but with the examples of streptococci and spirochaetes in mind, this factor cannot *a priori* be ruled out. Strains of *M. leprae* from various countries, from different kinds of leprosy, do not apparently differ markedly in pathogenicity or in response to mycobacteriostatic drugs, as judged by inoculation into the mouse footpad.

The imprecision of these suggestions throws us back to the rather unsatisfactory and unscientific explanation of a general reduction in the infective contacts as the likeliest reason for the decline of the leprosy endemic in north-western Europe and its persistence in the south.

The general epidemiological principles for the control and prevention of a specific bacterial infection, which has no necessary intermediate host or vector, should be applied to the countries of Europe still beset by this intractable mycobacterial menace; that is, in the continued absence of specific preventive measures, to reduce rapidly the infectivity of the index cases, and to reduce the occasions of successful passage of the infective agent to susceptible contacts. The practical measures for the application of these principles call for medical expertise and social awareness. With such generally low prevalence rates, and a rising socio-economic level, there appears to be no insuperable medical difficulty in the identification of the index cases and their treatment with a mycobactericidal drug. The social component may well prove more intractable.

The principal reasons for the persistence of the European foci of leprosy, particularly in the countries bordering the Mediterranean will, it is hoped, be revealed in the course of this Workshop; and the importance of the different medical and social components will also become apparent. The medical reasons are: the failure of doctors to recognize the signs of leprosy, especially early leprosy; the lack of confidentiality; poor patient compliance; irregular medication. The social reasons are mainly concerned with prejudice and stigma, and with positive discrimination against leprosy patients.

S. G. BROWNE

**WHO/UNDP: THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES**

**Reports of Progress in 1976 and 1977**

Following the issue, to all interested applicants, of Volume I (Introduction, The Diseases, the Research and Training Needs; Malaria, Schistosomiasis, Filariasis, Trypanosomiasis, Leishmaniasis and Leprosy), Volume II (Epidemiology, Biomedical Research, Vector Biology, Socio-economical Considerations, Training and Institution Strengthening, Prior Scientific Recommendations, Programme Management), and a separate Inventory of African Research Institutions, a further loose-leaf volume has now been produced, which includes the following:

- Report of the THELEP Screening Committee, Geneva, 14–15 December 1976,
- Report of the Third IMMLEP Scientific Working Group Meeting, 21–25 February 1977,

A Report of special importance for leprosy is that of the First Meeting of THELEP, where pages 8 and 9 deal with drug regimens to be tested, and Appendix 5.13 and 5.14 with the management of reversal reactions and of erythema nodosum leprosum.

We continue to draw attention to the development and progress of this momentous Special Programme for obvious reasons, and take this opportunity of reminding readers of *Leprosy Review* that by writing
formally to Hilary Boardman, Secretary, Special Programme for Research and Training in Tropical Diseases, WHO, 1211 Geneva 27, Switzerland, bona fide applicants may obtain documentation on the Programme, and also have a regular Newsletter posted to them.

A. C. McDougall

THE 1ST INTERNATIONAL WORKSHOP ON LEPROSY CONTROL IN ASIA, JAKARTA, INDONESIA
28 November–1 December 1977

Published by Sasakawa Memorial Health Foundation, Sabokaikan, 2-7-5 Hirakawa-cho, Chiyoda-ku, Tokyo, 102, Japan, August 1977

In Leprosy Review (1978), 49, 78, we described at some length the corresponding Workshop on Chemotherapy, held in Manila in January 1977. The present Proceedings on Leprosy Control are recorded in a similar format of 249 pages, and the subject matter is divided into reports on (1) leprosy control in Indonesia and other countries (Korea, Nepal, Philippines and Thailand), (2) a report from WHO on policy in leprosy control, (3) ILEP reports from Leprosy Relief Work Emmaus Switzerland, Damien Foundation, German Leprosy Relief Association, Netherlands Leprosy Relief Association, Danish Save the Children Organization, Sasakawa Memorial Health Foundation, The Leprosy Mission, and from ILEP itself (headquarters in France, and Indonesia). As in the previous report on chemotherapy, almost half of this one is devoted to a verbatim account of the discussions arising from papers read, and once again, the views of the various experts taking part make fascinating, if at times slightly perplexing, reading.

The final recommendations on pages 227 to 232 are forthright and clear. They largely support those made by the recent Fifth Expert Committee of WHO, while emphasizing (1) the urgent problems of dapsone resistance, (2) the need to establish mouse footpad testing stations in Indonesia and other Asian countries and (3) the potentially damaging consequences of attempting to integrate leprosy control into primary health care too quickly. Under the heading of Integration, paragraph 3 on page 231 contains the vital sentence: “... the Workshop is of the opinion that leprosy treatment should be entrusted only to adequately trained and adequately supervised primary health care workers”. In view of the increasing complexity of treatment and control in this disease, and the demands which are already being made on these workers, it will be interesting to see, during the next few years, how this is to be achieved.

A. C. McDougall

MAKOGAI — IMAGE OF HOPE
A brief history of the care of leprosy patients in Fiji

Sister Mary Stella, Lepers' Trust Board, New Zealand, pp. 186, including index. No price indicated.

This is a well-written story of an island in the South Pacific that for over a half-century epitomized the resignation and despair, and also the hope and