

REVIEWS

Round the World of Leprosy, by **Dr. R. V. Wardekar**. (Gandhi Memorial Leprosy Foundation, Wardha, M.P. (India)).

The author of this book is the secretary of the Gandhi Memorial Leprosy Foundation in India, and this book is an account of a four-month study tour round the world, the principle places visited being the United States, Hawaii, Japan, Hongkong and the Philippines. Much of the book is occupied with accounts of journeys and shrewd observations of the customs of the people; but short as the visits were to each leprosy centre, important information was gathered and the observations made and conclusions reached are worthy of study.

At the large leprosarium in Louisiana he remarks on the propaganda advocating complete disregard of the infectivity of leprosy and the abolition of all restrictions; he notes a staff of 200 healthy workers to look after 400 patients at an annual cost of about \$4,000 per patient. "It was the only colony in the world where patients were provided every comfort and even luxury, but still it could not wipe out of their minds the sense of being segregated. The Carville Leprosy Colony was an excellent example to show that nothing could compensate for being taken away from the home family and society." The leprosy problem in the U.S.A. is of a minor nature, but it illustrates how control of other communicable diseases is linked up with leprosy, and control depends not only upon antileprosy measures but also on improvement in the general standard of living. No colony can be ideal if it is meant to be a place of permanent residence for the patients. If not supported by a case-detecting campaign a colony by itself cannot eradicate the disease.

In Hawaii he found that although the population had increased threefold in the last 50 years, leprosy had diminished from 2,000 to 447. This was due to antileprosy measures combined with improved sanitation and raising of the standard of living. But he also learned that many of the new cases detected were Samoans immigrating to Hawaii as labourers.

In Japan the chief stress in leprosy control is placed on segregation and vasectomy. "Dr. Mitsuda himself was a great advocate of sterilisation of the male partner and never permitted a marriage unless the male partner had submitted to the operation. In the other colonies, however, some of the couples were not

sterilised, but out of a total of 1,958 couples in all the colonies taken together, about 71 per cent were sterilised. The main treatment was with Promin and Promizol, and though other sulphones also were used, they did not use DDS." Dr. Wardekar was particularly struck with the frequency of alopecia of the scalp: streaks of hair were still preserved only in that region of the scalp where there was a blood vessel underneath.

In Japan there were 9,659 leprosy patients, 9,427 being in ten government leprosaria, and 232 in three private leprosaria. All types, "open" and "closed," are subject to compulsory segregation. In the official figures there were 30,393 patients (0.64 per 1,000) in 1904, but in 1950 only 12,000 (0.15 per 1,000). Unofficial figures, however, put the 1950 number at 15,000, and the writer considers that "it is quite safe to believe that in 1950 the total cases were 20,000 at least, of whom only 10,000 were in segregation.

In the Philippines the writer found that there were 5,899 patients segregated in nine leprosaria, of which 2,104 were in the Culion Leper Colony, and 1,400 in the Central Luzon Leprosarium. Some of his remarks about the Culion Colony are very disturbing: "Mere isolation without any treatment is not an end in itself. But in Culion I had seen that many of the active cases did not take any anti-leprosy treatment except when they were in reactions or had some other complications. There were a number of reasons for this attitude, but the main cause was the inherent weakness of administrative control, which arose from the very nature of compulsory segregation on isolated islands like these. Even the best administrator could not have been able to enforce compulsory treatment to all active cases." Even more distressing is the account given of the large number of children born on the Colony every year: "this process had gone on for so many years that the relatives and the society outside have been reaching the point of saturation beyond which the children born there cannot possibly be sent out. Thus every year the children born there are accumulating in the colony and being exposed to infection daily. That place has therefore become a breeding ground for adding new cases every year to the previous lot. . . . Removing the cases to far off islands completely out of sight and thought of the society is not conducive to the world-wide effort of changing the outlook of society."

At Hongkong the new colony of Hay Ling Chau "presented quite a pleasant contrast to all the others I had seen—the patients

were actively working for the colony and they seemed to be quite happy about it."

The last chapter of the book is devoted to a description of the leprosy problem in India and the methods adopted by the Gandhi Memorial Foundation. "The main activity of the Foundation is . . . to start control units based on the use of oral DDS, early detection of cases and repeated examination of contacts. Isolation of infectious cases is to be done either at home or in the village whenever it is possible." To begin with units have been started in twelve places. Other activities are training of leprosy workers, and subsidising a few research projects. The importance of protection of children from infection is acknowledged, but "to my mind the only method of protecting children when the anti-leprosy campaign is still in the hands of voluntary agencies is . . . to see they are looked after by some of the patient's relatives or to arrange for their adoption. In addition, BCG vaccination may help in protecting some."

The book is full of useful information and thoughtful reasoning, and is written in an interesting and readable style. It should be read by all who are interested in the solution of the leprosy problem. There are 2 maps and 11 photographic illustrations.