EDITORIAL

We publish in this number a short report of the Medical Secretary's visit to the Pan-American Leprosy Conference. This visit was of great value, particularly as it afforded an opportunity to discuss in some detail the various terms now used by workers in relation to the classification of leprosy. A great deal of attention has been given to this subject since the Havana Congress, and it is to be hoped that much of the confusion which has arisen over the use of such terms as " Incharacteristic," " Reactional Tuberculoid," " Dimorphous " etc. will be resolved. There appears to be a general acceptance of a group of lesions which show atypical features, and cannot be included in the true tuberculoid picture. The very fact that workers throughout the world are recognising that this group exists at least indicates acceptance of a type of leprosy which has caused confusion for a very long time; whether these lesions are classified as reactional tuberculoid or as exclusively localised lepromatous macular lesions is of little importance. It is hoped that as a result of more detailed attention being given to the lepromin reaction and histopathological changes that the classification of leprosy will become better understood and more generally accepted, not only by leprosy workers but by others, and that any modification of present classifications will not offend generally accepted dermatological and immunological concepts. As a suggestion for further thought on this matter, it is proposed that a start be made by dividing all lesions, whether macular, infiltrated or polyneuritic, into three groups:—those which show a strong and definite lepromin reaction; those which are negative, and finally those in which the lepromin reaction is weak and variable. It is believed that a true appraisal of the clinical lesions of leprosy can only be based on the lepromin test, and if this were done the classification of leprosy would be better appreciated, and the two polar groups—as described by the S. American workers—would become more clearly defined. The editor is of opinion that transition from the so-called tuberculoid to leproma only occurs in those cases in which the lepromin is weak or variable, and all these lesions should be placed in the Dimorphous, Border-line or Intermediate category.

We are glad to publish an article from Purulia by Dr. A. T. Roy. A recent visit to India and Malaya indicates that there are workers in both countries who prefer to inject the parent sulphone rather than give it orally, and Dr. Roy appears to be one of these. In this article attention should again be drawn to the disparity between clinical improvement and the slowness of the bacteriological

results under sulphone therapy. While sulphone therapy is rightly hailed as the greatest therapeutic advance made in the long battle against the M. leprae, we cannot ignore certain disquieting features, for excessive optimism tends to give rise to wishful thinking. We would in this connection emphasise two points: (1) The relatively long period which elapses (two to five or more years) before the patient becomes negative; (2) The continued presence of acid-fast granules in the nerves after the bacilli have disappeared from the skin may indicate a resistant form of the M.leprae. Admittedly sulphone resistance has not yet been demonstrated, but we should not readily assume that it cannot take place. It is to be hoped that now the controversy over the form of sulphone which should be used has largely been resolved, all workers will maintain a critical attitude, so that the excessive optimism of 30 years ago, when the hydnocarpus remedies were re-discovered, will not be repeated, and continued search will be made for newer remedies. This search should be based on an increasing understanding of the methods by which the tissues of the body meet the attack of this obstinate mycobacterial invader. Leprosy lends itself to the dramatic touch, but it is only by patient, persistent, and constant endeavour that the ultimate prize—the conquest of leprosy—will be won.

We make no apology for reprinting an article by Dr. Paul Brand, Orthopaedic Surgeon to the Christian Medical College, Vellore. Although this contribution first appeared in the *Journal of the Christian Medical Association of India* in January, 1950, and much work has been done since, it will serve to open our eyes to the growing possibility of orthopaedic surgery and physiotherapy in leprosy, and result, we sincerely trust, in the recognition of the fact that modern treatment of leprosy does not only offer an excellent chance of the patient becoming free of his disease and non-infective, but ensures that this desirable result can be accomplished without deformity. It is to be hoped that ere long it will be accepted that there is now no excuse for deformity of the hands to take place, and with patient study we trust this will be the case also in regard to the feet. Complacency in this respect, and undue emphasis on therapeutics, may retard the attention which should be given to leprosy by orthopaedic surgeons and physiotherapists, and will prolong the long night of agony through which the crippled case, though " cured " by sulphones, has still to pass.

We would also draw attention to an article by that experienced worker, Dr. Chatterji. This has been reprinted from *Leprosy in India* and will indicate that practical attempts are being made to relieve deformity, and much may be done in the absence of expert orthopaedic advice.

In this number is a contribution by Dr. Ross Innes, the Inter-territorial Leprologist for the East African Territories. Zanzibar and Pemba have a leprosy problem which seems possible of control within a comparatively few decades, and the appointment of a BELRA worker to Pemba to start a control unit, it is hoped, will hasten this desirable end, so that it may be said that in one part of the world, by modern methods, leprosy has been controlled and is now no longer a public health problem. This is a challenge that BELRA has accepted, and we look forward to progress being made in this direction.

INCREASE IN RATE OF SUBSCRIPTION

Owing to the greatly enhanced cost of production, and to the fact *Leprosy Review* is at present being published at a loss, we regret that it is necessary to raise the price of the annual subscription to 15/-, including postage, commencing with the July number. Individual numbers will cost 3/6d. plus postage.