

EDITORIAL

Ever since Mitsuda, in 1916, demonstrated that certain cases of leprosy reacted positively to an intradermal injection of *M. leprae* from a boiled emulsion of excised nodules, what has now become known as the Lepromin Test has aroused increasing interest among leprosy workers. The work of Fernandez in S. America, and Lowe and Dharmendra and his co-workers in India, has served to elucidate many problems in connection with this. When it was announced that a positive lepromin test had a close relationship to the allergic skin reaction produced by a similar injection with tuberculin, these workers began to study in more detail the question of cross immunisation or tissue sensitisation in both diseases. In this number of the Review we are most fortunate in being able to publish a masterly and critical review of the whole subject of lepromin and tuberculin tests in relationship to B.C.G. vaccination. Little need be said further about this excellent contribution on this complicated subject, except that readers are advised to study most carefully the work of Dr. Lowe, and his sane and critical appraisal of the whole subject. In tuberculosis there is a tendency to take short cuts to the control of this most widespread disease by relying on B.C.G. vaccination on the one hand, and modern chemotherapy and antibiotic drugs on the other, bringing in the surgeon to repair the damage *M. tuberculosis* has done to the tissues, or to prevent further devastating trauma caused either by the organism, or by the tissue reactions produced as a result of invasion with *M. tuberculosis*. While well planned mass B.C.G. experimental work in connection with the anti-tuberculosis campaign is highly desirable, if the essential principles of control—the prevention of infection of the healthy community, particularly of children—are not stressed all our efforts to stop the ravages of tuberculosis may be of little avail. Dr. Lowe, while advocating further detailed study of the lepromin reaction and its relationship to immunity, quite rightly sounds a warning note which should be heeded by all, when he says ‘ It should be made perfectly clear to everyone concerned that B.C.G. vaccination of those exposed to infection does not remove the necessity for taking every possible step to prevent or minimise contact between open cases of leprosy and healthy persons, particularly children.’ The guiding principles which Dr. Lowe lays down in relation to the attitude of public health workers concerning B.C.G. and the lepromin test seem to us altogether admirable, and if all workers took these as their criteria when considering

B.C.G. vaccination of persons who have been, or are liable to be, exposed to leprosy, then not only much useful information should be gathered, but B.C.G. vaccination would be used in a way which is most likely to make an outstanding contribution to the control of leprosy. This article is timely and well balanced and should be heeded by all leprosy workers, particularly those responsible for the preventive side of the campaign.

We are also fortunate in securing an article from Dr. J. A. K. Brown, the founder of the famous Uzuakoli Colony in Nigeria, and now the Leprosy Specialist for Uganda. Readers are aware of the magnificent contribution of Dr. Ross Innes, the Interterritorial Leprologist attached to the East African High Commission. Dr. Brown now carries on the extensive work undertaken by Dr. Ross Innes and presents sound and well balanced views on the question of surveys in Uganda, with particular reference to the method of organisation and the interpretation of results. Extensive surveys of the type undertaken by Dr. Ross Innes are an essential preliminary to more intensive work. With the appointment of a leprologist of their own in Uganda, we anticipate not only more detailed study of the epidemiology of the disease in relationship to Uganda, but also the building up of an effective and practical leprosy control service.

It is a great pleasure to be able to reprint, by permission of the Editor of the *Annals of the Royal College of Surgeons*, Mr. Brand's Hunterian Lecture on "The Reconstruction of the Hand in Leprosy." This pioneer work undertaken by the Leprosy Research Department of the Christian Medical College, Vellore, has aroused great interest, and it is most encouraging to find that orthopaedic surgeons, both in Britain and the United States, are beginning to realise the importance of such reconstructive work. The sulphones have brought the expectation of a "cure." The work of Paul Brand has infused new hope, and the possibility, as one patient so pathetically put it, that the leprosy patient will not need for ever to carry his "visiting card"—residual deformities and disabilities—around with him wherever he goes. New hope has indeed dawned, and we rejoice with all workers throughout the world in the great possibilities ahead which this number of the Review to some extent foreshadows, and we pledge all our energies and allegiance to those who have to face the future—now much more bright but still with its haunting fear—trusting that the efforts of our colleagues the world over and our own, will hasten the dawn of the day when we, or those that come after us, shall celebrate V.L. Day—Victory over Leprosy.