

THE MEDICAL JOURNAL OF
MALAYA,
Vol. XV, No. 1, September, 1960.

REHABILITATION OF LEPROSY SUFFERERS

10 Million Cases of Leprosy in the World Today

(The following has been received from the Regional Office of WHO for South East Asia, New Delhi)

Early detection and treatment of leprosy may prevent the deformities which brand the leprosy patient for life and make it difficult for him to be accepted in society as a normal member of the community even after he has been cured. This opinion was expressed at the Scientific Meeting on Rehabilitation in Leprosy recently held at Vellore, India.

Sponsored by the World Health Organization, the Leonard Wood Memorial (American Leprosy Foundation) and the International Society for the Rehabilitation of the Disabled, the meeting was attended by leading scientists and plastic and orthopaedic surgeons from a number of countries including India, Japan, Mexico, Philippines, U.K., and U.S.A.

Dr. James A. Doull, Medical Director of the Leonard Wood Memorial, Washington, U.S.A., was elected Chairman of the meeting.

10 MILLION SUFFERERS

A report adopted by the meeting said that there are probably 10 million cases of leprosy in the world today. Of these, fewer than 5% could be accommodated in existing institutions. The vast majority were living in their own homes and probably not more than 20% were receiving treatment of any kind. It had been estimated by WHO that 25% of all leprosy patients suffer from some degree of physical disability.

As a means of accelerating progress in rehabilitation the meeting strongly urged that leprosy be studied and treated along with other diseases in centres where a wide range of medical scientists was available. Leprosy research should no longer be carried out only in institutions confined to leprosy and by leprosy specialists who do not have the assistance of basic scientists and experts in other fields. In addition to strengthening leprosy research this would have a great psychological advantage. *It was felt that as long as the medical profession continued to treat leprosy separately from all other diseases, the public could hardly be expected to believe that it was not "a disease apart".*

PEOPLE MUST BE TOLD . . .

The meeting stressed the need for large-scale educational and propaganda campaigns to inform the public about the facts of the disease. It was felt that widespread and deep-rooted prejudices with regard to leprosy formed the greatest single barrier to rehabilitation. *The public should be educated to appreciate the fact that leprosy is curable and that the deformities which remain after cure do not necessarily mean that the disease is still active.*

Rehabilitation agencies in various fields were urged to include leprosy patients in their programmes. It was felt that the experience of these agencies in combating prejudice concerning physical disability and in mobilizing professional and public understanding could be a great asset in developing future leprosy programmes.

Equal stress was laid on the education of the patient himself. He should know what precautions to take and what routines to follow to avoid getting deformities. *Rehabilitation should begin when the disease was first diagnosed.*