

## Editor's Choice

This issue of *Leprosy Review* starts with reflections by Paul Fine on the implications of the recently reported leprosy vaccine trial in S India. This trial has confirmed findings from elsewhere that BCG protects against leprosy and also showed that this effect was enhanced by the addition of either *M. leprae* or the ICRC bacillus. This finding with ICRC bacillus is particularly interesting, since it is a dead organism and one would not have predicted that a dead mycobacterium would enhance protection. Professor Fine notes that the results of this trial put down several challenges to both the leprosy and tuberculosis communities. In this issue we are also publishing a case control study from central India showing that BCG gives significant protection against leprosy (72% for multibacillary and 45% for paucibacillary disease, respectively). Clearly vaccines still have much to contribute to disease control.

June Nash is a newcomer to the *Leprosy Review* editorial board so she was put straight to work and has contributed a review article on teaching that anyone who does any teaching will find useful.

We have two articles from Nigeria. The first is a piece of qualitative research looking at the expressed needs of ex-patients living in leprosy settlements. The range of expressed needs is interesting but I have been particularly struck by the gender differences. Women put their families first and wanted to be able to pay their children's school fees whilst the men rated their farming needs top. The authors also note that there are development-based opportunities in these settlements that could involve the whole village and not just people with leprosy. 'Ghosts' are apparently common in Nigerian public life, taking their place on payrolls and presumably not drawing ghostly pay! In the Letters section, an audit is reported which showed that there were 1411 non-existent cases in 321 Nigerian clinics. This is clearly cause for concern because 'ghosts' may produce severe imbalances in resource allocation.

We continue to cover rehabilitation and publish a questionnaire that has been used in Nepal to assess activities and I hope it will be useful in assessing rehabilitation needs. Surgery for facial deformities can be an important part of rehabilitation and we have the last of the surgery series in this issue. I would like to thank all the surgeons who have educated us about appropriate surgery and particularly thank Dr Dinkar Palande for editing the series.

We have another new column in this issue, 'Your questions answered'. In this column, questions from field workers will be passed on to experts for them to answer. Dr Patricia Rose has very kindly started the first column and I hope that questions will come in from the field.

We are also planning another Special issue. This one will focus on Socio-economic rehabilitation and will be published in December 2000. A separate announcement appears in this issue for contributions on this important and topical issue, and I hope it will produce a flurry of papers.

Diana N.J. Lockwood (Editor)