

## EDITORIAL.

The Fifth International Leprosy Congress being held at Havana, Cuba, from April 3rd to 11th, will of necessity have to face many weighty problems. The congress meets at a time of recurrent crises and international tension. They constitute a grim background for a united and global campaign against leprosy.

The congress will be faced with other and more scientific difficulties and it is clear that much of its work and deliberations must be tentative and exploratory. The chemotherapy of leprosy has not yet taken shape and

posed or existing classification would receive general acceptance.

In due course our knowledge of the sulphones and other modern drugs in leprosy will develop from its present adolescence into maturity. In due course also the basic patterns of the disease will emerge and enable us to achieve an accurate and adequate classification. The congress cannot give the final answer to these and many other problems, although it will undoubtedly gather for us a valuable summation of trends.

It would be a disaster, however, if amid the welter of scientific papers the basic ideas and aims of international collaboration in leprosy were to be obscured or forgotten. Leprosy work has in the past suffered from two grave handicaps—lack of standardisation and lack of correlation. These can only be overcome by international effort.

**LACK OF STANDARDISATION.** It is unfortunately true that a great deal of leprosy work is conducted by methods and standards which would not be accepted in the modern study and treatment of any other disease. A detailed and adequate general examination of each patient is in many places still the exception rather than the rule. Anæmia and ulceration still tend to be considered as integral components of the disease. It is still the exception for a leprosy patient to receive an adequate diet according to modern nutritional standards. The list could be prolonged into a very formidable one indeed. Under these circumstances it is little wonder that the literature of the disease displays considerable inequality in statistical value, in the scientific assessment of experimental results, and even in appreciation of the essential nature of an experiment. Some kind of international standardisation or grading would seem to be a basic need.

**LACK OF CORRELATION.** An international congress obviously plays its biggest role in the pooling of experience, and it is of course

implemented by the circulation of publications such as the *International Journal of Leprosy*, *Leprosy in India*, the *Revista Brasileira de Leprologia* and the *Leprosy Review*. In spite of this a great deal of leprosy work remains isolated, and many leprosy workers carry on unaware of what has been achieved, or is being done elsewhere. In all branches of medicine there is the danger that the isolated doctor will keep on perpetuating the same mistakes—and leprosy is no exception. Again the call for correlation is a basic one.

Whether in the laboratory, the ward or the clinic work is essentially a specialised adventure in human reclamation. That is what constitutes the real importance of the Fifth International Leprosy Congress.

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For many years there has been a growing body of opinion that the word leper, and possibly also the word leprosy, be expunged from medical literature and textbooks. No one with experience will doubt the needless and horrible cruelty caused by the evil stimulus of these two words. There can be few cities in the tropics or sub-tropics where men and women do not go in daily fear that their disease is discovered. The odium and social obloquy which these words arouse are not merely incurred by the victim, but are all too often heaped on his equally innocent relatives and children.

The common belief that the ugly implications of these two words are Biblical in origin appears to be unjustified. There is no evidence that the Biblical Jew suffered from either the stupidity or the cowardice which mark the cruder manifestations of leprophobia. Races which are totally unacquainted with Biblical or Christian tradition, and in whose languages the name of the disease has no resemblance to the word leprosy, shew the same instinctive fear of the disease and attach the same stigma to those who suffer from it. It appears therefore open to question whether a mere change of name will of itself eradicate the stigma. Leprophobia is irrational and is probably connected with a primitive sense of guilt. As such the only real cure for it is the wider spread of knowledge.

It will take a long time for mankind to evolve a sane attitude towards a disease which is both chronic and disfiguring. It may help however if we could eliminate words which have become throughout the centuries encrusted with horror and shame,