EDITORIALS

SEVENTH CONGRESS TRANSFERRED TO TOKYO

When it was learned early in June that the Government of India had withdrawn its invitation for the Seventh International Congress of Leprology to be held in New Delhi in November 1958, the Japanese authorities were immediately asked whether they could take over the Congress in the near future instead of in 1963 as had been the intention. It was not anticipated that that could be done before 1959, and perhaps not until 1960.

The Japanese would not hear to any such delay. After only a month of consultations between their leprosy organizations and the Ministry of Health and Welfare on the one hand, and the International Leprosy Association on the other hand, a firm invitation was extended, and gratefully accepted, for the Congress to be held in Tokyo in November as had been planned for Delhi. The dates are November 12th to 19th inclusive, the split-week arrangement being an unavoidable consequence of prior reservations of the meeting place.

The hosts, collaborating with the International Leprosy Association, will be the Japanese Leprosy Foundation (Tofu Kyokai) and the Japanese Leprosy Association (the leprologists' society), and the Organizing Committee will be composed of representatives of those organizations and of the Ministry of Health and Welfare. The Executive Secretary is Dr. Kikuo Hamano, executive director of Tofu Kyokai, the address of which is 5, 2-Chome, Uchisaiwaicho, Chiyodaku, Tokyo. The cable address is TOFUKYOKAI TOKYO.

The sessions will be held in the Sankei International Conference Hall in the Sankei Kaikan Bldg. That hall, entirely modern and well-equipped, is said to seat some 500 persons. Hotel reservations, if requested, will be made at the Dai-Ichi Hotel, located in the Shimbashi district of Tokyo.
near the Shimbashi railroad station. The hotel is very near the offices of Tofu Kyokai, and about five minutes from the conference hall. The usual full information, with enrollment form and hotel reservation form, will be in a brochure which at the time this note was written was soon to be widely distributed, with the joint invitation of the organizations concerned.

The World Health Organization has decided to hold in Tokyo, November 20-24, the Inter-Regional Conference which was originally planned for New Delhi. The organizers of the Congress plan to arrange a three- or four-day trip to Osaka, Kyoto and the Aisei-en leprosarium on Nagashima Island immediately after the Congress.

H. W. W.

COORDINATION OF METHODS OF LEPROSY CONTROL

GUEST EDITORIAL

Most workers will agree to the principle of coordination of the various measures that can be employed for the control of leprosy. In practice, driven by the demands of expediency wherein conditions peculiar to each country loom large, there is often a tendency for over-emphasis on one particular method, and sometimes a denunciation of older methods which appear to have been unsuccessful. Thus it comes about that, here and there, voices are raised to denounce the use of the leprosarium as a necessary part of the control scheme.

Just as in putting money on a horse at the races, it may be decided to put all the money on the outpatient or the mobile clinic scheme, and the traditional leprosarium is neglected. This writer in 1957 and 1958 has had unusual opportunities of studying broad-based leprosy control schemes, and wishes to testify that the most successful were not those where all the money was put on one horse, but where money was put on all good horses. Thus even if mobile clinics were chosen to be the main part of the scheme, it was found that the leprosaria were improved and adapted to the essential functions of hospitalization, surgical prevention and cure of deformities, research both basic and therapeutic, and for organized training of nationals of the country concerned to act as various grades of assistants in the leprosy control campaign.

It was found also that the most successful control schemes were those which included leprosy surveys and regular re-surveys, and the census of leprosy house contacts and the provision for their preventive treatment. Finally, too much reliance on the sulfone drugs alone was not evident at all in these successful and coordinated control schemes.

It is true that by the use of some form of outpatient clinic system and a fairly large body of trained personnel a far greater number of leprosy patients was brought under treatment than ever before and than have been dealt with in static leprosaria. Nevertheless, the leprosaria, though smaller than in the old days, were more numerous and more