

## EDITORIAL.

Nigeria presents much the greatest leprosy problem in the British Empire apart from India. From an early period BELRA has taken a special interest in the Nigerian problem, and in 1936 Dr. E. Muir wrote a valuable report, based on a long tour of the country, on the progress of anti-leprosy work in it, and advised with regard to its extension.

Since that time Dr. Davey, at the Uzuakoli Settlement in the Owerri Province, and Dr. Money at the Oji River Settlement in Onitsha Province, have greatly extended the work by means of large numbers of clinics established around the settlements, at which upwards of 10,000 patients are being treated in each case. Moreover, in the Owerri area more particularly, a large number of leper villages or hamlets have been constructed, under the supervision of the Settlement staff and at the cost of the Chiefs. In these most of the infective cases in the neighbourhoods concerned are voluntarily isolated and treated at a low cost, and many others are clamouring for the extension of these plans, the success of which has now been recognised by the Nigerian Government in a very practical way.

A scheme for an extension of anti-leprosy work in Nigeria has been sanctioned by the Colonial Office, under which an average of £50,000 will be expended in each of the next five years from money provided by the Colonial Development and Welfare Fund. A new leprosy department under specially recruited and trained medical men will take over and extend the work in the three provinces of Onitsha, Owerri and Benin. It has hitherto been carried on mainly by missionary staffs with financial aid from the Nigerian Government, the Native Administrations and BELRA, but has now got beyond the means of existing agencies. The Nigerian Government proposes to take it over and extend it in those provinces which have very high leprosy rates, and in which the confidence of the people has already been obtained to a degree that should ensure the continued success of methods which have been proved to be soundly based on recent advances in the knowledge of the epidemiology and treatment of the disease. Later it is hoped to extend the work to the Northern and other, less affected, provinces of Nigeria. It is now acknowledged that leprosy can be materially reduced within a period of about ten years in any area in which the whole-hearted co-operation of the people has been secured.

Nigerian experience has established the soundness of the

methods of leprosy prophylaxis and treatment advocated by BELRA during the past two decades, and their success opens up an almost unlimited field for the extension of the settlement, clinics and leper village method of control throughout the rest of West Africa and through the almost untouched and immense leprosy infected countries of East Africa, from the Southern Sudan down to Tanganyika and Nyasaland. Many more workers and large funds will be required and these can be appealed for with the assurance that they can be successfully applied to the reduction of leprosy in the infected countries of the Empire.