Editorial.

IN this number of the REVIEW we commence a short history of the Foundation and the First Decade's Work of the British Empire Leprosy Relief Association, by Sir Leonard Rogers. It is most appropriate that the Hon. Medical Adviser of the Association should write this history for, without his enthusiasm and excellent pioneer work, which the whole world has acclaimed, it would have been impossible for the Association to have been founded. We should like to place on record our very deep sense of appreciation of all the work which Sir Leonard Rogers has accomplished, and of his numerous extremely valuable contributions to the cause of leprosy. Sir Leonard Rogers' name is already well-known in research in many tropical diseases, and his contribution to leprosy research has been of the same value as his contribution along other lines, the best known of which being cholera and dysentery.

Dr. Cawston has contributed an article on "Nasal Hygiene in the Treatment of Leprosy and the Use of Antimony." We are very glad to publish this because we are anxious to draw attention to the necessity for very great care being exercised with regard to the nasal condition of patients. It is one of the most distressing of all complaints, and very much can be done towards its relief. We have in previous issues of the REVIEW published articles on this subject by Prof. Pavloff, of Vladivostock, and Dr. Rao, of Purulia. Dr. Cawston's advocacy of antimony has long been well known. At present we are endeavouring to test whether collosal antimony has the same effect in lepra reaction as potassium antimony tartrate. We have always agreed with the Calcutta School in their conclusion, that the benefit of antimony in leprosy is due to the fact that heavy metals in small doses tend to control lepra reaction.

The article on "Leprosy in India and Ceylon" is concluded in this number. It has been impossible to do more than briefly summarise a report presented by the Secretary to the Ceylon Government.

We would like to call our readers' special attention to the article by Dr. Roy on "Some Problems of Surgery in a Leprosy Colony." Much has been written of late concerning the treatment of leprosy, and one of the most pressing problems in a settlement is the surgical problem of how to deal with trophic manifestations of the disease.

This article describes in greater detail the method adopted at Purulia for dealing with necrotic metatarsal and other bones and shows how much can be done in this most distressing condition.

Miss Thornton's article on the " Treatment of Hookworm," is one of extreme importance, because in many settlements this problem is one of the most serious. It will be noted that many cases needed several doses of carbon tetrachloride before they could be considered free of ova. It is not sufficient in most cases to give patients just one treatment and, as indicated in the article, as many as fourteen treatments may be necessary. Not only does hookworm retard progress in the treatment of leprosy, but we feel certain that it is responsible for a certain number of heart disorders, especially disorders of the myocardia. As mentioned in this article, a number of cases of cardiac disorder were discovered, and in every case, on looking into the history of the case, it was found that at the time, or previously, the patient had suffered from hookworm.

The " Comparative Study of the Relative Efficacy of Special Esters and Ordinary Esters," is of importance only as it demonstrates that the attempt to overcome the staining properties of iodised esters has not been successful as yet, because the preparation which has been produced is too irritating for general use. The staining properties of iodised esters may be serious in light-skinned persons. In the darker skinned races it is a matter of no moment, but it is interesting to note that in a European the staining has lasted so far as long as 18 months. It is for this reason that we have in most instances in the treatment of light-coloured peoples reverted to pure hydnocarpus oil and creosote. As has been pointed out by others, the difficulty of its viscosity can be easily overcome by heating up to about 55 degrees F.

We have reprinted in full Dr. Muir's article on " The Leprolin Test," because we feel it is one of the most important advances which have been made within recent years. Dr. Muir has investigated very carefully this test, which was originally described by Bargehr and developed by Mitsude and Hayashi. We feel that this test will be of considerable value in estimating the relative resistance of patients to the disease, although in many respects we feel that the leprosy bacillus acts almost like a cellular parasite, and therefore, it may be premature to conclude that because a patient is negative to the Hayashi test, the prognosis is necessarily bad.