

Editorial

In this issue we publish a short account of the International Congress of Leprosy, held in Cairo in the end of March. We hope to include the findings of the Congress in the October number.

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Dr. Davey's paper on Leprosy in S.E. Nigeria raises many matters of interest and importance. One outstanding feature of the picture he draws is the definite attempt on the part of the villagers to limit the leprosy incidence by segregating their more infectious cases. The other is the more or less hopeless condition of these poor people without outside advice and help. Apart from an educative campaign, and, to begin with, European supervision, such attempts seem to have but little chance of succeeding. Yet the will to control the disease is there, along with some sort of idea of how it should be done. It is by encouraging and guiding such existing customs that final success is most likely to be gained.

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Attention is directed to Dr. Ross Innes's report on his survey in the Solomon Islands. This is a difficult piece of work well done, and there are many items which will interest our readers.

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The article by Drs. Lowe and Chatterji describes what has been named *lazarine leprosy*. Their two cases are of very similar nature to those described by Dr. J. M. M. Fernandez (see page 136). It is important to distinguish clearly between this acute "tuberculoid" reaction and the other condition commonly known as "lepra reaction." In the former the bacilli are far fewer in number; febrile symptoms are less and the health of the patient is generally much less impaired; the typical tuberculoid histological picture is found and the prognosis is usually considerably better.