EDITORIALS

For many years we have emphasised the importance in endemic countries of carrying the campaign against leprosy into the villages. Leprosy is a disease of unhygienic villages just as tuberculosis is a disease of unhygienic industrial centres. Leprosy settlements and other residential institutions for lepers may be able gradually to control the disease in countries like South Africa where the problem is a limited one, and where under a compulsory system lavish expenditure is possible; though even there it is realised that final success must await the efforts of district surgeons specially trained in the recognition and nature of leprosy. But in highly endemic areas of vast dimensions, such as are found in parts of India and West Africa, an active campaign must be carried into the villages themselves. Many of the institutions in these areas are able to segregate a number of the more dangerous lepromatous cases, but the great majority of these are left at large and the concentration of potential disease spreaders is scarcely appreciably diminished.

To deal with this problem, Dr. Davey in his *Report on Leprosy Control in the Owerri Province, S. Nigeria,* demonstrates a carefully planned and efficiently carried out experiment. The Uzuakoli Settlement with its 1100 patients is used not just as an end in itself to segregate and treat a few lepers, but also as a centre of training and a demonstration model of village conditions as they should be. Thus its influence is gradually radiating out to the whole province not only as a means of controlling leprosy, but at the same time as an agent for reconstructing villages, making new roads, giving practical demonstration of improved methods in agriculture, improving the diet of the people and in every way spreading enlightenment and hope. In this work the various government departments, administrative, medical, educational and agricultural are willingly giving their help.

On page 154 we give abstracts from a report of the *Saidapet Health Project* in South India. Here likewise we have a partially organised rural area where leprosy has been used as the key to general hygienic improvement.

These two examples give the best answer to the *laissez faire* attitude of those who advocate leaving leprosy to " die out of itself in the natural course of things when the standard of living and sanitation have improved."

. . . . .

Leprosy has long awaited a form of treatment to which

the term "specific" may be applied. Many claims to this title have been put forward in the past but further experience has not confirmed these assertions. The new form of treatment with diphtheria Formol-Toxoid recounted in the paper by Collier and McKean is described modestly and without making any ambitious claims. Fallacies are common in estimating the value of any treatment in leprosy. Signs of clinical improvement are particularly unreliable, and even clearing up of positive bacteriological findings may be dependent on seasonal and other temporary causes. Time must therefore be given to assess these various factors before judgment is passed. Already arrangements are being made in several different centres throughout the world to test out this treatment. We trust that the experience of others will confirm the results of the workers in Siam.

Of almost equal interest are the animal inoculation experiments described in another paper. The fact that leprosy, unlike tuberculosis, is confined to the human race has limited our knowledge and handicapped our attempts at treatment and control. If these therapeutic and experimental results are substantiated they may have far-reaching results not only in leprosy but also possibly in other diseases.

* * * * *

Reference is made on page 158 to the foundation of the Belgian counterpart of B.E.L.R.A., the *Father Damien Foundation for the Campaign against Leprosy*. Leprosy is an important disease in the Belgian Congo and we wish our sister society all success in carrying out the objects for which it is founded.