

EDITORIALS

Professor Heaf, in his recent lecture to the British Medical Association,* gives four cardinal points of the compass as our guide to the eradication of tuberculosis. These are: tuberculin-testing, miniature radiography, BCG vaccination and antibiotics. "But," he adds, "the compass must be firmly based and binnacled by sound public health measures." He goes on to emphasise the importance of the primary infection "for the initial reaction of the tissues to this invasion influences the subsequent course of the disease." It may be useful to seek a guide to the eradication of leprosy on parallel lines.

In leprosy there is nothing comparable with the tuberculin test for indicating previous infection with *Myc. leprae*; though under two circumstances the lepromin test may help in the diagnosis of leprosy: (a) in a lesion where leprosy is suspected, but which, if leprosy, could only be of the lepromatous type, a strongly positive lepromin reaction would contraindicate leprosy; (b) when a clinically doubtful lesion appears, which if caused by leprosy would undoubtedly be of the tuberculoid type, then a negative lepromin reaction would contraindicate leprosy.

In diagnosis of leprosy there is nothing comparable to radiography in pulmonary tuberculosis, but neither is there need for such a guide; the evidence—whether in the form of smears, biopsy sections, thickened and tender nerves, clinical appearances, changes in sensation or secretion—is on the surface of the body.

The third point of the compass in tuberculosis is BCG vaccination; can we hope that BCG vaccination gives resistance in leprosy? It took many years before the value of this prophylactic measure was generally adopted in tuberculosis. It may need as many years to decide on its value in leprosy. No aspect of leprosy has raised more interest and controversy among specialists in both diseases, than this question of cross-relationship between tuberculosis and leprosy.

In reference to antibiotics or chemotherapeutics, leprosy stands in an interesting relationship to tuberculosis, that of a grateful junior partner. In the future as in the past the leprologist keeps at least one eye on what is happening in the tuberculosis laboratory and ward.

Regarding the basing and binnacled of the leprosy compass, this also depends on the sound education of public opinion, and above all on early diagnosis through examination of contacts, and early institution of treatment.

* Brit. Med. JI., 1956, Dec. 15th, p. 1383.

The control of leprosy has one disadvantage as compared with that of tuberculosis—the repugnance of its name and the consequent dearth of workers. Leprosy has also an outstanding advantage over its partner, that it tends to go out by the back door as tuberculosis enters by the front.

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With this issue of *LEPROSY REVIEW* the Acting Editor lays down his pen, or rather hands is over to Dr. James Ross Innes, the new Medical Secretary of BELRA. Dr. Innes, who is 53, graduated M.B., Ch. B. (Hons.) in Edinburgh. He went to Itesio in November, 1953, when plans had been completed to build a Leprosy Research Centre there. Previously, Dr. Innes, who arrived in East Africa in 1947 as Inter-Territorial Leprologist, following a short tour of Nigeria, made a series of surveys in East Africa to find the incidence of leprosy and co-ordinate leprosy control work.

From 1947 to 1952 he travelled extensively in these territories, and he was also invited to carry out leprosy surveys in Northern Rhodesia, Nyasaland and Zanzibar. Dr. Innes served in India as a medical officer from 1928 until 1946, except for a period during 1938 when he carried out a leprosy survey in the Solomon Islands.

Dr. Innes is succeeded at Itesio by Dr. J. M. B. Garrod, who for the last four years has specialised in leprosy in Northern Rhodesia.

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The VII International Congress of Leprology

The International Leprosy Association at its General Meeting held in Madrid on October 11th, 1953, after the closing of the VI International Congress of Leprology, accepted the invitation of the Government of India to hold the 1958 Congress in India.

The preparations for the Congress have now been taken in hand. The Government of India has appointed an Organizing Committee with Lt.-Col. C. K. Lakshmanan, Director General of Health Services, as Chairman, Dr. Dharmendra as Secretary, and about a dozen other members. It has been decided to hold the Congress at New Dehli (India) from December 8th to 15th, 1958.

The details of technical aspects of the Congress will be worked out by the Organizing Committee in consultation with the International Leprosy Association. In light of the experience of the previous Congresses, the Association has under contemplation the introduction of some new procedures, both before and at the Congress itself. The contemplated changes will have a bearing, amongst other things, on the nature of Scientific Sessions, and on

the procedure for setting up Technical Committees of the Congress. When an agreement is reached on these matters, the accepted procedures will be duly announced.

The present preliminary announcement is being made to provide early information about the venue and dates of the Congress. Further information regarding the membership fees, accommodation, and travel arrangements, official subjects for discussion at the Congress, and the last date for receipt of application for membership and for submitting papers, etc., will be published later in the form of a descriptive bulletin.

The Congress Members may attend under official or institutional auspices, or on a private basis. Official invitations to various governments, requesting them to appoint official delegates to the Congress, will be sent through the Ministry of External Affairs, Government of India. Apart from the official invitations, the Organizing Committee has pleasure in extending invitations to all members of the International Leprosy Associations, members of the Leprologist Associations in the various countries, and all others interested in the study of leprosy. There is likely to be a difference between Members of the International Leprosy Association and non-members with respect to the Registration Fee. Persons who are not already members of the Association may now join it.*

DHARMENDRA,
Secretary,

Organising Committee of the VII
International Congress of Leprosy.

Leprosy Department,
School of Tropical Medicine,
Calcutta 12,
India.

* For this purpose, the membership fee of U.S. \$7 should be remitted to Dr. Huldah Bancroft, Assistant Editor, International Journal of Leprosy, 1430 Tulane Avenue, New Orleans 12, Louisiana (U.S.A.), or the sterling equivalent (£2 10s. 0d.) may be sent to the Secretary-Treasurer of the International Leprosy Association, at 8 Portman Street, London, W.1. The amount will cover one year's subscription to the International Journal of Leprosy, with membership in the International Leprosy Association.