

The International Leprosy Association is one of the few nongovernmental organizations recognized by the World Health Organization. In this capacity our Association has stressed during recent World Health Assemblies the urgent need for WHO to take action against leprosy. The proposals made during the Assemblies and the decisions of the Executive Board of WHO concerning this subject have been published in *THE JOURNAL*. It should be recalled, however, that the second World Health Assembly had already recommended, in 1949, the meeting of an Expert Committee on Leprosy.

In 1951, after having assembled adequate documentation, WHO commenced to establish a Leprosy Panel, whose field of activities has been summarized in *THE JOURNAL*. At present this Panel comprises seventeen members, who represent the following countries: Belgium, Brazil, Egypt, France, India, Indonesia, the Philippines, Spain, the United Kingdom and the United States. This body will be further enlarged in the very near future.

Furthermore, several leprologists have been entrusted with missions by WHO, as follows: Dr. M. A. K. Dalgamouni, of Egypt, to Abyssinia; Dr. L. de Souza Lima, of Brazil, to Paraguay, Bolivia, Peru, Ecuador and Colombia; Dr. R. G. Cochran, of England, to Ceylon; and Dr. Dharmendra, of India, to Burma.

The first meeting of the Expert Committee on Leprosy will take place in the latter part of the present year. The members of the Panel have been asked to indicate those questions which

they desire to see included in the programme of the Committee. According to information already received, the programme will probably include the following items:

(1) Therapeutics of leprosy: (a) diaminodiphenyl sulfone (DDS) and the monosubstituted and disubstituted sulfones; (b) thiosemicarbazone (TB-1); (c) streptomycin; and (d) new drugs in the course of investigation.

(2) Physiotherapy, surgery and orthopaedics in leprosy.

(3) Experiments in the prevention of leprosy by BCG vaccination.

(4) The presence of acid-fast bacilli in cutaneous biopsies from clinically nonleprous subjects living in contact with sufferers of contagious leprosy.

(5) Various other questions.

The Expert Committee will consist of six members who will be selected according to their competence in connection with the subjects under discussion, together with the secretary of the Committee. A rapporteur will be appointed for the main questions on the agenda. The reports will be sent to all members of the Panel two months before the meeting.

Although it might seem preferable for the Expert Committee to meet in a country where leprosy is highly endemic, WHO, for technical reasons, has chosen Geneva as the site of the first meeting, which may possibly take place in September. WHO will coordinate the research undertaken under the aegis of the Expert Committee and will give technical advice to governments, specialists and interested institutions which may request it.

As heretofore, WHO wishes to collaborate closely with the International Leprosy Association. Moreover, closer liaison has quite recently been brought about by the appointment of the undersigned as WHO consultant and as secretary of the Expert Committee on Leprosy.

—R. CHAUSSINAND