

There was much interest among those concerned with leprosy when the First World Health Assembly included it among the diseases to which attention should be given by the World Health Organization. The gestation of this phase of the Organization's program, for which the third Assembly in 1950 resolved that funds should be provided in the regular budget for 1951, we followed closely [*e.g.*, the JOURNAL **17** (1949) 321; **18** (1950) 411 and **19** (1951) 79 and 230]; and subsequently we reported developments as well as possible from information that became available.

The only activity that could be provided for from the regular budget was a meeting of an Expert Committee, to be held in 1952. First, however, came the selection of the Expert Panel, to which thirteen men of wide geographic distribution were appointed at the outset, since when six more appointments have been made.¹ In preparation for the meeting Dr. R. Chaussinand, of the Institut Pasteur in Paris, was appointed on January 1, 1952, on a part-time basis as Consultant on Leprosy and *ex officio* secretary of the Expert Committee [**20** (1952) 115]—an appointment which was well received because of Dr. Chaussinand's experience in leprosy work and his well-balanced critical spirit. The meeting was held in Brazil last November.

In the meantime, under the budget for Technical Assistance for Economic Development, experts were sent on request as consultants to Ethiopia (Dr. Dalgamouni, and later Dr. M.

¹ The present list is as follows: Drs. Ernani Agricola, Brazil; R. Boenjamin, Indonesia; R. Chaussinand, France; R. G. Cochrane, England; Felix Contreras, Spain; M. A. K. Dalgamouni, Egypt; Dharmendra, India; J. A. Doull, United States; A. Dubois, Belgium; F. A. Johansen, United States; V. R. Khanolkar, India; John Lowe, Nigeria; E. Muir, England; V. Pardo-Castelló, Cuba; J. N. Rodriguez, Philippines; H. C. de Souza-Araujo, Brazil; N. de Souza Campos, Brazil; L. de Souza Lima, Brazil; and H. W. Wade, Philippines.

Kamel), Ceylon (Dr. Cochrane), and Burma (Dr. Dharmendra); also, through the Pan-American Sanitary Bureau, an expert (Dr. L. de Souza Lima) visited Paraguay, Ecuador, Bolivia, Peru and Colombia. More recently, an advisor to Burma (Dr. P. H. J. Lampe) has been appointed, and—it is understood—suitable men are being sought for other similar appointments in Ceylon, Iraq and Iran. This work is done out of the regional offices of WHO.

Recently there have been certain changes at WHO headquarters. Until late last year leprosy and various other diseases were dealt with in the Co-ordination of Research Section, headed by Dr. W. M. Bonne, of the Division of Epidemiological Services of which Dr. Y. Biraud was director. During the year Dr. Bonne was appointed director of another division of the Organization, the Division of Communicable Disease Services. Some time later the studies (or research) section was transferred to that division. Dr. Biraud's connection with leprosy affairs therefore terminated with the meeting of the Expert Committee and the editing of its report.

In the Division of Communicable Disease Services, a special section called Endemo-epidemic Diseases will take care of all work concerning leprosy, plague, cholera, parasitic diseases, trachoma, smallpox, cerebrospinal meningitis, and all virus and rickettsial diseases and zoonoses. It appears that in 1953 insufficient funds are available to continue Dr. Chaussinand's appointment as consultant on leprosy, and his contract will necessarily terminate as of April 1st. There has been a reduction of the budget for 1953 for the entire program under Technical Assistance, and work with various other diseases will be affected similarly. It is hoped, however, that in the near future two medical officers will strengthen the Section of Endemo-epidemic Diseases, after which it should be possible to develop further activities. We share the regret of the responsible officials for the current curtailment, and are confident that leprosy will continue on the active program of the Organization.

There has been disappointment that very little information about the findings of the WHO experts who have made survey visits has been made available. Such things are done under a system—for which there are obvious good reasons—that makes for difficulties. As we understand it, the reports of such experts are confidential to WHO, so that they may express opinions freely; edited versions of them are supplied the govern-

ments concerned; and if and when these governments authorize the release of these reports, they may be made available to others.

As yet, so far as we are aware, no such report on leprosy has been made public, although some statements have been released to the press. Dr. Dalgamouni has personally given to Dr. J. A. Doull, medical director of the Leonard Wood Memorial, information about his observations in Ethiopia (see one of the abstracts in this issue). No such information has been seen regarding the observations made in Ceylon or Burma. As for the tour of Dr. de Souza Lima in South America, the Pan-American Sanitary Bureau kindly supplied on request a copy of his preliminary report, but with the warning that it was "restricted"; consequently, what we have had on the matter [19 (1951) 358 and 486] came from other sources. Since press releases on these matters are made by WHO, it would seem as if simple factual data on such things as leprosy prevalence, control measures, and special institutions might be made available for responsible medical periodicals.

Of immediate interest to leprologists generally, since it dealt with technical matters, is the report of the Expert Committee which met in November. Such reports are of course intended ultimately for publication, but the necessary treatment of them is time-consuming. In each instance the crude product has first to be assembled and edited by the secretariat in Geneva to make a coherent, consistent whole, and that has to be sent around to the individual members of the committee for examination before the final revision can be made. The product is then submitted for approval to the Executive Committee of WHO, and subsequently to the next World Health Assembly, after which it is published as one of the series of special technical reports.

Because the report of the Leprosy Expert Committee could not be prepared in time for submission to the Executive Committee at its meeting late in January, that group—we understand—agreed by special dispensation that it should be submitted directly to the next World Health Assembly, to be held in May. It being desirable that our readers have some information on the subject well before the Madrid congress, we prepared an informal statement about the matters discussed by the Committee, without commitment regarding its actual report, and submitted it to the WHO authorities for approval. Its publication was prohibited, hence the truncated item which appeared in our last issue. In the meantime, however, the

public information service of WHO, undoubtedly without the knowledge of the technical authorities and certainly in disregard of the restrictions by which we have been bound, broadcast a press release purporting to give the highlights of the Committee's report. Since that statement was made public we would be perfectly at liberty to print it. We do not do so, however, because it differs so greatly in certain important respects from the spirit of the actual conclusions of the Committee. We expect to summarize at length, if not actually to reprint, the approved report as soon as it is made available.

—H. W. WADE