

## Editorial.

**D**R. ROSE'S article on "The Curability of Leprosy" will be read with a great deal of interest, especially in view of the conclusions of Dr. Rodriguez, which were published in the previous issue under the title "Results of the Chaulmoogra Treatment in Very Early Cases of Leprosy." It is, however, almost impossible to compare these two articles, as each authority is probably dealing with a different type of the disease. The majority of Dr. Rose's cases appear to be those in which the bacilli in the recognised acid-fast form could be detected, and it is in just these that Dr. Rodriguez appeared to hold out the most hope. Nevertheless, this contribution is of such interest that we have had the proofs circulated to a dozen or more well known leprologists and have asked for their comments. We publish some of these comments in this issue and expect to be able to publish others in the January number.

We would draw attention to one or two points which have struck us. In the first place, before coming to definite conclusions it would be imperative to visit British Guiana and see for ourselves the type of case, the conditions of treatment, etc., etc. The Secretary of the Association is at present in British Guiana, and we look forward to receiving his notes on the situation in that territory as well as in the British West Indies generally. Another matter that impresses us is the prolonged period of treatment which Dr. Rose advises patients to undergo. He is fortunate in having a well-organised community and an excellent anti-leprosy system, and therefore, can treat and observe cases for the periods suggested. In the less well developed countries and in those where the population is extremely vast, such a procedure is manifestly impossible, and therefore, comparable results, in Dr. Rose's opinion, could hardly be expected. It is of interest that the relapse rate in Dr. Rose's cases was greatest during the first two years after discharge, and that up to date no case has relapsed after six years. If this statement is substantiated, it will be of public health importance, for it will mean that the period of observation for contacts and those discharged on parole need not exceed six years. Sir Leonard Rogers fixed the period as five years, which appears to be very nearly correct.

Dr. Leggate's article on "Bonney's Blue Solution in the Treatment of Leprosy" illustrates very well the experience of many workers that as soon as a new remedy is tried in leprosy there is apparently a general improvement. We

await with keen interest further reports on Bonney's Blue Solution, and until these are forthcoming would reserve our comments.

We publish a further article from Dr. Rodriguez's pen on the "Evaluation of the Results of Treatment in Incipient Leprosy." In view of the interest created by the two previous articles in this issue, readers will be able to form a more considered judgment as a result of reading this contribution. We would like to underline heavily the following statement :—" Anyone advocating the expenditure of large sums of money on a campaign of leprosy control or eradication, based essentially on a treatment which has not been properly controlled nor sufficiently followed to determine the performance of the results, is assuming a very serious responsibility."

Readers will pass with a sense of relief to Dr. R. M. Wilson's essentially practical article on his work in Korea, and many will welcome the frank statement made therein concerning much of the discussion on "cure," a great deal of which is of an academic nature.

Dr. Welch's article, reprinted from the *East African Medical Journal*, is a very useful summary of general considerations in the treatment of leprosy.

The Secretary of the Association, when in India, was grateful for the help given him by Dr. Gass in the treatment of ectropion. Wishing to pass this knowledge on, he asked Dr. Gass to contribute a note on the operation he was doing and, therefore, we are glad to print his contribution on "Surgical Relief of Lagophthalmos following Seventh Nerve Paralysis in Cases of Leprosy." The article is so clear and the description so excellent that it needs no further comment. We trust that those who are in charge of leprosy institutions will be encouraged to try this operation, as Dr. Cochrane was encouraged by Dr. Gass when in India last year.

The article by Dr. S. H. Martin and Dr. R. M. Wilson, on "Chest Diseases in Korean Cases of Leprosy," draws attention to the number of cases showing tachycardia. In a general routine examination at Purulia Leprosy Hospital last year, such a condition was noted, but the explanation was put down to the results of the chronic anæmia following severe ankylostomiasis, but the suggestion that it may be due to leptotic involvement of the vagus is interesting, and this should be followed up by those in a position to undertake post-mortem examinations.