

LEPROSY NEWS

Information concerning institutions, organizations, and individuals connected with leprosy work, scientific or other meetings, legislative enactments and other matters of interest.

WHO AND LEPROSY CONTROL

The following is taken from a report on the Ninth World Health Assembly, which took place in Geneva May 8-25, 1956, in the *WHO Chronicle* for July, under the heading of "programme for 1957."

The Assembly considered a recommendation by the Executive Board, arising from a decision of the Fifth World Health Assembly, concerning the intensification of leprosy control and a proposal by the Government of Burma for convening a conference on this subject in South-East Asia. The Burmese proposal was strongly supported.

In India, leprosy affects 2-4% of the population in regions where it is endemic and a total of approximately 1,500,000 inhabitants throughout the country. There are at least 30,000 sufferers from leprosy in Viet Nam, and so far compulsory isolation has been a complete failure, since the number seems to be increasing rather than decreasing. In the Belgian Congo, there are nearly 250,000 persons with the disease, out of a population of about 12,000,000.

Leprosy is a problem which is encountered in all the WHO regions, although in varying degrees of seriousness, and the Assembly requested the Director-General to study the feasibility of holding an inter-regional conference to discuss the control of this disease in countries having similar epidemiological, social, and administrative problems.

Although it is perhaps premature to talk of eradication, there is no doubt that the new methods of treatment will bring about a definite decrease in the endemicity. The various delegations which took part in the discussion of this question attached great importance to early case-finding; the selective and voluntary isolation of lepers in hospitals; mass chemotherapy, which has been found, wherever it has been employed (e. g., in India and central Africa), of value not only from the curative but also from the preventive viewpoint (mass treatment with sulfones and DDS has led to a considerable decrease in contagiousness); and the physical, physiological, functional, and occupational rehabilitation of persons diagnosed and treated in time.

ACTIVITIES OF THE PASB/WHO IN THE CONTROL OF LEPROSY

The Organization's activities in this field have thus far been directed toward obtaining a better knowledge of the extent and characteristics of the problem and of the human and material resources available in the various countries, as a basis for the organization of leprosy control programs.

In 1951 a consultant of the Organization visited Paraguay, Bolivia, Peru, Ecuador, and Colombia, and his report on the status of the problem in those countries was later transmitted to the respective governments. Similar surveys were made in 1955 in Trinidad and Surinam, and in

1956 in French Guiana, British Guiana, Guadeloupe, Martinique, St. Lucia, and Grenada.

At the request of the government of Paraguay, and following another visit by a PASB consultant, a plan of operations was drawn up in 1954 for the control of leprosy in that country, where the problem is especially serious. UNICEF has agreed to collaborate by providing equipment, drugs, and other necessary items. Fellowships were awarded to two Paraguayan physicians for training in leprology, and the services of a consultant was provided for a period of one year beginning in September 1956.

It is planned to intensify the Bureau's activities in the field of leprosy control, and to this end provision is made in the 1958 proposed program and budget, to be considered by the Directing Council, for programs of collaboration to four countries (Bolivia, Peru, Ecuador, and Colombia) and for broadening and expanding the regional program already in operation.

In order to complete the survey in the other countries and territories of the Region, provision is made in 1957 and 1958 for short-term consultants and supplies and equipment.

At the suggestion of the representative of Bolivia it was agreed at the 28th meeting of the PASO Executive Committee to include the topic "The Problem of Leprosy in the Americas" on the agenda of the IX Meeting of the Directing Council of the Pan American Sanitary Organization, held at Antigua, Guatemala, September 1956.

After a very lively and interesting discussion, the Directing Council approved the following resolution:

1) To express its satisfaction at the attention given by the Bureau to the leprosy problem in the Americas and to recommend to the countries of the Hemisphere that national programs be revised in accordance with modern concepts and practices of diagnosis, treatment, prevention, and rehabilitation.

2) To request the Director of the Pan American Sanitary Bureau to continue the studies undertaken to determine the extent of the leprosy problem in the Americas and to obtain a knowledge of the various national agencies entrusted with antileprosy work.

3) To instruct the Director to undertake the studies and measures necessary to provide the fullest possible facilities for the training of personnel of national leprosy services and promote exchange of experience among professionals throughout the Hemisphere.

THE CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE OF INDIA

It has been known for some time that there was a plan afoot in India to establish a Central Leprosy Teaching and Research Institute, but until recently no specific information about the project was available. There were indications of problems of location and—apparently—also of senior personnel that took time to settle. Definite information has now been found in the annual report for 1955 of Hind Kusht Nivaran

Sangh, supplemented since that report appeared by certain data obtained from another source.

In implementation of recommendations of a Health Survey and Development Committee, apparently a national body, the institute was established by taking over from the state of Madras, early in 1955, the Lady Willingdon Leprosy Sanatorium at Tirumani, Chingleput, and the Silver Jubilee Children's Clinic at Saidapet. The capacity at the leprosarium, with 80 cottages, 17 dormitories and special blocks, and 2 hospitals, is nearly 900.

There has been set up an autonomous governing body, under the chairmanship of the Union Minister of Health, for over-all control of the Institute. The purposes of the new institution are to carry on research in problems relating to leprosy; to promote field studies "for the application of the results"; to train leprosy workers; to give technical advice and guidance in the sphere of antileprosy work; and to participate actively in the organization and development of leprosy policies and programs in the states. The institute is expected to come into full operation by the end of 1956. In the meantime the research in the two institutions concerned has been continuing.

It is understood that the amount of 28 lakhs of rupees (approximately \$600,000) has been provided in the second five-year plan for the period 1956-1961. The governing body has approved the construction of a new clinical block and a laboratory building at Tirumani, and of an additional wing with accommodations for a few bed patients at the Saidapet clinic. Provisions have also been made for the purchase of equipment.

The scheme provides for a clinical division, with an orthopedic section, laboratories (pathology and pharmacology), and an x-ray department; a division of epidemiology and statistics; a section of information and social welfare; and auxiliary services—the whole organization well provided with personnel. A mobile unit to carry out anti-leprosy work is provided for.

The position of director is yet to be filled. There are indications that the U. S. Technical Cooperation Mission to India may contribute a consultant for a limited period of time.

CONFERENCE OF PHILIPPINE GOVERNMENT LEPROLOGISTS

The "Second Annual Conference of Leprologists of the Bureau of Hospitals" was held in Manila September 27 to October 1, 1956. According to the program this four-day meeting comprised a formal opening ceremony, four scientific sessions usually with only a single paper on an assigned topic followed by a round-table discussion, and a final session entirely of the later nature. The presentations listed in the program were:

LARA, C. B. (Culion Sanitarium; presented by J. O. Tiong): The problem of nonleprous children and negative inmates.

IGNACIO, J. (Central Luzon Sanitarium): Type diagnoses of patients admitted to the sanitarium and their possible significance.

RODRIGUEZ, J. N. and FERNANDEZ, J. (Division of Sanitaria and C. L. S., resp.): Demonstration of interesting clinical cases.

JOVELLANOS, A. (Eversley Childs Sanitarium, Cebu): Treatment and its effect on the release of negative patients.

RODRIGUEZ, J. N. Plans of the Division of Sanitaria for the fiscal year 1956-57.

Although newspaper reports spoke of this meeting as if it had been a general one of Philippine leprologists, the official designation indicates its limitation to leprologists of the Bureau of Hospitals (other leprologists working in the Philippines not of the government staff not being invited), and a prefatory message by the secretary of health suggests a further limitation to "medical officers in charge of the different sanitarium." The participants from outside Manila, all attending under official orders, including the heads of 7 provincial leprosaria, and the physicians in charge of 2 of the 3 stationary clinics, and of 3 of the 4 "traveling skin clinics" that have been established so far. One purpose of the meeting, it is said, was the orientation of new personnel of the clinic units.

LEPROSY FOCI IN IRAN

Notes on the main foci of leprosy in Iran (Persia) have been supplied by Dr. Walter Frölich, a Viennese dermatologist who spent several years in that country and who is now with WHO in Formosa.

There is a large, old focus in northwestern Iran, in the Azerbaijan region or province, which borders on the Caspian Sea to the east, Russia to the north, and Turkey and the northeastern frontier of Iraq to the west; the capital is Tabriz (where Frölich was stationed). The population of this region is 4 million, and probably more. [There is also, according to maps of the National Geographic Society (U. S. A.), a region named Azerbaijan across the border in Russia, apparently including the peninsula projecting into the Caspian where are Baku and its famed oil wells.]

Also affected is Kurdistan, which the maps show to be a broad region mostly in southwestern Turkey but extending into the Azerbaijan region of Iran south of Lake Urmia. The population of this region is unknown because of the movements of its nomad people, and the number of cases is completely unknown. A German doctor who worked for three years (1953-1955) in Bukan, a town-village with about 30,000 inhabitants, had attracted during that period about 300 patients from the hamlets of the region.

Most of the leprosy cases in this part of Iran are found in the mountainous areas north and northwest of Tabriz, with a focus of especially high prevalence around Ardebil, a town east of Tabriz and some 30-40 miles from the Caspian but with a range of mountains between. Public health authorities of the region estimate the total number of cases there to be about 25,000. There is one leprosarium near Tabriz with 350 inmates.

From a Dr. Ghargan (Shiraz) it had been learned that there are places with low morbidity in the region of Bushir.

Meshed and the corresponding province far to the northeast is also a long-known focus. There seems to be a belt of leprosy extending eastward from Meshed to the northern provinces of Afghanistan. (It has

been said by Maleki [THE JOURNAL 22 (1954) 228] that there is a leprosarium at Meshed, and that the total number of patients in the two leprosaria is 500, so with 350 at Tabriz that would mean about 150 for Meshed.)

Kuhistan is another old focus. No estimate of the probable number of cases there is available.

LEPROLOGIA, A NEW PERIODICAL

The Argentine Society of Leprology, an affiliate of the Argentine Medical Association, is putting out a new periodical, *Leprologia*, as its official organ. Apparently it is intended for semiannual publication, for the first issue (received late in November) is dated January-June 1956. Who the editors are is not stated, although the roster of members of the Society lists a committee concerned with the publication. The address to which communications and subscriptions (the price is not indicated) should be sent is: Sociedad Argentina de Leprología, Casilla de Correos 2899, Buenos Aires.

This issue, besides an editorial signed J. M. M. F. (Fernandez), in which salutations are offered especially to sister periodicals in the same field, contains the statutes of the Society, detailed regulations governing the publication, a list of members of the Society (103 active, 24 corresponding, 18 honorary and 11 associate), and no less than 17 original articles, besides several pages of news items and abstracts, in total 116 pages. The publication is of dignified appearance, with a cover of heavy, fawn-colored stock—altogether an ambitious product, for which congratulations are in order.

BACK ISSUES OF THE JOURNAL NEEDED

Médecin-Colonel Laviron, director of the Institut Marchoux, at Bamako, French West Africa, informs us that it is desired to purchase the following volumes and issues of THE JOURNAL, which are lacking in the library of that institution.

1934: the complete volume.

1940: the second and third issues.

1941: the complete volume (three issues).

Anyone who can supply any of the desired volumes or issues is asked to write directly to M. le Directeur, Institut Marchoux, Bamako (Soudan), Afrique Occidentale Française.