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
comradeship, associated with the enforced segregation of leprosy sufferers. It is a story of tremendous courage on the part of many of leprosy's victims, and of tremendous devotion and dedication on the part of those who cared for them.

In a way, the book reflects a general and almost universal picture of attitudes over the years — attitudes towards leprosy itself, and attitudes towards those who happen to catch the disease. In 1911, people in Fiji and the other islands in the South Pacific — Tonga, Samoa, Cook, Gilbert and Ellice, the Solomons and the rest — were branded as dangerous criminals, and segregated in a distant island far from family and friends. Despite the tragedy of hopelessness and frustration, and the absence of anything but palliative help for their ulcerating extremities and severe bouts of reaction, many of these condemned and dangerous “lepers” found a new way of life and made the best of a depressing situation.

This book is the result of meticulous researches carried out by the author. She delved into government records as well as into patients’ memories; she questioned colleagues and former inmates; and she has told the story in fascinating detail of people and events.

The recurrent use of the banned word “leper” may grate on the ears of many, and the less-than-felicitous references to some aspects of leprosy and its treatment may offend the knowledgeable — but these shortcomings will not detract from the impact the story will make on the general reader, for whom it is intended.

Leprosy has now become a treatable and manageable disease. The coming of the sulphones to Makogai and the great changes they have brought about are told in the vivid language of eye-witnesses and participants. The Missionary Sisters of the Society of Mary emerge with flying colours from the long saga of care and compassion, of sheer courage and determination. So does the Lepers' Trust Board of New Zealand, and its intrepid founder P. J. Twomey. His name is enshrined in the Memorial Hospital just outside Suva, the capital of Fiji, where leprosy patients now receive the best of modern care during the short period they need treatment as inpatients.

When Makogai was abandoned in 1969 as an island that had served its purpose, no fewer than 4185 patients had been welcomed to its hospitable but dreaded shores; 2343 had been discharged, and 518 repatriated. Only 83 remained in December 1969, to continue treatment either at home or in the new hospital at Suva.

Thus Makogai — like many another islands utilized for the same purpose — passes into history, leaving a tale of blended heroism and compassion.

LEPROSY AND TUBERCULOSIS

At the 24th World Conference of the International Union Against Tuberculosis, held in Brussels, 5 to 9 September 1978, a two-hour plenary session was devoted to leprosy. Although a regrettably small proportion of those attending appeared to find the subject of leprosy sufficiently attractive, many doctors from countries of the Third World who are today faced with the