

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 (3): Pop. 3,343,000. Case 10, seg. 9; 1 lepsm, cap. 12. SWEDEN (3): Pop. 7,150,606. Cases 3, not segregated; no lepsm. DENMARK (4): Pop. 4,300,000. No leprosy (1 imported case in 20 years). NETHERLANDS (4): Pop. 10,377,000. Cases 160, all imported, seg. 26; 1 lepsm, cap. 40. BELGIUM (4): Pop. 8,725,000. Cases 8 all imported, not segregated; no lepsm. LUXEMBOURG (4): Pop. 300,000. No leprosy. FRANCE (4): Pop. 42,500,000. 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 pats will be transferred.

MALTESE IS. (3): Pop. 316,619. Malta: Cases 128, seg. 78, few unknown; 1 lepsm, cap. 118. Gozo: Cases 11, seg. 8, few unknown; 1 lepsm, cap. 27.

AFRICA

MOROCCO (Fr.) (1): Pop. 8,006,410. Cases 978, e.u. 2,000-3,000; no lepsm. ALGERIA (4): Pop. 7,864,792. Cases 9 (seg., partial information); no lepsm. TUNISIA (1): Pop. 3,231,000. Cases 9 (seg.), e.u. 150-200; no lepsm, a few hospital beds. LIBYA: Tripolitania (1): Pop. 700,000. Cases 30, seg. 26. e.u. 6; 1 lepsm, cap. 26. Cyrenaica (1): Pop. 351,751. Cases 4; no lepsm. Fezzan (4): Pop. 50,000. No cases.

SUDAN (Anglo-Egyptian) (1): Pop. 9,493,048. Cases 8,024, seg. 1,639; in village settlements, no lepsm. ETHIOPIA (1): Pop. 17,000,000. Cases 1,300 (seg.), e.u. 15,000; 3 lepsa (tab.), cap. 1,200. FRENCH SOMALILAND (Eritrea) (2): Pop. 60,000. Cases 6, seg. 2, e.u. 10; no lepsm. Somaliland Protectorate (Br.) (1): Pop. 700,000. Cases 14 (seg.); no lepsm, patients sent elsewhere. ITALIAN SOMALILAND (Somalia) (1): Pop. 1,244,000. Cases 210, seg. 178, e.u. 50; 2 lepsa, cap. 220.

NIGERIA (2): *Eastern Region*: Pop. 7,972,650. Cases 28,237, seg. 15,572, e.u. 54,000; 8 lepsa (tab.), cap. 8,200 (7,195 pats), [no statement about the many local settlements]; 151 clinics (19,982). *Western Region*: Pop. 6,362,000. Cases 8,245, seg. 5,242 e.u. 61,000; 2 lepsa (tab.), cap. 1,800 (1,743 pats); 38 clinics (6,459). *Northern Region*: Pop. 16,798,000. Cases 17,266, seg. 11,310, e.u. 230,000-270,000; 14 lepsa (tab.), cap. 7,550 (7,217 pats); 71 clinics (10,227). CAMEROONS (southern part) (5): Pop. 752,724. Cases 372, seg. 304, e.u. 6,000; 2 lepsa (tab.), cap. 304; outpatients at all government hospitals. GAMBIA (1): Pop. 278,858. Cases 391, seg. 17, e.u. n.s.; 1 lepsm, cap. 40 (34 pats); no clinic. SIERRA LEONE (1): Pop. 1,975,000. Cases 673, seg. 8 (e.u. n.s.); no lepsm; no clinic. GOLD COAST (2): Pop. 5,000,000. Cases 14,860, seg. 860, e.u. 50,000; 4 lepsa (incl. 1 in Br. Togoland), (860 pats); 164 clinics (incl. 1 in Br. Togoland), (13,678 pats).

KENYA (1): Pop. 4,500,000. Cases 1,290, seg. 290, e.u. 2,000; 3 lepsa (tab.), cap. 350; outpatient treatment, no special clinics. UGANDA (1): Pop. 5,400,000. Cases 3,250 (seg.), e.u. 73,450; 6 lepsa (tab.), cap. 2,400 (2,290 pats), plus 5 government units (960 pats); several clinics (3,100). TANGANYIKA (1): Pop. 7,477,677. Cases 6,635 (seg.), e.u. 100,000; 14 lepsa (tab.), with 4,174 patients; outpatient treatment, apparently no special clinics.

ZANZIBAR-PEMBA (1): Pop. 264,000. Cases 142 (seg.), e.u. 600; 2 lepsa (tab.), cap. 226; no clinics. MAURITIUS-RODRIGUES (5): Pop. 544,461. Cases 50, seg. 39, e.u. "negligible"; 1 lepsm, cap. 62; no clinics. SEYCHELLES (5): Pop. 35,725. Cases 52, seg. 45; 1 lepsm, cap. 50; no clinics.

SOUTHERN RHODESIA (1): Pop. 2,232,000. Cases seg. 1,720, not seg. 500?; 2 lepsa (tab.), cap. 2,250; no clinics. NYASALAND (5): Pop. 2,495,117. Cases 3,471, seg. 1,791, e.u. 30,000; 5 lepsa (tab.), cap. 1,836; 3 clinics (650 pats.).

FRENCH WEST AFRICA (4): *Mauritania*: Pop. 566,900. Cases 68, seg. 0, e.u. 30; no lepsm. *Senegal*: Pop. 1,808,398. Cases 9,803, seg. 503, e.u. 1,250; 2 lepsa, 5 camps (tab.), (cap., data incomplete); (no data on outpatient treatment). *Fr. Sudan* (Bamako, etc.): Pop. 1,350,000. Cases 27,577, seg. 713, e.u. 3,000; 4 lepsa (tab.), (cap. uncertain); outpatient treatment (11,464). *Niger*: Pop. 2,318,000. Cases 4,930, seg. 12, e.u. 2,000; 1 lepsm, cap. 20; outpatient treatment (4,920). *Fr. Guinea*: Pop. 2,500,000. Cases 33,400, seg. 903, e.u. 7,000; 9 lepsa (tab.), (cap. uncertain); outpatient treatment (1,352). *Ivory Coast*: Pop. 2,447,961. Cases 39,870, seg. 1,183, e.u. n.s.; 4 lepsa, 7 camps (tab.), cap. 1,382; outpatient treatment (18,161). *Upper Volta*: Pop. 3,250,000. Cases 69,250, seg. 549, e.u. 6,000; 7 lepsa (tab.), (cap. uncertain); outpatient treatment (32,781). *Dahomey*: Pop. 1,667,000. Cases 22,700, seg. 676, e.u. 35,900; 8 lepsa (tab.), cap. 698; 9 clinics (6,769).

FRENCH EQUATORIAL AFRICA (4): Pop. 4,500,000. Cases 89,849, seg. 1,764, e.u. 10,000; 33 lepsa (tab.), cap. 2,528; outpatient treatment (88,085). FRENCH CAMEROUN (1): Pop. 3,000,000. Cases 28,000, seg. 6,000, e.u. 12,000; 32 lepsa (tab.), cap. 5,636; 196 clinics (plus 40 at hospitals). FR. TOGOLAND (4): Pop. 1,000,269. Cases 12,056, seg. 481, e.u. n.s.; 2 seg. villages (tab.), cap. 700; 8 clinics (11,575).

MADAGASCAR (4): Pop. 4,636,229. Cases 15,600, seg. 1,658, e.u. 23,630; 12 lepsa (tab.), cap. n.s.; 25 clinics (7,698). COMORO ISLANDS (4): Pop. 169,225. Cases 156, seg. 96, e.u. n.s.; 2 villages (tab.), cap. 104; clinics at hospitals (60 patients). RÉUNION (5): Pop. 274,370. Cases 85, seg. 40, e.u. n.s.; 1 lepsm, cap. 40; 6 clinics (45).

BELGIAN CONGO (5): Pop. 12,026,159. Cases 218,420, seg. 34,774, e.u. 26,500; lepsa 180 [89 actual; the others counted were small temporary settlements]; 195,761

patients treated in clinics and by mobile units. *Ruanda-Urundi* (1): Pop. 4,000,000. Cases 6,000, seg. 1,000, e.u. 4,000; 1 lepsm, cap. 1,000 (900 pats) no clinics.

ANGOLA (5): Pop. 4,180,000. Cases 6,436, seg. 1,981, e.u. 3,200; 10 lepsa, cap. n.s.; 6 clinics. PORTUGUESE GUINEA (5): Pop. 514,000. Cases, est., 12,861; 1 lepsm, cap. 65; re clinics, n.s. CAPE VERDE I. (4): Pop. 160,000. Cases 269, seg. 59; e.u. n.s.; 1 lepsm, cap. 40; no clinic. SÃO TOME-PRINCIPE I. (1): Pop. 60,159. Cases 37 (seg.), e.u. n.s.; 1 lepsm, cap. 39 (37 pats); no clinic.

IFNI (Morocco) (4): Pop. 35,000. Cases 11, seg. 6, e.u. 6; no lepsm or clinic. SPANISH SAHARA (4): Pop. 40,000. No cases. SP. GUINEA (2): Pop. 145,170. Cases 3,425, seg. 2,835, e.u. n.s.; 1 lepsm; no clinics.

LIBERIA (5): Pop. 1,500,000. Cases 1,672, seg. 1,482, e.u. 800; 7 lepsa (tab.), 5 clinics.

SOUTH AFRICA, UNION OF (1): Pop. 12,912,000. Cases seg. 2,072, e.u. 2,000 (discharged, 12,000); 5 lepsa (tab.), cap. 2,735; no clinics. SOUTHWEST AFRICA (1): Pop. 24,139. Cases 119, e.u. 60; 1 lepsm, cap. 100 (80 pats); no clinics.

BECHUANALAND (1): Pop. 295,000. Cases 34, seg. 7, e.u. 45; no lepsm (patients sent elsewhere); no clinic. BASUTOLAND (5): Pop. 563,854. Cases 415 (seg.); 1 lepsm, cap. 600+; no clinic. SWAZILAND (1): Pop. 200,000. Cases 50 (seg.), e.u. 100; 1 lepsm, cap. 46; no clinic.

SOUTHWEST ASIA (6)

CYPRUS: Pop. 497,788. Cases 167, seg. 78, e.u. $\pm 10\%$ more; 1 lepsm, cap. 120; no clinic. TURKEY: Pop. 22,461,000. Cases 1,900, seg. 340, e.u. 2,500-3,000; 2 lepsa (tab.), cap. 350; no clinic. SYRIA: Pop. 3,550,000. Cases 122 (seg.), e.u. n.s.; 1 lepsm, cap. 130; no clinic. LEBANON: Pop. 1,300,000. Cases 31 (seg.), e.u. 30; no lepsm (patients sent to Damascus); no clinic. JORDAN: Pop. 1,330,000. Cases 28, seg. 18, e.u. 6; 1 lepsm, cap. 18; no clinic. ISRAEL: Pop. 1,600,000. Cases 100, seg. 45, e.u. 50; 1 lepsm, cap. 60; 2 clinics. IRAQ: Pop. 4,799,500. Cases 327 (seg.), e.u. 200; 1 lepsm, cap. 350; no clinic. IRAN: Pop. 19,151,000. Cases 636 (seg.), e.u. 1,600; 2 lepsa, cap. 607; n.s. re clinics.

ARABIA: *Oman*: Pop. 560,000. Cases 125, seg. 10, e.u. 700; 1 lepsm, cap. 8; 1 clinic (26). *Kuwait*: Pop. 200,000. No indigenous leprosy. *Qatar*: Pop. 40,000. No cases known. *Bahrein*: Pop. 109,650. Cases 20-22; no segregation. *Aden Colony*: Pop. 80,516. Cases, few seen, probably none indigenous. *Aden Protectorate*: Pop. 700,000. Cases being registered, 83 known ("no problem"); no leprosarium or clinic.

SOUTH ASIA

INDIA. *Punjab* (2): Pop. 12,641,205. Cases 1,538, seg. 548, e.u. 100; 3 lepsa (tab.), cap. 442 (292 pats) and 6 "colonies" (256); 36 clinics (358). *Patiala-East Punjab* (2): Pop. 3,493,685. Cases 126 (seg.), e.u. 1,000; 1 lepsm, 150 cap; no other clinic. *Rajasthan* (6): Pop. 15,935,781. Cases 702, seg. 144, e.u. 500+; 2 lepsa, cap. 135; no clinic. *Saurashtra* (6): Pop. 3,556,000. Cases, 0; "leprosy not endemic." *Ajmer* (2): Pop. 208,000. Cases 11, seg. 0, e.u. n.s.; no lepsm or clinic. *Madhya Bharat* (2): Pop. 7,941,642. Cases 120 (seg.), e.u. n.s.; 3 lepsa (tab.), cap. 117; no clinic. *Madhya Pradesh* (2): Pop. 18,476,124. Cases 14,521, seg. 3,204, e.u. 100,000; 14 lepsa (tab.), cap. 2,912; 37 clinics (6,899). *Bombay* (6): Pop. 35,944,000. Cases 19,634, seg. 2,301, e.u. 80,000; 17 lepsa (tab.), cap. 2,316; 3 clinics. *West Bengal* (2): Pop. 24,810,308. Cases 55,625, seg. 921, e.u. n.s.; 9 lepsa (tab.), cap. $\pm 1,114$; 93 clinics (54,704). *Tripura* (6): Pop. 800,000. Cases 133, seg. 0, e.u. n.s.; no lepsm; 1 hospital clinic. *Travancore-Cochin* (2): Pop. 9,265,157. Cases 1,663 (seg.), e.u. n.s.; 5 lepsa, cap. 1,982; re clinics, n.s. *Andaman-Nicobar I.* (6): Pop. 42,972. The few leprosy cases seen here are repatriated to the mainland.

[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) (*s*): Pop. 788,813. Cases 55 (seg.), e.u. n.s.; 1 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.]

CEYLON (*s*): Pop. 8,103,648. Cases 3,531, seg. 1,351, e.u. n.s.; 2 lepsa (tab.), cap. 833, and 1 colony (12 pats); 16 clinics (1,004). GOA (Portuguese India) (*s*): Pop. 560,000. Cases 134, seg. 106, e.u. 10; 1 lepsm, cap. 200; clinic there (28 pats). PONDICHERRY (French India) (*s*): Pop. 59,835. Cases 1,968, seg. 115, e.u. 700; 1 lepsm, cap. 120; 1 clinic (1,259). MALDIVE I. (*s*): Pop. 78,230. Cases 260 (seg.), e.u. n.s.; 4 lepsa.

SOUTHEAST ASIA

BURMA (*s*): Pop. 17,500,000. Cases 24,414, seg. 3,035, e.u. 75,000; 7 lepsa, cap. $\pm 2,450$ (2,287 pats), and 14 "shelters," cap. 1,170 (1,015 pats), (tab.); clinics at these 21 places (15,779), and 2 special ones (5,800). VIET NAM (Indo-China) (*s*): Pop. 12,753,000. Cases 7,773, seg. 1,287, e.u. 20,000; 5 lepsa (749 pats); 3 clinics (1,971). [Note: In Viet Nam above the 17th parallel, pop. 9,851,000, 3 lepsa (809).] CAMBODIA (*s*): Pop. 3,296,000. Cases 350-400; 1 lepsm; 1 clinic.

MALAYA (*s*): Pop. 5,506,447. Cases 5,137, seg. 3,137, e.u. 30,000; 3 lepsa (tab.), cap. 3,450. SINGAPORE (*s*): Pop. 1,120,777. Cases 1,348, seg. 793, e.u. 1,500; 1 lepsm, cap. 700; 1 clinic (280 pats). SARAWAK (*s*): Pop. 592,062. Cases 442 (seg.), e.u. 4,000; 1 lepsm, cap. 500; no clinic. BRUNEI (*s*): Pop. 54,109. Cases 6 (seg.), e.u. n.s.; no lepsm (leprosy rare, patients sent to Sarawak). BR. NO. BORNEO (*s*): Pop. 350,000. Cases 70, seg. 52, e.u. 4; 1 lepsm, cap. 60.

INDONESIA (*s*): *Sumatra*: Pop. 11,605,489. Cases 1,766, seg. 1,155, e.u. n.s.; 11 lepsa (tab.), cap. 1,543; 7 clinics (611). *Java*: Pop. 48,553,595. Cases 4,154, seg. 633, e.u. n.s.; 6 lepsa (tab.), cap. 987; 25 clinics (3,521). *Borneo*: Pop. 3,586,439. Cases 295 (seg.), e.u. n.s.; 6 lepsa (tab.), cap. 289; no clinic. *Celebes*: Pop. 5,930,251. Cases 2,004, seg. 1,569, e.u. n.s.; 11 lepsa (tab.), cap. 1,602; 2 clinics (435). *Lesser Sunda I.*: Pop. 5,128,444. Cases 644, seg. 487, e.u. n.s.; 10 lepsa (tab.), cap. 576; 4 clinics (157). *Molucca I.*: Pop. 683,416. Cases 432, seg. 317, e.u. n.s.; 5 lepsa (tab.), cap. 349; 1 clinic (115).

PORTUGUESE TIMOR (*s*): Pop. 442,378. Cases 146, seg. 8, e.u. 180; no lepsm or clinic. NETHERLANDS NEW GUINEA (*s*): Pop. "administered area" 300,000 (total 1,000,000). Cases 948, seg. 282, e.u. 800; 4 lepsa (tab.), cap. 256, (258 pats, plus 20 in general hospital).

EAST ASIA (5)

JAPAN: Pop. 85,500,000. Cases 15,425, seg. 10,425, e.u. 50,000; 14 lepsa (tab.), cap. 13,095; no clinic. RYUKYU I.: Pop. 760,800. Cases 1,416, seg. 1,250, e.u. 600-650; 2 lepsa (tab.), cap. 1,200; no clinic. HONG KONG: Pop. 2-1/2-3 million. Cases 1,375, seg. 375, e.u. 3,000-5,000; 1 lepsm, cap. 350 [now 550]; 2 clinics (1,000).

AUSTRALASIA AND OCEANIA

AUSTRALIA: *Queensland* (*s*): Pop. 1,287,237. Cases 93 (seg.); 2 lepsa (tab.), cap. 145; no clinic. *Western Australia* (*s*): Pop. 661,228. Cases 555, seg. 251, unseg. 304 (previously treated and discharged), e.u. 105; 2 lepsa (tab.), cap. 406; no clinic.

NEW CALEDONIA (*s*): Pop. 52,000. Cases 810, seg. 219, e.u. 1-2%; 1 lepsm; 11 clinics (591). *Loyalty I.* (*s*): Pop. 12,612. Cases 319, seg. 98, e.u. n.s.; 1 lepsm, 2 villages. NEW HEBRIDES (*s*): Pop. 41,872. Cases 122; 1 lepsm (9 pats); others live in separate houses in the bush. FRENCH OCEANIA (Society Is.) (*s*): Pop. 64,000. Cases 204, seg. 153, e.u. n.s.; 2 lepsa (tab.), cap. 165; no clinic.

FIJI (6): Pop. 340,000. Cases 717 (seg.), e.u. 20; 1 lepsm, cap. 720; no clinic. NAURU I. (6): Pop. 1,672. Cases 47, seg. 9, e.u. 0; 16 beds in government hospital; 1 clinic (38). GILBERT & ELLICE I. (7): Pop. 39,861. Cases 114 (seg.), e.u. n.s.; 1 lepsm, cap. 24 (96 pats at Makogai, Fiji); no clinic. (No leprosy in the Ellice Islands. COOK I. (7): Pop. 15,656. Cases 124, seg. 34, e.u. 0; no lepsm (pats sent to Makogai); 1 clinic (90). (Stated elsewhere, total number 179.) WESTERN SAMOA (7): Pop. 93,000. Cases 120, seg. 77 (B+ cases sent to Makogai) e.u. 25; 1 lepsm, cap. 18; no special clinic. AMERICAN SAMOA (7): Pop. 19,000. Cases 46, seg. 21; e.u. 0; 1 lepsm (25 other pats at Makogai); clinic at lepsm.

NORTH AMERICA (7)

CANADA: Pop. 14,756,000. Cases 15, seg. 9, e.u. 0; 2 lepsa (tab.), cap. 24. MEXICO: Pop. 28,000,000. Cases 10,571, seg. 1,231, e.u. 21,142; 2 lepsa (tab.), cap. ± 550 ; 2 clinics (and 21 "other dispensaries"). BERMUDA: Pop. 40,000. Cases 6, seg. 1, e.u. (0?); no lepsm or clinic.

WEST INDIES

BAHAMAS (8): Pop. 85,000. Cases 14 (seg.), e.u. 0; no lepsm or clinic. CUBA (7): Pop. 5,813,000. Cases 3,567, seg. 679, e.u. n.s.; 2 lepsa (tab.), cap. 760; 10 clinics (1,524). HAITI (7): Pop. 3,097,220. Cases 7 (reported in 1955), seg. 0, e.u. n.s.; no lepsm or clinic. DOMINICAN REPUBLIC (7): Pop. 2,346,391. Cases 177 (seg.), e.u. 90; 1 lepsm, cap. 200. VIRGIN ISLANDS (U.S.A.) (7): Pop. 13,000. Cases 20, seg. 10, e.u. 8; 1 lepsm, cap. 92; no clinic.

LEEWARD ISLANDS (Br.) (8): *St. Kitts, Nevis, Anguilla*: Pop. 52,056. Cases 50, seg. 30, e.u. 100; 1 lepsm, cap. 54; no clinic. *Antigua*: Pop. 49,692. Cases 96, seg. 32, e.u. 35; 1 lepsm, cap. 49; 1 clinic there. *Dominica*: Pop. 54,000. Cases 15 (seg.), e.u. 0; 1 lepsm, cap. 24; no clinic. WINDWARD ISLAND: (8): *St. Lucia*: Pop. 82,958. Cases 22 (plus 8 discharged), seg. 14, e.u. 0; 1 lepsm, cap. 14; no clinic. *St. Vincent*: Pop. 71,392. Cases 20 (seg.), e.u. 0; 1 lepsm, cap. 20; no clinic. *Grenada*: Pop. 86,000. Cases 7 (seg.), unseg. and e.u. n.s.; 1 lepsm, cap. 16; no clinic. TRINIDAD & TOBAGO (8): Pop. 618,603. Cases 884, seg. 229, e.u. n.s.; 1 lepsm; 6 clinics (655). BARBADOS (8): Pop. 219,015. Cases 66, seg. 28, e.u. 0; 1 lepsm, cap. 175; 1 clinic there (38). GUADELOUPE (etc.) (8): Pop. 229,120. Cases 1,085, seg. 100, e.u. 70; 1 seg. center; 2 clinics (and other policlinics). MARTINIQUE (8): Pop. 240,000. Cases 1,348, seg. 148, e.u. 200; 2 lepsa (tab.), cap. 154; 1 clinic (1,200). NETHERLANDS ANTILLES (8): Pop. 181,030. Cases 13 (seg.), e.u. n.s.; 1 lepsm, cap. 32; no clinic.

CENTRAL AMERICA (7)

BR. HONDURAS: Pop. 78,094. Cases (1 seg.). HONDURAS: Pop. 1,505,465. Cases 40, seg. 5, e.u. 45; no lepsm, no special clinic. EL SALVADOR: Pop. 1,908,566. Cases 61, seg. 0, e.u. n.s.; no lepsm or special clinic. COSTA RICA: Pop. 933,033. Cases 406, seg. 157, e.u. 30; 1 lepsm, cap. 200; 1 clinic.

SOUTH AMERICA (7)

VENEZUELA: Pop. 5,176,000. Cases 5,745, seg. 937, e.u. n.s.; 2 lepsa (tab.), cap. 1,150; 19 clinics (4,808). BR. GUIANA: Pop. 465,420. Cases 1,292, seg. 268, e.u. n.s.; 1 lepsm, cap. 326; 5 clinics (1,024). SURINAM: Pop. 250,000. Cases 2,197, seg. 551, e.u. n.s.; 3 lepsa (tab.), cap. 675; 1 clinic (1,646). FR. GUIANA: Pop. 31,000. Cases 1,311, seg. 130, e.u. 100; 1 lepsm, cap. 160; 3 clinics (317). BOLIVIA: Pop. 3,019,031. Cases 951, seg. 86, e.u. 2,955; 3 lepsa (tab.), cap. 130. ARGENTINA: Pop. 18,509,066. Cases 9,572, seg. 1,537, e.u. 1,620; 9 lepsa (tab.), cap. 2,275; 3 clinics (658). CHILE: Mainland, none. *Easter Island*: Pop. 800. Cases 37, seg. 13, e.u. n.s.; 1 lepsm, cap. 40; no clinic.

WHO AND LEPROSY

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.