therefore has a number of implications for leprosy control. These are:

a) a strict operational control of the line of drug supply with firm commitment for continued supplies;

b) a strict supervision of treatment in lepromatous (and other infectious) patients, including random urine control for drug intake of patients in self-medication;

c) laboratory facilities in the field for the bacteriologic follow-up of patients, including performance of the Morphologic Index;

d) an appropriate clinical follow-up of patients with the possibility of linking the observations in successive years. This requires adequate forms and records;

e) facilities for the hospitalization of a larger number of patients than at present during the first few months of treatment. This will require building or remodeling of facilities, and/or appropriate arrangements for hospitalizing the patients in general hospitals;

f) the availability of thalidomide and the possibility of using this drug under appropriate conditions of safety;

g) an appropriate system of detection and referral of patients with lepra reaction;

h) a general upgrading of the auxiliary personnel in charge of leprosy control, with respect to laboratory skills, clinical expertise, handling of reactions, and health education.

The fulfillment of these conditions is required before considering the establishment of new therapeutic policies in relation to resistance.

As noted by Ishidate at the Manila meeting, chemotherapy in leprosy is becoming a highly complex and complicated task. Indeed, control of leprosy is becoming a highly complex and complicated task. To what extent this is compatible with the new and much needed approach to health based on primary health care remains to be seen.

—MICHEL F. LECHAT, M.D.,
D.T.M., DR. P.H.
Board of Directors, ILA
Professor of Epidemiology

Department of Epidemiology
School of Public Health
Catholic University of Louvain
1200 Brussels, Belgium

Subscription and ILA Membership Notice

All subscriptions and membership dues are handled through the Business Office, P.O. Box 1097, Bloomfield, New Jersey 07003 of this JOURNAL or through the office of the Secretary-Treasurer, 16 Bridgefield Road, Sutton, Surrey, England.

In either event the mailing list is now processed by computer which is compiled and issued from the Business Office in New Jersey. The Editorial/Publication Office in Hawaii does not handle these matters: the computer-issued mailing labels are merely affixed to the mailing envelopes in Hawaii. Therefore, all inquiries and/or corrections should be directed to the New Jersey office.

—EDITOR