

## EDITORIALS

One of the enigmas of leprosy is that it does not spread in England at the present time in spite of the fact that not infrequently those who have acquired the disease abroad return to this country, where no restrictions are placed upon their movements. Some have sought to explain this phenomenon on the ground of racial immunity of the European as compared with the native of countries like Africa or India where leprosy is endemic. But, as was pointed out in a recent number of this Journal (Jan. 1940), direct evidence is rather in favour of the European being less resistant to leprosy than the African or Indian. If it is claimed that leprosy is a disease of over-crowding, low sanitary standards and malnutrition, we cannot say that all is well in England in these respects. It is often asserted that leprosy is no longer endemic in Western Europe; but what of Portugal with its 3,000 known lepers? In the conclusions on page 172 it is pointed out that the great majority of those who return to this country with leprosy are of a social position that permits them to live under favourable sanitary arrangements and to avoid overcrowding, and that many of them have reached an age when they are unlikely to come into close and prolonged contact with children. If these are the main considerations that hold back the endemicity of leprosy in the more advanced parts of Europe, then what will be the effects of such trends of present day life as levelling down of social standards, closer contacts of all classes and races throughout the world, and the malnutrition which is likely to accompany and follow the present war?

. . . . .

Mention is made on page 169 of the interesting experiments with the vole bacillus carried out by Wells and Brooke. Attention was first drawn to this organism when it was found to be the cause of high mortality among voles. It is acid-fast and is said to resemble to a certain extent the organisms of tuberculosis and rat leprosy. Experiments show that inoculation with a culture of the vole bacillus immunised guinea pigs against strains of human and bovine tuberculosis and was considerably more effective in its protecting power than the B.C.G. strain. These results suggest the value of testing whether this newly found bacillus can similarly immunise against rat leprosy or even human leprosy.

. . . . .

Among the most hopeful signs in India at the present time are the efforts being made in certain places by educated and

trained Indians to help their poorer and more ignorant fellow countrymen. Government efforts do not and cannot reach more than the fringe of the poverty, disease and helplessness of the Indian village. But public-spiritedness is on the up-grade and the sporadic attempts which appear here and there are gathering force and their appearance is making others think. An example of this is shown in a small leprosy investigation and treatment centre begun recently in the Nizam's Dominions. The doctor, who had previously worked for years in a large mission leper settlement, realised that there were large numbers of lepers who for lack of space and funds could not be accommodated in this institution. He calculated that there were between two and four hundred thousand lepers in the Nizam's territories and only seven hundred of these could be accommodated in the institution.

He set himself to see what could be done to start small, nearly if not entirely self-supporting village leper settlements. A grant of 37 acres was asked for and received. Villages within a radius of 10 to 20 miles were surveyed, and about one per cent of the villagers were found to have leprosy. He has now 57 in-patients and 84 out-patients regularly under treatment. Of the in-patients 18 are self-supporting and pay two rupees a month for treatment, 13 are self-supporting, but get treatment free. They build their own huts in places allotted to them. The remaining 12 have to be supported by the doctor. He adds "the leper population is only too glad to avail itself of any help offered to it in the shape of treatment. We have proved to ourselves that it can be done cheaply and efficiently . . . . . Our treatment hall and laboratory is a wind-blown, ramshackle affair, whose roof flies off with every storm. It leaks during every monsoon and yet patients flock to us . . . . . A simply designed, but permanent treatment hall and laboratory would make much difference to our work". How the doctor supports himself, his assistants and his work is not mentioned; presumably it is by his private practice in his spare time. An example like this appeals to the Indian, and we may look forward to more and more who will follow in his steps. It may be largely in this way that the public health and many other problems of India will be solved.

. . . . .

Much confusion is caused by false positive serological findings in the lepromatous type of leprosy. A positive Wasserman, Kahn or other test in leprosy does not always justify a diagnosis of syphilis. The verification test described by R. L. Kahn and abstracted on page 177 is of importance in this connection.