REPORTS

The Hyderabad Conference. By Dr. E. MUIR.

The VIIIth All India Workers' Conference and Vth Meeting of the Indian Association of Leprologists met in Hyderabad from January 4th to 8th, 1962, the "Workers" meetings following on those of the "Leprologists". An empty school provided ample accommodation for the meetings in its large hall, and dormitories for most of the delegates. The VIP's were luxuriously accommodated in an ex-palace of the Nizam. All the arrangements, both social and technical were excellently planned and executed, and it was the opinion of all that the meetings were in every way a great success. Hyderabad was an ideal site, with its salubrious climate at an elevation of 1,700 ft., its historic buildings, and its central position. Here, in the fifth largest city of India, the Capital of the Andhra State, one saw a unique combination of the old and the new, on the one hand the ancient bazaars exhibiting all kinds of handicrafts, and in contrast wide roads with modern colleges and research institutes.

The President of the Conference was Rajkumari Amrit Kaur, who as Health Minister of India has done so much to advance the public health of the country. In the opening meeting, presided over by the Governor of Andhra Pradesh, Rajkumari emphasised that "there is no longer any justification for treating leprosy in separate hospitals and separate clinics", but at the same time she gave the caution that "while we should do everything to destroy every vestige of the old ostracising attitude to leprosy patients—we may never forget or ignore preventive measures".

Drs. Dharmendra and Ramanujam gave a paper on Chemoprophylaxis of the Healthy Child Contacts with Sulphones. Their results showed that 9.5% of 116 contacts of the prophylaxis group, and 10.5% of the 110 contacts of control group contracted leprosy within the 3 years of the experiment. It was therefore concluded that under the circumstances of the experiment, and with the dosage of DDS used (10 to 50 mgm. orally twice weekly) the incidence of leprosy has been about the same. However a more extensive, better controlled, 5-year experiment is being planned in a population of 80,000 with a prevalence rate of 2% and a lepromatous rate of 20%.

Dr. Doull's paper stressed the importance of field observations on leprosy with the following objectives: to obtain full knowledge of the nature and frequency of the disease; to follow over a considerable period clinically recognised cases, to discover the possible role of non-lepromatous cases in the spread of infection, to investigate the portal of entry of the bacillus, to use new techniques such as the inoculation of the mouse footpad in discovering the possible role

of insects, to investigate the nature of resistance by studies of attack rates in comparable groups.

Under *Prevention and Correction of Deformities*, Dr. Anderson read a paper on Deformities of the Foot and their Prevention, and Dr. Antia read one on Prevention and Correction of Deformities of the Face.

At the third technical session there were papers on the Physiotherapy of Leprosy by Dr. Namasivavan, and on the Use of Splints in Treatment of Deformed Hands in Leprosy by Dr. Selvapandian and N. Palani.

The fourth technical session was devoted to Chemotherapy, and most interest centred round the use of Etisul. A paper by Drs. Dharmendra and Noordin described a trial in 93 cases, 60 having been given Etisul with or without DDS and 33 DDS alone. After treatment for 5 to 7 months improvement was more or less the same in both groups. They added "It is difficult to explain the discrepancy in our results with Etisul as compared with those reported by Davey in Nigeria". In the discussion various workers reported that the results varied much in different patients, and that more thorough and prolonged trial is called for before a final judgement can be pronounced on the usefulness of this drug.

Dr. Vellut gave an assessment of the value of DDS treatment of out-patients between 1955 and 1959. Of these 43.4% had been discharged. Of 150 lepromatous cases taking regular treatment 80% became bacteriologically negative, while of 44 attending irregularly only 38% became negative. Drs. Mukherji and Ghoshal recorded that of 71 lepromatous cases on DDS orally, 38 continued treatment for 7 years, and of these 55% became negative. The remaining 33 patients continued treatment for less than 7 years. The reduction in positivity in smears was marked up to the end of the second year of treatment: thereafter it slowed down and became more or less steady after treatment for 5 years. The study indicates that a hundred per cent may be expected to be negative after treatment for 12 to 14 years.

Drs. Bose and Haldar found combined treatment with DDS orally and hydnocarpus oil intradermally and subcutaneously gave quicker results than DDS alone.

In the fifth technical session Drs. Dharmendra and Chatterji described maculo-anaesthetic leprosy and the classification adopted by Indian leprologists as compared with the Madrid classification. "The tuberculoid type of the Madrid classification should be considered identical with the non-lepromatous group of the Indian classification, and the macular tubercular component of the tuberculoid type identical with the maculo-anaesthetic component of the non-lepromatous group".

Dr. Chakravarti read a paper on aggravations in leprosy during

and after pregnancy. He found that leprosy patches get red during the menstrual period. Out of 82 pregnancies there was aggravation in 35 instances.

In the sixth session Dr. Wardekar gave a paper on Criteria of Arrest of the Disease. A case in which all signs of "activity" are absent for a period of one year should be considered "inactive", and after the signs of activity have been absent for 2 years "arrested". Signs of activity were described as: increase or decrease in the size or number of lesions, increase or decrease in anaesthesia, erythema and infiltration, tenderness and thickening of nerves, presence of bacilli by standard method of examination. It was pointed out in discussion that where the disease has proceeded rapidly to negativity the occurrence of arrest is likely also to be rapid; but that in "dimorphous leprosy", though the bacillary index generally becomes rapidly negative, there is special danger of relapse if treatment is stopped too soon.

The Leprosy Workers' Conference began on the afternoon of January 6th with the inaugural session followed by an At Home given by the Governor. At the first working session Dr. Subrahmanyam (after referring to the first two plans) described the Third Five-year Plan for the Control and Eradication of Leprosy from India. A sum of 434 lakhs of rupees (the equivalent of about $3\frac{1}{4}$ million pounds) has been provided for the following programmes: establishment of 50 Leprosy Control Units and 10 training centres; appointment of 1,000 para-medical workers for study education and treatment (SET) centres, and of 15 Assistant Leprosy Officers; research in leprosy; aid to voluntary organisations; rehabilitation programme, health education programme; establishment of Survey and Assessment Teams for States. Also international assistance for leprosy control would be available from WHO/UNICEF. During the discussion which followed the opinion was expressed, notably by Rajkumari Amrit Kaur who presided, that too ambitious a programme had been envisaged, and that the chief deterrent would be the scarcity of doctors and para-medical workers with the necessary public health outlook and the right spirit of devotion without which success could not be accomplished. Many considered that it would be better to begin on a smaller scale, learning by tentative measures, and gradually extending as experience was gained and the right type of workers became available.

Dr. Wardekar, who under the Gandhi Memorial Fund has taken a lead in the first two 5-year periods, spoke on the Leprosy Campaign —Retrospect and Prospect. He described the vastness of the problem in India. There are about 2 million leprosy patients, of whom 4 hundred thousand are infectious and an equal number have deformities, while about one hundred thousand have already become beggars. Several hundred thousand children continue to stay with

their infectious parents. "As against this the achievements are meagre; even the fringe of the problem has not yet been touched. The number of in-patient institutions is about 200 and the total accommodation with them 20,000 and about 250,000 are being treated in out-patient departments".—"Among the difficulties in the way are poverty, non-availability of doctors and lack of co-ordination. The first can be met by dealing with only one or two facets in the first instance. The second can be met by using available doctors only for supervisory, organisational and special medical work and entrusting the routine work to para-medical personnel". He also emphasised the need of satisfactory emoluments for medical men, and the need for all leprosy workers to agree on a common goal and a common method of approach. "The objective should be to tackle only selected facets of the problem at any one time. Balanced planning implies an understanding of the inter-relationship of various facets. In that context, therefore, for some time to come, case-detecting and out-patient treatment must become the common objective. This does not count out the existing in-patient institutions. They can be upgraded as hospitals for needy cases. But the great value which sulphones possess should not be ignored. If all workers adopt the above objective and method of approach, a co-ordinated effort can be made. In the present situation, the problem is how to do this".

In the second working session, Health Education and Publicity were discussed. Several papers were read, and among them that of Dr. Kapoor was of particular interest. Dr. Kapoor spoke of his experience in rural areas in Maharastra (Bombay State). He said: "Propaganda from the level of the leprosy workers may enlighten the patients but it will not achieve what is wanted. But if a few enlightened people and social workers are given the proper education, and if it can be coupled with demonstration of the benefits of treatment of known cases, and if their knowledge is harnessed to education of the patients and general masses, the chances of achieving what we want is great. Actual work on these lines has been started in Maharastra for the last three years, and the results are very encouraging. The education is given in the beginning to the known patients, their relations and the enlightened few who have either administrative powers or social influence on the patients and masses. A few of them are then constituted into a village leprosy committee to help carry the work further. The main functions of the village leprosy committee are: help in giving massage, help in getting the village surveyed, help in bringing absentee patients under regular treatment, help in the removal of local harassment to the patients and their dependents or contacts, removal of the present stigma, rehabilitation of local patients. The advantages of these village leprosy committees are that a higher percentage of people are

examined during the survey and a larger number of patients attend regularly for treatment; rehabilitation does not arise or can be locally solved". In using these committees the initiative must be taken by leprosy workers, and these should be trained in the science of health education, and particularly in the arrangement and management of group talks in health education.

At the third working session, Social Aspects and Rehabilitation were considered. Miss Surty, describing her rehabilitation work in the City of Bombay, said that annually an average of 600 leprosy patients are certified fit for reinstatement. Of these 25% find it difficult to regain their posts in spite of certificates. The Medical Social Workers are successful in the majority of cases in getting them reinstated. A Pilot Project for a craft training centre and sheltered workshop will be commenced at the Akworth Leprosy Home.

Dr. Vaidyanathan mentioned that in the rural area of Polambakam, where the incidence of leprosy is 4%, the percentage of deformity varied from 13.6 to 52.2 in different localities. "Facial disfigurement was not found to create a great social problem in such areas. Patients are more concerned with functional recovery of their hands and feet. For reconstructive surgery, practical considerations should be taken into account such as age, sex, occupation, social position, economic and marital status, and it is considered to be of more importance to the young than old, to women than men, to city dwellers than rural population.

Dr. Muir read a paper on Leprosy in Other Countries, giving special reference to Norway, the West Indies, Brazil and Nigeria, and pointing out lessons which might be learned from other lands. "Three main requirements are necessary in an effective scheme for leprosy relief and control. These are money, wise planning, and intelligent well-trained personnel. But all-important, and without which these three requirements will be wasted, is the spirit which inspires the worker, the spirit which inspired Father Damien and Mahatma Gandhi; and above all the spirit of Him who inspired these two great Mahatmas, and who Himself, we are told healed those with leprosy with His healing touch."

Among the resolutions, passed unanimously by the Conference, were the following. "Rehabilitation should be an attempt to keep in, or send back the patient to, his own normal environment. Attempts to give work and shelter to patients in a secluded environment, however worthy, result in strengthening prejudice against leprosy". "The patient should be prepared for rehabilitation right from the beginning of his treatment by suitable advice and physiotherapy, craft training and building up of morale".

"In view of the fact that a large number of voluntary leprosy institutions in the country are in a position to play an increasingly active role in leprosy control, the Conference strongly urges that

the Government should make adequate budgetary provision for encouraging with suitable grants the active participation of voluntary agencies in leprosy control programmes. In endorsing the following resolution of the Indian Association of Leprologists the All India Leprosy Workers Conference wish to emphasise that, while expanding the leprosy control programme, due care should be taken to ensure that centres are suitably located, and that a high standard of work is achieved by proper preparation for the work, provision of suitable staff, and provision of adequate supervision". The resolution is as follows: "This Association places on record its deep appreciation of the action of the Government of India and State Governments in implementing the National Leprosy Control Programme, and assures the Government of its whole-hearted support and co-operation in the execution of its control programme. However the Association wishes to invite the attention of the Government that there is need for improving the standard of work and the administrative set-up in the control programme."

Second National Leprosy Conference—Addis Ababa 1961. By Dr. K. F. SCHALLER.

The Second National Leprosy Conference of Ethiopia was held at the Princess Zenebework Memorial Hospital, Addis Ababa, from November 30th to December 2nd, 1961, under the patronage of HIS IMPERIAL MAJESTY HAILE SELASSIE I, EMPEROR OF ETHIOPIA. The venue of the Conference was the Princess Zenebework Memorial Hospital, which harbours the Head Office of the Leprosy Control Service of Ethiopia. It was opened in the presence of a distinguished gathering consisting of:

H.E. ATO ABEBE RETTA—Minister of Public Health.
H.E. ATO YOHANNES TSIGE—Vice-Minister of Public Health.
MR. AYLEN—United Nations Technical Assistance Representative.
DR. P. DESCOEUDRES—WHO Area Representative.
DR. P. CHASLES—WHO Senior Adviser.
MR. EHRENSTRALE—UNICEF Resident Representative.
ATO ABERRA DJAMBERE—Acting Director-General Haile Selassie I Foundation.
DR. KRAUS—Adviser to the Haile Selassie I Foundation.
DR. PRINCE—Director of the United States Technical Assistance Programme.
PROF. D. ALLBROOK—Makerere University College, Kampala, Uganda.
MR. F. H. LUNN—Makerere University College, Kampala, Uganda.
DR. G. KLINGMUELLER—Professor of Dermatology at the University of Wuerzburg.

High officials of the Ministry of Public Health.
The Directors and Administrators of the various hospitals, Addis Ababa.
The Directors of Leprosaria in the provinces.
Provincial Medical Officers of Health.
Representatives of Mission Leprosaria in the provinces.
Physicians from Addis Ababa.

The Conference was officially opened by the Minister of Public Health, His Excellency ATO ABEBE RETTA and he was followed in the Inaugurating Session by the undermentioned speakers:

DR. HYLANDER—Principal Adviser to the Ministry of Public Health.
"Role of basic public health services with special reference to leprosy control".

MR. AYLEN—Resident Representative of the United Nations Technical Assistance Board.
"Aid available under the United Nations Technical Assistance Programme".

DR. DESCOEUDRES—WHO Area Representative.
"Greetings and best wishes from Dr. Taba, WHO Regional Director for the Eastern Mediterranean for a successful conference".

DR. CHASLES—WHO Senior Adviser.
"Role played by the World Health Organisation in leprosy control".

MR. EHRENSTRALE—UNICEF Area Representative—.
"UNICEF's role in the struggle against leprosy".

DR. KRAUS—Adviser to the Haile Selassie I Foundation Welfare Trust.
"Need for a uniform doctrine".

DR. SÉRIÉ—Director of the Pasteur Institute of Ethiopia.
"Latest modern achievements in the field of laboratory work on leprosy".

Finally the Inaugurating Session closed with an address by DR. SCHALLER, Chief of Leprosy Control, on leprosy control in East and West Africa.

First Working Session. Chairman: His Excellency ATO YOHANNES TSIGE.

This was opened by His Excellency ATO YOHANNES TSIGE, Vice-Minister of Public Health. Under his Chairmanship, the Chairmen of the various Working Sessions were elected and also the following members of the Steering Committee:

DR. SCHALLER, ATO HAILU SEBSIBIE, DR. TAUSJOE, MR. JOHNSON.

DR. SCHALLER introduced the programme and outlined the objectives of the Conference as follows:

To assess the extent of the leprosy problem in Ethiopia;
To study and agree on the most suitable methods for controlling leprosy;
To learn about progress in the laboratory and to introduce methods which could be applied in the field;
To discuss the choice of treatment in mass campaigns, to gather information about new leprosy drugs, and to agree on methods of testing new drugs;
To study the problem of leprosy reactions;
To exchange experiences in the field of leprosy surgery and to make recommendations on the rehabilitation of leprosy patients;
To discuss problems of health education, legislation and vocational rehabilitation in respect of leprosy.

Second Working Session. "Epidemiology of Leprosy". Chairman: DR. GREPPI—Asmara.

This Session served the purpose of gathering more information about the problems of leprosy in the various provinces of the Empire. The following speakers contributed:

DR. FERON, Director St. Antoine, Harrar, talked about the history of leprosy control in Harrar Province.
DR. GREPPI, Chief of Leprosy Control in Eritrea, told the members of the Conference about leprosy in Eritrea.
DR. BALZER'S paper on leprosy and its control in Wollo Province was read in his absence by DR. FITZHERBERT.
DR. FITZHERBERT who is in charge of the Shashemane Leprosarium gave a report on leprosy and its control in Arussi Province.
DR. SCHAEUFFELE, Director of the Clinomobile Service, talked on leprosy in the Ogaden.
DR. TAUSJOE, Provincial Medical Officer of Health, described the situation in Sidamo Province with regard to leprosy.
DR. HOGGEVEIT submitted a paper on leprosy in Camo Gofu.
DR. REMEDIOS spoke on leprosy in Illubabor Province.
ATO ZERIHUN DESTA, Health Officer, read papers on leprosy and its control in Godjam and Shoa Provinces.
Finally DR. SCHALLER gave a report on leprosy in Ethiopia.

Third Working Session. Control of Leprosy. Chairman: DR. CHASLES.

In this session the problem of BCG and leprosy was one of the main topics. DR. CHASLES read papers on the tuberculin test and

BCG vaccination in connection with leprosy control in Ethiopia. He concluded that BCG vaccination was harmless and, furthermore, useful against T.B.; it should, therefore, be adopted for leprosy patients and leprosy contacts.

It was emphasised that the type of campaign should be adapted to the characteristics of each country or region. In the case of Ethiopia the static integrated services were the choice, out-patient clinics being the main weapon. Treatment villages could be used in certain areas especially if they were linked to leprosaria. It was recognised that compulsory and indiscriminate segregation was an obstacle to the development of mass campaigns.

DR. TIEDEMAN submitted a paper on "Integrated-Specialised Services".

Fourth Working Session. Laboratory Work in Leprosy. Chairman: DR. SÉRIÉ.

DR. SÉRIÉ gave a complete lecture on the bacteriology, histopathology and immunology of leprosy. DR. CHASLES recommended a new, simpler method of staining leprosy bacteria. Agreement was reached in estimating numbers of bacteria in smears and reading lepromin reactions.

Fifth Working Session. Therapy of Leprosy. Chairman: DR. FITZHERBERT.

MR. HACKETT reviewed the leprosy drugs. DR. LANGUILLON submitted a paper on new Sulphonamides for leprosy which was read by DR. SÉRIÉ, who, in his turn, reported on his research with CIBA 1906 carried out in conjunction with the Ethiopian Leprosy Control Service. The Health Officer, ATO ZERIHUN DESTA reported on the findings of a research study made with Vadrine, and DR. SCHALLER gave an account of the experiments made with Etilfarm, Etisul and DDS in the Princess Zenebework Memorial Hospital. DR. HOFVANDER in his paper reported on cases suffering from DDS intoxication, and DR. KLINGMUELLER gave a summary of the various leprosy reactions.

The members of the Conference agreed that for mass campaigns the methods recommended by WHO at the Brazzaville Conference 1959 in the case of weekly treatment shall be adopted. Hospitals and leprosaria would give individual treatment according to the needs of the patient, and in the case of research into new drugs the recommendations made by WHO would be adhered to. The testing of new drugs in Ethiopia had become possible owing to the good co-operation between the Pasteur Institute of Ethiopia and the Leprosy Control Service in Ethiopia.

Sixth and Seventh Working Sessions. Surgical Treatment and Medical Rehabilitation in Leprosy. Chairman: MR. BARRY.

DRS. DIALER, FITZHERBERT and SCHENCK, surgeons, gave an account of their past successes in the surgical treatment of leprosy complications. After the lecture on ulcers given by MR. H. LUNN, the treatment of trophic ulcers in leprosy was discussed at length and recommendations for the prevention of ulcers were made.

MR. BARRY read his paper on "The Effect of Leprosy on Locomotion" and showed orthopaedic shoes made in Ethiopia for leprosy patients. He reviewed the plaster of paris technique for treating plantar ulcers as used in the Princess Zenebework Hospital and discussed some of the problems associated with the generally accepted views on plantar ulceration.

The problem of rehabilitating leprosy patients was another topic of discussion and the Conference stressed the necessity of giving adequate attention to rehabilitation in the treatment of leprosy.

The Session ended with a talk by DR. DOBROVIC on eye complications in leprosy.

Eighth Working Session. Chairman: ATO HAILU SEBSIBE.

Professor ALLBROOK gave a lecture and showed slides of his research using the electronic microscope on muscle growth.

This was followed by DR. SCHALLER's film on leprosy, and a professional film made by the United States Public Health Service on the Management of the Leprosy Patient. MR. BARRY showed a cine film relating to his foregoing lecture on the foot of leprosy patients in walking.

Slides on differential diagnosis of leprosy were shown by MR. LUNN and DR. SCHALLER.

The Chairman, ATO HAILU SEBSIBE, closed the meeting by commenting on the standard of the material contributed and stressed the importance of good documentation in public health.

Ninth Working Session. Health Education in Leprosy. Chairman: ATO HAILU SEBSIBE.

ATO HAILU SEBSIBE gave a comprehensive report on problems of health education with regard to the condition extant in Ethiopia. DR. ERNERT gave a talk on legislation affecting leprosy control and MR. MARLAND treated the question of vocational rehabilitation and social work in leprosy control. In the presence of the permanent members of the Conference and the social workers of Addis Ababa a lively discussion took place. The importance of vocational rehabilitation was emphasized; health education in leprosy control should be handled carefully. Finally it was agreed that no specific legislation was required in leprosy control.

Ad hoc Session. Chairman: DR. SCHALLER.

At the request of the participants an extraordinary session was held in order to comply with the wish of the participants to discuss the problem of leprosy control which arose out of the Conference. Questions of diagnosis and treatment were discussed at length; a joint control service against T.B. and leprosy was another item of discussion. Control problems of local importance were brought to the attention of the gathering and experiences were exchanged.

Tenth and Final Session. Chairman: ATO HAILU SEBSIBE.

Conclusions and resolutions were read. On behalf of the participants in the Conference DR. TAUSJOE thanked the Minister of Public Health and the Ethiopian Leprosy Control Service for having arranged this, in his opinion, most successful Conference. The wish was expressed that such Conference be made a permanent institution of the Ministry of Public Health. DR. SCHALLER reviewed the work carried out in the various sessions and thanked the Chairmen and all the participants for the most useful contributions.

His Excellency ATO YOHANNES TSIGE finally closed the Conference by thanking all those who took part in its deliberations and promised that the Ministry of Public Health would do its share in effecting the recommendations arising out of the Conference.

The Ethiopian Medical Association held on December 2nd, 1961, following the Conference. President: DR. HYLANDER. Secretary: DR. F. BARRY.

The President of the Ethiopian Medical Association, DR. HYLANDER, commented on the past activities of leprosy control in Ethiopia and referred to the resolution of the First National Leprosy Conference held in Addis Ababa in 1957 according to which, he said, the Ethiopian Leprosy Association should be established. After DR. SCHALLER'S Report, the members of the Ethiopian Medical Association established the Ethiopian Leprosy Association as a branch of the Ethiopian Medical Association. It was the unanimous opinion to have this Association affiliated to the International Leprosy Association.

Annual Report of the Ministry of Health, Uganda Protectorate, 1959–1960 describes leprosy control work on pp. 13 and 14. This is of great interest and is here transcribed.

Leprosy

As the 1959 census showed a considerable increase in the population, the estimate of the number of persons suffering from leprosy, based on sample surveys, has had to be adjusted to a figure nearer 80,000. This includes those who have been adequately treated and

those still under treatment, as well as those who have not yet registered at a treatment centre.

The campaign to bring the disease under control began in 1951. Since then 60,000 patients have been treated, 20,000 have become symptom-free and 30,000 are under treatment at the present time, leaving a balance of 10,000 which includes those who, during the nine years, have ceased to attend and have not yet been traced. A proportion of these no doubt have died, some have ceased attending because they themselves were satisfied that they were cured and have presumably not relapsed, whilst others have been prevented from travelling to clinics by distance, extreme age or disability. The general level of attendance is improving, especially in those areas where it has been possible to establish satellite clinics based on a treatment village.

As many as 9,000 patients have been seen for the first time in a year, especially in the earlier years of the campaign; 18% of all new patients are children, and 47% are males.

There are 85 leprosy treatment villages with accommodation for 4,000 patients, as well as 5 leprosy settlements having hospital or dormitory accommodation for 1,750 in-patients. The latter include amongst their staff expatriates from missionary societies and the British Leprosy Relief Association. The settlements take in the most infectious patients, children whose education can be continued in the settlement schools and those who are in need of some particular medical or surgical care. The settlements at Buluba, Nyenga and Kumi-Ongino are concentrating increasingly on disability and deformity and an occupational therapy unit has been opened at the latter. The total number of clinics, including those at the settlements and villages, is 211. The co-operation of the settlement staffs in the clinical supervision of the villages and clinics is producing better attendance and helps to get the right type of patient into the settlements.

Surveys have been held to determine the disability rate in different areas and to trace those who have ceased to attend. Investigations have continued into the use of the depot lepromin test and the leprosy/tuberculosis relationship. Most of the immunological work has been carried out in eastern Uganda with Kumi-Ongino as a base.

The links with World Health Organisation and UNICEF have been maintained. Doctors of many nationalities with World Health Organisation fellowships have paid visits to Uganda to see the methods of control used. The Specialist Leprologist attended the All-Africa Leprosy Conference at Brazzaville and later acted as rapporteur for the second World Health Organisation Expert Committee on Leprosy in Geneva. UNICEF has continued its assistance on the same scale as hitherto.

The missionary societies and the British Leprosy Relief Association have maintained their contributions in staff and funds as in previous years; it is a pleasure to record appreciation of their co-operation and of the service of those whom they have sent to Uganda.

Annual Report of the Director of Medical Services for the year 1959, *for British Guiana.*

The population of British Guiana is about half a million. Listed among the special hospitals is Mahaica Hospital for Leprosy, of 405 beds. The number of cases registered in 1957 was 128, 76 in 1958, and 56 in 1959, with a lepromatous type percentage of 11, 31 and 9 respectively. The Medical Staff of Mahaica Hospital is Dr. A. Abdurahman as medical superintendent (acting) to November 30th, 1959 and Dr. F. A. Chandra from December 1st, 1959. Dr. F. A. Chandra was awarded a WHO Fellowship for training in leprosy work. He visited Venezuela, Surinam and Brazil. In Mahaica Hospital 114 patients were admitted in 1959 and 107 patients discharged (this from Table 19) but in Table 20 the distribution of patients and contacts is given as 55 in infirmaries, 99 in cottages, 36 in private rooms, 39 in a new hospital, 21 in the Bishop Galton Home for infected children and 32 in the Lady Denham Home for children of patients, to a toal of 282 persons. In Table 21 the treatment of patients is given as 216 under treatment with DDS, DPT, etc. and 70 patients had positive smears at the end of the year. The Report states that 65 discharged patients were allowed to remain in the institution and doles were given to 117 discharged patients to the total amount of $5,313.00. Clinics are mentioned as being held in several parts of the country and visited by the medical superintendent. School surveys were carried out. In Demerara 36,213 children were seen and 24 cases of leprosy found; in Berbice 11,341 and 13, in Essequibo 5,356 and 2 (totals 52,910 examined and 39 cases found).