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EDITORIAL

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REPORT ON THE RIO DE JANEIRO CONGRESS

The VIIIth International Congress of Leprology was held in Rio de Janeiro, Brazil, September 12-20, 1963. Registration began on Thursday, September 12, and on that day the first meeting of the Council of the International Leprosy Association was held. In the regrettable absence of the President, H. W. Wade, the Vice-President for the Americas, J. M. M. Fernández, was elected Acting-President.

The spacious Copacabana Palace Hotel, where the meetings were held, afforded sufficient facilities for secretarial offices, and rooms for meetings of the Organizing Commission for the Congress (COCIL), the International Leprosy Association (ILA), and its panels. The Auditorium was somewhat lacking in technical requirements for optimum slide projection and simultaneous translation.

At the preparatory plenary session of the Congress officers were elected as follows: President, Fausto G. Castelo Branco (from COCIL); Vice-president, J. M. M. Fernández (from ILA); First Secretary, J. Ross Innes (from ILA); Second Secretary, Orestes Diniz (from COCIL). At this session the several panels were integrated, new members being elected to cooperate with those previously appointed. The panels thus set up were large, but they acted efficiently.

The solemn inaugural session was held on the evening of September 12 in the Auditorium of the Copacabana Palace Hotel, in the presence of representatives of the Federal Government and the State of Guanabara. Those present included a representative of the President of the Republic and its Ministers, the Director of the World Health Organization, members of the Organizing Committee, the Council of the International Leprosy Association, and interested persons from the general public.

In succeeding days numerous other ceremonies took place. One of these honored the memory of outstanding leprologists who had died in the preceding five years. Homage was rendered, and an album presented, to Mrs. Eunice Weaver, pioneer in social assistance to leprosy

patients, in recognition of her long service. Special homage organized by the Council members was rendered to H. W. Wade. In an affecting ceremony he was made President Emeritus of the International Leprosy Association, and Dr. J. Ross Innes presented an illuminated plaque noting Dr. Wade's contributions to leprosy research and the organization of the International Leprosy Association. At this session, Drs. Kensuke Mitsuda and Ernest Muir also were honored, by designation as Vice-Presidents Emeritus.

The social program of the Congress was full and bright. The ladies of the local committee gave their best efforts to welcoming and entertaining visitors.

At the final meeting of the Association discussion of the next Congress led to agreement that it should be held in Europe. An official invitation was received from Denmark and a nonofficial one from Italy. Much sentiment was expressed for a meeting in England, in view of the presence of numerous leprologists familiar with the organization of leprosy congresses. It was decided to explore the possibility of a congress in London before considering other places. (*Elsewhere in this issue of THE JOURNAL additional consideration of meeting sites is reported.*—EDITOR.)

SCIENTIFIC SESSIONS

Scientific sessions were held each day in the Auditorium, in the course of a schedule of special sessions, and the appointed panels met each day, generally after the scientific sessions. A new feature, first organized for this Congress, was the establishment of two round tables, which discussed respectively Pathology and Experimental Transmission of Leprosy, and Borderline and Indeterminate Leprosy. These panels commenced their discussions some days in advance of the opening of the Congress. Informal meetings were held also for discussion of serology, standardization of lepromin and other problems, in which investigators especially concerned in these fields participated.

In the desire to accommodate authors offering papers, selection was not strict enough, and too many papers were presented. The brevity of time allowed for each paper hampered translators. These difficulties should be considered before the next Congress.

Papers read in the session on Pathology and Experimental Transmission aroused great interest in the light of obvious progress since the Tokyo Congress. It appears now established that inoculation of *M. leprae* from human sources in the footpads of mice induces leprosy infection. Results from investigators widely scattered throughout the world are similar and consistent in this respect. Progress is evident also in the transmission of human leprosy to hamsters. The most effective inoculum seems to be material from borderline cases. Lesions in the hamster first appear about nine months after inoculation, but

THE INTERNATIONAL LEPROSY ASSOCIATION

While the undersigned Vice-Presidents and members of the Council of the International Leprosy Association desire to express to **DR. H. W. WADE** our profound appreciation of the great services he has rendered to the Association since its foundation in 1931 as Councillor, and during the past seventeen years as its President. To this high office he brought great knowledge, wide experience, and sound judgment, and successive International Congresses have owed much to his counsel. His unusual editorial gifts exercised over thirty years have given the International Journal of Leprosy a worldwide reputation. Through its pages a generation of Leprologists have found a forum for the sharing of new knowledge, and high standards have added dignity to the science of leprology. **A**ll leprosy workers are indebted to Dr. Wade for his scientific contributions particularly in the spheres of pathology and immunology. A sincere and penetrating scientist, he is equally a kindly and genial colleague. His decision not to accept another term as President is greeted by all members of the International Leprosy Association with profound regret. It is unanimously resolved to appoint Dr. Wade as President Emeritus in recognition of his great services to the International Leprosy Association and his outstanding devotion to the cause of leprosy eradication.

Robt. Williams
1931-1932

W. H. G. ...

J. ...

V I C E - P R E S I D E N T S

Emilio Aguilera *... ..* *K. R. Chatterjee* *J. Chassinand*

Shannamda *Overland* *Frank Davers*

E. ... *A. R. Dawson* *Felix ...* *M. D. ...*

Lucreto ... *J. N. Rodriguez* *J. R. ... (As. Treasurer USA)*

C O U N C I L O R S

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in the shorter period of four months in successive passages from animal to animal. Lepromin prepared from hamster lesions induces positive reactions in lepromatous patients, and also a change in their immunologic state, for the classic Mitsuda-Hayashi lepromin reaction becomes positive in these patients.

In connection with these results it is to be noted that acid-fast bacilli are to be found in apparently normal common mice never inoculated.

Interesting studies of the "histoid variety of lepromatous leprosy" were reported, and illustrated with histologic sections. Leprologists who received this illustrative material are asked to send their comments directly to the investigator who distributed it.

In discussion on borderline leprosy the polar types L and T were stressed as the pillars for any leprosy classification. Between these well-defined stable types intermediate forms in great variety are observed. These are transitory and related in character and in evolution to immunobiologic resistance of the human organism to *M. leprae*. The most clearly recognized interpolar forms are borderline and indeterminate leprosy.

In the field of therapy nothing remarkable has appeared since the Tokyo Congress. There is still no drug sufficiently effective, easy to administer and of low cost, which can be substituted for the sulfone drugs. Studies during the last five years on the long-acting sulfonamides have yielded satisfactory results, and these drugs have been incorporated in antileprosy therapy. The reported efficacy of thiourea has been confirmed. Other chemotherapeutic drugs are on trial, but as yet insufficiently investigated. In brief, a more effective drug for leprosy is still to be found and research with this objective is urgently needed.

The lepra reaction is still a serious unsolved problem. The Panel dealing with the subject failed to reach conclusions on etiopathogenesis and classification, but set up rules for therapy and prevention, agreeing that it was an unfavorable complication interfering with treatment of the disease. Corticoid therapy was endorsed in exceptional cases on an emergency basis for short periods in serious ocular complications, orchitis and neuritis.

The members of the Panel on Bacteriology and Immunology met as separate subcommittees. Discussions in bacteriology centered on the cytology, metabolism, and culture of *M. leprae*. The group dealing with immunology felt that little could be added to the conclusions of the Tokyo Congress. Opinions expressed on the early (Fernández) reaction were confirmed. Discussion of the late (Mitsuda) reaction centered on the reading of doubtful responses, instructions for which were formulated.

Special importance was attached to the subjects of Epidemiology

and Control and related problems in Rehabilitation, Education and Social Aspects. The recent Pan-American Seminar on the control of leprosy, held in Cuernavaca, Mexico, appeared to have influenced the conclusions of the Panel on Epidemiology, which stressed the need for close collaboration between specialists in public health and leprologists. It was emphasized that chiefs of service in antileprosy campaigns should be either public health administrators well informed on leprosy or leprologists trained in public health administration, and that antileprosy campaigns and public health services should be integrated. It was noted that compulsory isolation, and even voluntary but indiscriminate isolation, were to be condemned. Control should be based on prevention, early detection and persistent treatment, with rehabilitation as a necessary complement. It was recognized as essential to follow case detection surveys with effective treatment of cases discovered. Statement was again delayed on the use of BCG. The Panel recommended continued investigation of its preventive value, and referred to forthcoming large scale studies by the World Health Organization.

With respect to rehabilitation, it was noted that important improvements have come about since the Tokyo Congress, aided by a meeting of a study group in 1960, organized by the World Health Organization, the International Society for the Rehabilitation of the Disabled, and the Leonard Wood Memorial for the Eradication of Leprosy. The Panel emphasized that most disability in leprosy is preventable, or, at least, subject to correction by surgery, and called attention to the common mistake of deferring rehabilitation until after the cure of patients, whereas, as a matter of fact, rehabilitation must start at once to prevent lasting injury.

It was noted that the hygienic education of patients, their families, and the community, and the sociopsychologic aspects of leprosy, are so closely related to medical treatment and prophylaxis as to require special provisions and personnel for control purposes. Leprosy must be recognized as an infectious disease, handled as are other infectious diseases, but without the ignorance and prejudice derived from ancient unreasonable fear. Education and clarification of modern concepts must start in medical schools and reach all groups concerned in the community. Leprosy should not be the subject of special legislation, but, rather included in laws and regulations for communicable diseases.

These remarks are presented for an informative record of the Congress. In conclusion it should be recognized that the talent and enthusiasm of the members of the Organizing Committee brought about the success of the Congress.

A critical judgment on organization and functioning, with suggestions to the next Congress for dealing with certain problems, will be the subject of a later editorial.—JOSÉ M. M. FERNÁNDEZ