

NEWS AND NOTES

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

LEPROSY ACTIVITIES, THROUGH 1958, IN THE BELGIAN CONGO

In late 1958, Dr. James A. Doull was asked to contribute a historical review of the background activities in the Belgian Congo—some time before the recent political changes interfered with that work. He did so, with the remark that the product was entirely too long; and this was set aside until it could be condensed. That done—somewhat—it is now used as a historical record of what used to be done, and how, for the benefit of the victims of leprosy in that country.

The Belgian Congo had, in 1957, an estimated population of 13,284,500, of whom 109,500 were Europeans. According to the annual report of the Director-General of Medical Services for that year there were 686 European physicians—an increase of 92 since 1953—of whom 374 were employed by the government. There were 40 dentists (10 governmental), 73 pharmacists (16 governmental), 620 European medical assistants and sanitary inspectors (mostly governmental), 1,150 nurses (mostly nongovernmental), and 5,232 native personnel employed by the government and nongovernmental organizations, of whom 3,744 were certificated practical nurses. Of schools, there were 2 for medical assistants, requiring 4 years of theory and 2 years of practice; 3 for sanitary inspectors, requiring 5 years instruction; 6 for nursing aides, 3 months of theory and 9 months of practice; 4 for midwives, 3 years of instruction; and 6 for midwifery aides with a 2-year course. The total governmental budget for operational health work in 1957 was 1,209,499,000 francs (\$24,205,100). In addition, there was an extraordinary amount of 569,488,000 francs for construction and equipment, of which 35 millions went to FOREAMI for the construction of leprosaria.

Several years ago it was stated [THE JOURNAL 18 (1950) 275] that a large sum due the Congo from the Government of Belgium in compensation for war expenses had been placed at the disposal of two new organizations. Le Fonds du Bien-Etre Indigène (FBEI), created by the government in 1947, had received about 2 billion francs (actually 2.1 billions, or \$42,026,250) for social and medicosocial activities, and l'Institut pour la Recherche Scientifique en Afrique Central (IRSAC), about 500 millions (\$10,006,250) for scientific purposes. These two entities made an immediate grant to Le Fonds Reine Elisabeth pour l'Assistance Médicale Indigènes (FOREAMI), founded in 1931, which at the time had under way a medical and health program for the Kwango District in southwest Congo. In this area, with a population of about 817,000, the Section Kwango-FOREAMI made an intensive effort to improve nutrition and medical services, and to eradicate trypanosomiasis, malaria, tuberculosis, leprosy and other infectious diseases.

In 1949, FBEI reached an agreement with Le Fonds Père Damien (FOPERDA), founded in 1936, under which FOPERDA became its advisor and agent in the use of funds for construction, improvement and equipment of leprosaria (agricultural villages), this to be done in cooperation with missions and other philanthropic organizations. The amount given to FOPERDA by FBEI for this purpose is said to have been 62 million francs. Apparently IRSAC did not enter the field of leprosy research.

In 1953, FOPERDA made an agreement with FOREAMI entrusting its operation in Africa to that organization. In approving this agreement, the government charged

FOREAMI with the entire control of the antileprosy campaign. To direct activities and ensure coordination with other governmental programs, FOREAMI established a Central Committee, presided over by the Governor General of the Congo. Programs were drawn up initially by the Administrative Council of FOREAMI, and, after approval by the Minister for the Colonies, the Central Committee was entrusted with carrying them out. In each province, a Provincial Committee was set up, presided over by the governor of the province and including the provincial director of medical services and the provincial leprologist. In 1955 a special division was established within FOREAMI called Section Père Damien. Dr. J. Cap was made director of this division. Another division of FOREAMI, with broad responsibilities for maternal and child health, was created in 1956.

With this background, certain sections of the report of FOREAMI for 1956 may be briefly reviewed. The first part, by Dr. J. Andre, deals with the Section Kwango-FOREAMI, under which 5,396 leprosy patients were treated. There was one leprosarium in the area, at Mosango, where accommodations were planned for 300 patients and their families; the budget for the leprosarium for 1956 was 2,062,467 francs (\$41,275).

The second part, entitled Section Père Damien, by Dr. J. Cap, is of great interest. The general plan had been adopted of closing small leprosaria and colonies and maintaining only those medical centers where adequate treatment could be assured. These would be (1) Centres d'Isolement Organisés (CIO), primarily for infectious patients; (2) principal leprosaria each under the direction of a qualified leprologist and with ample auxiliary staff, or Centres Régionaux de Traitement (CTR), most of which had been created by missions, where the patients would be chiefly those who were permanently disabled or suffering from a complication occurring in the course of ambulatory treatment; and (3) Centres de Traitement Ambulatoire, which would be mobile or fixed, the latter being located in dispensaries or general hospitals. These centers for ambulatory patients constituted the basis of the antileprosy campaign.

The number of known cases in the Belgian Congo at that time was 273,479 and there were 8,150 in Ruanda-Urundi; 31,043 of the former total were isolated, and approximately 300 of the latter.

Based upon the estimated populations for 1956, the corresponding prevalence rates would be about 21 per 1,000 for the Congo and 18 for Ruanda-Urundi. The highest rate, 67, was in Equateur province, and the lowest, 5.2, in Leopoldville. Of 16,815 patients examined and classified, 86 per cent were tubercloid, 6 per cent indeterminate (i.e., 92% "paucibacillary") and 8 per cent lepromatous ("multibacillary").

The operating budget for the Section Père Damien for 1956 was 10,019,062 francs (\$200,506). Adding the cost of the Mosango Leprosarium gives a total of \$241,781. In addition there was available for construction, improvement and equipment of leprosaria about \$1,045,500 from the Decennial Plan of the Ministry for the Colonies, and \$97,623 in subsidies from FOPERDA and FBEL. (How much of their own money the missions concerned were spending cannot be said.) It is evident that the enormous leprosy problem of the Congo was being faced by the government, philanthropic organizations, and missions with skill, energy and realism.

In the 1957 report of the Director General of the Medical Services referred to, the number of known cases was given as 271,114, some 4,000 less than the year before. Tables show that the Equipes Itinerantes had a total of 206,079 cases under treatment, and that there were 23,946 cases in 121 leprosaria—of which 87 were apparently governmental, 14 belonged to Catholic missions, and 17 to Protestant missions.

As a part of the special activities for 1957, there were set up 3 teams for a study of the effects of BCG vaccination on (1) the reaction to tuberculin, (2) the Mitsuda reaction, and (3) the appearance of new leprosy cases, as compared with nonvaccinated people. These teams were to work in highly endemic areas of the provinces of Oriente, Kasai and Kivu. Detailed instructions were issued by Dr. Cap for this work, which was expected to extend to 10,000 to 20,000 people per team.

In the annual report for 1958, the last one received [THE JOURNAL 29 (1961) 120-121] the total number of cases under treatment was given as 286,064. The medical BCG teams had reported their first findings, but it was too early to draw any conclusions. Difficulties met, according to a personal communication from Dr. Cap in May 1959, concerned the supply of lepromin and the assembling of the results. Other difficulties have arisen since then.

The latest publication received from the Congo is a 15-page mimeographed product, with annexes—the copy in hand signed personally on 21 July 1959 by Dr. Cap, whose name does not otherwise appear—entitled *Quelques Observations sur l'Immunologie et le Traitement de la Lèpre à Leopoldville*.

CHANGES AT THE YONDA LEPROSARIUM

The following information was supplied by Dr. M. Lechat, medical director of the Yonda leprosarium at Coquilhatville, Republic of the Congo, as of March 1961. At the time Dr. Lechat was working at the Johns Hopkins/Leonard Wood Memorial Leprosy Research Laboratory in Baltimore, Maryland.

During my home leave last year, Dr. Puissant served as medical director of the Yonda leprosarium, but he and his wife were evacuated by the air-lift to Belgium in the last days of July because irresponsible elements of the population in Coquilhatville threatened Europeans and began to take women as hostages. Miss Boost, a young specialist in physiotherapy sent to Yonda by the Belgian government in April 1960 to initiate the training program of rehabilitation, was forced to return to Belgium at the same time. Due to administrative reasons I was unable to go back to Yonda in September, as had been planned. The Catholic missionaries, both priests and Sisters, some of the latter graduate nurses, stayed at their posts to maintain the leprosarium.

The most recent news received from Yonda indicates that the situation is quiet, and that the leprosarium is running as well as possible in view of the repatriation last July of the nonmissionary medical and technical staff. The maintenance of the leprosarium has been assumed by the Catholic nuns and the Congolese staff. Most of the 950 patients have remained.

As far as known, there is no problem about drugs. Routine physiotherapy and rehabilitation programs are progressing slowly. The most serious problem is food for the patients. Since no more money has been received from the administration, the Catholic mission was obliged to borrow US\$19,000 during the last semester of 1960.

President Kasavubu and his Minister of Foreign Affairs, Mr. Justin Bomboko, paid an official visit to Yonda in the last days of December 1960, thus giving witness of their deep concern about the leprosy problem in the young republic.—M. LECHAT

LEPROSY ACTIVITIES OF WHO, 1960-1961

LEPROSY CONTROL ACTIVITIES

Leprosy control activities, in projects assisted by WHO and UNICEF, have been expanded in 1960.

In Africa, plans of operation have been signed for projects in the Republic of Guinea, Madagascar, Togo and Mauritania. Work in Northern Nigeria has progressed very satisfactorily, and more than 300,000 patients are receiving ambulatory treatment. In Eastern Nigeria, leprosy incidence has been reduced to less than 2 per thousand.

In South-East Asia, three WHO leprologists were recruited in 1960: Dr. J. Cap, former director of the leprosy campaign in the ex-Belgian Congo, is in Thailand; Dr. F. Noussitou has been appointed as Senior WHO Leprologist to the Burma leprosy control project; and Dr. F. Hemerijckx has been appointed as Leprosy Adviser to the Government of India, India having signed a plan of operation with WHO and UNICEF.

In the Eastern Mediterranean, WHO leprosy consultants have visited Iraq and Pakistan; the plan of operation for Pakistan has been signed, and a WHO leprologist will be recruited in 1961 to assist the government in the development of the plan.

In Europe, a project is in the preplanning stage for the eradication of leprosy in Spain, and a plan of operation to implement leprosy control in Turkey has been accepted by the government.

In the Americas, leprosy control in Paraguay, with the assistance of WHO leprologist Dr. T. Pompeu Rossas, progresses satisfactorily; in Mexico, Dr. J. Fonte has been appointed WHO medical officer; and a WHO consultant visited most of the countries in Central America, and Peru. Plans of operation, with WHO and UNICEF assistance, have been signed by the governments of Argentina and Colombia, and a plan of operation for Brazil is in the planning stage.

In the Western Pacific, a plan of operation has been prepared for Korea, and Dr. R. Trappmann, former leprologist in Lembaga Kusta, Djakarta, has been appointed as WHO medical officer.

RESEARCH ACTIVITIES

1. *Epidemiology research.*—The WHO Leprosy Team has implemented the recommendation of the Tokyo congress, beginning with random sampling surveys in different countries. A survey has been made in Katsina Emirate of Northern Nigeria, and a preliminary survey has been made in Liberia. The Team is at present working in the Cameroun.

2. *Basic research on microbiology.*—WHO has made a grant to the Johns Hopkins-Leonard Wood Memorial Research Laboratory, Baltimore, directed by Dr. J. H. Hanks, to conduct studies on the standardization of lepromin.

In collaboration with the Leonard Wood Memorial, a grant has been made to the laboratory directed by Dr. C. H. Binford in the Armed Forces Institute of Pathology, Washington, to enable him to continue his research on the transmission of human leprosy to golden hamsters.

A grant has been made for the Department of Dermatology, Faculty of Medicine, Rosario, Argentina, to Prof. J. M. M. Fernandez, to support his research on the transmission of human leprosy to murine rodents.

Grants have been made to the Department of Microbiology and Immunology, University of São Paulo, to permit Professor Almeida to undertake studies of the serology of leprosy, in particular with cardiolipin antigen, lecithin-free antigen, and different fractions of tuberculosis antigens. His report showed that it is possible to expect a connection between the concentration of sera in the antibodies and the results of leprosy treatment.

WHO has developed the necessary machinery for the regular supply of iced human leprosy biopsy specimens by air from Rangoon to London, in order to provide material to laboratories interested in the cultivation of the bacillus and transmission of human leprosy to animals. Attempts to cultivate *M. leprae* in fibroblast culture, undertaken by Dr. R. J. W. Rees in the National Institute of Medical Research, London, are in progress, and Dr. K. R. Chatterjee is now working under the supervision of Dr. Rees to confirm his published experiment on the transmission of human leprosy to hybrid black mice.

3. *Trials of antileprosy drugs.*—Dr. J. A. Doull, as a WHO consultant, has established the methodology for controlled clinical trials of leprosy drugs. The following four centers: Leprosy Service Research Unit, Uzuakoli, E. Nigeria; Division of Leprosy, Ministry of Health, Caracas, Venezuela; Institut Marchoux, Bamako, Republic of Mali; and Institute of Leprology, Rio de Janeiro, Brazil, have agreed to conduct cooperative trials, and WHO has provided them with the necessary equipment and small grants to initiate this work. The suggested program is as follows:

(a) Study of the best menstrum for longer-acting repository suspensions of DDS; (b) study of the activity of Tapazole (methimazole); (c) study of the activity of Etisul.

4. *Studies on leprosy prevention.*—A grant has been made to the Acworth Leprosy Home, Bombay, directed by Dr. N. Figueredo, to permit him to make statistical analysis of the records of household contacts treated and not treated prophylactically with DDS.

A careful experiment to study the value of BCG in leprosy prevention has been designed, which it may be possible to implement at the end of this year.

In November 1960, a special meeting on rehabilitation in leprosy was held in the Christian Medical College, Vellore, India, sponsored by the Leonard Wood Memorial, the International Society for Rehabilitation of the Disabled, and WHO. The report of this meeting will be published in the WHO Technical Report Series.—J. GAY PRIETO

VELLORE MEETING ON REHABILITATION

A scientific meeting on Rehabilitation in Leprosy was held at the Christian Medical College and Hospital, Vellore, India, November 21-29, 1960. A number of the clinical sessions were held at the nearby Schieffelin Leprosy Research Sanatorium (Karigiri). The meeting was sponsored by the World Health Organization, the Leonard Wood Memorial, and the International Society for the Rehabilitation of the Disabled, with assistance from the National Institute of Neurology and Blindness, U. S. Public Health Service; the Bureau of Medicine and Surgery, U. S. Navy; and the Christian Medical College, Vellore.

The participants were: Drs. Noshir H. Antia, Ronald H. Bland, Margaret Brand, Paul W. Brand, James A. Doull (Chairman), Ernest Fritsehi, H. H. Gass, J. Gay Prieto, R. S. Guinto, Masayoshi Itoh, C. K. Job, R. W. Mackie, D. E. Paterson, E. W. Price, R. Guy Pulvertaft, Victor C. Rambo, Daniel C. Riordan, E. J. Somerset, R. V. Wardekar, Graham Weddell, Leonardo Zamudio and Mr. Donald V. Wilson.

The objectives of the meeting were: (1) To state existing knowledge of the etiology, prevention and treatment of disablement found in leprosy patients; (2) to advise how existing knowledge may best be used in leprosy control, treatment and rehabilitation programs; and (3) to recommend research programs that should be undertaken.

Specific phases that were discussed, and for which recommendations for treatment and research were made, included: (1) the extent of the problem; (2) nerve involvement; (3) plantar ulceration; (4) bone changes and absorption; (5) deformity of the face; (6) ocular damage; and (7) rehabilitation problems of disabled patients.

For the prevention or limitation of nerve trunk damage only two practical measures were recommended: splitting of the affected limb, and use of a corticosteroid during an acute reaction. Very encouraging results were reported on the use of physiotherapy and surgery in selected cases of deformities of the hands and feet. Plantar ulceration was regarded as a preventable and curable complication. Much further research is necessary on the problem of bone absorption, but the nonspecific form can be arrested by care of the hands and feet especially by the prevention of injuries or early treatment if they occur. Facial deformities resulting from lepromatous infiltration are becoming less frequent as a consequence of sulfone treatment. Nevertheless, there are many thousands of patients who could be greatly benefited in appearance and in morale by appropriate surgery. Earlier recognition and treatment of ocular lesions were advocated; there is a strong impression that the incidence of ocular damage in lepromatous leprosy has decreased since the introduction of the sulfones, but statistical evidence is lacking.

On the general problem of rehabilitation the following are necessary: (1) education of the public, because prejudice is still the greatest barrier; (2) education of the patient, from the time of first diagnosis, to adjust himself to the limitations imposed by the disease; (3) physiotherapy units for nonsurgical correction of deformities; (4) centers

for reconstructive surgery; (5) provision of suitable employment.

The necessity for training programs was emphasized. One or more international centers should be established to which countries could send surgeons for training in the special techniques of leprosy surgery. Physiotherapists must be given specialized instruction in the treatment of leprosy patients. Vocational instructors must learn the special methods of dealing with the limitations imposed by the deformities of leprosy. Social workers are of vital importance to the program, as placement officers and for liaison with home and village. The full report of the meeting will be published by the World Health Organization, in its Special Reports Series.—J. A. DOULL

ADMINISTRATION OF THE LEPROSY CAMPAIGN IN ARGENTINA

The following information about the official organization of the antileprosy campaign in Argentina has been contributed, indicating certain changes that have been made.

The office of the antileprosy administration, officially called the Skin Diseases Administration (Dirección de la Lucha Dermatológica), is headed by Dr. Armando Zavala Saenz. He is a sanitarian without a leprosy background, but he is an alert and energetic man who was given and has assumed the direction of the antileprosy campaign with great success, and is strongly supported by the national authorities. The headquarters of this office remains in the same building as before. The dispensary under my direction has come to depend directly on this superior entity, and it is attached to it under the name of Central Dispensary of the Skin Diseases Administration (Dispensario Central de la Dirección de Lucha Dermatológica). Hence it has lost part of its integral entity and autonomy in the reorganization, but it is continuing with enthusiasm the work on behalf of the patients in a purely assistance (welfare) field.—E. D. L. JONQUIERES

NEWS ITEMS

England: *Three new cases per month.*—The *Scope Weekly* is reported to have carried a story by Dr. R. G. Cochrane, adviser in leprosy to the Ministry of Health, to the effect that three new cases of leprosy are reported each month in England. These are not indigenous cases, but imported, and few are British nationals. Immigrants from the West Indies bring in a quota, as well as students from various parts of the Commonwealth, and some are Anglo-Indians who have come to England.

U.S.S.R.: *Number of leprosy cases.*—In a WHO publication entitled Health Services in the U.S.S.R., a report of an international group which visited Russia in 1958, leprosy is classed as one of the communicable diseases which occurs only sporadically or as isolated outbreaks. It is stated, parenthetically, that there are only 6,000 cases in the entire country.

India: *WHO traveling fellows.*—Dr. T. N. N. Bhattathiripad, state leprosy officer from Noornod, Kerala State, S. India; Dr. P. Kapoor, special leprosy officer from Mahrushtra, Poona; and Dr. S. S. Mathur, state leprosy officer from Lucknow, U.P., after spending some time in Africa, Burma and Thailand, visited the Philippines for a few weeks in the course of an extensive tour of leprosy countries.

Japan: *Annual meeting, Japanese Leprosy Association.*—It has been announced (information from Dr. K. Kitamura) that the 34th annual meeting of the Japanese Leprosy Association would be held on May 21-22 in Fukuoka, under the chairmanship of Dr. T. Toda, director of the Bacteriologic Institute, University of Kyushu School of Medicine. There were to be two special addresses: by Dr. T. Toda on Problems of the Leprosy Bacilli, and by Dr. K. Kitamura on An Introduction to Inflammatory Histologic Changes of the Skin. There was also to be a symposium on Investigations in Chemo-

therapy of Leprosy, under the chairmanship of Dr. Y. Hayashi. The discussors: from the ophthalmologic point of view, Dr. M. Takeda; from the dermatologic point of view, Dr. M. Namba; from the surgical point of view, Dr. J. Ide; and regarding the late results, Dr. T. Yokota.

Philippines: *Annual seminar for leprologists.*—The fifth annual seminar of the leprosy personnel of the Bureau of Disease Control was held in Manila, March 20-25. It consisted of a series of seminars and symposia on the following subjects, each with a list of designated discussants: Evolution of adult forms from childhood forms, by C. B. Lara; Incidence rate and type trend in Cebu, 1957 to 1960, by R. Cellona and A. Arriola, Jr.; Public relations, key to effective service, by (Mr.) A. Nitorreda; Preliminary report on lepromatous cases treated with Tapazole, by A. Paras; Sagher's phenomenon in different types of leprosy, by P. Reyes-Javier; Case of unusual nodular lepromatous lesions, by A. Jovellanos; Present control program of the Philippines, by J. N. Rodriguez; Progress report of rehabilitation of negatives, by J. O. Tiong; Rehabilitation of lepers, by J. Pasion; Evaluation of the trend of leprosy in the Philippines, by J. N. Rodriguez; Changing incidence and mode of onset in childhood leprosy, by C. A. Palafox and C. B. Lara; Differential clinical and histologic experiments on the lepromin test, by M. Garcia-Lopez; Health education in leprosy control, by F. Herrera. There were also certain round-table sessions, mostly on administrative matters. The final event was a business meeting, for the election of officers, of the Philippine Leprosy Society.

United States: *New antileprosy drug reported.*—A report entitled "The synthesis of 5-substituted-3-isoxazole carboxylic acid hydrazides and derivatives" is said by *The Star*, of Carville, to have been presented at a meeting of the American Chemical Society in New York last September. This compound was found to be on the order of ten times more active than Promin in murine leprosy infections of rats and mice.

Research grant for Carville.—The National Institutes of Health has made a five-year research grant for the laboratory at Carville of \$124,000, of which \$44,000 will be available the first year and \$20,000 a year for the rest of the period. This grant will enable Dr. George L. Fite to study tissue cultures of the leprosy bacillus, the project involving time-lapse photography to decide whether or not growth takes place over a period of time.

Married couple's quarters at Carville.—In one of the 1960 issues of a mimeographed sheet, *Question Mark*, put out by the high school students at Carville, there appeared the following item, which would seem to smack of luxury. "The lights went on and White City came to life once again Monday as married couples occupied the new ranch-type brick bungalows which were recently completed. It has been about 18 months since the old cottages were razed. The beautiful new three-room-and-bath homes, completely furnished with all the modern comforts including air conditioning, automatic dishwasher, garbage disposal, draw drapes, and screened porch appropriately furnished, are rent free."

The Star's encyclopedia project.—The Carville *Star* has reported a project to update and make more accurate the information on leprosy in encyclopedias. Letters had been written to the publishers of 34 such publications in the United States and England. Only 12 of them had replied at the time of the report seen (although certain others did later); 10 of them offered full cooperation, while 2 offered little or none.

Brazil: *Personnel changes in the leprosy service.*—Since the inauguration of the new national administration at the end of January 1961, there have been certain changes in the senior personnel of the Federal leprosy service. Dr. Orestes Diniz, for years the head of the service but more recently Director-General of Health, has been retired and for the present is residing in Belo Horizonte. Dr. João Baptista Risi has been moved from the directorship of the Instituto de Leprologia to take charge of the entire leprosy service as chief; and he has also inherited the chairmanship of the

Organizing Committee for the VIIIth International Congress to be held in 1963. Dr. José Stancioli has been named Director of the Department of Leprosy of the state of Minas Gerais. Dr. Candido Silva has been made chief of the Instituto de Leprologia, where previously he was in charge of the Division of Bacteriology and Immunology.

WHO: Research plans.—The year 1960 saw the inauguration of a research program of WHO, which as a matter of general policy had previously avoided such activities. The amount made available was \$1,000,000, an amount which provides for the beginning of an important program. In the field of leprosy it was proposed to give research grants, and to arrange for travel of research workers between various centers. The Organization was especially interested in bacteriology, in trials of new drugs, in BCG and chemoprophylaxis, and in physical rehabilitation. (A major news note on the various activities of WHO in the field of leprosy, kindly supplied by Dr. J. Gay Prieto, appears in this issue.)

Inter-regional conference.—WHO has announced that a Euro/Emro Inter-Regional Conference on Leprosy will be held in Istanbul in September 1961. The agenda covers a wide range of topics, including treatment of patients, teaching and training of workers, epidemiology and control, prophylaxis, and rehabilitation.

WHO Leprosy Advisory Team.—This team, formed by WHO headquarters, is intended to be available for any country in the world to collect and improve the quality of information concerning leprosy control projects, to assess the results obtained, and to assist when requested in advising on new projects or on special problems. The waiting list of countries requesting its services is said to be long. Its plans for 1961 have been stated elsewhere in this issue; in 1962 it will assess leprosy campaigns in progress in Thailand, Burma and Indonesia; and requests for 1963 have already been made.

General: Rehabilitation society changes its name.—At the recent Eighth Congress of the International Society for the Welfare of Cripples, held in New York, it was decided to change the name of the organization to the International Society for the Rehabilitation of the Disabled. The paternalistic flavor of the former name has thus given way to the more positive concept of rehabilitation.