

EDITORIAL

The development and extension of the war is making the work of B.E.L.R.A. increasingly difficult fully to maintain. Several of our Toc H. workers have joined the military forces of our African possessions and although our activities have so far been little affected, yet extensions we had in view are being limited by lack of personnel. Fewer reports are reaching us and material for this review is thus being curtailed.

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Dr. Muir's tour to South America and the West Indies had to be cancelled owing to the dislocation of communications by air and by sea, but the receipt of a request to find a medical man to take charge of the important Chacachacare Leper Asylum of Trinidad led Dr. Muir to offer through the Colonial Office to take charge of that institution for a period, in order to enable him to renew his close connection with clinical work on leprosy. The Executive Committee agreed to the proposal on condition that facilities were granted to Dr. Muir to visit British Guiana and the leprosy infected West Indian Islands during his time in Trinidad, in accordance with the programme that had been postponed. The Colonial Office accepted this proposal and Dr. Muir has already left for Trinidad. During his absence the Honorary Medical Adviser will carry on the medical work of the London central office.

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We are fortunate in being able to publish in this issue a well illustrated paper by Dr. H. W. Wade of the Philippines on Tuberculoid Leprosy, regarding which he has done so much original histological work. He deals in a masterly way with the difficult question of the outlook of tuberculoid cases with special reference to the possibility of their passing into the much more dangerous lepromatous form. The appearance of many lepra bacilli during reactions of major tuberculoids may cause this stage to be taken for the lepromatous one; but Dr. Wade finds that on the subsidence of the reaction they revert to a typical tuberculoid condition and he has been unable to find any clear evidence in his own extensive experience or in the literature of lepromatous degeneration taking place in tuberculoid leprosy. On the other hand he records evidence to show that tuberculoid cases may

relapse after considerable periods of apparent subsidence, so they require watching.

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A paper by Dr. A. R. Davison on a trial of Grasset's tubercle endotoxin with inconclusive results is also published. Recent leprosy journals and reports are also reviewed.

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