

EDITORIAL.

THE SOUTH AMERICAN CONFERENCE.

Readers will find considerable food for thought in Dr. Muir's account of the South American Conference printed in this issue. In recent issues of the *Leprosy Review* a good deal of space has been given to classification, and it is evident that much of the impetus for its revision is coming from South America. It will be generally felt that the "polar" concept advocated by the Conference brings the two main divisions of leprosy into clearer focus. It is obvious, however, that before a complete and satisfactory classification can be adopted, the groups which shew material deviations from these polar divisions require further sifting and demarcation. The term Uncharacteristic or Indefinite provisionally applied to those groups is in reality a frank admission of the need for something more definite. These groups do not merely require clinical and histological sorting out. Both their place and their natural evolution with regard to the two main contrasting polar forms need further understanding and definition.

The therapeutic reports of the Conference are the most encouraging that have ever been placed before any international assembly of leprosy workers. The restraint with which the experimental work on the sulphone compounds has been described provides in itself grounds for a certain degree of guarded optimism. A clearer classification goes hand in hand with greater precision in therapeutic experiment. There is little doubt, for example, that much of the confusion that existed—and still exists—with regard to the efficacy of *Hydnocarpus* oil, has been due in the past to the lack of a classification based on a clear understanding of the natural trends of different forms of the disease.

The stark tale of starvation, disease and terror among the lepers of Malaya under the Japanese is told in this issue for the first time. It has not been possible within the limits of a journal which is primarily medical to give more than a mere indication of the sufferings of these pitiful victims of Japanese aggression. Reports are now coming in, however, of the reconstruction of anti-leprosy work in Malaya, and it is hoped in a later article to give an account of the rehabilitation of the well known leper settlement at Sungei Buloh.

Dr. Mackay's analysis of the role and scope of leper settlements in Tanganyika merits careful consideration and more such studies are needed from different territories. It raises the question

of the essential paradox of our strategy in any country where leprosy is endemic. The accommodation and maintenance of infective lepers in a segregated place is an essential part of an anti-leprosy campaign, and it is by far the most expensive item in such a campaign. Settlements without surveys will not control leprosy, for that is merely weeding a garden in the dark. Settlements require treatment-attraction, and treatment-attraction is growing every year. But there are financial limits to the number of infective lepers which any country is prepared to house and maintain, and the very efficiency of surveys and treatment-attraction only accelerates the deadlock, where more infective lepers are known than can be cared for in institutions. Attempts to render such institutions self-supporting are fraught with difficulties and do not appear to be a complete answer to the problem. Indeed so long as our therapy requires years of skilled treatment and maintenance, the problem will remain. It is very desirable therefore that continued studies of the role and type of leper settlements should be made in different countries. Only thus can an administration which is seriously tackling leprosy avoid the steady accumulation of expense inherent in certain types of segregation—an accumulation which before the war cost the Philippine Government between a quarter and a third of their total Health vote for the upkeep and treatment of segregated lepers.