

## Has Leprosy Come of Age?

Much as I appreciate the outstanding contributions of the authors, the guest editorial, "Leprosy Comes of Age," reflects a more fortunate perspective than most of the world can boast, for in it I see the viewpoint of Americans who live in a country where medical standards are high and the

incidence of leprosy is miniscule. Logically enough, therefore, it is understandable that leprosy holds little interest to the "intelligent layman or for the average practitioner of medicine."

In Europe and North America, the medical problems are more typical of an indus-

trial society with uncrowded housing, a high level of sanitation, uncontaminated foods, general prosperity, and long life expectancy. Regrettably, this is but a small part of the world, and the prevalence of leprosy and the concern for it are of vital interest to the layman and medical worker in vast areas of our globe. Since leprosy has a strong relationship to social and economic development, we must recognize that we do not have the economic resources, let alone perfected medication, to achieve complete eradication of the disease. To permit complacency in light of the estimated total of 12–15 million people afflicted with leprosy would be utterly unrealistic.

We must accept the fact that leprosy will be integrated into a total health program in the emerging nations in which leprosy is so prevalent. This has received top level agreement by the Ministers of Health in many countries, but they have set a time schedule which is probably unattainable because of a lack of adequately trained medical and paramedical personnel. For

example, the results of a recent survey of 106 medical schools in India indicated that during the period of medical training, the average time spent on leprosy is 4½ hours during the three year period! If this is true, in this country where more than one quarter of the world's leprosy is to be found, any complacency would be a disservice to the afflicted and make impossible a properly integrated health delivery program.

It should also be said that the integration of leprosy requires the continuation of specialized personnel, if not institutions, to deal with leprosy complications—especially trained physiotherapists, orthopedic surgeons, shoe specialists, prosthetic technicians, etc., are required to avoid or correct deformities. If anything, our work becomes more complicated not only for those who were in Mexico City but for a host of others from this generation and generations to come.

—Roger K. Ackley

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