

NEWS and NOTES

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

Funds for Simultaneous Translation at Ninth International Congress of Leprology

Thanks to the generous gesture of ELEP (Coordinating Committee of European Voluntary Agencies engaged in the fight against leprosy), in making available the sum of U. S. \$5,000 toward the expenses of the forthcoming Ninth International Congress of Leprology, to be held in London, 16-21 September 1968, the Secretary-Treasurer of the International Leprosy Association is happy to announce that arrangements will be made for simultaneous translations in French and Portuguese in addition to English and Spanish.—S. G. BROWNE

First General Assembly of ELEP

The first General Assembly of members of ELEP (Coordinating Committee of European Voluntary Agencies engaged in the fight against leprosy) took place in Würzburg, Germany, on 7 and 8 January 1967. Representatives from eleven different member-organizations were present, from Belgium, France, West Germany, Switzerland, Great Britain, and Italy, with one observer from Spain. Applications for membership from bodies in Luxembourg and Turkey were approved.

The Medical Committee, consisting of Drs. L. P. Aujoulat, S. G. Browne, M. Gilbert, and F. Hemerijckx, had met previously to consider lengthy agenda of items on which their advice had been sought. It appears that the Commission will be con-

sulted increasingly by the General Assembly with respect not only to proposals for new projects to be undertaken by one or several of the member-organizations.

The General Assembly of ELEP recommended to its member-organizations that among them they make a grant of US\$ 5,000 toward the expenses of the Ninth International Congress of Leprology to be held in London from 16 to 21 September 1968. The Assembly also recommended that a total of US\$ 12,000 annually be raised among the member-organizations to enable the Leprosy Study Centre, London, to engage a full-time histopathologist and a laboratory technologist. Continued interest was shown in the DDS-prophylaxis scheme now supervised by the staff of the Central Teaching and Leprosy Research Institute at Chingleput, South India.

Reports were made on certain aspects of leprosy work in Korea, Morocco, India, and the Republic of Congo (Kinshasa).

Dr. Gilbert was asked to report on proposals for leprosy work in Morocco. Dr. Hemerijckx will investigate the possibilities of a leprosy control scheme in South India. Correlation of the teaching program of ALERT (Addis Ababa) and the Institut Marchoux at Bamako (Mali) will be attempted by Drs. Aujoulat and Browne. Very cordial nonofficial contacts with those in charge of leprosy work in the headquarters staff of the World Health Organization, had been instituted.

An interesting indication of the changing emphasis apparent in the work of voluntary organizations is shown by the recommendation, on which there was hearty agreement, that an appreciable proportion of the budget of the member-organizations be earmarked for research. The philanthropic public that contributes large sums of money for the relief of individuals suf-

fering from leprosy, is becoming cognizant of the need to supplement government and academic institutions in research on this disease.

The Brussels bureau will act as a clearing-house for physicians wishing to work on leprosy and organizations having vacancies for such physicians in institutions with which they are connected. Physicians and member-organizations are requested to get in touch with the Secretariat and supply full particulars of their requirements. (*Address: ELEP, 106 Rue Stevin, Brussels 4, Belgium.*)

The spirit of mutual helpfulness pervading these meetings, in both their scientific and their humanitarian aspects, augurs well for future working together in the fight against leprosy.—S. G. BROWNE

Damien-Dutton Award Conferred on Dr. H. A. Rusk

In ceremonies held on 9 April 1967 at Rutgers University, New Brunswick, New Jersey, the Damien-Dutton award for 1967 was conferred on Dr. Howard A. Rusk, Chairman of the Department of Physical Rehabilitation, New York University Medical Center, and Associate Editor of the *New York Times*. Dr. Rusk has long been a distinguished figure in the fields of physical medicine and rehabilitation. Mr. Howard Crouch, Founder-Director of the Damien-Dutton Society stated that the award was made to Dr. Rusk "for his pioneering work in the field of medical rehabilitation which has made it possible for many patients who suffer from leprosy to be rehabilitated and returned to take up an occupation once more and become a contributing member of society. Those who follow in his footsteps and work exclusively for leprosy patients have carried out his technics and developed many of their own." Dr. Rusk was the first National Chairman in the United States of the World Day Committee for Leprosy Sufferers.

Dedication of New Leprosy Center at Agra

On World Leprosy Day and the anniversary day of the martyrdom of Mahatma Gandhi, 30 January 1967, the Vice President of India, the Hon. Dr. Zakir Hussain, dedicated a new leprosy center at Agra, India, 2 km. east of the Taj Mahal. The new building, with 33,000 square feet of floor space, was constructed with funds contributed by the people of Japan to the Japanese Leprosy Mission to Asia (JALMA). Land and service facilities for the building were provided by the governments of India and the State of Uttar Pradesh. The center, under the direction of Dr. M. Miyazaki, is designed for limited inpatient care, rehabilitation, teaching and research and, in addition, will operate mobile leprosy clinics to serve the surrounding area.

In association with the ceremonies dedicating the new center, an International Seminar on Leprosy was held. This is described below by Dr. Dharmendra.

International Seminar on Leprosy at Agra

An International Seminar on Leprosy was held in Agra, Uttar Pradesh, for four days, 31 January-3 February 1967, following the inauguration of the India Center, Japanese Asian Leprosy Mission (JALMA). The Seminar was sponsored by the Government of India in collaboration with the Indian Association of Leprologists and the All-India Workers' Conference usually organized biennially by the Hind Kusht Nivaran Sangh. For this purpose the biennial conferences of the two organizations due to be held at the end of 1966 were dropped and merged with the International Seminar at Agra.

The Seminar was attended by more than 200 delegates from India and about 40 delegates from the United Kingdom, the United States, Malaysia and elsewhere. Or-

ganizations represented at the Seminar included the World Health Organization, UNICEF, the Leonard Wood Memorial (American Leprosy Foundation), American Leprosy Missions, Inc., The Leprosy Mission (the former Mission to Lepers), the British Leprosy Relief Association (former British Empire Leprosy Relief Association), and the British Medical Research Council.

The Seminar was inaugurated by Dr. Sushila Nayar, Minister for Health and Family Planning, Government of India. There were four scientific sessions and a concluding session. Each session as a rule had two sittings; the chairmen of the several sessions were Dr. Dharmendra, Dr. N. Jungalwalla, Dr. P. N. Wahi, Prof. S. Hassagawa, Dr. Hemerijckx and Dr. O. W. Hasselblad.

At the inaugural session Dr. N. Jungalwalla, Additional Director General of Health Services, Government of India, welcomed the delegates, and the Seminar was then declared open by Dr. Sushila Nayar, the Union Minister of Health and Family Planning. In her inaugural address Dr. Nayar highlighted the extent of the leprosy problem in India and existing and planned antileprosy measures. She also referred to the international nature of the problem and expressed her gratitude to the several international organizations that were lending help in antileprosy work in India. After the inaugural address short speeches were made by Dr. Dharmendra, Chairman of the Scientific Program Committee, Major General C. K. Lakshmanan, Honorary Secretary of the Hind Kusht Nivaran Sangh, Dr. R. V. Wardekar, President of the Indian Association of Leprologists, and representatives of several foreign delegations. Colonel R. R. Rao, Deputy Director General of Health Services, Government of India, proposed a vote of thanks.

The first session dealt with the National Leprosy Control Program in its first sitting, and the prophylaxis of leprosy in the second. The speakers were as follows:

KHOSHOO, DR. P. N. National Leprosy Control Program in India.

EKAMBARAN, DR. V. Leprosy control work in Madras State.

KAPOOR, DR. P. Leprosy control work in Maharashtra.

SHARMA, DR. V. K. Operational aspects of methods and objectives in leprosy control work.

MACADEN, DR. V. P. Different methods in integrating leprosy control program into the General Health Services. Results of the pilot project.

KARAT, DR. A. B. A. Domiciliary treatment program. Absentee survey.

According to Dr. Khoshoo, out of a population of 450 million in India, about 300 million are exposed to leprosy infection. It is estimated that 2.5 million cases of leprosy exist. Thus far only about one-fifth of the population at risk has been covered, and about 650,000 cases of leprosy have been recorded. During the Fourth Plan (until 1971) it is expected that the coverage will be greatly extended. Dr. Ekambaram stated that Madras was one of the most highly endemic states, with 35 million people exposed to the risk of leprosy infection, and an estimated number of existing cases of 600,000. During the three plan periods in the postindependence era, a population of about 5 million has been covered, and 125,000 patients have been brought under treatment. According to Dr. Kapoor there are about 300,000 cases of leprosy in Maharashtra, of which about half have been recorded, and about 75 per cent of the recorded cases are under treatment. Each of these speakers brought out the importance of extrafamilial contact in the transmission of the disease in highly endemic rural areas, a fact that is now generally recognized.

In the sitting on prophylaxis of leprosy, the following papers were presented:

DHARMENDRA, DR. Prophylactic value of DDS against leprosy. A further report.

WARDEKAR, DR. R. V. Prophylaxis in leprosy.

BROWN, DR. J. A. K. (read by R. J. W. Rees). Investigation into the use of BCG vaccination in the prophylaxis in leprosy.

Dr. Dharmendra described the results of a study that has been in progress at the Central Leprosy Teaching and Research Institute, Chingleput, for about five years, in a highly endemic area with a population

of about 215,000, about 4,500 cases of leprosy, and a lepromatous rate of about 15 per cent. The study has been carried out in intrafamilial healthy contacts of infective cases, up to the age of 15 years, which were divided into two comparable groups, viz., prophylaxis and control. The salient features of the results are as follows: (1) there have been 41 cases of leprosy in the control group (an incidence of 13%), and only 19 cases in the prophylaxis group (an incidence of 6%); (2) there was a lag period of about nine months after starting DDS prophylaxis, during which there was no difference in the incidence of the disease in the two groups; and (3) the protective effect was evident only in contacts up to 10 years of age, the most marked effect being in contacts up to two years of age. In Dr. Wardekar's investigations the entire healthy population up to 25 years of age living in 54 villages has been included in the study. Twenty-seven of the villages have been taken as "control" and the other 27 as "prophylaxis" villages. During the period under study in the "control" villages 54 cases of leprosy were detected in a population of 11,270 (4.79/1,000) at the first survey after about a year, and 65 cases in a population of 12,124 (5.35/1,000) in a second survey at the end of another year. The corresponding figures in the "prophylaxis" villages were 29 cases in a population of 11,270 (2.53/1,000) and 14 cases in a population of 11,900 (1.7/1,000) respectively. Unlike the results in the previous (Dharmendra) study, in Wardekar's study the protective value of DDS was seen in persons beyond the age of 10 years also, i.e., in the 10-25 age group. (It should be noted, however, that the groups of contacts in the two studies were not comparable.) In presenting Dr. Brown's findings in Uganda with a lepromatous rate of 8 per cent, Dr. Rees stated that early results suggested that a protection of 80 per cent by BCG vaccination has occurred, and that the protection was independent of the age at vaccination. In a follow-up study for varying periods up to three years, 107 cases of leprosy in all were found, 89 among the 8,071 unvaccinated children, and 18 among the 8,091 BCG-vaccinated children. Thus the

incidence of leprosy among unvaccinated children was 11.0/1,000, and in the vaccinated children 2.2/1,000.

The second session was devoted to papers on Recent Advances in Leprosy Research presented by:

SHEPARD, DR. C. C. Recent advances in experimental pathology in leprosy.

REES, DR. R. J. W. Recent advances in transmission of experimental human leprosy in mice.

NISHIURA, DR. M. Recent advances in electron microscopy of leprosy in mice.

JOB, DR. C. K. Pathogenesis of nasal deformity in lepromatous leprosy.

RAMANUJAM, DR. K. Borderline leprosy. Findings of a follow-up study.

IYER, DR. C. G. C. Further observations on the pathological changes in borderline leprosy.

DASH, DR. M. S. Studies on the mechanism of cutaneous sensory loss in leprosy, and an attempt for replacement.

Dr. Shepard spoke on the practical applications of his now well-known technic of injecting leprosy material into the foot pads of mice. He then described the results of studies of increasing resistance after BCG vaccination, and of other studies directed toward a more precise understanding of the action of DDS. Results showed that vaccination with BCG afforded mice immunity against *M. leprae*, and that as little as 0.0001 per cent DDS in the diet of mice is enough to prevent multiplication of *M. leprae*. Dr. Rees demonstrated an enhancing effect on infection in mice by depressing the immunologic response of the mice by prior thymectomy plus total body irradiation. The result was multiplication of the bacilli to a greater extent, and systemic dissemination of the infection, which normally remains localized to the foot pad. Dr. Nishiura described ultrastructural features of leprosy bacilli in various kinds of host cells in several varieties of leprosy lesions. Dr. Job described the pathologic changes associated with nasal deformity in lepromatous leprosy. He concluded that in addition to the generally recognized destructive changes in the cartilaginous septum, there is infiltration and destructive change in the bony part of the septum and the small bones forming

the wall of the nasal cavity. Dr. Ramanujam reported a follow-up study on 170 cases of borderline leprosy, with reference to clinical, bacteriologic and immunologic aspects. The cases had been under study from about six months to over three years. A significant finding was a very favorable clinical and bacteriologic response under controlled treatment, the response being more rapid than that observed in classical lepromatous cases under DDS therapy. He stressed the need of follow-up study on a long-term basis, however, in order to find out if the initial favorable results are long-lasting. Dr. Iyer reported on histologic findings, initial and repeated, on the same borderline cases. In the initial findings a background of tuberculoid histology predominated. In terms of the Ridley and Jopling histologic classification, the initial findings could be put as BT in about 40 per cent of cases, as BB in 16 per cent, and as approaching BL in 14 per cent, while the remaining 30 per cent were classified arbitrarily as BT-BB. Thus the histologic structure revealed a great variation, spread over a large spectrum. During follow-up it was found that cases initially presenting BT or BT-BB histology showed the highest number with histologic improvement, the percentage of improvement progressively diminishing with BB and BL categories. Dr. Dash described his observations on the restoration of sensation in anesthetic skin in leprosy, and demonstrated an electronic device under study for induction of cutaneous sensation.

The third session was devoted to Medical Rehabilitation Including Reconstructive Surgery and Physical Medicine. In the morning sitting, dealing with reconstructive surgery, papers were presented by:

ANTIA, DR. N. H. Methods of plastic surgery in leprosy.

SRINIVASAN, DR. H. Reconstructive surgery and prevention of neuropathic plantar ulcers.

TAMAI, DR. T. Medical rehabilitation including reconstructive surgery.

LENNOX, DR. W. M. Reconstructive surgery in leprosy.

KARAT, DR. (MRS.) S. Mode of occurrence and healing of fractures in anesthetic limbs in leprosy.

TOVEY, DR. F. I. (read by Dr. Winch). Reconstruction of the nose in leprosy patients.

Dr. Antia described methods of plastic surgery for leprosy deformities of the nose, loss of eyebrows, lagophthalmos, and facial paralysis. Dr. Srinivasan spoke on the prevention of neuropathic plantar ulcers and especially their recurrence. He emphasized the need for analytic and dynamic approach, and recommended that each case of recurrent ulceration be examined in detail in order to trace the probable sequence of events since the original ulcer, so that appropriate treatment could be given on an individual basis. He illustrated his point of view by projecting a number of pre- and postoperative pictures from a number of patients. Dr. Tamai indicated the value and limitations of reconstructive surgery in leprosy. He pointed out that reconstructive surgery is of value, but not always the best method of treatment of deformities. Suitable splints and devices may have a favorable effect comparable to, and sometimes better than, that of reconstructive surgery. Dr. Lennox dealt with the management of advanced deformities in feet and the loss of sensation in hands. Dr. (Mrs.) Karat spoke on the occurrence and healing of fractures in anesthetic limbs in leprosy. Dr. Winch, who presented a paper on behalf of Dr. Tovey, described the technic of operation for the deformed nose devised by Dr. N. F. Cockett, using a skin graft bag, as in a posterior nasal inlay, and a columellar bonegraft.

In the afternoon sitting of the third session papers on physical medicine were presented by:

SELVAPANDIAN, DR. J. Methods of physical medicine in leprosy.

PALANI, SHRI N. Pre- and postoperative physiotherapy in the management of lumbrical replacement in leprosy.

GIRLING, SHRI J. Below knee artificial limbs for leprosy patients.

Dr. Selvapandian emphasized the importance of physical methods of treatment in the prevention of deformity; the simple methods of physical treatment include oil massage, waxbath, gentle passive stretching and splinting. Physical

methods of treatment are also essential as pre- and postoperative measures. Shri Palani's paper discussed the operations carried out for the rectification of clawing of the fingers. He listed the preoperative, and postoperative aims separately, and then described two standard designs of below-knee artificial limbs, viz., the "conventional prosthesis" with thigh corset, and the "patella tendon bearing" prosthesis. He also described the criteria to be taken into consideration when prescribing one of the two prostheses in a particular case.

The fourth session was devoted to Social Work and Rehabilitation. Papers presented dealt with the various aspects of social problems in leprosy, and ways to deal with them. Among other things emphasis was placed on the great need for educating the healthy population regarding the disease. The following papers were read:

HEMERICKX, DR. F. Social work in leprosy.

DAS, DR. V. P. Social welfare of leprosy patients.

MAHENDALE, DR. M. S. Social welfare of leprosy patients.

SHARMA, DR. R. S. The social aspects of leprosy.

In the sitting on rehabilitation the following papers were presented:

HASSELBLAD, DR. O. W. Total rehabilitation of leprosy patients.

YAJIMA, DR. Y. Some problems in rehabilitation of leprosy patients in Japan.

WILSON, MISS. An experiment in agriculture.

PAVRI, SHRI H. D. Evaluation in vocational rehabilitation.

NIMBKAR, MRS. K. V. Role of physiotherapy and occupational therapy in rehabilitation in leprosy.

Speaking on the total rehabilitation of leprosy patients, Dr. Hasselblad brought out the important point that rehabilitation is a "process" needing "coordination of skills and services tailored to meet the specific requirements of the individual patient." He listed the skills and services that would be needed in this "process" of rehabilitation. Further, he laid emphasis on the prevention of disability, integration with existing public health services, and training in leprosy rehabilitation for students in all

medical, paramedical and ancillary professions. Dr. Yajima described rehabilitation activities in Japan; he stated that systemic medical treatment has made social rehabilitation possible, but that much effort is still needed to persuade the public to accept the cured patients. Miss Wilson presented the details of an experiment in agriculture in progress at the Schieffelin Leprosy Research Laboratory, Karigiri. Shri Pavri emphasized the need for vocational evaluation in vocational rehabilitation. This means screening the patient with respect to his skill, ability, education, aptitude and other attributes, before training him for a particular job or profession. Mrs. Nimbkar developed the subject of the role of occupational therapy in rehabilitation in leprosy. The occupational therapist has an important role to play in the team approach for total rehabilitation of the patient. The greatest challenge to the occupational therapist is from the patients with severely deformed hands; the occupational therapist must devise special equipment, so that the patient can truly look after himself. At the conclusion of the session, the chairman requested Shri Amte of Warora to give a brief description of the excellent rehabilitation work that he has been doing. The audience listened to the brief account of his pioneer work with rapt attention, and at the end of his address he was given a standing ovation.

In the concluding session Dr. Dharmendra summed up the Seminar, and Col. R. R. Rao, Deputy Director General of Health Services, Government of India, and Dr. D. N. Sharma, Director of Health and Medical Services, U. P. made speeches proposing votes of thanks. The concluding session was also addressed by several foreign delegates, Major General C. K. Lakshmanan, Honorary Secretary, Hind Kusht Nivaran Sangh, Dr. R. V. Wardekar, President, Indian Association of Leprologists, and Dr. P. N. Khoshoo, Director, National Leprosy Control Program, Government of India. In summing up the Seminar Dr. Dharmendra highlighted the salient features of the various sessions, and complimented the participants for the high standard of presentations and discussions. The deliberations at the Seminar indicated that

during recent years there has been appreciable progress in our knowledge with reference to some basic factors regarding the disease, and in controlling its spread. The recent work on DDS and BCG prophylaxis against leprosy appears to have represented a break-through in controlling the disease,

even though much further work in this field remains to be done. He paid tributes to the scientific workers, and also to the field workers, both medical and paramedical who, as he said, were the most important tools in the National Leprosy Control Program.—DHARMENDRA

NEWS ITEMS

Mexico: Association against Leprosy.—The Mexican Association against Leprosy (AMALAC) celebrated its XXth General Assembly on 26 January 1967. Full information on activities of the Association was presented. Social assistance of patients and their families has increased; fight has continued against prejudice, and modern concepts of leprosy are taught to medical students, physicians, social workers, nurses and lately to seminarists. Members of AMALAC have visited the most important seminars of Mexico to lecture on leprosy, and with good success. Postgraduate training of new dermatoleprologists from Mexico and other Latin American countries, including the Dominican Republic, Panamá, and San Salvador, has increased. AMALAC, founded in 1948, is always prepared to collaborate with the health services in adequate attention to leprosy patients.

The Mexican Association against Leprosy has reviewed the problem of leprosy in Mexico City through the study of 120 new patients, discovered in the Dermatologic Center Pascua in 1966. Statistical, clinical, therapeutic, epidemiologic and social aspects of these patients were discussed in the sessions of January and February. There were 72 males and 48 females. The average age was 35 years. The patients came from Guanajuato, Michoacán, Jalisco and Mexico City. Eighty-one were lepromatous cases, and 26 tuberculoid and 12 indeterminate. Four hundred and thirty-three contacts were registered. DDS, DPT

and sulfamethoxypyridazine were the drugs employed. All patients have been controlled as outpatients. More than 50% of the cases were detected by dermatologic consultation.—A. SAUL

Panama: Leprosy cases. Leprosy occurs in Panama, but is not widely prevalent. Most of the known cases are from the villages of La Arena and Chitre in Herrera Province, Los Santos and Las Tablas in Los Santos Province, and the Island of Boca and the adjacent coast in Boca del Toro Province. The Palo Seco Leprosarium, on the Pacific side of the Canal Zone, has a little over a hundred patients. A few patients are being treated on an outpatient basis near their homes. Active case finding is not carried out. (From *Health Data Publications*, No. 1, Revised Feb. 1966. Walter Reed Army Institute of Research, Walter Reed Army Medical Center, Washington, D. C.) [EDITOR'S NOTE: Bechelli and Martinez Dominguez, in a publication noted elsewhere in this issue (Editorial, pp. 201-204), give the following figures for Panama in 1963: population, 1,177,000; registered cases of leprosy, 185, and rate 0.16/1,000; estimated cases 460, and rate 0.39/1,000; cases under treatment 136, representing 73.5% of registered cases and 29.6% of estimated cases.]

Colombia: Leprosy cases. In 1964 there were almost 16,000 known cases of leprosy in the Republic, of which more than 91 per cent were under surveillance. Five

thousand leprosy patients were under treatment in hospitals, and more than 9,000 were being treated on an ambulant basis. About 500 new cases are reported annually. During the first six months of 1964 half of the newly reported cases were lepromatous; the other half were divided about equally between tuberculoid and lepromatous cases. (From *Health Data Publications*, Walter Reed Institute of Research, Walter Reed Army Medical Center, Washington, D. C.) [EDITOR'S NOTE: Bechelli and Martinez Dominguez, in a publication noted elsewhere in this issue (Editorial, pp. 201-204) give the following figures for Colombia in 1963: population, 15,098,000; registered cases of leprosy 14,424, and rate 0.95/1,000; estimated cases 36,000 and rate 2.38/1,000; cases under treatment, 14,039, representing 97.3% of registered cases and 39% of estimated cases.]

United States: Tourism at Kalaupapa. The *Carville Star* reports that the leprosy settlement Kalaupapa on the Island of Molokai, Hawaii, where the Belgian missionary Father Damien (Joseph de Veuster) (1840-1889) made his notable contributions to the care of leprosy patients, has become a center of tourism of world-wide interest. The *Star* for January-February 1967 condenses an account published by Kay Lund in the *Honolulu Star Bulletin* of 24 November 1966. A number of tour companies are bidding competitively for tour business on Molokai and more than 4,500 tourists visited the settlement in 1966. It is noteworthy that the fear of leprosy once so prevalent no longer seems to hold. The changed attitude is attributed to the current understanding of leprosy as a disease successfully treated by drugs, and secondly to the relaxation of the restrictions once imposed, as a result of present public health practice in the control of leprosy.

United Kingdom: New leprosy regulations. The Minister of Health, Mr. Kenneth Robinson, has made new regulations for the notification of leprosy in England and Wales to replace those made in 1951. Leprosy was made notifiable in 1951, but all information was sent in confidence directly

to the Chief Medical Officer of the Ministry of Health. Under the new regulations confidentiality will be maintained, but notifications will be sent instead to the Medical Officers of Health of the local authority in which the patient is situated. The Ministry's Chief Medical Officer will continue to receive details of every case. The purpose of the regulations is to bring any patient suffering from leprosy within the scope of the health and welfare services simply and immediately, and at the same time to make the powers of the Public Health Acts available to Medical Officers of Health in case they should be required. Leprosy is not highly contagious. Only a very few indigenous cases have been reported this century. There are at present known to be some 340 cases in England and Wales, of whom only half have leprosy in an active form. Of the total, only about 100 are in an infectious state and they are all under surveillance or treatment. (From *J. Roy. Inst. Pub. Hlth.* 29 (1966) 50.)—N. D. FRASER

Exhibition on leprosy. To mark the World Day for Leprosy Sufferers (29 January 1967) a Battle against Leprosy Exhibition was held in the crypt of St. Martin-in-the-Fields, Trafalgar Square, London, from 24-29 January 1967. The exhibition was arranged by the United Leprosy Aid Committee, which includes in its membership the British Leprosy Relief Association (Lepra), St. Francis Leprosy Guild, The Leprosy Mission (formerly the Mission to Lepers), and The Order of Charity. The exhibition has the support of the Catholic Fund for Overseas Development, Christian Aid, Medical Missionary Association, Mission for Relief of Suffering, Order of St. John of Jerusalem, and the British Red Cross Society, Oxfam, The Save the Children Fund, and War on Want. To mark the opening of the exhibition an Ecumenical Service was held in the Church of St. Martin-in-the-Fields. Those taking part included the Archdeacon of London, the Venerable Martin Sullivan, M.A., Canon F. S. Tample, M.A., the Rev. Fr. W. Burridge, W.F., the Choir of the White Fathers, the Rev. A. R. Vine, M.A., B.Sc., D.D.,

Free Church Federal Council, and the Rev. Austen Williams, Vicar, St. Martin-in-the-Fields. By means of well-displayed photographs, models of ways in which the battle is being fought, handwork of leprosy patients, and film-shows, the interest, concern and support of the wider public is sought.—N. D. FRASER

Spain: *Course on leprology.* The Sixth International Course on Leprology for Missionaries and Paramedical Personnel organized by the Soberana Order Militar de Malta and Colonia Sanatorio de San Francisco de Borja de Fontilles, was held, with the collaboration of the General Office of Health, Institute of Hispanic Culture, and distinguished professors from several medical facilities, at the Sanatorium de Fontilles, 16 January to 18 February 1967, under the chairmanship of the Director of the Sanatorium, Dr. Felix Contreras Dueñas. As in past years, the subjects discussed covered a wide range of information on leprosy and its problems.

Ethiopia: *ALERT's Board of Directors meets.* The Board of Directors of ALERT (All African Leprosy and Rehabilitation Training Center) met on 21 October 1966 in Addis Ababa, and approved a master plan for the construction of new buildings. During 1967, priority will be given to construction of four hospital wards of 30 beds each, as well as senior staff housing facilities. Plans call for completion of construction of all buildings in 1969. When completed, the project will consist of 38 buildings including laboratories, operating theaters, therapy departments, research units, workshop and student quarters. Stressing the need for an advisory committee of senior specialists in leprology and rehabilitation, the Board proposed the following outstanding leprologists: Dr. Paul W. Brand, orthopedic surgeon; Dr. S. G. Browne, leprologist; Dr. Olaf K. Skinsnes, leprosy pathologist; Dr. D. L. Leiker, epidemiologist. Dr. W. Felton Ross, ALERT's Clinical Director, who is supported by American Leprosy Missions, is completing a survey of the mountainous rural areas within a 20-40 mile radius of Addis Ababa

to choose a location for the Rural Leprosy Control Unit. Before final decision is made, the location will require the approval of the Ministry of Public Health and the provincial governor of Shoa Province. (*News from ALM*, December 1966)

Kenya: *Report for 1964-1965.* The East African Leprosy Research Center (John Lowe Memorial) at Alupe has issued its Annual Report for 1964-1965. Uncertainty pending definitive arrangements with the Executive Committee of the British Medical Research Council has delayed a program expansion planned by the Center. Currently the research program is concentrated mainly on the Samia pilot scheme in continuation of a project started by the late C. M. Ross in Samia Location, Busia District. The main aim of the project is a study of leprosy in a fixed rural area with a view to prevention of spread of the disease in the area within a given time. Leprosy is highly prevalent in the Samia area. Some 1,200 cases are registered in the Samia clinics. The prevalence is about 4.4/1,000 population. Drug treatment problems among these patients are under study. The report summarizes data on laboratory work, hospitalization and training programs.

All Africa Conference of Churches supports ALERT. Member churches of the All Africa Conference of Churches have expressed approval of ALERT and plan to support it. The Evangelical Lutheran Church in Tanzania plans "to send nurses, clinical supervisors and doctors to this Center as soon as it is in operation." The Christian Council of Zambia received replies from units throughout that country including the Salvation Army hospital and leprosarium at Chikankata. The Permanent Secretary of the Ministry of Health of Zambia wrote: "We . . . will avail ourselves of the facilities offered just as soon as they are available." (*News from ALM*, December 1966)

Togo: *Leprosy program.* A decree was signed on 21 July 1966, by President Grunitsky of the Republic of Togo creating a Committee of Assistance to Leprosy Suf-

ferers, in the service of the Ministry of Public Health. Since October 1965 a leprologist, Dr. I. A. Susman, formerly of Gambia and Ghana, has been assigned to Togo by the British Government under the British Bilateral Technical Assistance Scheme to Non-Commonwealth Countries, in order to give a special priority to the leprosy problem. It is estimated that 20,000 to 30,000 persons suffer from leprosy in Togo, a prevalence of 10-20 per 1,000. Reorganization of the two leprosy villages in existence (about 700 patients) and of all the treatment centers is underway at present. Stress is being laid on propaganda and health education in leprosy by various means, including specially prepared posters, booklets and pamphlets.—N. D. FRASER

India: *Maharashtra Medical Journal.* The Maharashtra Medical Journal devoted two issues, respectively, for April and May 1966 to special reports on leprosy. Appearing as No. 1 and No. 2 of Volume XIII, these issues carry numerous papers by Indian leprologists reviewing and summarizing current knowledge in a variety of fields in the study, treatment and control of this disease. There are guest editorials by the late Maj. Gen. P. N. Bardhan of Chingleput and Arvind Lonkar of Poona.

Work at Zaheerabad. The Leprosy Investigation and Treatment Centre, Zaheerabad, Medak (Dist.), Andra Pradesh, has issued a 39 page booklet entitled "Thirty Years of Work at the Leprosy Investigation and Treatment Centre, 1936-1966." This pays tribute to one of the founders, Dr. N. M. Jaisoorya (1899-1964) and Dr. E. B. Christian, Founder Secretary of the Board of Management and Principal Leprologist of the Centre, who began the project in the face of many difficulties in 1936. The pamphlet is illustrated. Figures are given for attendance at the Centre (2,228 recorded) and its outpatient sub-centers. These are broken down by age, caste and personal income. The report notes progress in treatment, rehabilitation, job training, and especially farm work. Financial summaries are appended.

New roadside clinics. A Karigiri-trained doctor who joined the staff of the Church of South India Hospital at Kilanjunai, India, and a second jeep, have enabled the leprosarium to open additional roadside clinics. Teams of doctors and staff, under the direction of Edward C. Riggs, M.D., alternate every two weeks to make the rounds of 36 clinics and roadside stops in a ten-mile radius where three hundred villages are found. The total number of patients registered is 2,021, including 142 children. Leprosy work at the American Leprosy Missions' hospital was begun in 1952 and roadside clinics were set up so that patients from the surrounding villages would not have to walk great distances for treatment and would be more likely to attend regularly. (*News from ALM*, December 1966)

Philippines: *Legislation for rehabilitation of leprosy patients.* The Philippine Government will provide 500,000 pesos (US \$125,000) in 1967 for the rehabilitation of leprosy patients. An act known as "The Establishment and/or Rehabilitation of Hansenites and Their Families Act," passed by the Sixth Congress of the Republic of the Philippines, reads: "The advent of sulfone drugs in the treatment of leprosy patients has made unnecessary the prolonged confinement of Hansenites in leprosaria, except those who are suffering from the advanced stage of the disease, those needing surgical intervention and those requiring institutionalized care like the destitute and/or invalid patients. Those dischargable patients (disease arrested cases) need to be reestablished and/or rehabilitated to the communities of their choice. Their prolonged confinement in the leprosaria, which at present is no longer necessary, has made them lose track of their homes and families, rendered them jobless, and caused them to be emotionally insecure and fearful in facing life outside the leprosaria." Sums necessary in subsequent years are to be included in the annual appropriations for the Social Welfare Administration. (*News from ALM*, December 1966)

PERSONALS

Dr. Paul W. Brand has been named chairman of the Committee on Leprosy Rehabilitation of the International Society for Rehabilitation of the Disabled.

Dr. J. A. Kinnear Brown, Senior Consultant Leprologist, late Senior Specialist Leprologist, Uganda, received a C. M. G. (Commander of the Order of St. Michael & St. George) from the Queen's New Year's Honor's list for service in the treatment of leprosy.

Dr. Michel F. Lechat was appointed Professor of Epidemiology, School of Public Health, Louvain University, Brussels, Belgium, as of 1 January 1967. Previously he was zone epidemiologist with the Pan American Health Organization, in Zone II (Mexico, Cuba, Haiti and Dominican Republic). He received his training in epidemiology at the Johns Hopkins University School of Hygiene and Public Health as a Fellow of the Leonard Wood Memorial-National Institutes of Health.

Dr. R. J. W. Rees of the National Institute for Medical Research, Mill Hill, London, has been appointed as consultant to the Leprosy Panel of the U. S.-Japanese Co-operative Medical Science Program.

Mrs. Hersilia Casares de Blaquier, member of the International Leprosy Association, died in Buenos Aires 21 January 1967. In 1930, with a group of ladies of Buenos Aires, Mrs. Blaquier founded the Patronato de Leprosos de la Republica Argentina. She presided over it from that year until her death. The Patronato de Leprosos is a private beneficent organization that supports leprosy patients and their families,

with the aid of public collections and grants by the Argentine Government. In 1941 Mrs. Blaquier established a colony for healthy children of inmate patients, the Colonia Infantil "Mi Esperanza," where special care, medical supervision and education have been given to hundreds of sons and daughters of indigent leprosy patients. Several antileprosy dispensaries were founded in endemic areas by the Patronato through the personal effort and under the direct supervision of Mrs. Blaquier. A complete leprosy library, in the central site of the Patronato in Buenos Aires, open to students and the general public, provides up-to-date information on medical and social aspects of the disease. Several well-known Argentine leprologists, including José M. M. Fernández, Salomon Schujman, and Virgilio Etcheverry, received grants from the Patronato for international travel and studies on leprosy. Mrs. Blaquier was an Honorary Member of the Sociedad Argentina de Leprologia. In 1956, she received the Orden Militar de Malta. She kept her brilliant mental facilities and her charming manners until her death at the age of 80 years.—E. D. L. JONQUIERES

Mr. Donald V. Wilson, newly appointed President of the Leonard Wood Memorial, in his farewell message as Secretary-General of the International Society for Rehabilitation of the Disabled, voiced his continuing concern with the disabled as well as with the problem of leprosy, noting that the International Society had provided world-wide leadership in recent years in calling attention to the problems of those disabled by leprosy.