It is with great pleasure that the Journal publishes in this number the proceedings of a symposium held at the Royal Army Medical College on 9 Nov 85 to commemorate the first centenary of the group of diseases we know today as leishmaniasis.

The association between leishmaniasis and the Corps has always been a close one. Was it not a young medical officer in the Indian Army Medical Service who first described accurately the leishmanial amastigote from a case of Delhi Boil? Was it not a former Director General of the Army Medical Services working in Netley Hospital who in 1903 first described these same parasites in a fatal case of Dum Dum fever using a revolutionary new stain that bears his name? Was it not yet another Indian Army Medical Services doctor who almost simultaneously described the same parasites in splenic smears from a patient in Madras?

In recent years the achievements of our medical officers have been rather more modest and the reduction in our overseas commitments has lessened the Serviceman's chances of acquiring leishmaniasis, but the cutaneous disease was reported in Royal Marines serving in Aden in 1963 and visceral disease was reported in four soldiers who had served in that same country in 1964. South American cutaneous leishmaniasis has previously been reported in British troops serving in British Guiana but it was not until 1978 that we started seeing the disease in quantity. Since 1978 a total of 197 British Servicemen have acquired cutaneous leishmaniasis in Belize and the disease is responsible for a morbidity of about 1% amongst roulement Battalions.

In the 1960s Lainson and Strangways-Dixon studied cutaneous leishmaniasis in British Honduras and reported only infections with *Leishmania mexicana mexicana* (L.m.m). By 1985 Evans, working with material from cutaneous ulcers on British Servicemen from Belize reported that the majority of his positive cultures were of *Leishmania braziliensis braziliensis* (L.b.b.), a strain not previously reported further north than Costa Rica. The lesson to be learnt from this work is that with the development of new investigative medical technology we should never stop questioning the dogma of our mentors lest we be responsible for the perpetuation of outdated ideas which could have serious adverse consequences. The significance of the findings of Evans et al lies in the need to provide affected troops with the best possible treatment to prevent the possibility of late mucocutaneous extension of the disease which has been reported to occur at any time from a few weeks to several years after healing of the primary ulcer (Espundia). Since 1981 single courses of sodium stibogluconate 600-800mg IV daily for 10 days have been effective in 86% (83/93) of the Aldershot cases, with cure being determined by clinical healing, disappearance of amastigotes from the histology and negative post treatment cultures. The failure rate with sodium stibogluconate in any dose tried has been highest in cases of L.m.m. (7/18) compared to L.b.b. (3/39) and successful therapeutic outcomes have been achieved with ketoconazole, paromomycin and combination therapy with allopurinol and sodium stibogluconate. Textbooks still perpetuate the myth that L.m.m. infections are benign and self limiting but this parasite has been cultured in Aldershot from soldiers with a 12 month history of cutaneous ulceration and it is only benign if cosmetic appearances are of no importance and if the patient with an ulcer on his hand or ankle does not have to use his hands or wear boots for his work.

The leishmaniases are endemic in over 100 countries worldwide with in excess of 400 thousand new cases occurring each year posing an extremely important economic problem with a considerable morbidity and significant mortality. The very wide range of research that is currently being conducted was clearly illustrated during the Millbank symposium and this issue of the Journal, with its chapters updating many aspects of the epidemiology, entomology, immunology and biochemistry of leishmania, will become a valuable and much sought after document for students of this disease spectrum.

**REFERENCES**


Editorial

J R Army Med Corps 1986 132: 123
doi: 10.1136/jramc-132-03-01

Updated information and services can be found at:
http://jramc.bmj.com/content/132/3/123.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/