

EDITORIAL

I. Forthcoming 8th International Leprosy Congress

This is preliminary information. It is hoped that a fuller programme will be issued later. International Congresses of Leprology are usually held at intervals of 5 years, under the auspices of the International Leprosy Association (President Dr. H. W. Wade, Culion, Philippines; and General Secretary-Treasurer Dr. J. R. Innes, 8 Portman Street, London W.1, England), and usually a government or country offers to be host. In this case the country is Brazil, and the Congress will be held in Rio de Janeiro 12-20th September 1963, and a National Organizing Committee (COCIL) has been set up in Brazil, of which the President is Dr. Fausto Castelo Branco, Serviço Nacional de Lepra, Rua São Cristóvão, 1298, Rio de Janeiro-Estado da Guanabara, Brasil. No doubt the Brazilian authorities will be issuing their official invitations to all countries, and in the meantime it should be noted that from the side of the International Leprosy Association we should like that everyone who is directly interested in leprosy should already consider himself or herself invited to the 8th Congress. We in ILA are most grateful to Brazil for their kind invitation to hold the 8th Congress in Brazil and for their invaluable collaboration, and it is obvious that all leprosy workers and all interested in leprosy can make the best return for their magnificent invitation to hold the Congress in Brazil by determining to attend this Congress. (If you are worried about who is going to pay your fare please do not expect Brazil or the ILA to do so, but approach your own governments and local organisations!) The scientific plan of the 8th Congress is already in process of organization. All that can be said now is that the subject has been sectioned into Round Tables and Panels. The chief difference between a Round Table and a Panel is that the members of the former will be expected to attend in Rio about a week before the date of the Congress, in order to discuss their subject "round the table". Both Panels and Round Tables will have to do a lot by correspondence. There is bound to be limitation on length and number of papers, proffered or called-for, and the Chairmen of Panels and Round Tables will have a great deal of influence on this, because after all they will be the "captains" of a particular ship of the whole navy. The sectional subjects chosen are:

Pathology and Experimental Transmission (Round Table)

Borderline and Indeterminate Leprosy (Round Table)

Leprosy Reaction (Panel)

Therapy (Panel)

Epidemiology and Control (Panel)

Bacteriology and Immunology (Panel)

Educational and Social Aspects (Panel)

Physical Medicine and Rehabilitation (including Surgery and Vocational Training) (Panel)

II. Report of a Trial of Etisul in Leprosy, by Russian scientists

We welcome very much a paper which we publish in this issue pp. 222–239 by TORSUYEV, BOGUN, TORSUYEVA, CHERNYAVSKAYA and SOKOLOV. In their paper, after a full study of the reports of previous authors, the present authors go on to describe the results of their own experience with Etisul in 10 patients at the Upper Kuban Leprosarium and 10 patients at the Rostov Leprosarium. The authors report data which convincingly indicate the therapeutic effectiveness of Etisul. They conclude that Etisul is an active and well tolerated anti-leprosy drug and that it is a valuable addition to therapy in lepromatous leprosy. The best effect is obtained in fresh or early leprosy. Inunctions of Etisul whether 3 times or 6 times a week are equally effective, and the bacilli disappear from the nasal mucosa much more quickly than from skin lesions. They suggest that the drug should be studied to assess its effectiveness in repeated courses of treatment.

This paper represents the first report in *Leprosy Review*, of a trial of this new drug, Etisul, in the USSR. We congratulate the authors on their careful work and only hope that reports of trials elsewhere in the Soviet Union will become available to us.

III. Lepra Reaction and the General Adaptation Syndrome

Another subject of very great interest and value at the present time is Lepra Reaction. Dr. ERNEST MUIR has made a study of it in relation to the general adaptation syndrome and his paper appears on pp. 240–251. He seeks to explain lepra reaction in its two forms of erythema nodosum leprosum and acute exacerbation, by the general adaptation syndrome of SELYE. He thinks that lepra reaction does not appear as a uniform response to one agent but as a response to a large number of widely differing agents. He thinks that in acute exacerbation as compared with erythema nodosum leprosum the difference lies in the success revealed by the latter in producing tolerance to certain causes of stress, whereas in acute exacerbation there is a failure to do so. He describes the cause of the appearance of erythema nodosum leprosum at the beginning of sulphone treatment and the effects of physical exercise, diet and complicating conditions. He describes the prevention and treatment of lepra reaction with special reference to physical training and cortisone therapy.

S. G. BROWNE and E. M. DAVIS: Also in this issue pp. 252–254 report on a related matter, namely Reaction in Leprosy precipitated by Smallpox Vaccination.

These authors found that patients suffering from lepromatous leprosy when exposed to smallpox, seem to be more susceptible to smallpox than those suffering from non-lepromatous leprosy, and those who succumb to smallpox tend to suffer from lepra reaction; also that lepromatous patients run a real risk of developing a re-actional condition as the result of smallpox vaccination, especially if they have had reaction previously. This reaction is in general mild and transient, but patients who are already in reaction when they are vaccinated suffer a deterioration.