# EDITORIAL

**Where Are We Now?**

There is such a great difference in where we were, say in 1910, in leprosy relief and where we are now, that it will be worth while to make some sort of a review of the present situation. The greatest change that has taken place has been the humanising of the approach to the leprosy patient, and the reception of him and his disease back into the main stream of human misfortunes for which we can set out to do something practical and satisfactory, so giving up our previous tendency to leave it all to a few devotees and saints. This change has been due to the discovery at Carville, U.S.A. in 1943 of an effective drug for leprosy and the development thereafter of modifications and variants on that drug. It is wonderful how the possession of an effective treatment for leprosy soon destroys superstition and lethargy in the patient and in the doctor, and alters the whole attitude to the disease. It is no surprise therefore that there has been a rapid growth in the number of scientific societies, research organisations, and charitable bodies who are willing to tackle the leprosy problem and it should not be forgotten that we also owe a debt to the interest and hard work of the great drug companies who have continued the search for even better drugs for leprosy. Another great change has been the interest of the orthopaedic surgeons in preventing and correcting the typical deformities of leprosy. Their work is quite epoch-making and revolutionary and in addition to their devising of many surgical procedures and guiding physiotherapy and rehabilitation they have had an enormous effect on the psychological aspect of the disease. In addition to looking forward to medical or bacteriological cure the patient can now look forward to reconstruction of facial and other deformities and to becoming in many cases not only a useful citizen again but also even a handsome one. In places where such double help is provided the morale of the patient rises high and stays high.

As regards research into the pathology and bacteriology of leprosy there has also been a determined attack in many places in the world. We still cannot cultivate the leprosy germ *in vitro* but tissue culture has been fairly successful and transmission of the leprosy germ has been partially successful. We still do not have an absolutely effective inoculation to prevent leprosy but are using BCG for a certain amount of help which it seems to give in raising the resistance of a contact to leprosy. In the matter of leprosy campaigns we have certainly moved outside the leprosarium to bring treatment to patients in district clinics or in their own homes and so have brought large numbers of patients under treatment, but in this perhaps we are allowing ourselves to get too fond of a somewhat rigid system in which we use "pills and land rovers", and in which we tend to use a drug

because it is the cheapest. We might do well to remember that leprosy is a difficult disease, and always has been, and we should keep our campaigns flexible and should not hesitate to use a new and proved drug and new and proved methods even if it happens to cost more. We should also continue active trial of new and hopeful drugs in the hope of finding a drug or combination of drugs which could deal with the bacterial side of leprosy in a few weeks or months rather than a few years.

With the resources now available in knowledge and money, all round the world we are making a lively attack on leprosy wherever we find it but even with all our efforts it is doubtful if we have under care more than 2 million leprosy patients in the world out of an estimated total number of 15 million. Another point of worry at the present time is caused by the rapid changes in political status of many countries where leprosy is endemic. Will such countries continue their leprosy relief campaigns? The answer is yes. But there is obvious scope for help from the other nations of the world in finance and personnel and advice. One particular form of help which would go furthest and deepest would be help in training of nationals of these countries in the various practical aspects of leprosy relief.

There is then, great activity in present day leprosy relief. WHO, The Mission to Lepers, The Order of Charity, American Leprosy Mission, International Leprosy Association, BELRA, etc. are all working hard to tackle the leprosy task. We think the time has come to *devise some form of co-ordination*. We mean that the world should try to tackle this task *as a whole* and to aim at complete success in a decade or two. The International Leprosy Association in conjunction with the Government of Brazil will be holding the 8th International Leprosy Congress in Rio de Janeiro towards the end of 1963. Perhaps this matter could be discussed at the Congress?

# EAST AFRICAN COMMON SERVICES ORGANISATION

Director required for the East African Leprosy Research Centre at Alupe on the Kenya/Uganda border. Duties include the continuation of drug trials now in progress and the planning and conduct of new trials. There are laboratory facilities and opportunities for research.

Candidates must possess medical qualifications registrable in Great Britain and have experience in the field of leprosy.

Appointment on contract for one tour of 24 months in the first instance.

Salary £3,000 a year. Gratuity (taxable) of 25% of emoluments on satisfactory completion of contract. Superannuation rights under the National Health Service may be safeguarded. Candidates may if they wish remain in continuous payment of N.H.S. contributions but gratuity will then be 20% of emoluments. Government quarters with heavy furniture available at rental which is not likely to exceed £78 a year. Return passages for officer, wife and dependent children. Education allowances at varying rates.

Approximately four months home leave on full salary on satisfactory completion of contract. Local leave of sixteen days a tour also allowed. Taxation at local rates.

Application should be made to the Director of Recruitment, Department of Technical Co-operation, 3, Sanctuary Buildings, London, S.W.1. (Please quote RC 318/43/01 and state full name.)