

## NEWS and NOTES

*This department furnishes information concerning institutions, organizations and individuals engaged in work on leprosy and other mycobacterial diseases, and makes notes of scientific meetings and other matters of interest.*

### **Ninth International Congress of Leprology**

The Ninth International Congress of Leprology will be held in London 16-21 September 1968. This preliminary notice is published so that all members of the International Leprosy Association will be able to make their plans accordingly.

Details regarding the exact dates and program will be published as soon as the necessary decisions have been made by the Council of the ILA.

Simultaneous translations of papers presented will be provided in English and in Spanish.

—S. G. BROWNE  
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### **Tenth World Congress of International Society for the Rehabilitation of the Disabled**

The Tenth World Congress of the International Society for the Rehabilitation of the Disabled met in Wiesbaden, Germany from 11-17 September 1966, under Pastor Werner Dicke, President. Some 2,000 representatives and delegates from 80 countries attended the meetings, at which many aspects of problems connected with the rehabilitation of the disabled, from whatever cause, were discussed. Business firms, societies and missions occupied 3,000 square meters exhibiting their activities, and new equipment available, including simple personal aids and electrically controlled artificial limbs and wheel chairs. Eighty films were submitted in a competi-

tion for Honorary Mention. The Film Committee awarded one of the first prizes to The Leprosy Mission's film "Day of Good Tidings."

A section on Planning Rehabilitation Programmes for Leprosy Patients met, with Dr. N. D. Fraser as Chairman and Dr. K. F. Schaller as Vice-Chairman. Addresses included:

DR. S. G. BROWNE: Leprosy—the Prime Disabler.

DR. O. W. HASSELBLAD: Prevention of Social Dislocation of the Leprosy Patient.

DR. N. H. ANTIA: Prevention of Deformities in Rehabilitation by Nonsurgical Methods.

DR. A. J. SELVAPANDIAN: Problems of Rehabilitation of Leprosy Patients in India. It is noteworthy that three out of the four speakers were surgeons, but the major emphasis of all the speakers was on the importance of prevention.

In a section on Basic Requirements for the Supply of Prosthetics in the Emerging Countries, Mr. J. Steensma presented a paper on "Special Problems of Shoes and Braces for Leprosy Patients." A paper by Mr. J. A. E. Gleave on "Training of Orthopaedic and Prosthetic Appliance Technicians in Emerging Countries" was read for him, as he was unable to be present. In a plenary session on Regional Differences in the Acceptance of Disability and Desire for Rehabilitation a paper by Dr. R. V. Wardekar on the problem affecting leprosy patients in India was read for him.

The Leprosy Mission and American Leprosy Missions combined in an exhibition stall illustrating their activities in many parts of the world, and distributing literature on the treatment and rehabilitation of victims of leprosy.

The following resolutions were approved by the Section on "Planning Rehabilitation

Programmes for Leprosy Patients" and submitted to the Resolutions Committee for presentation to the Congress.

The Section:

1. Deprecates the appalling fact that four out of every five of the fifteen million leprosy patients in the world are still without any treatment.

2. In view of the fact that deformity in leprosy is largely preventable, given early diagnosis and adequate treatment, urges that real efforts should be made to deal with the problem of leprosy in every country where the disease is endemic by means of surveys, education and treatment, so that existing knowledge is applied.

3. Urges that steps be taken to bring before all concerned awareness of the threat that leprosy poses to the welfare of the community. The medical profession itself must change its attitude toward this disease and there must be a similar change of attitude at all levels of society.

4. Emphasizes that the ultimate solution of the leprosy problem depends on leprosy becoming part of the public health service of every country, and that rehabilitation facilities available to patients suffering from other diseases should be extended to leprosy patients. Every doctor and medical auxiliary should be trained in leprosy and its rehabilitation wherever the problem is endemic.

5. Reiterates that many of the deformities of leprosy can now be corrected by surgical means and that facilities for such reconstructive surgery should be made available wherever possible in general hospitals. A surgical program is of great value in any antileprosy campaign, encouraging patients with early disease to present themselves for treatment.—N. D. FRASER

### New President of the Leonard Wood Memorial

The Leonard Wood Memorial for the Eradication of Leprosy (American Leprosy Foundation) has announced that Mr. Cyril I. Crowther, currently President of

the Memorial, will retire at the end of this year and be succeeded by Mr. Donald V. Wilson, presently Secretary-General of the International Society for the Rehabilitation of the Disabled, on 1 January 1967.

Mr. Crowther has been President of the Memorial since 1 July 1958, when he succeeded Mr. Perry Burgess, who had taken a leading part in organizing the Memorial and been its President for 28 years. Mr. Crowther had had an equally long experience in similar work. He had served as Auditor and Assistant Comptroller for the Near East Relief from 1920 to 1930, and successively as Assistant Comptroller, Comptroller and Executive Director of the Near East Foundation since 1930. During the latter period he had acted also, on a part-time basis, as Comptroller of the Leonard Wood Memorial. Since 1958, in addition to fund raising activities he has been responsible for numerous administrative improvements in the management of the Memorial. He took part in the Tokyo (1958) and Rio de Janeiro (1963) International Congresses of Leprology, and was closely associated with the activities of the International Leprosy Association. After retirement he will continue to serve the Leonard Wood Memorial as a member of its Board of Trustees.

Mr. Wilson brings to the Leonard Wood Memorial a wide experience in international welfare work and special interest in rehabilitation programs for victims of leprosy. When he undertook his responsibilities with the International Society for Rehabilitation of the Disabled in 1949, the Society had member organizations in twelve countries. Today there are 108 member organizations in 63 countries. Mr. Wilson was born in Kansas City, Missouri, in 1909, had his undergraduate education at Muskingum College, graduated in law at Western Reserve University in Cleveland, and trained in social service administration at the University of Chicago. Prior to World War II he was on the staff of the Louisiana Department of Public Welfare and a member of the Graduate School of Social Welfare of Louisiana State University. During the war he served in the

United States Army as a military government officer, and was cited by Gen. Douglas MacArthur for outstanding accomplishments in Japan.

He was Dean of the School of Applied Social Sciences at Western Reserve University in 1948-1949, immediately before his appointment with the International Society for the Rehabilitation of the Disabled. As Secretary-General of that organization he organized World Rehabilitation Congresses in London (1957), New York (1960), and Copenhagen (1963). He has just returned from the Tenth World Congress, held in Wiesbaden, Germany.

In the course of his official duties Mr. Wilson has established numerous committees and commissions dealing with various handicapping disabilities including leprosy. He was a sponsor of "World Day for Leprosy Sufferers." He has served as the ISRD representative to the United Nations, the World Health Organization, the United Nations International Childrens Emergency Fund, and other organizations, and has received many honors for his work with welfare organizations.

### **Ghana Leprosy Service Annual Report, 1961-1962**

The total number of cases under treatment by the Ghana Leprosy Service increased somewhat during 1961 chiefly as a result of the institution of case-finding programs in the northern and upper regions. During the two years the population of the leprosaria has remained approximately constant, with 935 patients in 1960, 920 in 1961 and 943 in 1962. The main source of increase in patients in leprosaria and clinics has been the mobile treatment units. A framework for separate case-finding teams was set up in the years 1961-1962. The creation of these teams has proved to be the key operation in the current control program. Mobile units reached some 18,000 cases in 1962.

Research has been confined largely to study of small comparable groups of cases. The most useful innovation has been percu-

taneous inunction of Etisul, which, in combination with routine DDS treatment, has been effective in reducing the number of bacilli. During the two years, UNICEF has continued to supply antileprosy drugs, vehicles for the mobile treatment teams, and laboratory apparatus.

The report gives details on the operation of the leprosaria. The latter are now used chiefly as "acute hospitals." Few patients remain for long periods. Lepromatous cases are admitted on the basis of infectivity, but an increasing number of cases are admitted for acute episodes, such as neuritis, and its sequelae. Special attention is given to the primary manifestations of nerve damage and deformity.

Regional services are in operation in places inaccessible to the mobile units. Various missions cover the medical and nursing services at these places.

Tables are presented giving the distribution of cases in Ghana by region and leprosariums, and the methods of treatment used.

### **Hind Kusht Nivaran Sangh (Indian Leprosy Association) Annual Report, 1964**

The Hind Kusht Nivaran Sangh, with headquarters at New Delhi and twelve branches in different states, is playing an active role in health education, training of paramedical workers, and welfare and rehabilitation of leprosy patients. The President of India is President of the Sangh. Dr. K. N. Rao, Chairman of the Sangh, reports on the work in India.

A consultant leprologist has been posted in Hyderabad by the WHO to assist the activities in Andhra Pradesh. The organization awarded research grants to the Central Leprosy Training and Research Institute at Chingleput for the study of the chemoprophylaxis of leprosy. UNICEF has increased its assistance in the antileprosy campaign in Madras State.

The National Leprosy Control of the Government of India, in collaboration with the state governments, has increased expenditures and staff for leprosy work. Eight

training centers for paramedical workers have been established (Andhra Pradesh, Bihar, Kerala, Madras, Madhya Pradesh, Maharashtra, Orissa, Uttar Pradesh). The total number of leprosy control units in December 1964 was 169, of which 20 were in West Bengal.

The latest report by the National Leprosy Control Program, reveals a population coverage of 41.6 million persons, of whom 20.9 million were examined. About 613,000 leprosy cases are known, of which 568,853 were under treatment.

The Mission to Lepers, celebrating its 90th anniversary in 1964, continued its training program in Purulia and Karigiri. Seventeen reconstructive surgery units were opened by the Mission.

The Gandhi Memorial Leprosy Foundation has completed fifteen years. There are 17 control units and two training centers, at Wardha and Chilakalapatti. Ten health education units are in operation.

The Central Leprosy Teaching and Research Institute at Chingleput is studying the prophylactic value of DDS, therapeutic trials of various drugs, the role of genetics in determining susceptibility to leprosy, and other problems.

Foreign voluntary organizations working in India include the (1) Belgian Leprosy Centre at Pilambakkan (Madras), (2) the German Leprosy Centre in Madras State, (3) the Danish Save the Children Leprosy Control Unit (Andhra), and (4) the Swedish Red Cross leprosy campaign at Karigiri.

The Sangh has organized a training course in physiotherapy and rehabilitation for medical personnel at Vellore.

The report includes a detailed record of income and expenditures for the year.

### **Taiwan Leprosy Relief Association Annual Report, 1965**

The Taiwan Leprosy Relief Association (T.L.R.A.) has issued its annual report for 1965, which includes a report on the lep-

rosy rehabilitation program of the Association by Dr. Kazuo Saikawa, Medical Advisor, separate reports on the Association's eight colonies and clinics, statistical records on numbers and types of leprosy patients at different locations in Taiwan, and a financial statement of income and expenditures and capital funds by the T.L.R.A. Funds are contributed by churches, leprosy missions and individual donors. The number of T.L.R.A. leprosy patients of record increased from 1,030 in 1960 to 1,665 in 1965. The control program of the Government as of 30 December 1965 recorded a total of 2,087 leprosy patients in its leprosaria and health centers. Among 3,774 listed leprosy patients in Taiwan in November 1965, 1,769 were designated as lepromatous, 1,526 as tuberculoid, 436 as borderline, and 43 as "suspected."

### **Coordinating Committee of European Leprosy Agencies (ELEP)**

An important step in the struggle against leprosy in the world was taken at Berne, Switzerland, on 24 and 25 September 1966. A meeting of representatives of some eleven Leprosy Societies (from Switzerland, Germany, Belgium, Britain, France and Italy, with an observer from Scandinavia) decided unanimously to recommend to their various home councils that a Bureau for Coordination be established. This Bureau would act as a clearing house for disseminating information about antileprosy activities and projects, and would attempt to prevent duplication of effort in leprosy work. The Headquarters of the Bureau would be established in Brussels. Monsieur Pierre van den Wijngaert was appointed Honorary Secretary. The expenses of equipping and running the Bureau would be borne by member organizations. Other voluntary societies in Europe with similar aims, would be welcomed as members of ELEP.

A Medical Commission (consisting of



Drs. S. G. Browne, Fr. Hemerijckx, and M. Gilbert, together with L. P. Aujoulat) was appointed to advise ELEP on professional matters, especially on priorities in leprosy projects and possible areas of joint action. Any move designed to harness the tremendous amount of active goodwill toward

leprosy sufferers must be welcomed. Voluntary agencies still have an indispensable role to play in the struggle against leprosy, channeling as they do both considerable financial resources and dedicated persons into places where these can be utilized valuably.

—S. G. BROWNE

## NEWS ITEMS

**Venezuela: Leprosy Survey.**—An evaluation team recently surveyed a pilot project in the state of Tachira involving a new system of statistical record keeping in case-finding and contact control in leprosy set up in San Cristobal. Special attention was devoted to integration of leprosy work in the general health services of the state. The survey team included: Dr. Jacinto Convit, Dermatology Division, Ministry of Health, Dr. Oliver W. Hasselblad, President of American Leprosy Missions, Dr. Ruperto Huerta, Pan-American Health Organization, and Dr. Enrique Pareda of Santiago, Chile. (From News from ALM, August 1966.)

**New Hebrides: Cases of leprosy in Espiritu Santo.**—A report in the *South Pacific Bulletin* of Sydney, Australia, describes the results of a trip by a medical team, in June 1965, into the bush country of one of the most remote parts of Espiritu Santo. Some thirty leprosy patients found there were persuaded to accompany the team to the Melanesian Mission Leprosarium at Lolawai on the neighboring island of Aoba. Transportation difficulties in rough sea travel were great, but eventually all reached the leprosarium. Most of the patients returned home in less than a year, but it was felt that progress had been made in persuading a previously neglected group to have hospital experience in the treatment of leprosy.

**Cape Verde Islands: Leprosy in the African Province of Cape Verde.**—The report of the Director of the Health Service of the African Province of Cape Verde for 1965 indicates that the campaign against leprosy in the islands constituting the province has proceeded with regularity. The occurrence of the disease is not noted in all the islands, and is not alarming. Only 19 patients who are considered incurable, are interned (3 on the island of Fogo and 16 on that of S. Antão). A total of 606 patients, all that are known, receive ambulatory treatment. These are distributed as follows: Fogo 403, S. Vicente 20, S. Tiago 27, S. Antão 145, and Brava 11. In 1965, 8,784 injections of Disulone were given, and 33,060 tablets of Avrosulfona were dispensed to patients and contacts. Thus, in a population of about 200,000, some 625 persons are known to have the disease, which would represent a prevalence of slightly more than 3% if the disease were present in all the islands and distributed evenly. Actually, a few islands appear to be without cases (S. Nicolão, Sal, Maio and Boa Vista, and the distribution among the others is irregular, fluctuating from 0.6% in S. Tiago to 16.0% in Fogo.—A. SALAZAR LEITE

**Ghana: Leprosy ward at Damongo.**—A new leprosy ward has been built at the West Gonja Hospital at Damongo in North West Ghana through aid from the West

German Leprosy Relief Association. The West Gonja Hospital, operated by the Catholic Mission on behalf of the Government of Ghana, in meeting the needs of the population in North West Ghana, has been operating an outpatient clinic for leprosy which is well attended. The new ward will provide surgical and medical treatment for leprosy patients and will ensure useful cooperation between the mobile treatment units and the Regional Leprosy Service Headquarters at Tamale.

**Tanzania: Leprosy control unit.**—A new leprosy control unit was dedicated at the Shirati Christian Hospital at Shirati in June 1966. A joint project of the Eastern Mennonite Board of Missions and Charities, and American Leprosy Missions, the new unit will demonstrate the integration of a modern leprosy unit in a general hospital program. Several units in making and prospect in the leprosy center include a 12 bed ward with nursing station and treatment room, an administration building, a physiotherapy center, a footwear and prosthetics department, and a vocational training unit. The cost of construction is financed by American Leprosy Missions. The center, which will be in the Shirati general hospital complex, will replace a former leprosarium three miles from the mission hospital. (*From News from ALM, August 1966.*)

**India: Expansion program at Salur.**—A U.S. \$150,000 program of modernization and expansion is underway at the Philadelphia Leprosarium in Salur, with financial grants from American Leprosy Missions, the Lutheran World Federation and The Leprosy Mission (London). Plans include a new 50 bed hospital, ancillary buildings, an outlying clinic at nearby Korupum with staff residential facilities, and new laboratory facilities. The leprosarium, established in 1904 by United Lutheran missionaries, cares for some 600 resident patients. (*From News from ALM, August 1966.*)

*Electron microscope presented to Schief-*

*felin Institute.*—In a ceremony attended by mission and government officials on July 18, 1966, an electron microscope was dedicated by the Rt. Rev. Leslie Newbigin, Bishop of Madras, for use in research supported by American Leprosy Missions at the Wm. J. Schieffelin Leprosy Institute at Karigiri.

**South Korea: Course for public health workers at Taegu.**—Some 45 public health workers were graduated early in 1966 on completing a three-month course in techniques for the early detection and treatment of leprosy, sponsored by the Korean Government and the American Leprosy Missions—supported Ai Rak Won Leprosarium in Taegu. All provinces in South Korea were represented among the participants in the course; thirteen of the participants were former leprosy patients. These new workers will be scattered for control work in leprosy throughout rural Korea. (*From News from ALM, August 1966.*)

**Viet Nam: Donation of funds to leprosarium.**—A donation of U.S. \$500.00 to the 900-patient Qui Hoa leprosarium in Qui Nhon by troops of the U.S. Army's 1st Logistical Command has been matched by Cardinal Spellman, bishop of the Military Diocese of the United States. The cardinal's gift came after he received a report from Brig. Gen. Charles R. Meyer citing the interest of his Qui Nhon Support Command in work performed by the Franciscan Sisters at the leprosy colony. The funds are being used for construction work at the colony, located on a sandy beach on the South China Sea. The institution is maintained by donations received from supporters throughout the world. Utilizing materials purchased through the monetary gifts, patients construct and maintain immaculate grounds studded with 250 multi-hued pastel colored buildings. Mother Superior Marie Charles Antoine, originally from Germany, draws plans for each new building to be erected. The leprosarium, launched in 1929 with 150 patients, has Vietnamese, Montagnard, Chinese, Cambodian and Indian families living on its

grounds, and is administered by 11 foreign-born Franciscan Sisters.

*Donations of material for leprosarium.*—A television and newspaper appeal for materials needed at the St. Joseph's Leprosarium in Viet Nam, made by officers of the 803rd Medical Group at the Davis-Monthan Air Force Base, Arizona, U. S. A. resulted in the donation of 2,600 pounds of useful materials, including an abundance of sewing materials, which have been shipped to the leprosarium some 100 miles from Saigon. The officers started the appeal after they had donated their services to the leprosy colony while serving in Southeast Asia.

*United States: Grant for leprosy research at Louisiana State University.*—A

research project, financed by the U. S. Department of Health, Education, and Welfare, to study ways to prevent damage to hands and feet in leprosy patients is under way at the state university in Baton Rouge, Louisiana, in cooperation with the U. S. Public Health Service Hospital at Carville, La. The research team includes representatives from the LSU Department of Electrical Engineering, the School of Social Welfare, and the Department of Health, Recreation and Physical Education. The team is working closely with Dr. Paul W. Brand, chief of the rehabilitation branch at the Carville hospital. Engineering scientists are concerned with instrumentation to measure pressures exerted on hands and feet in normal tasks, and devices to sound an alarm when acceptable pressures are exceeded.

## PERSONALS

DR. D. S. CHAUDHURY was appointed Senior Medical Officer in charge of the Ghana Leprosy Service, as of 1 November 1965. Previously he had worked in the Gandhi Memorial Leprosy Foundation in India. He has been in Ghana since 1962.

DR. DHARMENDRA, until recently Director of the Central Leprosy Teaching and Research Institute, Chingleput, India, and now attached to that Institute as Emeritus Scientist, left for Korea on 18 September 1966, as a short term WHO Consultant to the Leprosy Control Project in that country. He will be away for about 3-4 months.

DR. P. GLYN GRIFFITHS, leprologist to the Ministry of Health of the Government of Zambia, died suddenly at his home in Broken Hill, Zambia, on 14 May 1966 at the age of 48. Dr. Griffith had several tours of duty in Fiji, including a year as medical superintendent of the Makogai Central Pacific Leprosy Hospital. From 1952 to 1957

he served as specialist physician in the Malaya Medical Services, and from 1958-1960 as administrator of the Brunei State Medical Services and chief control officer in the campaign against tuberculosis in Brunei. He joined the Ministry of Health, Federation of Rhodesia and Nyasaland, in 1962, and shortly thereafter transferred to the Ministry of Health of Zambia, where he remained as leprologist until the time of his death. (Condensed from obituary of Dr. Griffith in *The Central African Journal of Medicine*, 12 (1966) 137.)

MR. I. E. KOOMSON was appointed Principal Leprosy Control Officer of the Ghana Leprosy Service as of 27 August 1965. Mr. Koomson, who is also a qualified nurse, has had many years of experience in leprosy work. He has taken over from Mr. J. H. ELDON, who has retired.

DR. B. D. MOLESWORTH, previously Senior Medical Officer in charge of the Ghana Leprosy Service, and predecessor to Dr.

D. S. CHAUDHURY, has joined the Leprosy Project in Malawi.

DR. TH. M. VOGELSANG, Professor of Microbiology, Gade Institute, University of Bergen, having reached the age of 70 years, will retire at the end of 1966. He expects to complete his biography of Armauer Hansen early in 1967. Dr. Vogelsang recently attended the 1966 meeting of the International Congress of Microbiology in Moscow.

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A number of memorial meetings have been held in recent months honoring PROF. JOSÉ M. M. FERNÁNDEZ, late Professor of Dermatology at the School of Medicine of the University of Rosario, Argentina, and from 1963 to 1965 President of the International Leprosy Association. These included ceremonies at the biennial meeting of the Sociedad Argentina de Leprología, which were designated "Jornadas Dr. José M. M. Fernández," held in two parts, the first in Rosario on 24 July 1966 and the

second in Santa Fe on 14 August 1966. In connection with the first of these the Patronato de Leprosos de Rosario inaugurated the pavilion "Prof. José M. M. Fernández." At the Clinic of Diseases of the Skin in Rosario, also designated "Prof. José M. M. Fernández," a testimonial meeting was held on 23 July 1966, at which advances in therapeutic dermatology were discussed and Prof. Fernández's closest associates on the faculty spoke in his honor. A bust of Prof. Fernández was unveiled at this ceremony. Concurrently (21-23 July 1966) scientific sessions honoring Prof. Fernández were held under the joint auspices of the Chair of Dermatology of the Faculty of Medical Sciences of the National University of the Littoral, the Dermatologic Society of Rosario and the Atheneum of the Chair of Dermatology. Details on these meetings were contributed to THE JOURNAL by Madame Fernández, who continues her activities as social worker in the Carrasco Hospital and has daily association with the well known-leprologists of that institution.