# EDITORIAL

East and Central Africa comprise two natural geographical groups of territories, are contiguous for a small part of their boundaries, share very similar problems in their leprosy work, and there will be found in this issue an absorbing account by Dr. R. G. Cochrane of his tour of both East and Central Africa, as also of Sudan, which lies to the north of all of them. In the modern use of the terms, East Africa is meant to comprise the four territories of Uganda, Kenya, Tanganyika, and Zanzibar Protectorate: Central Africa comprises Southern Rhodesia, Northern Rhodesia and Nyasaland.

For some time now, East Africa has had a practical form of co-operative federation represented by the East Africa High Commission, and quite recently the first steps to Central Africa being a federation have been taken. It is unnecessary to discuss the political aspects of federation. It suffices to say that leprosy workers in both countries anticipate many sound benefits to the cause of control of leprosy being available from any degree of federation.

To those who have to tackle the problem of leprosy in civilized and semi-civilized countries, it must often seem a bad dream that there exist countries of primitive type where leprosy sufferers must be counted by hundreds of thousands, where no reliable system of vital statistics exists, where everything in the leprosy campaign must be established from the ground up. Many elements of the slowly-developing picture of leprosy work in primitive countries can be gleaned from Dr. Cochrane's report. It is a fascinating story, that of the growth and slow gathering momentum of the leprosy campaign in East and in Central Africa.

The first steps are usually taken by Missions, who to their eternal honour, are never slow to see the need that lies around them, nor to react by trying to do something effective to meet it. In Africa, Missions raised the first banner of leprosy relief, aided in many instances by specialised organisations like the British Empire Leprosy Relief Association, the British Mission to Lepers and the

Amercan Leprosy Missions. The first outposts grow and improve, visits are made by such eminent leprologists as Dr. E. Muir and Dr. R. G. Cochrane, and the pattern of the problem begins to emerge. This pattern is further clarified by leprosy surveys, which, like all good leprosy survey work, once begun, is never stopped until leprosy is eradicated in the country concerned. Territorial governments by this time have long been affording solid financial help and all support and encouragement they can give to the existing work, and thought has been devoted to the future. Now it becomes clear that the problem is a big one, and the cry is for more personnel, more money, and more research so that the steps taken should be as efficient as possible. It is this stage that has now been reached in East and Central Africa. The problem is known to be big, and the answer is beginning to be given. Recent appointment of territorial leprologists, Dr. Garrod for Northern Rhodesia, and Dr. Brown for Uganda, is an example of the new appreciation of the need for personnel. Recent approval for the start of a Leprosy Research Unit at Itesio Leprosarium in Kenya, a project which was conceived, delivered, and nourished under BELRA in happy collaboration with the East African Governments, is an example of the far-seeing perception of the need for leprosy research. As regards the need for finance, naturally we are not so happy. It has been estimated that in East Africa we could make a very good, perhaps decisive, attempt at eradication of the leprosy problem there if we had £200,000 per annum. Where are we to get such sums? Nevertheless to have this amount assured for ten years would turn the scale.

The general principles of leprosy prophylaxis and control are well understood. There is no need to argue them. There is a trinity which guides the success of our leprosy campaigns, whether in East Africa or elsewhere, and this comprises knowledge, money and personnel, and the advances in all three will determine success. Perhaps the greatest of all is personnel.

J. ROSS INNES,
*Inter-Territorial Leprologist,*
*East Africa High Commission*