EDITORIAL

Visit to Gambia

In response to an invitation from the Government and Medical Department of the Gambia, the Editor visited that country between 8th and 23rd September, 1959, in order to tour and see the work of the leprosy campaign. This is a new campaign, as it has only been in operation since 1957. We were able to see a great number of the clinics, and make some assessment of the impact of a campaign which is entirely based on outpatient clinics. It was soon found that Gambia has an extraordinary amount of patients with secondary neural deformities, estimated as over 1,000, among a total estimated number of leprosy cases of 10,000. It now becomes necessary to make some provision of a hospital nature for dealing with this problem, which otherwise may prejudice the final success of the campaign. In addition, such central hospital accommodation could be used as the place where laboratory facilities would become available and where cases needing care in reaction and state of ill-health could be received. Fortunately, we are able in this issue (p. 12) to present a paper by Dr. J. Mallac, who will give fuller information. In the meantime, warm congratulations are due to the Gambia Government and the Director of Medical Services, Dr. S. A. Horton Jones, C.B.E., and to Dr. Mallac for their spirited first attack on the leprosy problem in the Gambia.

Visit to India

In response to an invitation from the Government of India, the Indian Association of Leprologists, and the All-India Leprosy Workers, the Editor has attended the Biennial Conferences of these bodies in Bombay in December, 1959, and has also visited Poona and seen the very great improvements in leprosy work there. The Kondhwa Leprosarium in Poona was the first piece of leprosy work of which the Editor had charge, from 1928 onwards. Reports on this Indian visit will be given in the April issue of *Leprosy Review*.

Electronmicroscopical Appearances of *M. leprae* in Relation to Viability

J. A. McFadzean and R. C. Valentine in this issue (p. 6) add to their earlier reports on *M. lepraemurium* a valuable contribution which carries the study on to include *M. leprae*. With the former microorganism they were able to distinguish a normal form and a degenerate non-viable form, and it was possible to estimate the percentage of degenerate forms present and to give an assessment as to the viability of a suspension. In their study of *M. leprae* they also found forms with such disordered protoplasm as to seem inconsistent with viability. The appearance was the same as that found in degenerate forms of *M. lepraemurium* in their former work,

wherein they were able to check the non-viability by animal inoculation. They now estimated the percentage of these degenerate forms in biopsies from cases of untreated lepromatous leprosy, and found an average of 56%, and further studied the effect of standard treatment, and found an average increase of 18% in the degenerate forms after six months of DDS therapy. The influence of centrifuging and site of biopsy was not significant. Comparison of results with those from the ordinary microscope showed a general correspondence, though the percentage of fragmented and granular forms found in the sections with Z.N. stain was somewhat lower than the percentage of degenerate forms found by electronmicroscopy. It was interesting that difficulty was found in obtaining bacilli for examination after 12 months of therapy.

The idea that fragmentation and granulation of *M. leprae*, as seen under the ordinary microscope with Z.N. staining, is an indication of degeneration is strengthened by this work with the electronmicroscope. It is of great practical importance and we welcome it very much and hope that it will be extended by McFadzean and his colleagues and repeated by others. We would particularly like to see the studies pushed into the difficult field of the "end point" of the leprosy infection.

Onchocerciasis and Leprosy

We direct attention to the paper by S. G. Browne in this issue (p. 46) reprinted in English from the original in *Ann. Soc. Belg. de Méd. Trop.*, by kind permission of Prof. Dubois. This article will repay careful study by all who work in areas of onchocerciasis. We agree with S. G. Browne that diagnostic confusions and mistakes will occur continually without awareness of the possibilities where leprosy and onchocerciasis occur. In such areas a series of examinations of the dermal fluid and of skin biopsies in as large a number of patients as possible would be revealing, as well as close clinical observation of all skin lesions with Browne's report in mind. It is not a far-fetched surmise that in many leprosaria and clinics unrecognised cases of onchocerciasis exist, either in conjunction with leprosy or mistakenly called leprosy.

Third International Congress of the International Academy of Pathology

Dr. R. J. W. Rees has informed us of the meeting of this Congress to be held at the Royal College of Surgeons, London, on 20th to 24th June, 1960. During the Congress, and in conjunction with the Acid-Fast Club of London, the International Academy will hold informal discussions on leprosy research. Those interested in participating should write directly and as soon as possible to Dr. R. J. W. Rees, National Institute for Medical Research, The Ridgeway, Mill Hill, London, N.W.7.