

## Editorial.

**A**MONG the series of articles in this number of the REVIEW, the one which will cause more than unusual comment is that entitled "Results of the Chaulmoogra Treatment in Very Early Cases of Leprosy," by no less an authority than Dr. Rodriguez, who is in charge of the skin clinic at Cebu in the Philippine Islands. The statement that "it does not necessarily follow that the earlier the case the better the results as far as treatment with chaulmoogra oil is concerned" is not only a startling one, but is one which will cause most of those who have given much thought to the therapeutics of leprosy furiously to think. We have more than once suggested that we feel that the best results, as far as the chaulmoogra derivatives are concerned, are seen in the early cutaneous cases showing signs of activity. Further, we have stated elsewhere that "because a child has signs of a leprotic infection it is not a *sine qua non* that it needs immediate treatment."\* By treatment is meant treatment by chaulmoogra derivatives. The facts laid down in this article seem to be beyond any reasonable doubt, but the explanation of these facts raises the whole question of the life history of the *Mycobacterium leprae*. Many workers hold that the organism of tuberculosis consists of three forms :—

- (1) Acid-fast rods.
- (2) Much's granules, also acid-fast.
- (3) Non-acid-fast granular forms.

Others go so far as to say that there is a mycelial form of the bacillus of tuberculosis, and still others state that the bacillus of tuberculosis in one phase is a filter passer. If any of these theories is proved for the organism of tuberculosis, then there would appear to be no reason why similar phases should not exist in the life of the *Mycobacterium leprae*. We have felt for some time that the *M. leprae* in many of its aspects can be looked upon as a cellular parasite, and if this is the case then, as with other parasitic diseases, a symbiosis tends to be set up between the parasite and its host. It is well known that specific therapeutic remedies, in the case of parasitic diseases, are apt to fail. This article, we feel sure, explains to some extent the many apparent failures of the chaulmoogra treatment, and will stimulate thought. We feel that it is more than ever being realised that the solution of the problem of treatment in leprosy will be found in the metabolic process of the body,

\* Leprosy Survey of Ceylon, 1933.

or, as Muir some years ago pointed out, it is the nature of the soil that causes the spread of the disease in the body, and until the causes that affect that factor are studied more closely, the successful treatment of leprosy is an impossibility in many cases. We still subscribe to the fact that the chaulmoogra derivatives are our stand-by, but the day has passed when we can consider them to be specific or effectual in every case, even in early cases. We may need to modify our statements concerning the necessity for the insistence on chaulmoogra treatment in early cases, and possibly confine this form of treatment more particularly to a certain group, especially those in which the bacillus is obviously in the well-known recognisable form. It seems evident that this remedy acts in some way on this form, but the factor of counter irritation appears also to be an important one. Take away this latter factor and the efficacy of the chaulmoogra remedies seems to be correspondingly diminished. Muir has also stressed this point.

Let us continue the search for better remedies but let us not forget that our most efficient remedies, still are the derivatives of hydnocarpus oil, and that these cannot be put into the limbo of forgotten things. We would strike this note of hopefulness—that while our ideas concerning specific treatment are apparently in the melting pot, we have never been more convinced of the value of leprosy work and the possibility of the control of this scourge than we are to-day. We must keep our vision clear, not letting our enthusiasm for treatment blur our view of prevention, or be so obsessed by apparently unfavourable reports that we lose our faith in the efficacy of all treatment. We plead for a sane outlook so that our view of the problem may be complete, and no part of the picture be out of focus because one aspect of the problem is stressed at the expense of another.

Dr. Moiser's article and report are full of interest, and it is refreshing to find the note of optimism contained therein. These two articles are not contradictory, but complementary, and it is only by seeing every side that we can ultimately attain unto a more perfect understanding of this most puzzling of human scourges.

The article on "Examination of Bone Marrow for M. Leprae," by Dr. Gass, reprinted from *Leprosy in India*, shows how completely the reticulo-endothelial system is invaded. We feel that the further study of the drugs affecting this system may lead us to the solution of the therapy of leprosy.