

equal rights with States, it is more likely to fall below the level of States than rise above it. Thus, a failure by the United Nations to accede to the Geneva Conventions is not likely to lead to greater rights for the Organization than for States in an armed conflict. It is more likely to result in the United Nations Force enjoying less protection than the forces of States do, and in the Organization exercising less control over its Force than it otherwise could.

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The Leprosy problem in the world, *Boletín de la Oficina Sanitaria Panamericana*, Washington, 1966, No. 5.

The data compiled or published on the prevalence of leprosy in most countries do not represent the real situation, because case-finding has not reached the desired level in many of them. The authors have attempted to provide more realistic figures which reflect more accurately the situation that exists in each continent and country. To this end, they have availed themselves of information supplied by each country and each WHO regional office in reply to a questionnaire, reports of visits to countries by WHO headquarters staff and short-term consultants, reports of the WHO Leprosy Advisory Team on the assessment of certain leprosy control projects, data available in the literature and official reports published by governments or international organizations, and finally, the reports of leprosy conferences and seminars organized by WHO.

In the estimates, the observations of the WHO Leprosy Advisory Team have been taken into account with regard to Africa, Asia, and the Americas, in the course of random-survey population samples. It is certain, however, that, in some countries the existence of a margin of error is likely, and the authors stress that in presenting the aforementioned figures they have merely attempted to give an indication of the magnitude of the leprosy problem throughout the world.

With the above-mentioned reservations, and on the basis of certain criteria, they have estimated the number of cases that exist in a given country by multiplying the number of registered cases by a variable coefficient determined by whether the country in question has a program for case-finding which is satisfactory, adequate or inadequate. In all, there are 2,831,775 registered patients and 10,786,000 estimated cases.

The authors use tables to show the figures for each continent and country. The number of registered and estimated cases for each continent is as follows, respectively: Africa, 1,712,132 and 3,868,000 ; the Americas, 117,815 and 358,000 ; Asia, 915,525 and 6,475,000 ; Europe, 16,624 and 52,000 ; and Oceania, 9,681 and 33,000. According to available information, there are 1,927,929 treated patients in the world. Many countries, however, have not supplied information and, undoubtedly, have not accounted for cases which are no longer under control. Therefore, it is probable that the figures should be much higher. An analysis of the registered and estimated cases reveals that the respective proportions of treated patients are 68.1 % and 17.9 %. Approximately 2,097,000,000 persons live in areas with prevalence rates of 0.5 per 1,000 or higher. It is estimated that, during the next five years, there will be 995,000 new cases of leprosy in those countries, as follows: 312,000 in Africa, 26,000 in the Americas, 650,000 in Asia, 3,000 in Europe, and 4,000 in Oceania.

The authors have also attempted to estimate the number of disabled patients. They have arrived at the figure of 3,872,000, of whom 1,961,000 are in disability degrees 2-5 (excluding anaesthesia to pain).
