

EDITORIAL

1. *A Trial of BCG Vaccine as a Protection against Leprosy*

Drs. J. A. McFadzean and R. Bhagwan Singh have made a very interesting trial on an island off Malaya in which the population at 1957 was 7,369. Their paper appears in this issue on page 145. There were interesting findings in the preliminary leprosy survey, in which 3,720 persons in the age group 0–25 years were examined, in whom the incidence of leprosy was found to be 19 per thousand. Of persons without any clinical signs of leprosy 3,649 were given the tuberculin test and 3,222 were found eligible for vaccination with BCG, and random groups of 1,648 were vaccinated and 1,574 left as controls. These groups are to be observed over the next ten years, and a level of protection by the vaccine should be demonstrated to the value of 50% or more. In the tuberculin testing the conversion rate was found lower than expected and emphasises that much care must be taken in handling the vaccine, especially in the tropics, and that counts for viability should be made after the BCG has reached the consumer. This BCG trial is very promising and we expect that a useful answer will eventually be supplied on the efficiency of BCG as a prophylactic against leprosy.

2. *Plantar Ulcer in Leprosy*

Mr. E. W. Price, F.R.C.S.E., has been providing a series of articles on this subject and the final one appears in this issue, page 157 (the others appeared in *Leprosy Review*, **30**, 2, p. 98; 3, p. 180; 4, p. 242; and **31**, 2, p. 97). Mr. Price has been thinking out the causation and practical points of care and treatment. In this last paper he gets down to details about the management of plantar ulceration and of infection during the course of it and of skin loss and of the healed ulceration. Successful treatment depends a lot upon the plaster cast and suitable footwear and useful details are given about these.

3. *Deutsches Aussätzigen-Hilfswerk or German Leprosy Relief Association*

We welcome the foundation of this association and its considerable activities which have grown up in such a short time. A note will be found about it in the Reports, page 219.

4. *Lepromin Sensitivity*

Dr. J. A. Kinnear Brown has been working for some time on the multipuncture depot lepromin test and we draw attention to his paper in this issue, page 172. In addition to the more basic investigation of Drs. McFadzean and Bhagwan Singh we welcome the

practical steps taken by Dr. Kinnear Brown to show that the multi-puncture method is an adequate method of applying both BCG and the lepromin antigen.

5. *Bacteriology of Rat Leprosy and of Human Leprosy*

Our distinguished colleague, Dr. H. C. de Souza-Araujo of Brazil, has given an account of his work in this field which will be found in this issue on page 178.

6. *Fading of M. leprae in Sections of Patients Treated with Etisul*

Mr. R. Rhodes-Jones has brought up this interesting matter (his paper is on page 200). Dr. D. S. RIDLEY has kindly commented on the matter as follows: "Mr. Rhodes-Jones has made an interesting observation and I believe the same phenomenon has been observed by Dr. T. F. Davey, though I have no reference to any report on the subject. My own experience of sections from Etisul treated patients is limited to a few cases. None of these sections has shown any fading, either in the incubator or during subsequent storage for six months. This might be due to some unnoticed detail of technique in which the two laboratories differ. Another possible explanation, however, is that all our Etisul patients had received previous chemotherapy; bacilli were already granular and they were not apparently affected by Etisul".

DR. T. F. DAVEY, C.B.E. comments as follows:

"The fading of bacilli in stained biopsy specimens has been a constant problem in recent years at Uzuakoli, but appears to have lacked any distinct pattern. I am afraid we attributed it to some obscure local factor of climate or working conditions without undertaking any such analysis as Mr. Rhodes-Jones describes. His findings are of great interest and deserve further study. It is true that during recent years a majority of our biopsy specimens were derived from patients receiving Etisul, but our problem was certainly not confined to them, and was evident before work on Etisul began. Although the possibility cannot be denied that some specific factor may have operated in our Etisul specimens, any effect it may have produced was masked by the wider problem of fading encountered in specimens regardless of chemotherapy. We have not found the problem of fading to be of such practical importance where routine smears are concerned. Although consecutive biopsies provide a very useful check on progress, and are a necessary accompaniment to clinical trials, this experience is one of the reasons why great importance in assessing progress has been placed on the findings of multiple smears, frequently repeated."

Dr. Ridley himself has an interesting article in this issue (page 189) on the effect of chemotherapy in superficial tissues and in the reticulo-endothelial system. The number of bacilli in the reticulo-endothelial system seems to decline rapidly after 12 months' treatment and to disappear long before those in the skin or other superficial tissues and the reticulo-endothelial system seems the main site of destruction of bacilli.

7. Leprosy in Antigua

Dr. K. H. Uttley has given in his paper (page 193 of this issue) a valuable account of the problem there. It is interesting that he finds, contrary to many voices raised recently against the idea, that leprosy is much more prevalent in a hot, humid climate than in a cold, dry one. Antiguan leprosy at present seems to be at the rate of 1.4 per thousand.