

## 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.*

**Ninth International Leprosy Congress London,  
16-21 September 1968**

Plans are well advanced for the Congress, despite the inevitable setbacks and difficulties.

*Abstracts* are pouring in, but many authors have sent one copy (instead of four) and have failed to respect the limit of 200 words, or the dead-line (31 March).

*Authors* of papers will have been notified

whether or not their papers have been accepted for reading in full or reading by title only.

*Discussants* will be chosen by the respective Chairmen of sessions from among authors of proffered papers and from the floor.—STANLEY G. BROWNE, *Secretary-General, Ninth International Leprosy Congress.*

## NEWS ITEMS

**United Kingdom.** *Publications of The Leprosy Mission.* The Leprosy Mission issued three new films in 1967 depicting programs of leprosy control in Australia, Korea and India. The Mission also sponsored publication of "The Flowering Wilderness" by the Rev. W. H. Russell, which presents the story of the growth and development of the Faizabad Leprosy Home and Hospital in India, which has admitted more than 30,000 patients in its 25-year history.

**Spain.** *Officers of Spanish Academy of Dermatology and Syphilography.* The Academia Española de Dermatología y Sifiliografía announces the recent election of officers, including the following: President, Luis Alvarez Lovell; Vice-President, Félix Contreras Dueñas; Secretary-General, Julio Rodríguez Puchol; Chief Editor, Joaquín Soto Molo; Treasurer, Ramón Morán López.

**Australia.** *Leprosy control.* Notifications of new cases of leprosy in Australia over the last 16 years indicate that the problem

of control is confined largely to the northern regions of the continent. In Queensland the disease appears to be coming slowly under control, but in the Northern Territory and Western Australia the position is uncertain. In the latter regions the disease is found most frequently in aborigines, but in Queensland it has been spread without selection among people of all racial groups. Although trends in the detection of new cases have fluctuated since 1951, the reported incidence in the most recent years has been relatively low. On 31 December 1966, 1,557 living persons with leprosy were registered. Progress in detection, isolation, follow-up, treatment, prophylaxis and education is described in a report by members of a Tropical Medicine and Health Committee, published in *The Medical Journal of Australia*, 30 December 1967.

**United States.** *New Medical Officer in Charge at Carville, La.* Dr. John R. Trautman, former Chief of the Clinical Branch at Carville, and more recently Deputy Medical Officer in Charge of the U.S. Public

Health Service Hospital in San Francisco, has succeeded Dr. Merlin L. Brubaker as Medical Officer in Charge of the hospital.

*Memorial fund for Stanley Stein.* A fund honoring the memory of the late Stanley Stein, founder and editor of the *Carville Star*, who died in the Public Health Service Hospital, 18 December 1967 (see Obituary page 234) has been set up by *The Star*, with members of *The Star's* editorial board, and Louis Boudreau as chairman, in charge of the fund.

*World Leprosy Day.* At ceremonies incident to observance of World Leprosy Day in New York City, 25 January 1968, consideration was given to reports of a worldwide rise in leprosy, including an increase in the prevalence in the United States.

*Hawaii. New facilities for treatment of leprosy.* A new facility for the treatment of leprosy patients is in the course of preparation on the grounds of the State Hospital in Kaneohe, Hawaii. It is expected to open in 1970.

*Trinidad and Tobago. Leprosy week.* Public meetings and daily TV and radio broadcasts, sponsored by the Trinidad and Tobago Leprosy Relief Association, marked the observance of Leprosy Week, 28 December 1967 to 4 January 1968. Attention was called to the successful reintegration of 250 former leprosy patients, with arrested disease, into the economic life of their communities. It is believed that there are about 1,200 cases of leprosy in Trinidad and Tobago; 256 are in the Chacachacare Hospital. (From News from ALM, January 1968)

*Brazil. Brazilian Dermatological Society.* Prof. Ruy N. Miranda has been elected President and Dr. José R. Loivos, General Secretary, of the Brazilian Dermatological Society for the year 1968. The new Board of the Society will have the task of organizing the 25th Annual Meeting of Brazilian Dermatologists in Curitiba, Parana, Brazil, in November 1968.

*Substitutions for "leprosy."* Prof. A. Rotberg, Director of the Department of Sanitary Dermatology (formerly Leprosy

Prophylaxis Department) of São Paulo, Brazil, was authorized by the Secretary of Health of the State to substitute "hanseniasis" for "leprosy" in all official correspondence and documents. A small glossary eliminating the word "leper" was put to use, with definition of "hanseniolgoy," "hansenoid," "mitsudin," etc. Infiltrations and nodules "V" (for Virchow) will be used whenever possible. (See pp. 227-229)

*India. Social research in leprosy.* At a seminar held 28 November to 16 December 1967, in Wardha, the need for social research on the psychologic, social and economic effects of leprosy was stressed. The seminar was attended by specialists from Japan, the Philippines, Malaysia, Thailand, New Guinea, Australia, Korea, and India. (From News from ALM, January 1968)

*Family planning program at Schieffelin Leprosy Center.* A family planning program, instituted for female leprosy patients and others at Karigiri, is financed by the Christian Medical Association of India. The program has been well received and will be extended during the coming year. (From News from ALM, December 1967)

*West Pakistan. Marie Adelaide Leprosy Center.* The Marie Adelaide Leprosy Center in Karachi has issued a report in which improvements made between 1956 and 1967 are set forth in some detail. Conditions were primitive in the former year, but by the latter year operations were thoroughly modernized. There has been a yearly increase in leprosy patients; nearly 3,000 were registered in the Center in 1967. The percentage of patients with deformity has decreased notably. In 1966 almost equal numbers of tuberculoid, lepromatous and borderline cases were registered. Treatment, prevention, and training programs and other activities are described in the Report.

*Korea. Leprosy Research Institute.* The Korean Leprosy Research Institute, for investigation directed toward eradication of leprosy, has been established in Taegu in association with the Kyungpook University Hospital, under the directorship of Prof. Soon Bong Suh.

*Social and economic dislocation.* In an article on leprosy control in Korea in the June issue of the *Korean Leprosy Bulletin* Dr. Dharmendra, of Chingleput, India, WHO leprosy consultant to the Republic of Korea, named the failure to reintegrate patients with arrested leprosy in the normal social and economic life of their communities as the principal problem of leprosy control in Korea. Half of the patients with arrested disease are able-bodied, without deformity and able to do normal work. The other half have various degrees of deformity. A well-planned and concerted attempt to educate the public, using all methods of health education, is considered by Dr. Dharmendra as essential in solving the problem. (*From News from ALM, December 1967*)

**Hong Kong.** *Rehabilitation Congress.* The Fourth Pan-Pacific Rehabilitation Congress will be held in Hong Kong, 1-7 September 1968.

**Tunis.** *Leprologists' Association.* An international symposium on the detection, treatment and prophylaxis of leprosy, organized by the Society of Human Biology and Blood Transfusion of African Countries and the Near East, and held under the direction of Tunis University, 23-25 October 1967, has established "The French Speaking Leprologists' Association," the head office of which will be in Tunis. Its purpose is cooperation in leprology in the countries of French medical culture. A provisional committee under the presidency of Prof. Merklen has been set up, with Profs. Duperrat of Paris, Lechat of Brussels, and Scruppli of Basle as vice-presidents, Prof. Basset of Strasbourg and Medicin-Colonel Languillon of Bamako as general secretaries, Dr. Serie of Abidjan as assistant general secretary, and Dr. Khalfat of Tunis as treasurer. A general meeting of the Association is projected at the time of the International Leprosy Congress in London in September 1968.

**Nigeria.** *Leprosy surgery course.* A three-week course in reconstructive surgery for a selected group of doctors and nurses in Northeastern Nigeria has been scheduled for February 1968 at the Adamawa Provin-

cial Leprosarium at Garkida, an institution supported by American Leprosy Missions. The course will be directed by Dr. A. J. Selvapandian of Vellore Christian Medical College, who is orthopedic consultant to ALM. There are 500 resident patients at Garkida, and almost 1,000 outpatients. Dr. Pfaltzgraff, director of the leprosarium, also supervises the work of 160 government leprosy clinics. The Garkida treatment center, supported by ALM, is under the supervision of the Church of the Brethren Mission. (*From News from ALM, January 1968*)

**Ethiopia.** *ALERT begins training rural leprosy workers.* Training courses for rural leprosy workers from all over Africa were scheduled for initiation in February 1968 at the All Africa Leprosy Rehabilitation Center (ALERT) in Addis Ababa. According to Dr. Felton Ross, clinical director of ALERT, the courses arranged in response to requests by African governments have been fully booked. Recent surveys in Kenya, Malawi, Tanzania, Uganda, and Zambia have disclosed special need for hand and foot care specialists. (*From News from ALM, December 1967*)

**Congo.** *Leprosy rehabilitation center.* A leprosy rehabilitation center will be established in the Ubangi area of the Congo by the Paul Carlson Foundation, founded in 1965 in memory of the American medical missionary killed in the Stanleyville massacre of 24 March 1964. The Foundation has its headquarters in Chicago, Illinois, U.S.A. The new center will be based at the Loko Hospital built in 1958 for the treatment of tuberculosis and leprosy, but never put in operation. The plant, consisting of five central buildings, with 5,000 acres of land, was ceded to the Foundation by the Congolese Government in 1966. Opening of the center is forecast for early 1968, with Dr. Wallace D. Thornbloom of Chicago, a missionary in the Ubangi area for many years, as leprologist. Rehabilitation will be stressed particularly in the Loko project. It is estimated that there are 10,000 leprosy sufferers in the Ubangi area, many of them in urgent need of physical therapy and reconstructive surgery. (*From News from ALM, December 1967*)

**Malawi. Leprosy control center opened.** On 31 August 1967 the President of Malawi, Dr. H. Kamuzu Banda, and Minister of Health, Mr. M. Q. Y. Chibambo, M.P. opened a new leprosy project control center in Blantyre. The building, consisting of two main blocks, with provision for administration, treatment and ancillary medical services, provides ward accommodation for 36 patients. The blocks are connected with the Queen Elizabeth Central Hospital. The beds were endowed by the British Leprosy Relief Association. The latter set the project up to demonstrate that leprosy can be cleared from an endemic area efficiently and economically. Malawi was chosen as offering exceptionally favorable conditions for the project; it is estimated that

15,000 leprosy sufferers live within a compact and reasonably accessible area. Three mobile teams carry out treatment; a fourth undertakes case-finding, tracing of contacts, and BCG prophylaxis for contacts under 20 years of age. Thus far 2,000 new cases of leprosy have been found, and more than 5,000 patients are under treatment in their villages. Among 5,000 contacts a leprosy incidence of 2.5 per cent has been found; about 4,000 contacts have received BCG. The lepromatous rate is 30 per cent in the Zomba area and 20-25 per cent in Mlanje and Blantyre. Dr. B. D. Molesworth is permanent director of the project. (From Henry Mowschenson, M.D. Leprosy project control center opened in Blantyre. *Central African J. Med.* 13 (1967) 268-269)

## PERSONALS

**Dr. Merlin L. Brubaker**, formerly Medical Officer in Charge of the U.S. Public Health Service Hospital for leprosy patients at Carville, Louisiana, U.S.A., has been appointed by the Surgeon General of the Public Health Service as the PHS director of a new program in the PHS designed to produce superior health professionals for community health programs. He took over his new position on 15 January 1968.

**Dr. C. G. S. Iyer**, who was appointed Head of the Division of Laboratories of the Central Leprosy Teaching and Research Institute at Chingleput, South India, in 1961, became Director of the Institute on 5

October 1967. Since assuming charge as Director he has also headed the Clinical Division of the Institute. Previously, Dr. Iyer, who graduated in medicine at the Seth G. S. Medical College, Bombay, had been employed by the Indian Council of Medical Research as Research Officer in the Neuropathology Unit located at the Indian Cancer Research Centre. In 1950 he received a fellowship from the International Health Division of the Rockefeller Foundation for training in neuropathology at the Harvard Medical School Neurology Unit, Boston City Hospital, Boston, for the period November 1950 to October 1951.

## Death of Dr. J. Ross Innes

Dr. J. Ross Innes, Secretary-Treasurer of the International Leprosy Association from 1958 to 1966 and Editor of *Leprosy Review* from 1957 to the time of his death, died on 2 May 1968. An obituary of Dr. Innes, noting his many contributions to antileprosy work and leprosy research, will appear in the next issue of THE JOURNAL.