

BOOK REVIEW

Round the World of Leprosy. By R. V. WARDEKAR, M. D. Foreword by F. V. Mavalankar, Speaker of the Parliament, New Delhi. Gandhi Memorial Leprosy Foundation, Wardha, M. P., India; 1955, 140 pp.

The author of this book, the secretary of the Gandhi Memorial Leprosy Foundation, gives an account of a four-months study tour around the world, the principal places visited being the continental United States, Hawaii, Japan, Hong Kong 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 were the visits to each leprosy center, important information was gathered and the observations made and conclusions reached are worthy of study.

At the federal leprosarium in Louisiana, there was 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 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 a minor one. Segregation is not supported by a case-detecting campaign, without which a colony by itself cannot eradicate the disease. The author remarks on the [patients'] propaganda advocating complete disregard of the infectivity of leprosy and the abolition of all restrictions.

In Hawaii, 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.

In Japan the chief stress in control is placed on segregation. There was a total 9,659 patients in 10 government leprosaria (9,427) and 3 private leprosaria (232). All types, "open" and "closed," are subject to compulsory segregation. According to official figures there were 30,393 patients in 1904 (0.64 per 1,000), but only 12,000 in 1950 (0.15 per 1,000). Unofficial figures, however, put the 1950 number at 15,000, and they may be more. The main treatment was with Promin and Promizole, although other sulfones (but not DDS) were also used.

Wardekar was especially interested in the practice of vasectomy for the married couples in the leprosaria. That measure is strongly advocated by Mitsuda, and although it is not required in all the colonies, in about 71% of the 1,958 married couples in all the colonies taken together, the males had been sterilized. Also striking was the frequency of alopecia of the scalp; streaks of hair were still preserved only where there was a blood vessel underneath.

In the Philippines there were 5,899 patients segregated in 9 leprosaria, of which 2,104 were in the Culion colony and 1,400 in the Central Luzon Leprosarium. Some of his remarks about Culion 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." This was ascribed mainly to the inherent weakness of administrative control, arising from compulsory segregation of an isolated island. He was also critical of the fact that numerous children are born in the colony every year. "That place has therefore become a *breeding ground for adding new cases every year* to the previous lot." Regarding the situation generally: "*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 Hong Kong the new Hay Ling Chau colony "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 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.—[From a book review in *Leprosy Rev.* **27** (1956) 75-77.]

[The selected statements about Culion convey a one-sided and unfair impression of that institution, which is by no means a dumping-ground where the patients are neglected by the staff and forgotten by the outside world. Culion is, so to speak, a residual institution, because new cases (except for a few who prefer the advantages of Culion) remain at the regional leprosaria. Those institutions were established in the 1930's because it was recognized that an island colony as the sole or even the main place for segregation is undesirable; hence the last sentence about the situation (which appeared in italics) does not apply. The patients at Culion are therefore mainly old-timers who are so well off, compared to what they would be if they had to return to the outside world with which many no longer have any connection, that most of them deliberately limit the amount of treatment they take, or the times when they take it. Treatment is available but compulsory treatment is of course impossible, except perhaps in places like India where the fortunate minority of patients who gain haven in a leprosarium have to obey rules set by the administration or be cast adrift again. The problem of the "reluctant negatives" [THE JOURNAL **23** (1955) 361-369; 446-448] is a complex and difficult one, by no means confined to Culion or the Philippines alone. This review does not point out why segregation of the sexes or birth control cannot be effected, although Wardekar did, and there is no indication of the fine work—discussed at some length by Wardekar—that has been done among and for the Culion-born children for many years by the chief physician, Dr. C. B. Lara, several of whose reports have appeared in THE JOURNAL. Since it was noted that in Japan segregation is indiscriminate, it might have been mentioned that in the Philippines it has long been selective, applicable only to "open" cases, mostly lepromatous.—EDITOR.]

De la Lèpre a la Martinique. By Etienne Montestruc, Director of the Institut Pasteur de la Martinique; Chief Physician of the Leprosy Service, Hôpital Albert Clarac, Fort-de-France. Paris, 1956, 97 pp; paper.

This monograph, a repaginated reprint from *La Biologie Médicale* (Paris) **45** (1953), No. 3, covers thoroughly the situation in Martinique and work done by or under direction of the author; but because of certain of its features, including extensive quotations from other sources (e. g., classification schemes), it is obviously intended to be more than a simple report of those matters. The chapter headings are: history; census and finding of cases (including classification); epidemiology; studies of hematology and serology; immigration of lepers in France; immunology (including the lepromin reaction and BCG); the antileprosy campaign; and summary and conclusions.

Leprosy apparently did not exist in the Antilles when the accounts of Tertre (1666), Labat (1705?), and Chanvallon (1751) were written. Segregation began in 1838 on the small island of Désirade, near Guadeloupe. In 1914 there were some 90 known cases, besides 20 at the *enfer* of Désirade, but no serious census was made until 1933. Désirade has been closed; the four pavilions of the Clarac Hospital have accommodations for 120 infectious cases, which would be sufficient for the needs if the irremediable cases could be removed to an asylum.

Since 1934 a total of 1,648 cases have been discovered, averaging 59 a year through 1947, 117 a year from then through 1954. Those of the latter period, 821, were classified as 28% lepromatous, 16% tuberculoid, and 56% indeterminate. Of the entire total, 29% were 15 years of age or less (compared with 53% in French Guiana),

and the factor of youth is discussed at length. There is no sex differential. The disease is spread fairly uniformly throughout the island. One section discusses the "disturbing outbreak" in 1955; the severity of the endemic, far from decreasing, is growing, and it constitutes the principal sanitary problem of Martinique.

The discursive chapter on epidemiology covers the subject widely and contains several illustrative case reports. Here is the only mention of the factor of race to be found: Of true Europeans (born there), few of whom stay long in Martinique, only 4 with leprosy have been seen; between the white creoles ("*les békés*," born on the island) and the colored Martiniquais there is no difference with respect to the disease.

Much of the laboratory research recounted has been published. Figures are given of the results of the BCG skin test in comparison with the late reactions to lepromin and the *M. marianum* antigen:

Type	Lepromin	Marianum	BCG
Lepromatous	11%	94%	58%
Tuberculoid	78%	89%	64%
Indeterminate	73%	93%	68%

The author draws certain conclusions (e. g., that lepromatous cases give the fewest positive BCG reactions) that should be analyzed statistically.

The conclusion concerning the seriousness of the situation has been noted. The rest of the last chapter is the author's proposals for an all-out campaign.—H. W. W.

Taiwan Provincial Lo-Shen Leprosarium. General Report in Commemoration of Its Silver Jubilee, 1930-1955. Taipai, Taiwan, China, 1955; paper.

The first 15 pages of this booklet are in English. The main part has a sketch map purporting to show the distribution of leprosy in Taiwan (the significance of the figures being uncertain, however, since they total only 417), 29 pages of photographs, and some 82 pages of text with a few tables and graphs.

Provincial archives show that leprosy patients were hospitalized at some place almost 230 years ago. The present institution was established on the recommendation of Dr. Gushue-Taylor and completed in December 1930. [Actually, Gushue-Taylor obtained the site for a mission leprosarium, but the then government took it over and he had to find another site for his own place.] The maximum number of patients before 1939 was 680.

When the Provincial Health Administration of the present government took charge, in December 1945, the technical staff—doctors, nurses and technicians—was increased from 22 to 55. At present there are 822 patients, of whom 147 are of and supported by the military; most of the rest of the expenses are met by the provincial government. To minimize disciplinary problems, the inmates are under a system of self-government, with subdivisions which elect representatives to a "senate." Recreation is organized, occupational therapy is encouraged, and patients engage in various private enterprises. There is an outpatient department, and it has the responsibility for propaganda, for finding new cases by means of roving teams, and for seven subclinics, one in Taipei and the others in various other municipalities.

Only infectious cases are admitted, but for lack of space there is a long waiting list. The situation is complicated by the fact that patients eligible for discharge have no place to go, as they are not accepted by the public. Ordinary hospitals will not accept any of the patients for specialist treatment, so all conditions have to be taken care of within the institution, for which volunteer consulting specialists have been recruited.

In discussing the medical work it is said that the incidence of lepra reaction is high, around 15% of the patients, and that neuritis sometimes inclines patients to suicide; treatment of neither condition is very successful. Provisions for birth control are contributed by the China Family Planning Association. Various plans for future development are outlined.

—H. W. W.