EDITORIAL

One of the most difficult problems with which a country can be faced is a high incidence of leprosy. In *Leprosy in India* for October, 1938 (reviewed on p. 188) the problem in Burma is outlined, and the short report on Leprosy in Portugal (p. 185) shows that even in Europe we are not yet exempt. The problem is generally aggravated by lack of funds, for leprosy and poverty tend to go together. Not that large resources are always availing, as witness for instance the lavish expenditure of skilled workers and of money in Louisiana, Hawaii and the Philippines, where leprosy has not been as quickly controlled as was at first hoped.

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If leprosy cannot be eradicated rapidly, is there at least a method available which, however slowly, gets down with a minimum of expenditure to the root of the problem? We believe that one of the most hopeful methods is that outlined in Dr. Davey's Report (p. 171). Not content with a first-class Leper Settlement housing over a thousand patients, he and his helpers have found themselves impelled to go out to the surrounding villages. After gaining the friendship and confidence of the chiefs and elders, they give them practical illustrations of how an insanitary village may be reconstructed and infection avoided. The Settlement itself can never hold more than a small fraction of all the infectious cases, but it may be used as a means to a further end, as the hub of a larger wheel, as a model of simple but effective sanitation, and a centre for training in methods to be gradually applied throughout the province.

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Multiplicity of treatments is a sure sign of the absence of a specific. In our last issue there were articles on the treatment of trophic ulcers, and in this number there is an article by Drs. Oberdorffer and Collier on this subject, which discusses the cause of ulcers and deformities. So-called trophic ulcers and deformities are the result of leprous infection of the nerves supplying the part. Infection results in pressure on the nerve fibres, whether the pressure be exerted by the granuloma, by oedema or by contraction of newly formed fibrous tissue. The question arises as to why blocking or destruction of nerve fibres should cause such conditions as decalcification of bone, ulceration and shortening of the fingers. Are they due entirely to nerve blockage, or in part to irritation of a certain special type of nerve? The authors dismiss the latter possibility for lack of evidence. But it

is difficult to account entirely for the sudden appearance of blisters, blebs and ulcers of hands or feet which sometimes accompany nerve reaction; these acute lesions seem to indicate a positive rather than a negative cause, irritation of nerves rather than mere blockage of trophic nerve supply. The right emphasis is laid on the importance of wisely planned exercises; there can be no doubt that muscle wasting and consequent decalcification, with shortening and deformity of bones, can be prevented to a great extent in this way.

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Dr. Keil's paper on hereditary factors in leprosy raises some interesting points, and we hope that all readers will be on the look-out for leper uniovular twins, with special reference to the type of leprosy. Strangely enough, we published in our last issue an article by Dr. Ryrie in which two such twins were suffering, the one from lepromatous and the other from neural leprosy.