

EDITORIAL

Elimination of (the International Journal of) Leprosy.

We regret to inform our readers that this 73rd volume of THE INTERNATIONAL JOURNAL OF LEPROSY is the last and final volume of the JOURNAL. We have been gratified to observe that the JOURNAL has had a dedicated readership and has had the confidence of veteran as well as new authors submitting their work to the JOURNAL right up to the end of its long and distinguished career. A number of manuscripts awaiting review, or in revision, have unfortunately been returned to their authors.

Closure of the JOURNAL was, ultimately, a business decision. The publication of a high quality, professional, peer-reviewed journal is a costly undertaking. To the best of our knowledge, this JOURNAL, unique to its origins and purpose, has never been fully funded by memberships in the International Leprosy Association, of which it is the official organ. Rather, the JOURNAL has always depended upon the generosity of leprosy-oriented charitable organizations which have, in recent years, considered the cost of this JOURNAL to be excessive. In spite of diligent efforts on the part of the officers of the ILA to trim costs and to find additional revenue, a satisfactory solution was not forthcoming.

Many factors underlie the decision to close the JOURNAL, and we are probably not aware of all of them. It would be a mistake, however, not to see this development as representative of the broader international decline of resources allocated to efforts to deal with leprosy. While commendable progress has been made to control leprosy in many countries, approximately 500,000 new patients are still being diagnosed annually worldwide, most of them in the several regions of the world that remain highly endemic. Even in these highly endemic regions, however, pressures are being applied to reduce the resources available to diagnose and treat leprosy. Some details of these policies have been presented by Drs. Rao and Pratap earlier in this volume ([vol.

73:225]). The details vary, but diminished resources lead to cuts of all kinds. The result is that a clinic is closed in one district, clinics are merged elsewhere, and in other districts patients are referred to a general health center that lacks specialized expertise in leprosy. In this way, a small light is extinguished here and there, but the loss is almost imperceptible (except to the patients in that locale). The closure of this JOURNAL, however, represents the extinction of a larger, more conspicuous light that has been of value to leprosy workers worldwide for many decades. This is a clear sign of the current trend in all aspects of leprosy work.

Some individuals are confident that current elimination policies are scientifically sound and are being implemented appropriately; for these individuals, the closure of the JOURNAL should be cause for neither surprise nor dismay, but will be seen as a logical, natural development. Others are highly skeptical of the scientific basis for current elimination policies, and think that implementation of these policies is being unnecessarily and prematurely rushed to meet arbitrary bureaucratic goals, to the detriment of patient care. For many of these individuals the closure of the JOURNAL will probably come as a surprise and a disappointment.

The work will go on, of course, as resources permit. Other leprosy-oriented journals will continue, and we wish them well. Much remains to be learned about this disease and much remains to be done to control it. We will not be surprised, however, if—a few decades hence—those who look back to review leprosy elimination efforts at the beginning of this millennium should reach the conclusion that we have been following the mistaken paths already well trod in the recent history of programs to ‘eliminate’ other diseases such as tuberculosis and malaria.

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