

Editorial

When one tries to interest the public in the leprosy problem a common objection that is raised is "Surely this is the responsibility of Government" (see the letter in our correspondence column). The idea is that if only Government would vote a few million pounds out of its budget leprosy could be stamped out in a comparatively short time. In trying to explain the impracticability of this proposal there are a few questions that arise:—What is Government? What is Government doing already? What are the limitations of Government action?

Firstly, what is meant by the term "Government"? Let us take for instance the Colony and Protectorate of Nigeria. Here we have 24 provinces ruled by indirect government; that is to say they are ruled as far as possible through the native rulers. There is established in each Native State in the Northern Provinces a Treasury which regulates the expenditure of that portion of the local revenue which is annually assigned to the Native Administration of each Emirate for its support and maintenance. There are also native treasuries in some of the more advanced States of the Southern Provinces.

Secondly, what is Government doing already for leprosy? In Nigeria it is calculated that there are some 200,000 lepers—about one per cent. of the population. The Government and Native Administrations support some 14 settlements and they give grants to several of the 7 or 8 Mission settlements. For instance, they give about £2,500 a year to the large mission settlement at Itu, and about the same amount to the Uzuakoli settlement. Nigeria is a comparatively poor country and there are many other public health problems of urgent importance on which money has to be spent. The writer in his recent visit to Nigeria was greatly surprised at the rapid rate at which education, road building and the general development of the country had progressed in the last 30 years since the Colony and Protectorate were formed.

Thirdly, what are the limitations of Government action? Leprosy like other diseases cannot be *stamped out*. Forcible segregation has been tried in the Philippines at a great expenditure of money, but has not proved capable of controlling leprosy. What has to be done is to study the disease and the local conditions which cause it, and thereafter

educate the people in the methods of prevention. A certain number of the lepers can be isolated voluntarily, but it would cost hundreds of thousands of pounds a year to isolate all of them, even if that were otherwise practicable. Leprosy is in countries like Nigeria what tuberculosis was in this country 30 or 40 years ago. Why is tuberculosis gradually diminishing in England? It is chiefly because of the educative programme of health authorities and others. In dealing with leprosy in Nigeria and other backward parts of our Empire the chief requirement is men and women with the missionary or altruistic spirit, who are willing to sacrifice themselves through long years to study the people and their ways of living and gradually teach them how to live healthier and better lives. Governments themselves can seldom furnish such men and women, but they fully appreciate and encourage the services of medical missionaries and others who have given themselves to this work.

There is a very definite responsibility on the shoulders of the British public, which they cannot shift on to the back of Government. We who claim to be a democratic nation have deliberately taken over or adopted a number of countries peopled by backward races. Anyone who adopts a child holds himself responsible for its education and well-being, and above all for its health. We are proud of these colonies and few would be willing to give them up. Surely then it is our duty to see that everything possible is done to free them from the living death of leprosy and the ignorance, superstition and insanitary conditions which breed leprosy.

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Mr. Kerr's article on occupational therapy should be of great value to those who are engaged in organising leprosy institutions along modern lines. His dictum—" *Faith, Oil, Work, but the greatest of these is Work* "—puts in a nutshell our present position with regard to the treatment of leprosy, and the hyper-orthodox doctor who puts all his faith in drugs will be left far behind. In connection with this paper should be read the review of Prof. Mills' paper on page 94; doubtless occupational therapy raises the "stimulation index".

For those who are over-occupied with the present, or are pressing eagerly into the future, a glimpse into the past has often a salutary effect. This number tells the tale of two of the "giants of old": Danielssen, the "Father of Modern Leprology" and Wellesley Bailey, who inspired a great world-wide movement to help the outcast leper. Each of

them—the scientist and the Christian philanthropist—was, in his own line, a man of faith and vision. For our modern struggle against leprosy we need the inspiration of both; science and philanthropy must go hand in hand if this scourge is to be mastered in the end.

We reproduce from *Leprosy in India* Dr. Lowe's masterly article on the *Macules in Nerve Leprosy*. This is a subject which has caused considerable confusion in the minds of many leprosy workers. Dr. Lowe's article clarifies the position considerably and will repay careful study.

We would draw the attention of our readers to the International Leprosy Conference to be held in Cairo in March, 1938. This will be the first conference of the International Leprosy Association, and we would urge all those who are engaged in leprosy work to join this Association and to do their utmost to attend the conference. Full information can be obtained from the Honorary Secretary, International Leprosy Association, at 131 Baker Street, London, W.1.