

**Leprosy—A Survey of Recent Legislation.** *International Digest of Health Legislation*, (WHO) 1954, 5 p. 3-36.

This booklet of 29 pages, plus some appendices, deals for the most part with leprosy control legislation enacted since 1940 in about thirty different countries. While it realises that a uniform system throughout the world would be impracticable, it thinks that the differences between different countries are very marked, particularly in the criteria for isolation and release from isolation. The introduction quotes the report of the League of Nations and World Health Organisation Committees on leprosy regarding the necessity for making a legislation on leprosy which corresponds to the modern ideas and experience of the disease. Also commenting on legal power to enforce isolation and treatment, to prohibit certain trades and callings and marriage, and to forcibly remove children from the care of parents, it states:—" It would not only appear to be difficult to justify some existing practices in the light of our present knowledge of the disease but also, in some instances, they would appear to be in contradiction to the facts regarding its communicability, which show that it is much less than, for example, tuberculosis."

The report deals with the matter under four heads:— ' Detection of lepers ' , ' Measures relating to lepers ' , ' Measures relating to household contacts ' , and ' Miscellaneous ' .

Under " Detection " is discussed notification, which is usually compulsory, but it is interesting to see that in some countries it is the medical staff, in some countries it is the patient himself, in some countries it is any person who knows, or has reason to believe, that someone else has leprosy, who is responsible for reporting the matter. Under " Examination of suspects and contacts " , practice varies widely; some countries provide for the compulsory examination of contacts and known cases—sometimes for a period of several years and sometimes as often as every four months. Sometimes these rules also apply to suspects. Leprosy surveys and censuses are mentioned, usually by the Public Health Services.

" Measures relating to lepers " include isolation and release from isolation. The limitations of isolation are now widely recognised, and in some countries its use is being reduced or abandoned, although this is often not reflected in legislation. The legislative provisions for isolation in different countries and for release from isolation vary very widely, and this report discusses this matter at considerable length.

In some countries treatment is compulsory. In the Philippines, for example, only patients who are isolated may refuse treatment.

In some countries, doctors are allowed to prescribe only treatment that has been approved by the Ministry of Health.

The widely differing practices regarding trades and callings which may be followed by patients with leprosy are outlined. Laws regarding marriages are also quoted. In some countries, pre-marital examination for leprosy is compulsory. Leprosy is sometimes legal ground for annulment of marriage.

The immigration of persons with leprosy into a country is usually forbidden by law.

The measures relating to household contacts legally provided for in different countries are usually concerned with healthy children of lepromatous parents. The removal of such children is frequently laid down. In some countries, laws provide for assistance to patients and their families in the form of family allowances or maintenance for children.