LEPROSY NEWS

Information concerning institutions, organizations, and individuals connected with leprosy work, scientific or other meetings, legislative enactments and other matters of interest.

WORLD DISTRIBUTION OF LEPROSY

Beginning in 1954, Dr. J. A. Doull, medical director of the Leonard Wood Memorial, and Miss Delta Derrom, editor, have published in *Leprosy Briefs* figures on the prevalence of leprosy in various parts of the world and other related data which they have collected, almost all of it obtained directly from official sources. This valuable information has appeared in the (1) August, (2) September, and (3) October issues of 1954, and (4-8) the August-December issues of 1956, inclusive. We are informed that returns from several other political subdivisions are on hand awaiting publication, and that many more have not been received. It is hoped to complete the series in 1957. Little more than the basic figures on cases and provisions for dealing with them is indicated in the summary below. The regions and areas dealt with are rearranged primarily in a geographic sequence, secondarily political.

The italicized figures in parentheses refer to the issues of *Leprosy Briefs* as indicated above, for the convenience of those wishing to consult the original publications for the more detailed information. The meaning of the abbreviations used will be self-evident, except perhaps "e.u." and "n.s.," which mean "estimated unknown" and "not stated." Where different figures appear for total and segregated cases, the numbers not segregated will be evident from the difference.

### EUROPE

**Norway (9):** Pop. 3,243,000. Case 10, seg. 9; 1 lepsm, cap. 12. **Sweden (4):** Pop. 7,450,000. Cases 2, not segregated; no lepsm. **Denmark (1):** Pop. 4,500,000. No leprosy (1 imported case in 20 years). **Netherlands (1):** Pop. 10,377,000. Cases 160, all imported, seg. 26; 1 lepsm, cap. 40. **Belgium (4):** Pop. 5,725,000. Cases 8 all imported, not segregated; no lepsm. **Luxembourg (4):** Pop. 300,000. No leprosy. **France (4):** Pop. 45,500,000. Cases, number n.s., all imported; one hospital service in Paris, cap. 40, and 3 small privately-supported establishments in the provinces. **Spain (4):** Pop. 28,416,513. Cases 2,728, seg. 889, e.u. 2,272; 7 lepsa (tab.), cap. 1,130 (3 others building). **Italy (4):** Pop. 46,738,000. Cases 421, seg. 181 in 4 hospitals (tab.); agricultural colony building, cap. 210, to which all patients will be transferred. **Maltese Is. (9):** Pop. 316,619. Malta: Cases 128, seg. 78, few unknown; 1 lepsm, cap. 118. Gozo: Cases 12, seg. 8, few unknown; 1 lepsm, cap. 27.

### AFRICA

**Morocco (Fr.) (1):** Pop. 8,066,410. Cases 978, e.u. 2,000-5,000; no lepsm. **Algeria (1):** Pop. 7,864,792. Cases 9 (seg., partial information); no lepsm. **Tunisia (1):** Pop. 3,531,753. Cases 4; no lepsm. **Libya: Tripolitania (1):** Pop. 700,000. Cases 26, seg. 6; 1 lepsm, cap. 26. **Cyrenaica (1):** Pop. 500,000. No cases.
SUDAN (Anglo-Egyptian) (2): Pop. 4,403,048. Cases 8,054, seg. 1,659; in village settlements, no leprosy.

ETHIOPIA (1): Pop. 17,000,000. Cases 1,269 (seg.), e.u. 15,000; 3 lepas (tab.), cap. 1,200. FRENCH SOMALILAND (Eritrea) (4): Pop. 90,000. Cases 6, seg. 2, e.u. 10; no leprosy. Somaliland Protectorate (Br.) (1): Pop. 700,000. Cases 14 (seg.); no leprosy; patients sent elsewhere.

ITALIAN SOMALILAND (Somalia) (1): Pop. 1,244,000. Cases 3,772 (seg.); no leprosy.

NIGERIA (2): Pop. 16,798,000. Cases 85, seg. 10,000; 2 lepsa (tab.), cap. 700; 9 clinics (6,769). GAMBIA (1): Pop. 82,000. Cases 96, e.u. n.s.; 2 villages (tab.), cap. 10,000; 1 lepsm. (5): Pop. 2,000; 2 lepsa (840 pats.); no clinic.

ZANZIBAR-PEMBA (1): Pop. 35,725. Cases 52, seg. 4,930; 2 lepsa, 5 camps (7,375); no clinics.


TANZANIA (1): Pop. 7,477,677. Cases 6,635, e.u. 100,000; 14 lepsa (tab.), with 4,174 patients; outpatient treatment, apparently no special clinics.

WOUNTAUMA-FENEMA (1): Pop. 264,000. Cases 142 (seg.), e.u. 600; 2 lepsa (tab.), cap. 226; no clinics.

MAURITUS-BENGUELA (5): Pop. 32 lepsa (tab.), (cap. uncertain); outpatient treatment (58,085). FRENCH CAMEROON (1): Pop. 2,232,000. Cases seg. 1,739, not seg. 100,000; 2 lepsa (tab.), cap. 3,250; no clinics.

AFRIKA (1): Pop. 4,500,000. Cases 1,764, seg. 2000; 9 lepsa (tab.), cap. 350; outpatient treatment, no special clinics.

UGANDA (1): Pop. 5,000,000. Cases 3,250 (seg.), e.u. 73,450; 6 lepsa (tab.), cap. 5,400 (2,290 pats.) plus 5 government units (800 pats.); several clinics (41,109). TANGANYIKA (1): Pop. 7,477,677. Cases 6,635, e.u. 100,000; 14 lepsa (tab.), with 4,174 patients; outpatient treatment, apparently no special clinics.

KENYA (1): Pop. 2,232,000. Cases seg. 1,739, not seg. 100,000; 2 lepsa (tab.), cap. 226; no clinics.


patients treated in clinics and by mobile units. 

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Europe (9)

1. France: Pop. 48,000,000. Cases 2,003, seg. 1,900; 1 lepsm; no clinic.

2. Germany: Pop. 47,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

3. Italy: Pop. 4,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

4. Spain: Pop. 4,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

5. Portugal: Pop. 2,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

6. England: Pop. 2,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

7. Norway: Pop. 2,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

8. Denmark: Pop. 2,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

9. Sweden: Pop. 2,000,000. Cases 2,000, seg. 1,900; 1 lepsm; no clinic.

South America (6)

1. Brazil: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

2. Colombia: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

3. Peru: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

4. Argentina: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

5. Chile: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

6. Uruguay: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

South Asia (6)

1. India: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

2. Pakistan: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

3. Bangladesh: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

4. Nepal: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

5. Sri Lanka: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

6. Bhutan: Pop. 200,000. Cases 200, seg. 190; 1 lepsm; no clinic.

This list (not counting the islands) includes 11 states out of a total of 26 shown.
on a recent map of India, these 11 with—according to that map—pop. 132,344,000, the other 15 with 210,273,000.

PAKISTAN. N.W. Frontier Province (Hagara District) (9): Pop. 788,813. Cases 55 (seg.), e.u. n.s.; 1 lepsm. [The whole province is said to have pop. 3,038,000.]

CEYLON (9): Pop. 8,103,648. Cases 3,531, seg. 1,351, e.u. n.s.; 2 lepsm. [The whole province is said to have pop. 3,038,000.]

PAKISTAN comprises four other provinces: East Bengal, West Punjab, Sind and Baluchistan, pop. 63,126,000.

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<th>Country</th>
<th>Population</th>
<th>Cases</th>
<th>Seg.</th>
<th>E.U.</th>
<th>Lepsm</th>
<th>Cap.</th>
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<td>100</td>
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<td>Dominica (1)</td>
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<td>WINDWARD ISLANDS (1)</td>
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<td>TRINIDAD &amp; TOBAGO (1)</td>
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<tr>
<td>SOUTH AMERICA (1)</td>
<td>18,509,066</td>
<td>9,572</td>
<td>1,537</td>
<td>9 leps</td>
<td>3 clinics</td>
<td>300</td>
<td>no clinic</td>
</tr>
</tbody>
</table>
Leprosy is a matter in which member states of WHO are showing increased interest, and activities in that field are to be increased. Pilot plans under way are being or are to be expanded, and new ones are to be undertaken.

The Ninth World Health Assembly, during its meeting last May, passed a resolution requesting the director general to organize a conference to study the leprosy problem in the endemic areas of South-East Asia. In consequence, it has been learned, a plan is afoot to organize such a meeting to be held immediately after the next international congress, in New Delhi late in 1958. This arrangement, it is felt, will give the responsible leprologists and the public health officers of the governments of that region the benefit of the technical discussions and conclusions of the scientific congress, and an exceptional opportunity to analyze their problems and discuss possible lines of activity.

Leprosy was also discussed at recent meetings of the WHO Regional Offices for the Americas and for the Eastern Mediterranean. It is to be a topic of discussion at the 1957 meeting of the Western Pacific region.

CHANGES AT THE CARVILLE STAR

Beginning its sixteenth year of publication this patients' magazine, which has a world-wide circulation with a subscription list of 10,000, was changed from a monthly to a bimonthly periodical. In recent years monthly publication has become more and more difficult because of the losses of experienced staff members who have left the hospital—one of the features of the sulfone era—and now two of the key members have left. These are Ann Page, who for years had been the managing editor and the right hand of the editor, handicapped by his blindness; and her husband, "Hank" Simon, who was in charge of the press room and—with his mechanical "know-how"—had been able to keep its elderly linotype machine and other equipment going. The U.S.P.H.S. regards the enterprise favorably as a means of vocational rehabilitation (the only one at Carville, it is claimed), and provides seven part-time workers without whom the magazine could not keep going. It is planned that, with more time to prepare each issue, it will be increased from 12 to 16-20 pages, with broader coverage of subject matter.

The first page of the first issue under the new plan (September-October 1956) was devoted to the swan song of Ann Page, known personally to and admired by many leprosy people who have visited Carville, and known of by very many others through her writings. Writing as she was about to be discharged after 20 years at Carville, she admitted that her roots were so deep that she was reluctant to leave. During her earlier years at Carville there was available for treatment (apart from certain experiments) only chaulmoogra, and the smell of it is revolting to her to this day. For the past 16 years she had been getting the sulfones, but unfortunately she was one of those who are slow to respond and repeatedly, after months of bacteriological negativity, positive smears were reported and the required twelve-month period had
to be begun again. She and her husband have settled in the vicinity of Carville, and she can be reached by mail through the Star as in the past. Speaking of their jaunts to find a place to live she wrote, "There just isn't another home that meets our needs like 'Chateau Simon,'" their cottage on the hospital grounds, for it was built by them and from time to time changed to suit their wishes and to make it more convenient. Here is a heart-felt expression of the feelings of a literate person who while in a leprosarium (a term which, unhappily, will annoy her) has had the privilege of a private home instead of having to exist in dormitory quarters.

CORRECTION

Dr. M. L. R. Montel requests that note be made of an error in the printing of an article by him which appeared in The Journal 22 (1954) 403-407. On page 406 the heading of the first column of the tabulation should read "Formes dites benignes," instead of "Formes benignes."