

## NEWS AND NOTES

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

### BRAZZAVILLE CONFERENCE ON LEPROSY IN AFRICA

Under joint sponsorship of the World Health Organization and the Commission for Technical Co-operation in Africa South of the Sahara (CCTA), a conference on leprosy in Africa was held at the WHO Regional Office for Africa in Brazzaville, A.E.F., April 14-21, 1959.

The countries represented officially—a total of 15, including 3 of the Eastern Mediterranean Region of WHO—and numbers of delegates from them were: Angola (1), the Communauté Française (5), the Belgian Congo (5), Gambia (1), Ghana (1), Spanish Guinea (1), Portuguese Guinea (1), Liberia (1), Mozambique (1), Northern Rhodesia (1), Ruanda Urundi (1), Sierra Leone (1), Ethiopia (2), Somaliland (1), and the Republic of the Sudan (1). Other countries, regions or entities represented by discussion leaders or observers included: Eastern Nigeria, Northern Nigeria, Portugal, Republic of Senegal, Uganda, Union of South Africa, the Mission to Lepers, the American Leprosy Missions, the British Leprosy Relief Association, the Leonard Wood Memorial, the Order of Malta, and l'Ordre de la Charité. Including 4 members of the secretariats of the sponsoring organizations, a total of 48 persons participated.

Apart from reports from different countries on existing problems, the agenda included eight topics, each of which was introduced by a discussion leader who had prepared a working document on the subject. The titles and authors of these papers were:

Organization of leprosy mass campaigns by mobile units, working paper by Médecin Général P. Richez, of Dakar, Senegal.

Role of leprosaria and treatment villages in mass campaigns, working paper by Dr. J. A. Kinnear Brown, of Entebbe, Uganda.

Leprosy treatment, working paper by Dr. A. R. Davison, of Pretoria, South Africa.

Integration of leprosy campaigns into the public health activities, working paper by Dr. J. Cap, of Leopoldville, Belgian Congo.

Prophylactic measures against leprosy, working paper by Dr. A. Salazar Leite, of Lisbon, Portugal.

Recruitment, teaching and training of personnel for leprosy campaigns, working paper by Médecin Lt.-Colonel Languillon, of Bamako, Republic of Sudan.

Rehabilitation of the patient recovering from leprosy, working paper by Dr. E. W. Price, of Enugu, Eastern Nigeria.

Assessment of the results of leprosy campaigns, working paper by Dr. C. M. Ross, of Kaduna, Northern Nigeria.

The report of this conference, Document CCTA/WHO/Lep. Conf/16, which is obtainable from WHO headquarters in Geneva, covers a wide range of subjects under the headings indicated but contains no summary of the discussions such as was made available for the PASB/WHO seminar which was held in Belo Horizonte, Brazil, in 1958.

#### SECOND WHO EXPERT COMMITTEE ON LEPROSY

The Second Expert Committee on Leprosy of the World Health Organization met in Geneva, Switzerland, August 3-8, 1959. The members of the committee were: Dr. J. A. Kinnear Brown, director of the antileprosy campaign in Uganda (*rapporteur*); Dr. Orestes Diniz, chief of the national leprosy service, Brazil; Dr. P. Laviron, of France (*vice chairman*); Dr. H. W. Wade, pathologist emeritus of the Leonard Wood Memorial, from the Philippines (*chairman*); and Dr. R. V. Wardekar, of the Gandhi Memorial Leprosy Foundation, India. Dr. J. M. M. Fernandez, of Argentina, participated as a WHO consultant. Dr. J. Gay Prieto, chief medical officer of the Leprosy Section of the Division of Communicable Diseases, WHO, served as secretary.

The meeting was convened primarily, according to a WHO announcement, "to examine experience gained in national leprosy campaigns during the past few years," although various other topics were included in the agenda. The following are further statements quoted from a press release issued by WHO at the time the meeting convened.

After the first expert committee on leprosy, which was held in Brazil in 1952, many countries started leprosy mass campaigns using ambulatory treatment. Since then more than one million leprosy sufferers have been treated in the 26 projects assisted by WHO and Unicef in different parts of the world. On the basis of this experience, general policy lines will be established for leprosy control projects.

About three million leprosy sufferers are known to be afflicted with deformities and disabilities. The committee will attempt to classify them so that uniform information and data can be obtained from the various countries combating this disease. Experience will be exchanged also on how these disabilities can either be prevented or corrected by physiotherapy or plastic surgery.

Three large conferences, all of which dealt in the main with problems of leprosy control in widely differing regions, have been held under WHO auspices within less than two years. These are: the Seminar on Leprosy Control held under the auspices of the Pan American Sanitary Bureau/World Health Organization in Belo Horizonte, Brazil, June 30 to July 7, 1958; the WHO Inter-Regional Leprosy Conference held in Tokyo, Japan, November 20-24, 1958; and the Conference on Leprosy in Africa held by CCTA/WHO [Commission for Technical Co-operation in Africa] (south of the Sahara) in Brazzaville, A.E.F., April 14-21, 1959.

The committee's report, if accepted by the WHO Executive Committee, will be published in full in due course. Immediately after the

meeting the Division of Public Information issued a press release giving certain of the high lights of the report, but it is so selective—and has been so badly misrepresented in news dispatches—that it is not reproduced here.

#### WHO EXPERT ADVISORY PANEL ON LEPROSY

As revised on May 15, 1959, the list of members of the WHO Leprosy Panel, now totaling 29, is as follows:

Argentina: Dr. José M. M. Fernandez. Belgium: Dr. A. Dubois. Brazil: Dr. Ernani Agricola, Dr. L. M. Bechelli, Dr. O. Diniz, Dr. H. C. de Souza-Araujo and Dr. L. de Souza Lima. Cuba: Dr. V. Pardo-Castelló. France: Dr. R. Chaussinand. India: Dr. Dharmendra, Dr. V. R. Khanolkar, and Dr. R. V. Wardekar. Indonesia: Dr. R. Boenjamin. Italy: Prof. G. Bertaccini. Japan: Prof. K. Kitamura. Philippines: Dr. J. N. Rodriguez. Portugal: Prof. A. Salazar Leite. Spain: Dr. F. Contreras Dueñas. United Kingdom: Dr. P. W. Brand (working in India), Dr. J. A. Kinnear Brown (working in Uganda), Dr. R. G. Cochrane, Dr. J. Ross Innes, and Dr. E. Muir. U.S.A.: Dr. J. A. Doull, Dr. F. A. Johansen, and Dr. H. W. Wade (working in the Philippines). U.S.S.R.: Dr. N. M. Baluev and Dr. K. Kolesov. Venezuela: Dr. J. Convit.

#### CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE OF INDIA

This institute is now in the stage of development. It was established by taking over from the Government of Madras the Lady Willingdon Sanatorium at Tirumani, Chingleput District, located about 40 miles southwest of the city of Madras, and the Silver Jubilee Children's Clinic at Saidapet, near Madras. The correct postal address is: Central Leprosy Institute, Chingleput, Madras State, India.

The institute is situated on the same site and is administratively a part of the Lady Willingdon Sanatorium, which has accommodations for over 850 patients. Financial support is received exclusively from the Governments of India and of Madras State. Administrative control is vested in a Governing Body set up by the Government of India, consisting of the Health Minister of India (chairman); the Health Minister of Madras (vice-chairman); the director of the Institute, Dr. Dharmendra (secretary); and several other government officials and some private citizens. The director renders scientific and fiscal reports to the Governing Body of the Institute and to the Governments of India and Madras.

A research staff is being recruited. The present number is six, but this number will soon be greatly augmented. The total number of employees is 100, also to be increased. Laboratory buildings, a new clinical block, and a 3-bed ward for leprosy patients with tuberculosis are under construction. The existing leprosarium buildings consist of 115 blocks for patients, with 65 hospital beds, 4 community and entertainment halls, 3 school-rooms, 2 shops, and 65 residential quarters for staff and employees.

An outpatient clinic at the Institute takes care of ambulatory leprosarium patients, and also those from the nearby general population. A mobile unit based at the Institute serves about 200 villages and treats about 2,000 patients annually.

The laboratory and clinical blocks of the Institute are nearly completed at a cost of Rs. 700,000 (\$154,000). The Institute is being equipped at an estimated cost of more than Rs. 300,000 (\$66,000).

In response to a request for specific figures on expenditures for research, Dr. Dharmendra supplied the following information.

1. The cost of operating the Lady Willingdon Sanatorium for the year 1954-55, i.e., the last fiscal year before it was taken over from the Government of Madras, was Rs. 373,665 (\$82,200). For the same year the cost of operation of the Saidapet Clinic was Rs. 25,472 (\$5,600). The total expenditures were therefore nearly Rs. 400,000 (\$88,000).

2. The estimated cost of operating the Institute, including the Lady Willingdon Sanatorium and the Saidapet Clinic, for the year 1958-59 is Rs. 551,380 (\$121,300), excluding nonrecurring expenses on construction and equipment. Thus the difference between the recurring expenses for the years 1954-55 and 1958-59 is only a little over Rs. 150,000 (\$33,000). This represents the approximate cost during the year of adding the Research Institute.

3. The 1959-60 budget estimate for recurring expenses is Rs. 680,000 (\$149,600). Of this amount about Rs. 400,000 (\$88,000) could be reckoned as for care and treatment of patients and Rs. 280,000 (\$61,600) for research.

A point of special interest in the research of the institute, noted in the annual report for 1958, is a long-term study of the natural evolution of the disease in children. A vast majority (84%) of children with leprosy had the benign, nonlepromatous (maculo-anesthetic and tuberculoid) forms of the disease, and in 65% of these benign cases the disease was arrested without any treatment.—[From *Leprosy Briefs* **10** (1959) 46-47.]

#### ANNIVERSARY NUMBER OF THE REVISTA BRASILEIRA

Note has previously been made [THE JOURNAL **27** (1959) 173] of the Silver Jubilee celebration, held in August 1958, of the founding of the Sociedad Paulista de Leprologia and of the *Revista brasileira de Leprologia*. It was planned to publish a special commemorative issue of that periodical.

That issue, No. 3/4 for 1958, is a massive one comprising some 280 pages—not counting a large number of advertisements, many of which are congratulatory. It contains—besides various other things, including the technical resolutions of the Tokyo congress in the original English—six original articles and an exhaustive compilation of legal acts.

Certain of the articles are or contain historical reviews. One article, by J. Oliveira de Almeida, is an extraordinary study of the serology of leprosy whose 90 pages (including 5 solid pages of references) occupies practically one-third of the issue. It, and one other report, have English summaries. One article, by J. Ramos e Silva on the erythema nodosum of leprosy (called "hypodermatitis nodularis lepromatosa recidivans" or, parenthetically, erythema nodosum leproticum) is fully duplicated in English.

The second largest contribution is a compilation, by Sarah Keffer M. Machado, of the laws and decrees concerning leprosy that have been promulgated in the State of São Paulo, beginning with a circular letter issued in 1820 ordering a count of leprosy persons in the then province. Indicating its careful preparation, 22 of the 55 pages of this sec-

tion are devoted to an index. Previously, in 1957, this author had published in the same periodical a similar compilation of federal legislation on leprosy.

That the *Revista* has been having finance problems is indicated by a notice that because of constantly increasing costs of publication the advertising rates have been increased, and also the subscription rate. The former has been doubled; the latter is up from 200 to 300 cruzeiros—although the foreign rate (\$4.00 in 1955) remains at \$6.00 as it has been since 1956.

#### GABBETT'S STAIN FOR ACID-FAST BACILLI

For a slightly ancient issue of *Leprosy Briefs* (Leonard Wood Memorial), Dr. J. A. Doull dug out the source of this method, a letter by Henry S. Gabbett to the editors of the *Lancet* published over 70 years ago [1 (1887) 575]. Since the method has virtues that are not generally appreciated, the letter is reprinted here in full.

Sirs,—I can strongly recommend the following mode of staining the tubercle bacillus in cover-glass preparations for clinical purposes. It is a slight modification of Neelsen's method. The stain—which in my opinion is preferable to any of those containing solutions of aniline—is made by dissolving one part of magenta [fuchsin] in 100 of a 5 per cent watery solution of carbolic acid, and adding 10 of absolute alcohol. A sufficiency of this fluid is poured into a watch-glass, and heated on a retort-stand over a spirit lamp till steam rises freely and the temperature is not very far from the boiling point. The cover-glasses, prepared in the usual way, are then floated in the stain for two minutes; if the right temperature has been reached this is quite long enough; the watch-glass should be covered. In Neelsen's method the preparations are then decolourised with acid, and subsequently stained with blue as a contrast. I find that these processes may be very conveniently combined by dissolving methylene blue in 25 per cent sulphuric acid till a deep colour is obtained, and immersing the cover-glasses for one minute in this immediately after their removal from the magenta. They are then rinsed in water, dried, and mounted in balsam. The whole process of staining and mounting occupies about six minutes according to my experience. Possibly this method may have been already suggested; if so, it has escaped my notice.

## NEWS ITEMS

**India:** *Directors of leprosy control work.*—The following is the succession of appointments to the position of Director, Leprosy Control Work, Government of India, as reported by Dr. N. Mukerjee, director of the Leprosy Research Department of the School of Tropical Medicine, Calcutta. Dr. Dharmendra occupied the post from the time it was created until August 1957, when he was appointed director of the new Leprosy Research and Training Institute at Chingleput, Madras. Dr. N. Mukerjee was then appointed, and served—in addition to his other duties—until the end of July 1958, when he relinquished the post. It remained vacant until recently, when Dr. K. R. Chatterjee was appointed.

**Korea:** *New clinic in Seoul.*—Recent news from Dr. Joon Lew, of the Yonsei University Medical School, is that World Vision, Inc., of Los Angeles, through the interest of its president, Dr. Robert Pierce, has provided for the establishment of a leprosy outpatient clinic in the central part of Seoul, Korea. Dr. Lew is serving as director. Called the World Vision Special Skin Clinic, it was having—after only three months operation—nearly 300 patients visiting it per month. Medical services, emphasizing early diagnosis and treatment and plastic surgery, and research and evangelical services are provided

for. The original plan was to spend \$100,000, of which about one-half has been expended for the building and equipment. This sort of activity is new in Korea, and difficulties were met in establishing the clinic because of prejudice against treating leprosy patients in the central part of the city.

**United States:** *Armed Forces Institute of Pathology.* Capt. W. M. Silliphant, MC, USN, having completed his four-year assignment as director of the Armed Forces Institute of Pathology, in Washington, D.C., and being shortly to retire from the Navy, was succeeded as director by Col. Frank M. Townsend, MC, U.S. Air Force, on August 1, 1959. The Institute, which is the central laboratory of pathology for the Department of Defense, serves not only the Armed Services and several other government agencies, but also civilian pathologists in the form of consultant service. It is noteworthy that it comprises a Leprosy Pathology Branch, under Dr. Chapman H. Binford, USPHS, and a Leprosy Registry in the American Registry of Pathology, which welcomes material from interesting leprosy cases for study by anyone concerned with that disease. The Registry receives financial support from the Leonard Wood Memorial.

*Damien-Dutton Society anniversary.*—The fifteenth anniversary of the Damien-Dutton Society was celebrated on April 4, 1959. According to an elaborate program received, there were an anniversary Mass at St. Paul's Church, and a testimonial luncheon with a program, in which several Church dignitaries and others participated.

*Brother Dutton of Molokai.*—This is the title of a book written by Howard E. Crouch, founder-director of the Damien-Dutton Society, located at 296 George Street, New Brunswick, N.J. It is described as written primarily for the younger reader, but of interest to persons of all ages. It tells of the childhood of Brother Dutton, his experience in the Civil War, and his years working with—and succeeding—Father Damien at the Kalaupapa Settlement on Molokai Island. The price is \$2.00; all profits are to be used for leprosy missions.

**Mexico:** *Dermatology Society.*—The address of the Sociedad Mexicana de Dermatologia has been changed to San Bernardino 3-B, Mexico 12, D.F., Mexico.

**Gambia:** *Leprosy hospital planned.*—It has been learned that the antileprosy campaign in Gambia, where there are an estimated 10,000 cases, has been based heretofore on ambulatory treatment only. It is now planned to establish a small leprosy hospital for such purposes as the care of patients in reaction, attention to the prevention and correction of deformities, and the provision of the essential laboratory facilities.

**General:** *Research in the Far East.*—Dr. Gunnar Gundersen, president of the American Medical Association, recently made a month-long trip to the Far East where, besides Australia, he visited India, Thailand, Singapore, Hong Kong, the Philippines and Japan. Among observations reported in the *AMA News* is the following: "Medical research in the Far East is concentrated heavily in the field of chronic infectious diseases such as leprosy." Special mention of leprosy in this connection may come as a surprise to workers in the Far East who are especially concerned with this disease.

*International dermatology congress.*—The XIIIth International Congress of Dermatology will be held in Washington, D.C., September 9-15, 1962. Dr. Sven Hellerstrom, secretary general of the International Committee of Dermatology, which meets at intervals between congresses and has the over-all responsibility for organizing them, has called attention to the fact that, by action of the Executive Board of WHO in January 1959, the International League of Dermatological Societies was accepted as a nongovernmental organization in official relationship with WHO.

## PERSONALS

DR. FELIX CONTRERAS has succeeded Dr. J. Gay Prieto, now with WHO, as head of the Section of Prophylaxis of Leprosy, Dermatoses and Venereal Diseases of the Direction-General of Health of Spain. Previously he had been in charge of the leprosy work of the Section.

DR. TAMATSU IMAEDA, of the Leprosy Research Laboratory of the Kyoto University School of Medicine, has accepted a two-year appointment at the Instituto Venezolano de Investigaciones Cientificas in Caracas, to carry on fundamental studies of leprosy with special reference to electron microscopy. He has been designated chief of the Leprosy Research Laboratory of the Institute.

DR. R. L. MAYER, formerly director of microbiological research, Ciba Pharmaceutical Products, Inc., Summit, N.J., has accepted a year's appointment with the Leonard Wood Memorial. Dr. Mayer will study methods now used to select and screen drugs for clinical trial in leprosy and make recommendations for improvement.

DR. JAMES A. MCFADZEAN, formerly engaged in leprosy research at the Sungei Buloh Settlement, in Malaya, is now with the National Institute for Medical Research in London, England.

DR. B. DAVID MOLESWORTH, formerly medical superintendent of the Sungei Buloh Settlement, and for a time consultant to WHO, has accepted appointment as leprologist specialist with the Ministry of Health of Ghana.

DR. H. W. WADE, pathologist emeritus of the Leonard Wood Memorial, who for many years has served informally as consultant pathologist of the Culion Sanitarium, has received a formal contract for that appointment with certain perquisites and a salary—the latter being one Philippine peso per year.