

NEWS AND NOTES

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

VIIITH INTERNATIONAL CONGRESS OF LEPROLOGY PRELIMINARY ANNOUNCEMENT

From the Secretary-Treasurer of the International Leprosy Association in London, Dr. J. Ross Innes, there has been received his translation of a circular letter about the forthcoming Congress, signed by Dr. Fausto Gayoso Castelo Branco, the chairman of the local Organizing Committee in Rio de Janeiro, which is intended for distribution to leprosy periodicals, to prospective members of the various panels that have been set up, and to other prospective attendants at the Congress. The translated letter, slightly edited, follows, and that in turn is followed by certain comments.

Time and place of the Congress.—The VIIIth International Congress of Leprology will be held in Rio de Janeiro, Brazil, from the 12th to the 20th of September 1963, in the Copacabana Palace Hotel.

Participation and registration.—The participants of the Congress will be entitled to take part in all of its activities, scientific and social. The registration fee will be US \$20 for participants who are not members of the ILA, and US \$10 for ILA members; for persons accompanying participants the fee will be US \$5. These fees are to be paid at the time of registration, on the day preceding the Congress or on the opening day.

Languages.—The working languages of the Congress will be Portuguese, Spanish, English and French. Simultaneous interpretation will be provided throughout the sessions.

Themes of the Congress.—A slight change has been made in the list of themes for discussion in the Congress as compared to those treated by the last Congress, held in Tokyo in 1958. They will be as follows:

- (1) Pathology and Experimental Transmission
- (2) Borderline and Intermediate Leprosy
- (3) Reactions in Leprosy
- (4) Therapy
- (5) Epidemiology and Control
- (6) Bacteriology and Immunology
- (7) Educational and Social Aspects
- (8) Physiotherapy and Rehabilitation
(including surgery and vocational training)

The first two of these subjects will, it is planned, be dealt with as Round Tables, the others as Symposia.

The panel system.—The panel system, for detailed discussion by correspondence of each theme beforehand, will be maintained. Arrangements are under consideration for the two special Round Table groups to meet for some days before the Congress to prepare the presentations to be made there.

Papers to be presented.—Papers of members will be of two kinds: (a) solicited papers from members of the panels, and (b) proffered papers from other members of the Congress. The latter will be limited strictly to 10 minutes' presentation time.

It is to be noted that all papers must be presented in one of the official languages, viz., Portuguese, Spanish, English, or French, for which there will be simultaneous translation. Any paper originally written in another language must be submitted in a translation into one of the official languages.

For the purpose of the Congress it is necessary that more than one form of each paper be prepared:

(1) *Abstract*: An abstract of not more than 200 words is required for publication in the Book of Abstracts to be issued to members before the beginning of the Congress. This abstract must be received by the Organizing Committee not later than June 12, 1963.

(2) *Short version*: If the full paper would take more than 10 minutes to present in a deliberate manner, such as could be followed satisfactorily by the interpreters, a shortened version must be prepared for reading within that time limit, in that manner. Presentation of lantern slides and pictures must be accomplished within the 10-minute limit.

(3) *Full paper*: If an abbreviated (short version) paper is used for reading, the full paper is to be submitted for publication in the Transactions of the Congress.

The two forms of the papers, condensed and complete, must be received not later than July 12, 1963. Abstracts and papers are to be addressed to the undersigned, at the address given below.

This office is at your service for any further information desired. I shall be glad if you will disseminate this information to your colleagues in your country and elsewhere. Also provide the special registration form for accommodation required, as soon as you have made up your mind to participate.

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Presidente, Comissão Organizadora (COCIL)
VIII Congresso Internacional de Leprologia

COMMENT

Although certain details have been written into the foregoing version of Dr. Castelo Branco's letter, within the limits of its actual scope, it still lacks some of the information contained in the announcements of previous leprosy Congresses as published in *THE JOURNAL*.

The preliminary announcement, by Dr. E. Muir, of plans for the VIth Congress, held in Madrid in 1953 [20 (1952) 379], and the preliminary and definitive announcements of the VIIth Congress, by Dr. Dharmendra at the time it was expected to be held in New Delhi [25 (1957) 153 and 276], contained or were accompanied by considerably more information than is vouchsafed in the present instance.

Other information of general interest, such as—and especially—names (and locations) of suitable hotels and their rates, will presumably be provided later, and, incidentally a list of the current membership of the Organizing Committee.

A feature of the previous announcements that is lacking in the present one was the statement about memberships. Two grades of memberships have always been recognized in the past, (1) *full* membership for technically qualified persons (doctors and chemists, for example), and (2) *associate* membership for persons accompanying members desiring only to take part in the social functions. However, as heretofore, it is recognized that of the actual members there were two groups, (a) those who are members of the International Leprosy Association, and (b) those who are not, the latter to pay a larger registration fee (\$20) than the former (\$10). It is to be understood that anyone not now a member of the Association may become one—and thus receive *THE JOURNAL*—by

sending \$10 to the Secretary-Treasurer of the Association (or directly to the Business Manager in Washington) in time for his name to be placed on the membership list to be supplied the Organizing Committee in Rio de Janeiro.

It is presumably to be expected that previous practice will be followed in setting up the organization of the Congress itself and in the transaction of its business. As for the operation of the sessions, the special provisions for the two Round Tables and the six Symposia have yet to be announced. The papers for presentation in those sessions will be the solicited ones referred to, and presumably the respective Chairmen will be responsible for arranging for them, and also for the time to be devoted to each. Presumably, too, the various panels of the program will serve as the technical committees of the Congress, although their extraordinarily large numbers—if all attend the Congress—may make action as committees a bit awkward.

It is expected that the usual rule will hold that no individual member may read more than one paper, whether as author or joint author (although one who has read or is to read a paper may be one of the authors of a paper read by another member). It may perhaps be arranged, as at the Tokyo Congress, that a person who presents a *solicited* paper as a member of a panel will if he desires be permitted also to present a proffered paper on a different subject of choice. Another rule that will probably be enforced, as it was at Tokyo, is that no paper not actually read will be accepted for publication in the Transactions.

At the time of the Tokyo Congress it was found necessary to provide enough copies of each shortened (10-minute) paper, so that one copy could be given to each interpreter to work from, as well as one copy for the secretary of the session. If that rule is invoked, 5 copies of each abbreviated paper, without illustrations, will be needed, but only one (or, preferably, two) of the full paper for publication.

It has heretofore been a rule that any paper read at the Congress (or, for that matter, any paper submitted but not read) which might be chosen by the Editorial Committee for the purpose, might be published in the *INTERNATIONAL JOURNAL*.

Since the foregoing note was prepared, it has been learned from Dr. Castelo Branco that the Ministry of Foreign Affairs of the Brazilian government has sent official invitations to all countries with which diplomatic relations are maintained. It is to be hoped that these governments will take action promptly, so that persons to be selected to represent government institutions may be chosen sufficiently early to permit them ample time to make proper preparations.

*Culion, Palawan
Philippines*

H. W. WADE, M.D.
*President
International Leprosy Association*

PANELS FOR ROUND TABLES AND SYMPOSIA VIII CONGRESS OF LEPROLOGY

After visits to Rio de Janeiro this year by two representatives of the International Leprosy Association—Dr. J. M. M. Fernandez from Argentina in May, and Dr. E. Muir from England in August—preliminary arrangements for the VIII Congress were agreed upon and the Association office undertook to set up panels for the proposed Round Tables and Symposia provided in the agenda adopted. These features, and the composition of the panels for them, are as follows:

1. ROUND TABLE ON PATHOLOGY AND EXPERIMENTAL TRANSMISSION

Chairman: R. J. W. Rees (U.K.); *Secretary:* H. M. Portugal (Brazil); *Members:* M. Bergel (Argentina), C. H. Binford (U.S.A.), Y. T.

Chang (U.S.A.), K. R. Chatterjee (India), J. Convit (Venezuela), W. H. Feldman (U.S.A.), W. A. Hadler (Brazil), S. Nishimura (Japan), J. M. Robson (U.K.), C. C. Shepard (U.S.A.), F. F. Wilkinson (Argentina).

2. ROUND TABLE OF BORDERLINE AND INTERMEDIATE LEPROSY

Chairman: R. D. Azulay (Brazil); *Secretary:* H. L. Arnold, Jr. (U.S.A.); *Members:* R. G. Cochrane (U.K.), F. Contreras (Spain), Dharmendra (India), G. L. Fite (U.S.A.), J. Gay Prieto (Spain), T. Imaeda (Venezuela), W. H. Jopling (U.K.), V. R. Khanolkar (India), K. Kitamura (Japan), J. N. Rodriguez (Philippines), F. Sagher (Israel), L. de Souza Lima (Brazil), H. W. Wade (*ex officio*) (Philippines and U.S.A.).

3. SYMPOSIUM ON REACTIONS IN LEPROSY

Chairman: F. Latapí (Mexico); *Secretary:* D. S. Ridley (U.K.); *Members:* E. A. Carboni (Argentina), J. Gomez Orbaneja (Spain), C. K. Job (India), A. R. Merceau (Argentina), A. Rabello Neto, Jr. (Brazil), J. Ramos e Silva (Brazil), P. Rath de Souza (Brazil), I. Tajiri (Japan), J. G. Tolentino (Philippines).

4. SYMPOSIUM ON THERAPY OF LEPROSY

Chairman: S. G. Browne (Nigeria & U.K.); *Secretary:* P. Laviron (France); *Members:* A. M. Alonso (Brazil), A. Baccareda Boy (Italy), J. Barba Rubio (Mexico), M. B. Bhojwani (Malaya), T. F. Davey (U.K.), H. Floch (France), L. K. Hanna (Egypt), Y. Hayashi (Japan), K. Ramanujam (India), K. F. Schaller (Ethiopia), S. Schujman (Argentina), M. F. R. Waters (U.K.).

5. SYMPOSIUM ON EPIDEMIOLOGY AND CONTROL

Chairman: J. A. Doull (U.S.A.); *Secretary:* A. Salazar Leite (Portugal); *Members:* E. Agricola (Brazil), D. A. Akintonde (Nigeria), L. M. Bechelli (Brazil), J. A. Kinnear Brown (U.K.), W. M. Cantidio (Brazil), O. Diniz (Brazil), D. L. Leiker (Netherlands), A. Salazar Leite (Portugal), C. M. Ross (U.K.).

6. SYMPOSIUM ON BACTERIOLOGY AND IMMUNOLOGY

Chairman: J. H. Hanks (U.S.A.); *Secretary:* J. M. M. Fernandez (Argentina); *Members:* J. O. Almeida (Brazil), R. S. Guinto (Philippines), S. W. A. Kuper (U.K.), E. Montestruc (France), A. Rotberg (Brazil), Candido Silva (Brazil), K. Yanagisawa (Japan), Y. Yoshie (Japan), G. P. Youmans (U.S.A.).

7. SYMPOSIUM OF EDUCATION AND SOCIAL ASPECTS

Chairman: T. N. Jagadisan (India); *Secretary:* Luiza Keffer (Brazil); *Members:* C. Costa Neves (Brazil), C. I. Crowther (U.S.A.), M. C. Estrada (Mexico), R. Follereau (France), N. D. Fraser (U.K.), K. Hamano (Japan), O. W. Hasselblad (U.S.A.), E. B. Johnwick (U.S.A.), R. V. Wardekar (India), Mrs. E. Weaver (Brazil).

8. SYMPOSIUM ON PHYSIOTHERAPY AND REHABILITATION (Including Surgery and Vocational Training)

Chairman: P. W. Brand (India & U.K.); *Secretary:* J. Arvelo (Venezuela); *Members:* N. H. Antia (India), Mrs. Margaret Brand (India & U.K.), J. E. Faggin (Brazil), M. Itoh (U.S.A.), M. Nakita (Japan), Mrs. K. Nimbkar (India), D. E. Paterson (India & U.K.), E. W. Price (Nigeria & U.K.), D. C. Riordan (U.S.A.), Linneu Silveira (Brazil), D. Ward (India), E. Zamudio (Mexico).

These lists are as they stand after some preliminary adjusting, with as yet no eliminations due to inability to attend the Congress. It is expected that these groups as finally constituted will serve as the Technical Committees of the Congress. The chairmen, who will be responsible for the final revision of the lists, are also in charge of arranging for the presentations of their fellow members of the Round Tables and Symposia. The President and the Secretary-Treasurer of the International Leprosy Association have the privilege of membership in any round tables or symposia they may choose, Dr. Wade has selected the Borderline panel while the undersigned prefers a roving function, to sit in with different panels as he may choose.

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—J. ROSS INNES, M.D.
Secretary-Treasurer

NINTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY
FOR THE REHABILITATION OF THE DISABLED

The Ninth World Congress of the International Society for the Disabled will be held in Copenhagen, Denmark, June 23-29, 1963, according to preliminary information supplied by Dr. Knud Jansen, chairman of the Program Committee, from the congress secretariat at 34 Esplanaden, Copenhagen K, Denmark. The host organization will be the Samfundet og Hjemmet for Vanføre (Society and Home for Cripples).

In the information booklet distributed is an introduction by Dr. Flemming Grut, president of the congress, from which the following is quoted:

During the Midsummer week of 1963, experts — professionals and volunteers — active in the field of rehabilitation will convene in Copenhagen to share their experiences, state today's problems, and plan for future action. The need for and value of such conferences have been proved by the great benefit derived from the former meetings of the

International Society for Rehabilitation of the Disabled. In accordance with the developments and progress of the rehabilitation schemes, the time has come to concentrate the aim of the world conferences moderately. The Congress in Copenhagen will bring the tremendous problem of the traumatic lesions into highlight under the main theme of: Disability—Prevention and Rehabilitation.

The world-wide medical and social problem caused by the increasing numbers of accidents on the road and on the job is to be presented in five general sessions, which should appeal to all who are responsible for some link of the chain of rehabilitation, whether medical, psychological, educational or vocational. The main theme, however, presents but a central subject in a great pattern which will make the total program a busy time and a great event for the delegates. Integrated into the program are presentations of new rehabilitation schemes, and the presentations of special programs planned by the professional committee and commissions.

In a circular letter it is pointed out that the main topics of the congress will be: (a) frequency and causation of accidents, (b) prevention of accidents, (c) evaluation of disability, and (d) rehabilitation of the injured. A special session on the problems related to sport injuries is also planned.

In the booklet referred to there is a general outline of the intended program. Besides daily, brief (1½ hours) general sessions, the topics of which are assigned, there are provisions for committee and sectional meetings, study groups, and presentation of free papers—they to be restricted to papers which bear on some aspect of rehabilitation. According to a more detailed, mimeographed program, one of the several meetings on the afternoon of Friday, June 28th, will be a session of the World Commission on Leprosy (subject under preparation).

The official languages of the Congress will be English, French and German, with simultaneous translation at the general sessions and some of the other meetings. Prospective members are urged to register early, on the prescribed form obtainable from the secretariat. The registration fee for active delegates is Kr. 225 (Kr. 175 if registered before March 15, 1963), and Kr. 50 for relatives accompanying delegates. (\$1.00 = 6.82 Danish Kr.) About papers to be read, it is specified that the secretariat should be notified not later than December 1, 1962—earlier than the information about the meeting was received in the editorial office. Proceedings of the congress, to be printed in English only, will be charged for extra.

Other meetings to be held in the same general period are: IV Congress of the World Confederation for Physical Therapy, in Copenhagen, June 17th through June 22nd. Second Seminar on Special Education, in Nybørd, Denmark, June 29th to July 2nd. Seminar on Vocational Rehabilitation, in Copenhagen, June 30th to July 3rd. VI International Prosthetic Course, in Copenhagen, following the IX World Congress, ISRD.

SYMPOSIUM ON BORDERLINE LEPROSY
(Rio de Janeiro, March 1960)

In March 1960, in Rio de Janeiro, the Brazilian Association of Leprology held a symposium on borderline leprosy, the transactions of which have been published mostly in the issue of *Arquivos Mineiros de Leprologia*, for July 1960—nearly two years delayed. It had been expected, said Orestes Diniz in his introductory remarks, that the subject would be dealt with in detail at the Tokyo Congress, but only one paper

was offered there. That was by A. M. Alonso and R. D. Azulay, and it was not actually presented because the authors chose to read a different one. The symposium dealt with the subject extensively, the transactions (including lengthy discussions) making a magazine issue of 186 pages. As is the tendency in Latin-American circles (noted elsewhere in this issue), the word "dimorphous" was used more commonly than "borderline" but with precisely the same meaning. There is no confusion with other uses of dimorphous, as in "dimorphous macular," and so the word has been translated freely to "borderline."

The official "relatores" who presented papers were Alonso and Azulay, of Rio de Janeiro; Antonio Carlos Pereira and Yvon Rodrigues Vieira, of Minas Gerais; and Nelson de Souza Campos and Paulo Rath de Souza, of São Paulo. After discussions by several people and responses by the authors, F. E. Rabello and Hildebrando Portugal discussed the papers in their role of "coordenadores," and their comments were followed in turn by further discussions. Finally, there were contributed papers by J. Gay Prieto, of WHO; Abrahão Rotberg, Humberto Cerruti, Oswaldo Serra, and Urbano Freitas.

The symposium being mainly in the Portuguese language, its availability in most countries will be relatively limited. The paper which Alonso and Azulay took to Tokyo but did not read was later published in *THE JOURNAL* [27 (1959) 193-200]; the one they read in the symposium was based on 18 instead of 10 cases and was quite different except for the conclusions, which were virtually identical with those of the previous paper. The presentations of de Souza Campos and Rath de Souza were published, with joint conclusions, in the *Revista brasileira de Leprologia* [28 (1960) 61-69; 70-76], and were abstracted at some length in *THE JOURNAL* [29 (1961) 532-534]. Further notes appear in the present issue. The paper of Gay Prieto has also been published in *THE JOURNAL* [29 (1961) 442-459].

Of the other presentations, those of Rabello and Portugal were in both Portuguese and English, and those of Rotberg and Freitas have English summaries. Abstracts of all of the papers not previously dealt with are in this issue. The following is the list of papers read.

ALONSO, A. M. and AZULAY, R. D. Estudo anátomo-clínico de 18 casos de lepra dimorfa. *Arq. mineiros Leprol.* 20 (1960) 303-320. The conclusions of this paper are virtually identical with those of the authors earlier referred to, and are not repeated in this issue.

RODRIGUES VIEIRA, I. Considerações sobre casos dimorfos. *Ibid.*, pp. 342-353. (See p. 373 of this issue.)

DE SOUZA CAMPOS, N. Contribuição ao estudo clínico da lepra dimorfa. *Ibid.*, pp. 354-366; and:

DE SOUZA, P. R. Contribuição ao estudo histopatológico da lepra dimorfa ("borderline"). *Ibid.*, pp. 367-374. Abstracts of these two papers, together with the joint conclusions have been published in *THE JOURNAL*, as stated. There are additional data in the abstract section of this issue (p. 374).

RABELLO, F. E. The group B under the clinical viewpoint [coordenador's remarks]. *Ibid.*, pp. 412-417 (English), 417-423 (Portuguese). (See p. 374 of this issue.)

PORTUGAL, H. [Coordenador's remarks, without title.] *Ibid.*, pp. 423-426 (Portuguese), 426-429 (English "summary"). (See p. 374 of this issue.)

CERRUTI, H. Simpósio sobre lepra borderline; proposta. *Ibid.*, p. 443. (See p. 375 of this issue.)

GAY PRIETO, J. Lepra borderline. *Ibid.*, pp. 444-456. (In Spanish; see English version of this article in *THE JOURNAL* [29 (1961) 442-459].)

SERRA, O. Simpósio de lepra borderline. *Ibid.*, pp. 457-462. (This article bears no summary.)

ROTBURG, A. Lepra "borderline": grupo "perilepromatoso" satélite do tipo L. *Ibid.*, pp. 463-469 (English abstract). (See p. 375 of this issue.)

FREITAS, U. A prova de azul de metileno na lepra. *Ibid.*, pp. 470-484 (English abstract). (See p. 375 of this issue.)

WHO INTER-REGIONAL TRAINING COURSE

Under WHO auspices, an Inter-Regional Postgraduate Leprosy Training Course was held in the Philippines, November 20-December 9, 1961. The purpose was to improve the knowledge of leprosy of a selected group of senior medical personnel from a number of countries ranging from Japan to Western Nigeria. The course consisted of a comprehensive series of lectures and demonstrations, with clinical and laboratory periods, dealing with leprosy as a disease, diagnosis, treatment of patients, and epidemiology and control, with free discussions at all stages.

After a formal opening session at the conference room of the WHO regional headquarters, the work of the first two weeks was at the Leprosy Research and Training Center in Manila, with visits to the nearby Tala leprosarium in the second week. During the ensuing week-end the group went indirectly, with a day spent en route at the Culion leprosarium where there was a demonstration of lesions of childhood, to Cebu for the third week's work. Much of the time there was spent at the Eversley Childs leprosarium, but also included were field trips with the Cebu Traveling Skin Clinic and with the Leonard Wood Memorial Epidemiology Survey.

Dr. José N. Rodriguez, director of the Bureau of Disease Control, was in charge of setting up the program, in association with Dr. J. Gay Prieto, formerly of the WHO headquarters in Geneva. Besides them, the faculty consisted of Drs. P. W. Brand, professor of orthopedic surgery, Christian Medical College, Vellore, India; J. A. Doull, medical director, Leonard Wood Memorial, Washington, D. C.; R. S. Guinto, chief epidemiologist, Leonard Wood Memorial, Cebu; A. Jovellanos, chief, Eversley Childs Sanitarium, Cebu; C. B. Lara, chief, Culion Sanitarium, Culion, Palawan; A. Ruñez, chief, Central Luzon Sanitarium, Tala, Rizal; J. Tamesis, head, Ear, Nose and Throat Department, North General Hospital, Manila; J. G. Tolentino, leprologist, Leonard Wood Memorial, Cebu; and H. W. Wade, pathologist emeritus, Leonard Wood Memorial, Culion, Palawan.

Two members of the WHO staff also attended the sessions, Dr. D. R. Huggins, adviser on communicable diseases, of the Western Pacific Regional Office, Manila, and Dr. M. Blanc, medical officer (leprosy) of the Leprosy Control Project, Surabaya, Indonesia.

The participants, including several from Japan, the Philippines, and certain other countries who attended at the expense of their governments or of private organizations, were, *Japan*: Dr. Shigenori Ishihara, chief, medical section, Suruga National Leprosarium, Gotemba; Dr. Iwao Arakawa, chief, surgical section, Matsugaoka Hoyo-en National Leprosarium, Aomori; Dr. Jiro Minato, chief laboratory section, Tohoku Shinsei-en National Leprosarium, Sendai; Dr. Shigenobu Kobayashi, chief, dermatology section, Kuryu Rakusen-en, Gumma. *Korea*: Dr. Min Chung, World Vision Skin Clinic, Seoul; Dr. Sung-taik Suh, Department of Dermatology, Medical School, Kyong Puk University,

Taegu; Dr. Youn Keun Cha (WHO fellow), National Institute of Health Training, Seoul; Dr. Tae Kyung Choi (WHO fellow), World Vision Leprosy Control, Seoul. *Taiwan (Free China)*: Dr. Hung Rih-ching, vice superintendent, Taiwan Provincial Leprosarium, Taihoku; Dr. M. E. Efteland, medical director, Taiwan Leprosy Relief Association, Chiayi. *Hong Kong*: Dr. Tsang To-sik, medical officer, Medical and Health Department. *Okinawa*: Dr. Tabata Tatsuo, director, Naha Hospital, Yogi, Naha. *Philippines*: Dr. Domingo R. Disini, chief, Division of Sanitaria, Bureau of Disease Control, Manila; Dr. Alejandro F. Laureola, chief, section of skin clinics, Division of Sanitaria, Bureau of Disease Control; Dr. Leandro V. Uyguanco, medical adviser, Division of Sanitaria, Bureau of Disease Control; Dr. Artemio Ruñez, chief, Central Luzon Sanitarium, Tala, Caloocan, Rizal; Dr. José O. Tiong, acting chief, Culion Sanitarium, Culion, Palawan; Dr. Juan P. Fernandez, medical specialist, Central Luzon Sanitarium, Tala, Caloocan, Rizal. *Netherlands New Guinea*: Dr. Jacobus Keja (WHO fellow), health officer, Division of Leprosy Control, Biak. *Sarawak*: Dr. M. T. Read, medical officer in charge, Rajah Charles Brooke Memorial Hospital, Kuching. *Singapore*: Dr. Wong Mook-ow, medical officer, Venereal Disease Hospital and Skin Clinic. *Malaya*: Dr. M. K. Bhojwani, superintendent, Sungei Buloh Leprosy Settlement, Selangor. *Burma*: Dr. Hla Toe, assistant leprosy officer, Leprosy Control Project, Yenangyaung. *Thailand*: Dr. Chaisiri Kettanurak, director, Leprosy Control Division, Department of Public Health, Bangkok; Dr. Teera Ramasoota (WHO fellow), medical officer in charge, Leprosy Control Project, Ubolrajadhani; Dr. Chalerm Rodsuvan (WHO fellow), medical officer, Pra Pra Daeng Leprosy Hospital, Choburi. *India*: Dr. Dharanikanta Chakrabarti, medical officer in charge, Leprosy Training Center, Medical College, Maharashtra. *Pakistan (Eastern)*: Dr. Subimal Barua (WHO fellow), instructor in public health, National Development Training Institute, Chittagong. (Western): Dr. Ehsan Ali Khondkher (WHO fellow), assistant medical officer, Health Service, Karachi. *Mauritius*: Dr. Pierre Regis Kiantia, medical officer, Port Louis. *Western Nigeria*: Dr. Michael Preece Otolorin, chief health officer, Ministry of Health, Ibadan; Dr. D. A. Akintonde, medical officer, Western Nigeria Medical Service, Ibadan.

COMMONWEALTH HEALTH CONFERENCE

The sixth Commonwealth Health and Tuberculosis Conference of the Chest and Heart Association of London, was held at University College, Ibadan, Nigeria, from March 26-31, 1962, the first to be held outside London. The conference, attended by 300 delegates from 40 countries, was primarily concerned with tuberculosis in the tropics. Summaries of the papers given at the session on "Tuberculosis and Leprosy" appear below. Shortened versions of the original papers will be published in a volume of proceedings (Chest and Heart Association, Tavistock House North, Tavistock Square, London, W.C.1, England).

KUPER, S. W. A. *Skin reaction to tuberculin and lepromin*.—The author found no correlation between sensitivities to tuberculin and lepromin in a series of African subjects (over 100 healthy persons; 100 with pulmonary tuberculosis; and 55 with tuberculoid and 55 with lepromatous leprosy), but high lepromin sensitivity was related to active pulmonary disease. This relationship was not considered to be dependent on a common antigen. Examination of the sites of lepromin tests and of leprosy lesions revealed close similarity in histologic appearances in each individual. It appeared that BCG vaccination induced an alteration in tissue response in lepromatous patients, two-thirds of them showing histologic changes towards the tuberculoid type in the sites where lepromin had

been injected (a) before, and (b) five weeks after, administration of BCG. Thinking that there might be a beneficial therapeutic effect from vaccinating at intervals lepromatous patients under treatment by standard drugs, a carefully designed clinical trial was carried out in Thailand on 195 such patients, but no striking benefit was observed.

MOLESWORTH, B. D. *A comparison of methods of treatment of leprosy.*—In highly endemic tropical countries mass treatment campaigns are indicated, with the provision of strategically-located hospitals for patients who need temporary institutional care. Advantages: a greater proportion of those needing treatment actually get it; its cost is relatively much lower; and a restricted number of doctors can, with the aid of adequately trained auxiliaries, efficiently tackle a widespread problem. Special instruction of the auxiliaries in the early recognition of nerve involvement and in the prevention of consecutive deformity is necessary, and facilities must be available for the treatment of such cases. The base hospital is still necessary for treating patients passing through acute episodes, for the prevention and correction of deformity, and for detailed laboratory investigations and research.

BROWNE, S. G. *Tuberculosis and leprosy: some pathologic and clinical considerations.*—Leprosy workers have benefited from the progress in the study of tuberculosis and other mycobacterioses. Clinical differences between the two major mycobacterioses are considerable, but the phenomena of hypersensitivity present many intriguing parallels. The morphologic resemblance of *M. tuberculosis* and *M. leprae* conceals considerable biochemical differences. Histologic and immunologic similarities are accompanied by unexplained divergences. The cellular reaction to inorganic irritants, to particulate matter, and to tissue elements, may illustrate a basic innate capacity to react to such stimuli with the production of a granulomatous response. The possible value of BCG vaccination in preventing leprosy and in determining tissue resistance to infection urgently demands carefully controlled investigation. With respect to the parallels in hypersensitivity phenomena, conditions resembling the tuberculides occur in leprosy: e.g., widespread "allergic" rashes, papulonecrotic areas in tuberculoid lesions, and syndromes resembling erythema induratum and lichen amyloidosis. Erythema nodosum leprosum [of lepromatous leprosy] presents some features not seen in the erythema nodosum associated with tuberculosis or streptococcal infection. Some tuberculoid lesions resemble the acutely-developing erythema multiforme. Modified drug "resistance," characterized by certain puzzling features difficult to explain, certainly occurs in leprosy, as shown by the sudden reappearance of morphologically normal bacilli and a raised bacterial index. The epidemiology of the two diseases present many important parallels and differences, explicable mainly on the basis of differences in generation time and in pathogenicity of the mycobacterial agent, in individual susceptibility, and in general physical resistance. The most important factor is close contact with the "open" case, whether lepromatous, borderline or tuberculoid passing through a bacilliferous phase. Control measures depend essentially on the recognition of these differences.

PFALTZGRAFF, R. E. *The value of BCG vaccination in leprosy.*—This paper consists mainly of a review of fourteen reports in recent literature of the value of BCG vaccination in South America, India, and elsewhere, all of which were favorable; the author was unable to find an unfavorable report. First of all, BCG vaccination markedly reduces the total incidence of the disease, and secondly there is an even more significant reduction in the relative number of cases of the lepromatous type. The author's own experience in reducing the number of cases in children living with infected parents has not been as satisfactory as indicated in an earlier report (1959). Of the 83 children now traceable after four years (of the original group of 106), leprosy has occurred in 19, or 23%. None of them, however, has acquired the lepromatous form, in spite of the fact that 50% of the community in which they live are lepromatous.

WEBSTER, I. M. *Severe anemia occurring during progressive lepra reaction.*—It is generally recognized that slight grades of anemia may occur during the course of treatment for leprosy, but it is less well known that marked reduction in hemoglobin values

may occur more or less suddenly during severe or persistent lepra reaction. Clinical details are given of 6 patients who developed such an anemia beginning at the sixth month of standard treatment with dapsone or thiambutosine. There were erythema nodosum leprosum reactions which responded initially to antimonials, but which reappeared subsequently in much more severe and generalized form with systemic accompaniments. It was during this exacerbation that the sudden fall in hemoglobin was noted. In discussing the mechanism of the production of the anemia, attention is given to the possible role of a hereditary deficiency in reduced glutathione in the erythrocytes. However, since prolonged administration of dapsone to these same patients some years later did not precipitate a recurrence of the anemia, such a hypothesis is probably to be excluded. It is suggested that the anemia observed was due to a temporarily heightened susceptibility of the erythrocytes to the toxic action of the antileprosy drug, this susceptibility being somehow induced by the severe progressive lepra reaction.—S. G. BROWNE

PAHO AND WHO MEETINGS

The 13th Meeting of the Directing Council of the Pan-American Health Organization, which also comprised the 13th Meeting of the Regional Committee of the World Health Organization, was held in Washington, D.C., October 3-13, 1961. All of the Latin American republics except Colombia were represented, as were the United States, the United Kingdom, the Netherlands, and Canada. Besides representatives of WHO, the meeting was also attended by observers from the Organization of American States, the United Nations, the United Nations Children's Fund (Unicef), the Food and Agriculture Organization, the Inter-American Development Bank, the International Committee of Military Medicine and Pharmacy, and 20 nongovernmental organizations. Dr. Luther L. Terry, of the U.S.A., presided. The International Leprosy Association was represented by Dr. J. A. Doull, medical director, Leonard Wood Memorial.

Leprosy was considered on several occasions. The report of the director of the Pan-American Sanitary Bureau for the year 1960, which was adopted, contains the following paragraph on the subject: The Organization gave special importance to the problem of leprosy. In 1960, consultants were appointed for eight countries in the Americas, and the information from earlier surveys in Bolivia, Ecuador, and Peru was brought up to date. Unicef gave valuable help to some of these programs. Wherever the programs were beginning their operations, the number of cases diagnosed—including tuberculoid and lepromatous forms as well as indeterminate manifestations of the disease—was on the rise. That phenomenon is customary in any epidemiological investigation. Agreements were signed with Argentina and Brazil for the extension of their control programs with the cooperation of Unicef. Naturally, the currently-accepted doctrine had been applied, in which the patients were given ambulatory treatment and kept within their own social environment, rather than segregated behind the locked doors of the leprosarium.

The comments of the Executive Committee on the program and budget for 1962 (the latter was fixed at \$5,240,000) included the following remarks on leprosy: The work of the consultant in Zone III had to be continued, although originally planned for termination in 1961. The director reported that in a recent meeting of ministers of public health in Tegucigalpa, Honduras, an analysis of the problem showed that as a result of the work of the consultant and the presentation of short courses for the training of professionals in each country, the number of cases discovered in some countries had doubled, or tripled, which confirmed the need for continuing the work of the consultant. It was

also reported that Unicef had indicated its readiness to cooperate through the provision of equipment and drugs for leprosy campaigns. In Zone IV it was noted that provision was made for a Zoné consultant in leprosy work in all countries rather than for a consultant for each country as originally planned.

According to the general program for the years 1962-65, special attention is to be given: "to research and cooperation with the interested Governments in the execution of pilot projects designed to control [various] communicable diseases that can be controlled with a modest per capita investment," leprosy being included.

It is understood that leprosy is included among the communicable diseases considered suitable for research.—J. A. DOULL

APPOINTMENT OF DR. BECHELLI TO WHO HEADQUARTERS

At the end of 1961 Dr. L. M. Bechelli, of Brazil, took up a two-year appointment as chief of the leprosy unit at WHO headquarters, earlier vacated by the resignation of Dr. J. Gay Prieto. After taking his medical degree at São Paulo University in 1933, Bechelli studied dermatology at the New York Skin and Cancer Unit in New York and the Hôpital Saint-Louis in Paris, and epidemiology and statistics at Western Reserve University, Cleveland, Ohio. He has had almost thirty years experience of leprosy work, having served as chief of the Epidemiology Section of the São Paulo Leprosy Department, later becoming director of the Division of Leprosaria and then director of the Division of Out-Patient Clinics in the State of São Paulo. He is Professor of Dermatology, Ribeirão Preto Medical School, University of São Paulo, a post which he has held for the past four years and from which he was granted leave to take his present position.—[Largely from *WHO Chronicle* 16 (1962) 143.]

BRAZILIAN SOCIETY OF DERMATOLOGY

The Sociedade Brasileira de Dermatologia e Sifilografia has announced the XIX Annual Reunion, to be held in commemoration of the 50th anniversary of the Society from August 28 to September 2, 1962.

According to the program issued, the first day and a half, before registration, will be devoted to courses on (a) surgical dermatology, (b) histopathology of the skin, and (c) dermatologic mycology. In the following days half-day sessions will be devoted to the subjects of angiodermatitis, pemphigus, and eczema and pruritis. A whole day is scheduled for presentation and discussion of cases.

(This meeting will be a thing of the past by the time this item is printed, for the notice was not received until late July).

NEWS ITEMS

England: *Mission to Lepers' film.*—The Mission to Lepers has a new film, in color and with sound, entitled Enterprise R.5. Made by Mr. and Mrs. A. Donald Miller, it includes scenes from several countries in the Far East in which the Mission has operations. The film is said in a notice in *Without the Camp*, to break up the idea of "enterprise" under five subtitles: R.1, Rescue, of needy patients such as beggars in Calcutta, and of

children at risk; R.2, Recovery, of patients under treatment, in India, Nepal and Korea; R.3, Repair, of work at Karigiri research leprosarium; R.4, Rehabilitation, dealing with various occupations; R.5, Redemption, dealing with the missionary work in various leprosaria. (There is no information about the availability of this film.)

Norway: *A Hansen Memorial Room.*—An Armauer Hansen Memorial Room was inaugurated in Bergen, Norway, on the 12th of February this year, 50 years after Hansen's death. The memorial room is in what was the Pleiestiftelsen for Spedalske and is now the Statens Attføringsinstitutt (State Rehabilitation Institute). There an office and laboratory have been equipped with instruments, furniture, documents, etc., from Hansen's time. The memorial room is open to doctors. Those interested should contact Prof. I. Rogstad, Department of Dermatology, University of Bergen, Bergen, Norway. Dr. E. Glück, of Gade's Institute, who supplied this information, reports that at present there are only 7 leprosy patients in Norway. Three of these are housed in a wing of the Attføringsinstitutt, two are working at the Institute, while the two others were discharged many years ago.

Ghana: *Joint medical research laboratory.*—It is reported that the Republic of Ghana and the U. S. Public Health Service are to establish a joint medical research laboratory. Ghana's National Institute of Health and Medical Research will provide housing and laboratory facilities for U. S. scientific and technical personnel. Efforts will be concentrated on Ghana's major disease problems, the list of which includes leprosy.

Congo: *Report from the Yonda leprosarium.*—The following is taken from a report dated December 31, 1961, about the Yonda leprosarium, near Coquilhatville, now under the responsibility of the Republic of the Congo. There were still 714 inpatients, of whom 427 were lepromatous; 302 were hospitalized because of deformities. During the year there were 23 new admissions, 24 readmissions (including 9 relapsed lepromatous cases), and 48 discharges of patients to outpatient treatment. Except for two of the staff, all of the Congolese medical personnel had left for more training, or for financial reasons. Medical care is assured by the 7 Belgian nuns who remain, and administration is also maintained by Catholic missionaries. The burden of all of the work remains on the 2 Congolese and the missionaries. Nevertheless, certain lines of activity have been extended and new buildings have been opened, and the laboratory is operating although at a reduced pace. Specific treatment by sulfones has been continued. Medical supplies and bandages are in short supply, and food—of which there was an acute shortage during the year, with an important drop in hemoglobin levels of most of the sulfone-treated patients—is still a most difficult problem.

India: *Revival of Leprosy in India.*—About the middle of this year, word was received that because *Leprosy in India*, published by Hind Kusht Nivaran Sangh (Indian Leprosy Association), had become so delayed, with no issues published in 1961, that the editorship had been changed. Volume 33, which would have been the one for that year, has been passed over except for a 4-page pamphlet intended to represent 1961 in the continuity of the volume numbers. Dr. Dharmendra, at the Central Leprosy Institute at Chingleput, South India, is now editor. The business office, as heretofore, is in New Delhi, at the office of the Hind Kusht Nivaran Sangh, at 1 Red Cross Road. In September 1962 the first issue under the new arrangement was received at this office. It turned out to be the issue for October 1960, completing the volume for that year.

Philippines: *German society aids children.*—The German Leprosy Relief Association, according to a report in the *New York Times* supplied by Mr. Stanley Stein, has contributed to improvement of the facilities for the care of children at the Tala leprosarium, near Manila. A representative of the society handed to Rufino Cardinal Santos, Archbishop of Manila, a check for \$25,000 "to help finance the construction of a hospital and children's home." The German society is an interreligious group which cooperates closely with Protestant and Roman Catholic churches in Germany. In its five years of operation, it has established and maintained leprosy treatment stations in Ethiopia, Tanganyika and other regions of Africa.

United States: *Damien-Dutton award for 1962.*—The recipient of the 1962 Damien-Dutton award for service in leprosy is Fr. Pierre d'Orgeval, SS.CC., 89 years of age and in retirement at the mother-house of the Fathers of the Sacred Heart in Paris. In 1923, at the age of 51, he joined that order "for the express purpose of working among victims of leprosy." After a period in a leprosarium in Tahiti, he was transferred to Kalaupapa, in Hawaii, where he worked for 23 years until his retirement in 1948.

Mouse footpad inoculations in drug testing.—A report in *Drug Trade News*, seen by Dr. John A. Robertsen, reports from Atlanta work described by Drs. C. C. Shepard and Y. T. Chang. Leprosy bacilli are injected into the mouse footpad, and, after a period of administration of the drug under test, the sites are examined histologically. Complete suppression of multiplication of the bacilli has been obtained, it was said, with DDS, INH, and PAS. (It would be nice if, in human leprosy, INH or PAS could be substituted for DDS for patients who become intolerant or nonresponsive to that drug!)

Vaccines in leprosy.—From a newspaper report encountered by Dr. John A. Robertsen, it appears that Dr. C. C. Shepard reported to the American Society of Microbiology that vaccines used had reduced the amount of growth of leprosy germs injected into the mouse (footpads?) "from 30 to 60 fold." The only vaccine specifically mentioned in the report is BCG.

Argentina: *Change of head of leprosy department.*—Information has been received from our Contributing Editor for Argentina, Dr. E. D. L. Jonquieres, that Dr. Carlos Maria Bruseo had been appointed director of the federal antileprosy campaign (*Lucha Dermatológica*), in place of Dr. Armando Zavala Saenz, retired. Dr. Bruseo is said to be a well-known sanitarian and leprologist who, since 1947, had been doing good work in the Sanatorio Sommer, near Buenos Aires, and therefore has had close contact with the problems of leprosy. It is hoped that he may be able to make a real so-called "dynamic campaign," plans for which have been approved by both the Argentine authorities and the collaborating Unicef, although the financial support for the plan has been reduced because of the present economic condition of the country.

WHO: *Budget for 1963.*—It is reported in *Tropical Medicine and Hygiene News* that the total budget for 1963 voted at the 15th World Health Assembly amounted to \$29,956,000—the highest in WHO's history, and higher than the 1962 budget by \$3.9 million. WHO now has 115 member states; Western Samoa was admitted as a full member, and Jamaica and Uganda as associate members. The sum of \$700,000 was authorized for training African and other newly-independent nations' medical and para-medical personnel. Besides eradication and control programs (malaria, smallpox, tuberculosis, yaws), research programs in cancer, cardiovascular diseases and immunology will be financed. Leprosy is not mentioned in this brief report.

Laviron to Guinea.—Dr. P. Laviron recently went to Guinea as WHO short-term consultant to evaluate the progress made in the leprosy campaign begun there in 1958 with assistance from WHO and Unicef, according to a report in *WHO Chronicle*. The aim of the campaign is to trace and treat all cases of leprosy, and at least to achieve the elimination of the disease as a public health problem. Dr. Laviron was for many years director of the Institut Marchoux in Bamako, Sudan, and chief of the Leprosy Service in the area formerly known as French West Africa. He has already carried out assignments for WHO in Ethiopia and the Congo (Leopoldville), as well as in Cyprus, Iran, and Lebanon.

PERSONALS

DR. DESMOND W. BECKETT, until recently the superintendent of the Fiji Leprosy Hospital at Makogai, has transferred to public health and administration work in other parts of the country. Dr. J. A. R. DOVI is in charge at Makogai, and is expected to serve as Contributing Editor for THE JOURNAL.

DR. DHARMENDRA, of Madras, has recently spent two weeks in Japan at the invitation of the Japanese Leprosy Foundation. On the return trip he made brief visits to leprosy centers in Hong Kong, Manila, Cebu and Kuala Lumpur.

DR. P. GLYN GRIFFITHS, who around 1949-1950 was at the Makogai Leprosy Hospital in Fiji, has taken over the post of Territorial Leprologist of Rhodesia and Nyasaland, vice DR. E. JAMES CURRANT, resigned.

DR. A. W. F. RUTGERS, who formerly worked in South Africa and then at Macassar, Indonesia, has for some time been in Mysore, India, setting up new leprosy work for the Basel Mission.

MR. V. PERIASWAMI, author of a particularly interesting if inconclusive report which we abstracted last year, writes to say that he is not a doctor but a Paramedical Officer working in the Central Laboratory of the Gandhi Memorial Leprosy Foundation at Wardha. He claims the distinction of being, probably, the only textile engineer who has turned social worker in the field of leprosy. "However, there is not much change in my profession, essentially. I have only left off dyeing calico and taken up dyeing micro-organisms."