

Editorial

WE have no doubt that our readers will welcome Dr. Wade's contribution on Bacteriological Examination in Leprosy. Workers who have no access to a well equipped laboratory will be glad to have the detail of routine examination in cases of leprosy. Dr. Wade lays correct stress on the fact that many individuals do not make a routine bacteriological examination either because they do not think it is worth while, or because they are under the impression that certain lesions do not contain bacilli. We are glad that emphasis has been laid on the technique of examination because it is a most important procedure, and failure to find bacilli in a lesion is often due to faulty technique rather than the absence of bacilli. We would mention here that following the Manila classification those cases in which bacilli are found are usually termed cutaneous cases. This does not apply to nasal lesions, for in the rare event of nasal lesions being present and no bacilli being found in skin lesions, then the case comes under the neural category, but is for administrative purposes declared an open case. The simplicity of the method described enables workers in any part of the Empire to undertake bacteriological examination. The only necessities are suitable stains and a microscope. Unfortunately there are still a number of places where this elementary apparatus is not available.

We are glad to include in this issue a review of the Eye, Ear, Nose and Throat department of the National Leprosarium at Carville. This institution is in a unique position to investigate every aspect of leprosy, because attached to the institution are consultants such as Dr. McNair, who are specialists in their particular branch. We trust that should our readers desire further information on any point arising out of this article, they will communicate with us.

The Medical Secretary's reports on the West Indies are being reproduced in an abridged form in this and forthcoming numbers of the REVIEW. We are sure that our readers will find in the leprosy situation in the West Indies points which will be of interest, especially from the epidemiological standpoint.

Dr. Sharp's report on the Bunyoni Leprosy Colony for 1933-34, will be read with considerable interest. This report emphasises the importance of institutional treatment,

especially with regard to treatment in children. Dr. Sharp points out that the results in children have been satisfactory, and we have stressed from time to time that one of the most important factors in the success of treatment of active cases amongst children is the economic condition under which the children are living. The need for careful diet and proper environment is brought out very clearly in this article. It is of interest to note that it is mentioned that a child as young as six weeks old is stated to have well developed leprosy. If this is so, then as far as we are aware, it is the youngest case on record.

We publish two articles on nerve infection in leprosy. The first is an article on the treatment of nerve reaction. This is one of the most difficult symptoms which the physician has to treat, and any help in the relief of this most distressing complication will be welcome. We have no doubt that intradermal injections along the course of the nerve have decided benefit, for in at least one of our own cases a marked improvement resulted following such treatment. We are unconvinced, however, that operation on a nerve is of permanent value. We admit that where there is a nerve abscess the nerve trunk should be opened, as described by Dr. Lowe, but where the nerve is thickened without any evidence of abscess formation, then we consider that it is inadvisable to operate, for we have seen in a number of cases the resultant mutilation which is considerably worse than the deformity produced by the thickened nerve alone. The reason for this is probably that the trauma caused by operation results in a greater amount of scar tissue, and therefore of further destruction of the nerve itself. We do not suggest that nerve operations should not be done, but we issue this warning lest some of our readers may think that operating on nerves in a reactive stage of leprosy will always produce a lasting benefit.

We reprint from the *Medical Press and Circular* an article on "Leprosy in England." Our readers will be interested to be acquainted with the situation as far as it is known in the home country.

We have been very gratified with the response to Dr. Rose's article on the "Curability of Leprosy," which appeared in the issue of October, 1934, and we publish a further letter from Dr. J. J. Du Prè Le Roux, of Pretoria. The points which he raises merit careful consideration.