

## Continent-Wide Offensive Against Yaws Recommended for Africa.

Second International Yaws Conference Grouped Experts from thirty Countries in Nigeria.

AT LEAST 25 million Africans are suffering from yaws—a weakening, deforming tropical disease readily cured by penicillin—and an offensive on a continental scale should be undertaken with the assistance of the World Health Organization to eradicate this disease from Africa.

This recommendation was made by the 2nd International Conference on Yaws Control which met at Enugu, Nigeria, from 10th to 24th November, under the chairmanship of Dr. J. L. McLetchie, O.B.E., Director of Medical Services for Eastern Nigeria. The Conference grouped 53 participants from all parts of the world.

The Conference recommended that the African yaws campaign should be simultaneously undertaken in adjacent areas, countries and territories in order to avoid the re-introduction of infection. Political frontiers in Africa are unrelated to geographical or tribal barriers, which might limit the spread of the disease; they are crossed each day by countless thousands of people, and large-scale migrations often take place for economic or religious reasons. The proposal for a yaws offensive on a continental scale, made by Medecin General M. A. Vaucel, Directeur des Instituts Pasteur d'Outre-Mer, was enthusiastically received by the Conference and adopted unanimously.

The World Health Organization was requested to take the responsibility for the technical co-ordination of this work and to convene a conference of African health administrators to plan its strategy. U.N.I.C.E.F. assistance in the form of penicillin, transport and equipment to be furnished over the next 10 years will also be sought.

The diseases which cause the most mischief in Africa are generally mass afflictions and must be tackled in the mass. In the case of yaws, mass campaigns are relatively inexpensive and involve little capital outlay, it was observed at the Conference. The total cost in South-East Asia of similar campaigns is now \$60,000 to \$80,000 per million people examined; this includes the cost of penicillin treatment, transport, local staff, administration, etc.

The Conference noted that immense practical experience has been gained since the first International Yaws Symposium was held in Bangkok in 1952. Since then, mass control campaigns against yaws have been undertaken in many parts of the world with W.H.O. and U.N.I.C.E.F. aid, during the course of which 50 million people have been examined and 15 million treated. Everywhere, the spectacular results achieved have won the confidence of the peasantry and their leaders, and have encouraged the development of rural health services often in places where none existed before. This was reported by experts who had participated in W.H.O. and U.N.I.C.E.F. aided yaws projects in Haiti, Thailand, Indonesia, Fiji, Samoa, Solomon Islands, Malaya, India, Nigeria, Liberia, etc.

A training plan for local, semi-skilled personnel who will be employed in the African campaign was suggested by the Conference. These auxiliaries will be taught the techniques of asepsis, intramuscular injection, simple diagnosis and classification of yaws, recording of findings, health education, the use of maps and, since they will be part of mobile teams, they will have to learn "to drive cars or ride quadrupeds." This auxiliary staff can subsequently be employed in other field activities and in local health services.

Children are the principal sufferers from yaws, the Conference stated. So far, at least three-quarters of the cases found in mass campaigns were children under 15. The Conference indicated the dosage of long-acting penicillin which should be given to children in a single injection: 0.6 mega units, the dose for adults being 1.2 mega units.

People in contact with yaws patients, or with latent cases who showed no signs of infection, should receive half-doses.

Aside from Africa, the Conference also made a number of recommendations applicable to other tropical regions, where yaws is a serious problem, and where it is estimated that 200 million people are exposed to this and other treponematoses. They recommended that governments be made aware of the public health, social and economic importance of mass campaigns against endemic treponematoses, and particularly yaws. Health administrations, the Conference held, should take advantage of the present favourable situation by starting yaws campaigns or expanding current programmes rapidly, not only on their own territory, but by continuing on an inter-country basis, in order to avoid re-infection from neighbouring areas. Finally, they stressed the opportunity given by mass campaigns for the development of rural health services, and recommended that the planning of treponematoses control should include the provision of essential services and supplies for that purpose.

At the closing session of the Conference, Medecin General Vaucel declared that "yaws is a stigma, a brand of inequality between men, and should be removed so that all men may become equal in their flesh and in the face of suffering. Eradication of yaws would mean that Africa has broken away from her past and reborn to a new destiny."

## A Hospital for Yugoslavia.

LAST WEEK I was shown round the General Hospital of a well-known Yugoslav resort. It was at least 30 years behind the times but the authorities knew this and were doing their utmost in the face of grave financial difficulties to improve matters as they could.

They had begun at the heart of the problem by using all available money to modernise the Theatre. This was achieved three years ago but as no money had been forthcoming since, the rest of the building was far from impressive. In fact the general appearance was dirty.

Except for the Theatre there was not the slightest smell of disinfectant and the approach to the wards was bad. No flowers brightened the rather dingy, overcrowded rooms, which had no screens or curtains. Again except for those in the Theatre, the few nurses encountered would have shocked a British matron beyond endurance. One or two lounged in doorways idly watching the Doctor take us round. In many wards there was no sign of supervision. The patients ambled round in filthy dressing gowns and were even permitted to go like this to contact friends at the railings of the hospital.

Of the patients confined to bed, dirty and clean cases, adults and children, were found muddled together. Some of the bandages on the gangrene cases were indescribable. There was no sign of saline or plasma drips; the old tube and funnel method being used instead.

The treatment of fractures was also far behind the times in that weights were being used instead of traction. On the other hand the X-Ray plates were very good, which, like the Theatre, showed how little by little improvements are being effected.

Whilst greatly wishing never to be taken ill in Yugoslavia, I recognise the immense difficulties faced by the hospital authorities and their determined efforts to overcome them. Let us wish them speedy success.

G. P.

## More Gifts of Blood than Ever.

IN THE FIRST six months of this year there were more gifts of blood to hospitals in England and Wales than in any comparable period. Total donations to the National Blood Transfusion Service up to the end of June were 379,282. Last

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