

Editorial

*A GUIDE TO LEPROSY CONTROL, WHO/LEP/79.9**

Long awaited, but nevertheless extremely welcome, is this 1979 issue of an invaluable guide, from the Leprosy Unit, Division of Communicable Diseases, Geneva, Switzerland. The up-dated edition has been prepared '... not only in response to numerous requests, but because the thirteen years that have passed since the second edition have seen great changes, both in our basic knowledge of leprosy and in the approach to leprosy control in relation to National Health programmes'. Many of those who in previous years have had to plunge head-first into the deep end of leprosy control in endemic areas, often with little or no experience in the control of leprosy, or indeed of any communicable disease, must have taken great strength from the clear definitions and methods of procedure in the 1966 Guide, and the new one will surely continue to fulfil this need.

It is indeed true that the thirteen years between these two editions have seen important changes in the state of our knowledge of leprosy, but it must also be admitted that many of the old difficulties remain with us, and some new ones have appeared. Our understanding of the mode of transmission of this disease is still far from complete, and such knowledge as we have, notably on the massive excretion of bacilli from the nose of lepromatous patients, has not found a practical application in the field which might help to break the chain of infection. The lack of an *in vitro* culture (or of a reproducible, reasonably rapid alternative) still greatly hampers our assessment of drug therapy, so that in most parts of the world, heavy reliance must still be placed on clinical findings over long periods of time, together with routine bacteriology and the histopathological examination of biopsies.

Looking at the problems of control on a world-wide basis, the earlier pages of this Guide draw attention to the continuing and embarrassing figure for registered cases (3,599,949), compared with those estimated to exist (10,595,000), the former figure including about 1½ million cases under the International Federation of Anti-Leprosy Associations (ILEP), whose member organisations are exceedingly anxious to find and treat more cases. This 'block' is still rather inadequately accounted for, particularly in view of the fact that undiagnosed (and therefore untreated) cases, many of them with a lepromatous or border-line-

* Available from WHO, 1211 Geneva 27, Switzerland.

lepromatous classification, are known to exist in areas where good quality control services have been available for many years. Nor can it be attributed to lack of money.

Page 13 of the new Guide emphasizes that ‘... Poor attendance of out-patients constitutes one of the main obstacles in the effectiveness of leprosy control programmes’ – a reminder that we have as yet failed to analyse the reasons for non-compliance in leprosy patients and that in some control areas the problem is now being recognized on an alarming scale.¹ Closely related to this subject is that of dapsone resistance, a relatively recent, but apparently increasing problem which receives attention on several pages in this 1979 edition, Annex IV.1, setting out the various drug combinations which have been advised. Annex V on the control of sulfone intake by urine tests, reminds us that careful urine testing in the field has confirmed that a disturbing percentage of patients, who actually attend and collect tablets, may ingest them in inadequate dosage, or not at all.

Whilst it is possible that primary health care, or some other form of integration, or the use of an existing health infrastructure, may greatly assist in finding and treating more cases of leprosy, it looks as if there is an almost urgent need to look carefully at the matter of patient compliance, since this is the cause of relapse, some of which may be due to dapsone resistant organisms. Is there a case, one wonders, after all these years of conventional leprosy control, some of which has been carried out at great expense, for (1) analysing the length of time for which patients in various categories, and in various countries, *have actually attended*, before becoming ‘lost to control’, and (2) basing the most important (and often the most expensive) period of chemotherapy and supervision *on this period*?

The new Guide is essential for all those working in the field, whether directing, supervising, or actually carrying out the daily tasks of leprosy control. It should also be read by research workers, for it touches on almost all aspects of this complex disease, expertly balancing hard facts against the areas of uncertainty and ignorance, in which so much more work remains to be done.

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References

¹ Koticha KK, Nair PRR, *Int. J. Lepr*, 1979, 47, 50.

LEPROSY REVIEW. Some recent changes in the style and format of submitted manuscripts; printing; subscriptions and distribution.

Instructions to Authors. A change to the 'Vancouver style' of printing, as already adopted by a number of leading medical journals in the UK and USA, has been accepted by *Leprosy Review*, and detailed instructions given in Number 4, 50, 1979. The necessary format is best seen in any number of the *British Medical Journal*, the *Lancet*, *Annals of Internal Medicine* or the *Journal of the American Medical Association*. As early as possible in 1980, we would like to see manuscripts, especially from the UK, Europe and the USA, conforming to this style, and by the end of 1980, the change should be generally accepted by all contributors.

Printing. With Number 1, 51, 1980, we are changing to the Alden Press Limited, Osney Mead, Oxford OX2 OEF, and there will at the same time be a change to a larger page size, approximating to that last used for *Leprosy Review* in 1970. We wish to record our thanks to Academic Press in London for so many years of high quality printing of this journal.

Subscriptions and distribution. With the above change to printers in Oxford, the distribution will be organized from LEPRO at Fairfax House, Causton Road, Colchester, CO1 1PU, England. The new subscription rates, starting with Number 1 of 51, 1980, are given on the inside cover of this number.

Reprints. Fifty free copies are given to each author.