EDITORIALS

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THE 1953 MADRID CONGRESS

At the Fourth International Leprosy Congress, held in Cairo in 1938, it was decided that if possible a similar congress should be held every five years. Through Professor Marchoux, who had been elected president of the International Leprosy Association at that meeting, an invitation was received to hold the next congress in Paris in 1943. This invitation was accepted, but unfortunately the war made a meeting in 1943 impossible.

At the Second Pan-American Leprosy Conference, held in Rio de Janeiro in 1946, opportunity was taken of the presence of many members of the Association to hold a general meeting of that organization, and on that occasion a cordial invitation was received from the Cuban government to hold the fifth congress in Havana in 1948. At the Havana meeting two invitations were received for the next one, one from India and the other from Spain. Voting decided in favor of the latter, and it was decided that the sixth congress should be held in Madrid in 1953.

The writer has recently paid a visit to Spain, with the object—for one thing—of conferring on behalf of the Association with our future hosts in Madrid regarding the congress. On reaching Madrid the first matter for decision was the date of

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1 Dr. Muir's observations of the antileprosy campaign in Spain, made on this occasion, appeared in the last issue.—Editor.
the congress. Madrid has a pleasant climate both in spring and in October. The local committee were in favor of the first week in October. I am informed that the Congress of Tropical Diseases and Malaria is to be held in Istanbul in the end of August or the beginning of September, 1953, and the International Congress of Microbiology in Rome in the course of September, and thus it is hoped, on the advice of CCICMS (Council for the Co-ordination of International Congresses of Medical Sciences) that the dates of the three Congresses will be so arranged that it will be possible for those who so desire to pass from the one to the other.

A strong committee has been formed in Madrid to look after the local arrangements of the congress. It has as its president Dr. Clavero, director of the Escuela Nacional de Sanidad; as its secretary Dr. Contreras, the medical superintendent of the Fontilles Colony-Sanatorium; and as its treasurer Señor Ambles, Director General de Previsión.

Those who attended the Havana Congress were delighted with the excellent arrangements made for housing the congress, for the radio transmission of simultaneous interpretations into different languages, for the personal accommodations provided, for the visits to places of interest, and for the generous entertainment offered. Our future hosts in Madrid have made it clear that the 1953 congress will be on a scale no less efficient and generous.

There was one respect in which the Havana congress fell short of the hopes and expectations of many of the delegates, partly due to unpredictable circumstances and partly to the inexperience of those in charge of the technical program. The Organizing Committee had specified that titles and abstracts of papers should be sent to the secretary three months beforehand, but during the last few days before the beginning of the meeting—and even after it had actually begun—new names of delegates and new titles of papers came pouring in, many of these papers written by experienced leprologists. The total was so large that, for a time, it was planned to hold simultaneous sessions in different rooms, but it was decided that that would not be practicable because only the main auditorium was provided with translation equipment and it was believed that attendance in the smaller room would be minimal.

Under the circumstances, in order to encompass the program in one room, it was necessary for the Executive Committee to adopt certain rules, which were none too satisfactory and led to
some discontent. One was that papers submitted whose authors were not present might only be "read by title," and that aroused severe criticism in certain quarters. Another was that a member of the congress might present only two papers, of his own or of his joint authorship. Since several members had submitted more papers than that, the Program Committee had to consult them regarding their choice, which entailed much extra labor and greatly delayed the preparation of the session programs. A third rule adopted set a time limit of ten minutes for the presentation of a paper, including the time required for lantern-slides or other demonstrations. This rule resulted in the fatal amputation of some valuable papers, or in the readers racing through their papers at a rate that defied the efforts of interpreters and listeners alike. Also the time for valuable discussion had often to be curtailed.

What, then, can be done to overcome these difficulties in the 1953 congress? Apart from the very valuable meeting together and holding of personal discussions, the main object of our five-yearly congresses should surely be to survey the progress made during the previous five years and come to conclusions as definite as possible on the various problems of leprosy, conclusions which will be accepted as authoritative by those concerned throughout the world. If this is to be done we must not wait till October 1953 to begin, but, keeping this date in view, must begin at once to prepare. The following lines of action are suggested:

(1) As far as possible, groups of prospective delegates and others concerned should get together to consider the various sectional subjects that will come up for discussion at the congress: therapy, epidemiology and control, pathology, bacteriology, immunology and classification. If local groups can meet and pool their experiences, and then present at the congress joint findings in papers which represent the conclusions not of individuals but of the workers in a geographical area, then the discussions at Madrid will be much more clear and more likely to be fruitful of definite and helpful agreements. Such groups are already meeting, as for example the Pan-American Conference and the two-yearly All-India Conferences. It would be particularly helpful if at Madrid these bodies should be able to present their unanimous or majority findings on each subject in the form of short papers read by delegates appointed for the purpose. But the Pan-American and All-India conferences are large bodies, and it may be easier for smaller groups to come to more unanimous conclusions.
Among the objects for which the CCICMS was formed was "... the holding of symposia in relation to international congresses of medical sciences. These symposia were to be convened for the discussions of well-defined subjects requiring the participation of scientists belonging to various branches of medicine. The number of participants was not to exceed twenty, and there would be no audience in order to maintain the intimacy of their meetings. In 1950 the Council has organized two such meetings. The first was on Geographical Pathology and Dermography of Cancer. The second was on the Biology of Muscle and the Diseases of Voluntary Muscle."

Recently the World Health Organization, in consultation with the International Leprosy Association, has formed an expert leprosy panel and decided that there should be a meeting in 1952 of a committee drawn from this panel. The meeting of this committee of world-wide representation, but limited in numbers, should be of a similar nature to the symposia referred to above. Small numbers meeting in an informal manner can more easily clear away misunderstandings and come to definite conclusions than large conferences, and such a meeting of leading representatives of leprosy workers should pave the way for the Madrid congress.

It is proposed that authors should send the titles and short abstracts of not more than 250 words of the papers they wish to read at the congress to the General Secretary of the International Leprosy Association, 167 Victoria Street, London, S.W.1, England, so as to be received there not later than the end of May 1953. Papers which represent the findings of group discussions should be limited to 2,000 words, and those by single or joint authors representing only themselves and not a group should be limited to 1,500 words. Readers of papers may, if they so desire, expand and elucidate their papers during the time allotted for discussion. Papers written by persons not attending the congress will as a rule not be read, but the committee in charge of the agenda will judge as to their acceptance for publication. Not more than two papers will be accepted from any delegate. Papers which have already been published as such will not be accepted, although papers offered may summarize published observations and add to them.

All those intending to attend the Congress should send in their names for registration to the secretary of the Organizing Committee, Dr. Félix Contreras, Moreto 16, Madrid, before the end of August 1953. For members of the International Leprosy Association registering before that date there will be no regis-
tration fee, but for nonmembers there will be a charge of 200 pesetas. For those sending in their names after the end of August there will be an extra charge of 120 pesetas to both members of the Association and others. All dues are to be paid at the beginning of the congress. These rules are similar to those generally applied at international congresses, and unless valid objection is received within three months from the publication of this notice it will be taken that they have the approval and sanction of the members of the Association.

As at the Cairo and Havana congresses, the Government of Spain will invite the governments of all interested nations to send official delegates. A feature of the plans for the congress which will be of interest is to be an opportunity of visiting the leprosy institutions and studying the various forms of the anti-leprosy work which is being carried on. —E. MUIR

CORTISONE IN IRITIS

This note is to call attention of leprosy workers to a therapeutic measure which might possibly be of value as a means of relieving an occasional and highly distressing feature of the reactional phase of lepromatous leprosy, namely, acute iridocyclitis. The sulfone drugs have not proved of as much value for this condition as might be desired; for example, Erickson has pointed out that under sulfone treatment the severest type of eye lesions, including iridocyclitis, become definitely worse.

There has been as yet only limited investigation of the effects of cortisone and adrenocorticotropic hormone (ACTH) in leprosy, but indications have appeared that they may be of some value in reactional conditions. Speaking of special drugs under trial at Carville, Erickson has said briefly, "Early results noted from cortisone indicate that it may be of value in lepra reactions and in leproma iridocyclitis." In the article by Roche and associates which appeared in a recent issue of The Journal, on the beneficial effects of ACTH in lepra reaction, one of the cases recorded had iridocyclitis the symptoms of which subsided markedly during the treatment and "remained practically under control" after the treatment was suspended, although the other reaction manifestations reappeared. Roche remarked, in dis-