

A GLANCE THROUGH THE REVIEWS

Leprosy: The Red Cross provides social care. — *Monthly News and Report, League of Red Cross Societies, Geneva February 1961.*

Though the "open door" treatment, newest approach in the cure of leprosy, has brought relief from social ostracism for many sufferers, victims of this scourge are still in urgent need of social care. Such help is given in many countries by the National Red Cross Societies which have contributed to this work for over a quarter of a century. Fifteen National Societies, often aided by their Junior Sections, are engaged in activities on behalf of lepers.

Aid given concentrates on improving the wellbeing of patients, mostly through the means of regular distributions of food and all kinds of comforts. In Swaziland the British Red Cross Branch provides gramophones, records, heaters, wool for knitting blankets and even seeds and plants for those who enjoy gardening. Besides distributions, the Cambodian Red Cross organises an annual visit to the cinema—an almost unheard-of treat for leper patients.

Families of lepers are also helped by their Red Cross Societies to overcome the difficulties which the disease can bring. The White Ladies of the Costa Rican Society make regular visits to the families of lepers and obtain financial support for them until the patient is able to return home. In South Africa the link between the leper and his family is maintained by the National Society, which provides rail tickets for relatives visiting patients and, for those who must travel long distances, obtains rooms where they can stay the night.

Societies participate in medical care for lepers only in Tanganyika where this Branch of the British Red Cross has participated in the construction of a leprosarium giving treatment to more than 4,000 lepers and two "Clean Babies' Homes", and in the Congo where prior to its independence the Branch of the Belgian Red Cross established leproseria and homes for patients and their families, but several Societies give material support to medical services by their special fundraising campaigns. Leprosy weeks are organised by the Red Cross of Brazil and the Ethiopian Red Cross has made a film on the condition of the leper to aid fundraising campaigns in Sweden.

Even in countries where leprosy is unknown, National Societies are helping to alleviate the plight of the leper by aid in cash or kind to their sister Societies. The Swedish Red Cross takes part in national fund-raising, toys from the Netherlands Red Cross delight child victims in Dutch Guiana and the Juniors of the New Zealand Red Cross help the National Society of India to provide beds, mattresses and special shoes for the child lepers of their country.

Health in the Congo. — *W. H. O. Chronicle, Geneva, February 1961.*

... Disintegration of the health services began to be noticed towards the end of 1959. The first symptom was antagonism on the part of the population towards the activities of the European sanitarians: people began to refuse vaccination and failed to attend for medical screening by the mobile teams. By July 1960 vaccination and screening had ceased completely in the rural areas and in many of the urban areas. About this time an exodus of European personnel began; two-thirds of the doctors, all the civilian graduate nurses, and the great majority of the European sanitarians left the country. About 150 Congolese medical assistants and 1,000 male nurses were left to carry on the medical work. Most of the regional hospitals were depleted of European personnel and only the provincial hospitals continued to function, though with restricted staff. Preventive services were discontinued altogether; organized vaccination programmes and vector control measures ceased, while the water supply installations were left in the hands of untrained Congolese workers. The medical supply system was disorganized, for, though the central depot and many of the provincial stores had adequate supplies, these could not reach the more distant areas for lack of transport facilities. In general, there was no loss of supplies or equipment through theft or wanton destruction. However, some loss occurred through lack of proper maintenance or misuse due to ignorance.

Following an appeal by the Security Council, the Secretary-General of the United Nations asked WHO to help deal with the emergency and to convey a similar request to the International Committee of the Red Cross and the League of Red Cross Societies. A team of WHO advisers proceeded immediately to the Congo and placed its services at the disposal of the Government. A survey of the situation revealed that the principal emergency was in the field of preventive services and environmental sanitation. The medical care services had suffered less, since the Congolese auxiliaries continued to carry out routine examinations and treatment of patients in the clinics and health centres, and cases of major surgery were referred to the provincial hospitals. On the