Editorial.

UR readers will welcome the article on the National Leprosarium of the United States, by Dr. Denney. This gives a very good account of the important work which is being done at Carville. It is no exaggeration to say that this institution is one of the most up-to-date, and is the best equipped institution in the world. No worker who is studying leprosy seriously can afford to miss the opportunity of visiting this excellent leprosarium.

The people of the Presidency of Madras pride themselves on the fact that they are in advance of the rest of India. Certainly the account of leprosy work in this Presidency by Dr. Joseph indicates that the authorities are wholly alive to the problem. We commend the article to the careful attention of our readers, and we would like to mention particularly here the excellent work that Mrs. Todd has accomplished in the Salem district. Articles have appeared in Leprosy in India concerning her work, and we would refer our readers to this publication. The example of Madras could well be followed by others, for there is a big scope not only in India but in Africa for the right type of propaganda amongst the indigenous populations, so that their leaders may gradually acquire a better knowledge concerning leprosy, and thus use their influence in segregating the more infectious type of case. The prevalence of leprosy is so great that methods are difficult to devise which would envisage every part of the problem, and therefore unless some agreed practical method is evolved which will deal with that aspect dangerous to the public health, the day when the disease is brought under control will be indefinitely postponed.

Dr. Rao, in his article on "A Comparative Study of the Relative Efficacy of Ethyl Hydnocarpate and Ethyl Morrhuate in Leprosy," once more brings to our attention the fact that there is some special action in the hydnocarpus preparations, and that the result of the intradermal treatment cannot be explained by the fact of counter irritation alone. We would, however, stress that while we do not doubt the efficacy of the hydnocarpus preparations, the main line of attack in leprosy is the raising of the individual's resistance on the one hand and the bettering of economic conditions on the other.

The account of Leprosy in the West Indies is continued in this number, and the Leeward and Windward Islands are dealt with. Emphasis is placed on the fact that it is among those people where the economic condition is poor that leprosy is most prevalent.

In this connection Dr. Christian's article on "Efficacy of Institutional Treatment for Leprosy " is apposite, for that article emphasises the need for institutional treatment. We are convinced that the biggest factor in the acquirement of leprosy is the environmental one, and therefore consider that most stress must be laid on efficient institutional treatment. This means that institutions should, as far as possible, select those cases which are amenable to treatment. The old arrested case, if destitute and uncared for, cannot be left unrelieved and this applies also to the highly infective nodular case, but because accommodation in institutions is usually limited both these categories, where feasible, should be segregated and cared for in the village along the lines of the Indian plan. islands such as Ceylon, where the problem is easier of control, entorced segregation of infectious cases is more practicable.

Dr. Rodriguez' comments on Dr. Rose's article are so important that we have given his letter a main title. It has been stated that it is an unusual procedure to ask leprologists working under totally different conditions in far away countries to comment on Dr. Rose's paper. The reason for this criticism we cannot understand, for surely unless the views of experts in various countries are obtained we cannot get a true appreciation of the results of treatment. There are so many factors which have to be considered with regard to the interpretation of the results, that it is essential, if a worker wishes his results to be completely accepted, that they should be brought to the notice of other workers and commented on. As has been stated previously here, there must be an explanation of the varying results reported from time to time. It is impossible to concede that a drug is a specific in one country and not in another. Therefore unless we seek the opinions of a large number of workers working under different conditions we cannot get a right appreciation of the results of treatment. We claim that we are as aware as anyone else of the fact that conditions under which leprosy is treated vary enormously. Not only that, but the disease varies and conclusions come to in one country are not necessarily applicable to another. Nevertheless, it is in our opinion essential to review the results of treatment on a broad basis, because while the hydnocarpus preparations have not been bettered to our knowledge, they have not been proved to be definitely a specific for the disease.