

Editorial

Our readers will be interested in the account by Dr. Armstrong of his visit to Nigeria. Dr. Armstrong is one of the two Medical Officers the Association is assisting to maintain in West Africa, in order that they might devote their time to leprosy.

There are a few points in the article on Nigeria on which we wish to comment. Dr. Armstrong is correct when he says that the chief hope for controlling the disease appears to be in efficient segregation of all open cases, but then he goes on to say "This can only be done by having a settlement which patients are willing to enter at the beginning of the disease." We certainly feel that settlements should, as far as possible, be reserved for early open cases of leprosy with some prospect of recovery and for children in the active stages of the disease. We consider that the treatment of active cases among children, and the prevention of the disease in the young, are the keys which will ultimately open the way to the control of leprosy. While it is true that for many years the officers in control of settlements will, for humanitarian and other reasons, be compelled to admit not only advanced cutaneous cases, but destitute sufferers who need to be cared for, yet we feel that the sooner the indigenous peoples can be educated to look after the hopeless case along similar lines to those which are being worked out in India, the more effectively will leprosy be controlled. The idea of "leper villages" is not altogether unsound, although the old type of village came under condemnation on account of the suffering involved in leaving the poor wretches to the torture of a living death. While settlements will remain an essential in any efficient scheme for the control of leprosy, other methods will have to be devised, suited to the particular needs of the country concerned, if this problem is to be reduced to manageable proportions.

Dr. Armstrong advocates marriage in settlements. While no hard and fast rule can be laid down, for conditions vary in different countries, we feel that the marriage of the inmates may create more problems than it solves.

Dr. Rao in his contribution puts into a modern setting an age long problem concerning the difference between neural and cutaneous leprosy, especially in connection with relapses in the apparently arrested case. Impey⁽¹⁾, that great South African leprologist of the last century, believed that neural leprosy was the result of a "poison," as he called it,

acting on the nerves, for he says "The spots, (anaesthetic) are due to the poison entering the general circulation and acting upon the terminal branches of the cutaneous nerves, and not, I imagine, to the presence in the skin of the bacilli themselves; though, as might be supposed, these may, after the cutis has become weakened by their virus, actually invade this tissue." Hansen⁽²⁾ discussed this question in his book published in 1895, and stated, "In the nodular form, whether the bacilli are present in millions or millions, the eruptions or auto-infections are frequent; in the maculo-anaesthetic form, where their number is comparatively insignificant, the eruptions are rare. Does this difference between the two forms depend on the difference in the virulence of the bacilli? This readily suggests itself, but if so, the virulence is capable of very rapid changes."

Rao puts forward his reason for supporting the hypothesis of a neurotropic virus, which should be carefully studied. If leprosy can develop 30 and even 40 years after an individual has left an endemic focus, it is not unreasonable to assume that an apparently arrested focus may be reactivated years later if conditions are suitable. Until further proof is forthcoming we prefer to accept Hansen's explanation, that whether the individual shows the neural or cutaneous form of the disease depends on the individual's resistance, that is, on the soil (tissue resistance) rather than on any peculiarity of the bacillus. To quote Hansen, "The virulence of the bacilli seems to depend, not so much on any constant character of their own, as on the soil in which they live."

It will be noted by our readers that Dr. E. Muir, of the Calcutta School of Tropical Medicine, is taking over the Medical Secretaryship of the Association from October 1st. Dr. Muir will edit the new volume of the Review from January, 1936. We should like to express our sincere thanks to all those who have contributed to the Review during the past six years, and to those in all parts of the world who have expressed their appreciation of this journal we are grateful, and we are convinced that under Dr. Muir's editorship the Review will become increasingly useful and valuable to those who are anxious to keep in touch with modern advances, and have not the time to read the more technical journals.

(1) Handbook on Leprosy by S. P. Impey, M.D., M.C., J. & H. Churchill (1896), p. 61.

(2) Leprosy in its Clinical and Pathological Aspects, by Hansen & Looft, translated by Norman Walker, M.D., F.R.C.P., John Wright & Sons, Ltd., Bristol (1895), p. 79.

(3) Ibid idem, p. 79.