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EDITORIAL.

This number of the Leprosy Review is devoted to the subject of lepromin. It has been growingly recognised in recent years that the lepromin test is an indispensable adjunct of prognosis where the clinical and pathological signs do not indicate a predictable issue. From somewhat halting beginnings the test has become both standardised and precise.

It is hoped that succeeding numbers will include issues dealing mainly with single subjects, and that these will prove useful for reference. We would welcome the opinion of our readers on this point.

This journal is acting in conjunction with the *International Journal of Le prosy* in drawing the attention of both workers and administrators to the dangers inherent in the marketing of the sulphone drugs. The position can be explained very simply. The public health control of leprosy depends on the separation of infective cases from children and other susceptibles. A leprosy institution depends on its treatment attraction. A patient enters a leper settlement, not only because he can get treatment there, but because he cannot get that treatment efficiently elsewhere. It is on this virtual monopoly of treatment that a large part of leprosy control depends. If this treatment becomes available in the market our most potent means of leprosy control will be dissipated. No sufferer from Hansen's disease will contemplate severance from his wife and children when he can buy tablets outside. Self medication has the added attraction of privacy.

The danger of sulphone medication in inexperienced hands will be realised by most leprosy workers. These drugs are toxic. Careless dosage may cause a dangerous exacerbation of the disease, and even have fatal results. Even in expert hands cases may remain presumably infective after years of treatment. It does not appear that the requirement of a doctor's certificate for purchase will act as an efficient control.

For the sake of leprosy control everywhere, we strongly urge (a) that the uncontrolled sale of these drugs should be prohibited, and (b) that their use should be confined to leprosy institutions and other centres where strict control can be exercised.