

Editorial.

THE readers of the REVIEW will be interested in the situation at Aden, which is described so clearly by Col. Phipson in an article entitled "Aden and Its Leprosy Problem." The position there is unique and the difficulties raised are not easily solved. There seems to be a considerable amount of leprosy in the hinterland, and not until there is an enlightened Imam of Sana'a in power will there be much hope of effectively dealing with the situation. This article of Col. Phipson's is followed by a description of the Keith Falconer Hospital, in which is stated that many of the cases come from one district in the Yemen. This confirms the impression that leprosy is essentially focal in its distribution, and it is the more serious of these that need to be concentrated on in anti-leprosy campaigns rather than widespread efforts over a whole territory.

Dr. Ryrie's article on Fluorescein in Leprosy Reaction opens out a new approach to the treatment of this distressing condition. Like the disease itself, the number of remedies used is legion, the best of which in our own experience is Pot. antimony tartrate, 0.02—0.04, given every other day for six doses. It is yet too soon to comment on the efficacy of this drug, but it is well worth a trial, remembering that the drug is a potent one, and a number of precautions should be taken such as keeping the patient in bed and on a light diet. In addition we think the avoidance of direct sunlight after the injection is important, for we have vivid memories of one patient reacting violently to 10 ccs. of fluorescein soon after having sat on a sunny verandah. It is said that rabbits can be killed by exposure to sunlight after an injection of fluorescein, which ordinarily would not affect them. We trust this remedy will be tested out further in suitable institutions.

We are glad to reprint an article from the *South African Medical Journal*, by Dr. P. D. Strachan. Readers of the REVIEW will be distressed to know of the untimely death of Dr. Eric Slack, Dr. Strachan's colleague. Dr. Slack was a regular contributor to the REVIEW, and his death is not only a personal loss to us, but the cause of leprosy has lost in the prime of life one of its most enthusiastic workers.

This article of Dr. Strachan's is most instructive, especially from the statistical point of view. We dealt

with the question of the results of treatment in a previous number of the REVIEW, and therefore, need not say anything further on this point except to emphasise the fact that proper statistics are essential before sweeping conclusions are drawn, and this article is a model for future articles on a similar subject. It is said that figures can be made to prove anything, but in the appraisal of results, the gathering of statistics is essential, and it is important that such figures should be amassed with great care, and with proper regard to controls.

In estimating the results of treatment there has been a tendency to give the credit of success to the treatment under consideration without due care being taken to realise the type of case under review, and the number of injections each patient in the series has had. In view of this and previous articles, we would emphasise that while the hydno-carpus (chaulmoogra) preparations are not a specific for the disease, they are the only ones that have stood the test of time, and should not be withheld in any active case of leprosy, for few physicians would be willing to treat the disease without their aid.

A series of articles dealing with impressions, experiences and the work which the Secretary did on his recent tour, will be published, and we trust they will be some help to readers of the REVIEW.

We reprint Dr. Lowe's excellent article from *Leprosy in India*, on the "Leprosy Clinic and the Control of Leprosy." It will be seen that he rightly stresses the fact that treatment alone cannot control leprosy. The more emphasis that is laid on the prevention of leprosy the better, and if the treatment centre can be part of a preventive unit, it will perform a useful function, and it is in this light that it should be developed. The statement Dr. Lowe makes that it has been argued that centres doing treatment alone may actually spread the disease, needs careful pondering, and be it said that we have seen certain types of clinics which add considerable weight to such an argument. We shall return to this matter from time to time, as it is one that is of utmost importance in the understanding of the whole leprosy problem and its control.

We have reprinted the Resolutions of the Calcutta Conference and the Report of the Madras Conference, which followed, and we trust readers will peruse these with care, for by a perusal of them the trend of modern leprosy thought in India will be best appreciated.