REVIEW will cause considerable comment among our readers, for there is much material of a controversial nature. We feel we need not make any apology for printing articles which are somewhat heterodox in their outlook, because only by appreciating all points of view can a true estimate of the problem be reached.

There are statements in two articles on treatment which are at such variance that they appear to us to need further explanation. The first is in Dr. Moiser's article, in which he makes the following statement: "Whereas years ago results could only be said to be nil, at present I am tempted to say that all early cases are curable and many old standing ones also." At the other extreme we find the following remarks in the article by Dr. Sharp, of Uganda: "Careful study of these figures (*vide* p. 157) appear to suggest that no demonstrable improvement can be attributed to the use of hydnocarpus oil preparations in the treatment of leprosy."

From these extremes we should turn to the more moderate attitude which will be found in Dr. Ryrie's report on the year's work at Kuala Lumpur, where he shows that under exactly the same conditions there is a relatively greater efficacy between the esters and the other remedies, tending to demonstrate that the statement which Dr. Sharp makes, as far as Malaya is concerned, is somewhat extreme. It is very difficult to draw conclusions with regard to the results of treatment in leprosy, for there are so many aspects of the disease which are not fully understood, and which cannot be properly assessed. In estimating the results in early cases we must ever bear in mind the fact that leprosy tends to become arrested at any stage of the disease. We shall be returning to this subject from time to time, as the recognition of the "abortive" case is of utmost importance if we are to have a right appreciation of the prevention of leprosy. However, a statement made in the April number of the REVIEW, we feel, sums up the present position: "While admitting that there is much room for improvement, yet it can be said that the modern therapeutics of leprosy has altered completely the whole situation, and has brought relief permanently to many hundreds of sufferers and made existence reasonable and comfortable for thousands to whom life otherwise would be but a living death."*

* *Modern Treatment of Leprosy*, R. G. Cochrane. LEPROSY REVIEW, April, 1933.

The article which we hope will give rise to some discussion is that by Col. Cook. We thought that the protagonists of the non-contagiousness of leprosy had long since left the field, and therefore we feel it would be of interest to our readers to peruse this article which is so amazingly heterodox. We entirely disagree with the suggestion that leprosy is a non-contagious disease, and that the acid-fast rods are mere tissue changes. It is impossible to discuss this at length, but we would put forward the following points for consideration :—

(1) Wherever such changes are produced in the tissues such as Negri bodies, they are only found in certain limited organs where the irritant or toxin is acting, *e.g.*, the brain. When one finds acid-fast rods throughout the reticulo-endothelial system it is almost impossible to explain such a phenomenon on the hypothesis of a tissue change.

(2) While dietetic deficiency is undoubtedly a very important factor in the epidemiology of the disease, we feel the author of this article is committing the common mistake of exaggerating one factor to the exclusion of others. We feel certain leprosy is largely a disease of contact, and because a certain percentage of people—probably large—do not acquire the disease after living with infected cases, this is no proof that the disease is not contagious.

We fear we have no space to discuss this most stimulating article further and trust our readers will accept the challenge implied in the article, for our purpose in publishing it is to promote discussion.

We welcome the appearance of the International Journal of Leprosy and wish our contemporary every success and a long and happy life. The first number has promise of greater things to come, and we are eagerly awaiting the publication of other numbers.

We reprint from the International Journal of Leprosy an article by Dr. Hayashi. Our conclusions so far concerning this test, from the evidence collected in India, are briefly as follows :—

(1) The Mitsuda Test is an index of resistance to acid-fast organisms, with some special selection for *M. Lepreæ*.

(2) A negative Hayashi test means a relative non-resistance, but does not necessarily indicate that the individual will acquire the disease, or that he will invariably pass into the cutaneous stage.

(3) A positive test probably is an index of a relatively better prognosis and gives an indication that the individual having a fairly high resistance, is less likely to contract the disease.

The article on "Leprosy of the Lungs" sums up our present knowledge. It appears that it is a reactive phenomenon. All are aware that the nasal mucosa may become highly positive in lepra reaction and return to normal after its subsidence. It appears that the same phenomenon may take place in the mucosa of the bronchi and bronchioles. This would explain the sparsity of pathological evidence for this condition.