

Editorial

In his Malcolm Morris Memorial Lecture "Leprosy in Great Britain", published in this issue, Dr. J. M. H. Macleod states that when the disease ceased to be endemic in Great Britain the remaining cases, being few in number, came to be regarded as negligible, a policy which has been maintained up to the present time. But even though the cases are few in number, in view of the serious nature of the disease, and the possible danger of unrecognised cases in an active phase infecting children, it is surprising that the present policy is maintained. "At the present time lepers can travel freely in public conveyances, can sit with their neighbours in places of entertainment, and may even live with their families in close association with young children, unless the Medical Officer of Health becomes cognisant of their existence and somehow manages to provide suitable accommodation for them."

Dr. Macleod mentioned that the St. Giles Homes with accommodation for twelve, and the only hospital for lepers in the country, are dependent, like the voluntary hospitals, on a charitable public, and have no grant or subsidy from the State.

In this connection a question was asked in the House of Commons as to whether the Minister of Health "is aware that out of the lepers in Great Britain only 12 can receive treatment in homes suited for that purpose; and if he proposes to take any action to remedy this state of affairs, both in the interests of the lepers themselves, their families, and the general public?" The reply was "I am advised that in the conditions which exist in this country the disease referred to is very unlikely to be conveyed from one person to another, and no action would appear to be called for in the interest of the public health. If, however, my hon. and gallant friend has any particulars of individual cases which he desires to bring to my notice, I shall be glad to know of them and to make the necessary investigations." Whether there is danger or not, and to what extent there may be danger, is at present a matter of surmise. The same question has recently arisen in France, where the condition is very similar to that in England. Both countries have citizens spending many years in the colonies where work implies touring and mixing with primitive races in which leprosy is common. Often they have, for want of better accommodation, to sleep in insanitary native huts. It

is therefore small wonder if a certain proportion of them acquire leprosy. But in France alarm was caused because investigations by Dr. Flandin had revealed patients with leprosy who had never been outside the country. How many cases similar investigations in this country would reveal it is impossible to say.

In France, however, ample accommodation is supplied at the *Leproserie de Valbonne*, and by the leprosy service of Saint Louis Hospital, where in the last three years the supervision of Dr. Flandin and Dr. Ragu, the number of patients in residence has risen from 4 to 26, and 69 others are under observation either at the hospital or elsewhere. The authorities in Paris, including Dr. Marchoux, the well-known leprosy expert, consider compulsory notification undesirable, and that the best solution of the problem would be the leprosy dispensary and supervision of lepers by visiting nurses. On the suggestion of Dr. Marchoux the Academy of Medicine has appointed a commission on which five of its members will sit.

We would be wise in this country if we followed France in its humane and well-considered plans, instead of our present policy of *laissez-faire*.

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Those who have spent years in the study of leprosy must at times have felt depressed by the slow progress of our knowledge regarding this most difficult disease. Occasionally an oasis appears in the barren desert of negative results, but too often the seeming oasis turns out to be little more than a disappointing mirage. In our present number we report no fewer than three gleams of hope.

Dr. Adler (see page 39) of the Hebrew University, Jerusalem, claims to have successfully inoculated splenectomized Syrian hamsters with human leprosy. If his results are confirmed, and it is found possible to pass *M. leprae* through a step will have been taken in our knowledge of leprosy.

We review Dr. McKinley and Dr. de Leon's article appearing in the *International Journal of Leprosy*, in which he confirms his own previous results with the growth of *M. leprae* on artificial medium under an atmosphere of oxygen and carbon dioxide. If these results are confirmed by other workers, and if this organism can be grown in sufficient quantity to test its chemical and serological qualities, then we may soon have some of the facilities for dealing with

leprosy that we have with tuberculosis. In Calcutta experiments, following McKinley's methods (page 42), have obtained some results, but these are still doubtful.

The third claim of importance appears in the review of Dr. Lleras Acosta's article (page 43). He claims to have grown an acid-fast organism from the blood of 20 out of 66 cases of leprosy on modified Petraghani's medium. There is nothing surprising in this claim as it has been made repeatedly before, but the results which he shows with complement fixation, using his organism as antigen, are certainly astounding. He obtains positive results in almost all cases of cutaneous leprosy, and in over 92 per cent. of lepers giving negative bacteriological findings; while out of 1,194 healthy non-lepers only one gave a positive result. But the most important assertion he makes is that 18 per cent. of apparently healthy relatives of lepers, and 11 per cent. of children of lepers without signs, showed complement fixation. The prolonged incubation period of leprosy, with the uncertainty whether contacts and especially children have been infected and still harbour organism, is one of the greatest handicaps in dealing with the disease. If these claims are fully confirmed, then a distinct advance has been made.

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The article on *The Significance of Positive Wassermann and Kahn Tests in Leprosy* shows the difficulty of interpreting serological results, and emphasises the teaching that serological tests are of value only as a supplement to the clinical picture; taken by themselves they are apt to lead to wrong conclusions.

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Reference has been made in a previous number to the International Leprosy Conference to be held in Cairo from the 21st to the 28th of March, 1938, at the generous invitation of the Egyptian Government, which has appointed a committee, with Prof. Khalil Bey as Secretary, to make local arrangements. The Conference is being organised by the International Leprosy Association, and some sixty members have

Abstracts of over 60 papers have been received dealing with various aspects of leprosy. While papers will be read and general discussions take place at the morning sessions, it is planned to give full time for thrashing out various special problems in committee. Further information can be obtained from the Hon. Secretary-Treasurer of the International Leprosy Association, 131 Baker Street, London, W.1.