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.

Report from ELEP

The European Coordinating Committee of the Anti-Leprosy Associations (ELEP; see news item THE JOURNAL 35 (1967) 206-207) has issued a report dated December 1967 describing events in the latter part of 1967, and paying particular attention to ceremonies in honor of Mr. Raoul Follereau, Honorary President of ELEP and founder of World Day for Leprosy Sufferers. Special attention is paid also to the celebration in Würzburg, Germany, of the tenth anniversary of the Deutsches Aussätzigen-Hilfswerk, the great German leprosy relief organization, said to be the most important for this purpose on the European continent.

The report, mimeographed, summarizes the results of the first year of ELEP's activities; i.e., from 1 October 1966 to 1 October 1967. It covers in detail public relations, office work, published bulletins describing the organization's financing and operations, the personnel concerned, and meetings of its Medical Commission. The latter included 56 files on leprosy centers, and joint projects underway, such as (1) a national leprosy campaign in Morocco, (2) intensification of the leprosy campaign on the Ivory Coast, (3) leprosy activities in Pakistan, and (4) organization of a leprosy control program in the area of Chiddambaram, India.

The report also describes the work of a Propaganda Commission set up on a broad basis to stimulate interest in and work on leprosy in a number of countries; the original members of this Commission comprised representatives of antileprosy societies in Italy, Germany, Switzerland, Belgium and the United Kingdom. ELEP now includes 13 member associations.

The final pages of the report (1) review the work of the Deutsches Aussätzigen-Hilfswerk of Würzburg, (2) reprint Raoul Follereau's moving appeal for the Fifteenth World Day for Leprosy Sufferers, (3) describe the campaign against leprosy in Madagascar, (4) record statutes for medical personnel, with a view toward uniformity of status, and (5) note news items on personnel in various countries with whose work ELEP is associated.

Coordinating Committee of the European Leprosy Associations

The Coordinating Committee of the European Leprosy Associations (ELEP), representing some 14 organizations that raise funds in Europe for leprosy work overseas, met in London 19–21 April 1968. Some of the organizations draw their support from Christian sources, Protestant or Roman Catholic, while others are nonsectarian. In addition to the founder-members, observers were present from Denmark, Holland, Spain, and Turkey, and also from Canada. The importance of their contribution to the world-wide campaign against leprosy may be judged by the fact that in Europe alone, through the activities of these voluntary organizations, an annual amount of over US $3,500,000 is made available for work on behalf of leprosy patients. This help is given to 463 centers in 69 countries. Thanks to the work of the Medical Commission, guiding principles and priorities in the distribution of funds are now being applied, to the enhancement of the coordinated efforts of the diversely oriented members of ELEP.

International Leprosy Congress, 1968. The travel expenses of 28 participants to the Congress are being covered by ELEP members. In addition, a generous contribution to the overhead expenses of the Congress has been promised.

The International Journal of Leprosy. Members of ELEP learned with concern of the serious financial state of the INTERNATIONAL JOURNAL OF LEPROSY, and resolved to make a sum available annually that would go far toward meeting the considerable gap between income and expenditure, a deficit that has hitherto been covered by the Leonard Wood Memorial. Members of ELEP have already been encouraged to devote a proportion of their funds toward leprosy research, and it has been suggested that some of this money could appropriately be diverted to the publication, in THE JOURNAL, of the results of this research. Needless to say, this welcome gesture is much appreciated.—S. G. BROWNE

Dr. Hemerijckx Receives Damien Dutton Award

Dr. Frans Hemerijckx, eminent Belgian leprologist, has been named recipient of the Damien Dutton Award of 1968. Dr. Hemerijckx is the 16th recipient of the award, which was first bestowed on Stanley Stein of Carville in 1953. The award, recognizing outstanding work in eradication of leprosy and rehabilitation of its victims, will be presented this year at the meeting of the International Leprosy Association held in conjunction with the International Leprosy Congress in London in September. Dr. Hemerijckx has been engaged in the treatment, welfare and rehabilitation of leprosy patients for 40 years in Africa and India.

Fourth Pan-Pacific Rehabilitation Congress

The Fourth Pan-Pacific Rehabilitation Conference will be held in Hong Kong, 1-7 September 1968. According to the Rev. Father John Collins, Vice-Chairman of the Joint Council for the Physically and Mentally Handicapped in Hong Kong, the Pan Pacific conferences are assuming the nature of world congresses on rehabilitation problems in the Pacific area. Assembled every three years, the Pan Pacific conferences have been held in Sydney, Manila, and Tokyo, with an increasing number of delegates in attendance. The Hong Kong conference should be the largest, attracting from 1,200 to 1,500 delegates from all over the world. Speakers at the Hong Kong conference will include well-known international personalities. Hong Kong as a site for the conference has the necessary amenities and attractions, and offers excellent opportunities for case study for medical and paramedical personnel. Problems of rehabilitation in Hong Kong, according to Father Collins "are the problems of Asia as a whole."

NEWS ITEMS

Ecuador. *Step-up in leprosy control.* Ecuador is stepping-up its leprosy control program under terms of a new agreement with the Pan American Sanitary Bureau, with the aim of caring for every case within its borders over a period of five years. A vital element in the program is case finding by highly trained auxiliaries. A survey of a 10% population sample revealed 2,400 cases at the end of 1966. Health experts count on finding up to 1,600 new cases. Under the plan, substantial provision is made for DDS treatment. The plan includes a nation-wide educational program to do away with prejudice and train the medical profession and medical students for leprosy work and rehabilitation. A provision for assistance by PASB supplements the country's share of the actual costs.

Brazil. *Symposium on prophylaxis in São Paulo.* A symposium on "The prophylaxis of Hanseniasis" took place on 28 De-

cember 1967, in the Department of Sanitary Dermatology of the State of São Paulo, Brazil, where compulsory isolation was reduced to a minimum, with the following contributions: *W. Leser*: Integration of hanseniology in general public health activities; *A. Rotberg*: New plans and aspects of the hanseniasis campaign in São Paulo; *N. Souza Campos*: The children and immunologic problems; *A. Cavalcanti and R. Del Negro*: Changes in functions of hospitals; *J. Macedo, P. Machado and J. Ruoppoli*: Reinforcement of dispensarial activities; *M. Rodrigues*: Sanitary education in the new programs; *C. M. Carvalho*: Patients' economic problems and government solutions; *M. Ginefra and L. Fontana*: Social aspects of the new campaign; *M. Azevedo and W. Belda*: Priority research; *A. Rotberg*: Integration of hanseniology in the University; *E. Pizzeli*: Administrative and financial measures for the new campaign; *W. Belda*: Rehabilitation programs.

United States. *Life at Kalaupapa, Hawaii.* The Kalaupapa peninsula on the north side of the island of Molokai now shelters a leprosy population of 177 men and women, of whom only about 45 have the disease in active form. The others, all arrested cases, remain at Kalaupapa from personal preference. The average age is 49 years. No children are permitted in the colony, a practice initiated in 1890. No new patients go directly to Kalaupapa. During the last 10 years 46 patients have been transferred to Kalaupapa from the Hale Mohalu Disease Hospital at Pearl City at their own request. Access to Kalaupapa is by air, trail, or barges. The latter carry heavy supplies, which can be delivered only during summer months because of sea conditions. Beef is supplied from a government-owned herd of some 400 cattle, and sold to the colony, tax-free, at rates advertised by the U.S. Department of Agriculture. Some patients raise chickens and swine for the local market, as well as fresh produce, including bananas, papayas, and cabbage. Most vegetables for the colony, however, are imported in the frozen or canned state. Each patient in the colony who does his own housekeeping is given a $10.00 weekly ration credit at a community store where prices are fixed at government wholesale cost. There are no taxes. The colony's residents have some 200 automobiles, which are used on its limited roadways. Personal cars are inspected by Kalaupapa police, themselves patients, and are kept in repair by patients trained by the State Department of Vocational Instruction. Roads are maintained with ballast from the settlement's rock crusher. A fire department manned by patients has two old fire trucks, and a new one is expected. There are no jailed patients. There are Congregational, Catholic, and Mormon churches, a library, a hospital, and a community hall where motion pictures are shown twice a week, plays staged, and dances held. Some patients own boats for offshore fishing. Twenty-six rent-free cottages have been built in recent years; these are well maintained by their occupants. A group of four buildings, known from its site as the Bay View Home, is occupied by patients unable to care for themselves. A hospital with auxiliary services is located nearby. The entire budget for Kalaupapa is met annually by state legislative appropriation, which includes the expenses of the Hale Mohalu Hospital at Pearl City and outpatient services. The Federal Government reimburses the State of Hawaii on a patient per diem basis, calculated on the basis of quarterly financial reports. The cost of operation exceeds the amount of reimbursement, which is now about $1,200,000 a year, by $100,000-$200,000 annually. The executive officer of the Communicable Disease Division of the State Department of Health, Dr. Ira D. Hirschy, has stated that most of the present 177 patient residents at Kalaupapa have been there the greater part of their lives, and are expected to remain there as long as they live. More and more have reached the point of disease inactivity. Isolation restrictions are largely removed, and there is less emphasis on medical aspects of care and more on Kalaupapa as a community for retired recovered patients (Condensed from account by Hugh Lytle, forwarded to THE JOURNAL by Contributing Editor Harry L. Arnold, Jr.).

India. *Gandhi Leprosy Foundation.* Under the title "A Peep Into the Work of the Gandhi Memorial Foundation From 1951 to 1967," the Director of the Foundation, Dr. R. V. Wardekar of Wardha, has issued a report summarizing the results of three successive five-year plans for the campaign against leprosy in India. In 1951 major emphasis in the campaign was on "Colonies" with relatively little outpatient treatment. In the late 1940's the new chemotherapy revolutionized the treatment of leprosy, and today chief emphasis in the campaign has been on what can be accomplished by the therapeutic and prophylactic action of DDS. The Gandhi Foundation has expanded its DDS program in the course of successive five-year plans, the first two of which were aimed at preparing the ground for a full-fledged National Leprosy Control Programme. Plans for the fourth and fifth five-year plans have included the development of referral rural and urban centers, measures for the prophylactic use of DDS, facilities for the rehabilitation of the leprosy-handicapped, and educational programs (Survey (S), Education (E) and Treatment (T), abbreviated as SET). Major elements in the future campaign are much greater work than heretofore by paramedical personnel and active participation of all general medical practitioners in the leprosy control program.

Integration of leprosy in medical programs. A survey, made by Dr. O. W. Hasselblad and ALM's orthopedic consultant Dr. James Selvapandian, carried out from 26 October to 15 December 1967, in Christian hospitals in South India, revealed great progress in the integration of leprosy programs with programs of general medical care. In 12 hospitals leprosy work was an integral part of the total hospital program, leprosy patients receiving all the services available to other patients. (From News from ALM, February 1968).

New journal at Karigiri. The Wm. Jay Schieffelin leprosy center in Karigiri has commenced publication of a new journal entitled the *Karigiri Review.* It includes three sections: (1) news of ex-trainees and their fields of service, (2) a technical section for the exchange of experience, and (3) a scientific section for publication of high grade scientific articles. Mrs. (Dr.) S. Karat, consultant surgeon in the center, is Editor-in-Chief. Two former trainees, Drs. Ray Foster of Zambia and W. Ramsay of New Guinea served as co-editors of the first issue, an 80-page production. (*From* News from ALM, February 1968).

Progress at Salur. On 7 October 1967 Mr. G. Newberry Fox, General Secretary of The Leprosy Mission, laid the foundation stone of the Leprosy Reconstructive Surgery Hospital at Salur. The leprosy center at Salur had its origins more than 60 years ago, when Dr. Paul Schulze, a German missionary, started a leprosy asylum for beggars there. The work was later transferred to The Leprosy Mission (then the Mission to Lepers) and the Philadelphia Leprosy Home was built in 1906. For many years Dr. S. Rao and his son and daughter-in-law, Dr. and Mrs. (Dr.) R. H. Thangaraj, have been responsible for its program. Eighty beds are now available for leprosy patients at Salur, most of whom are in need of surgery. Some 400 surgical operations are carried out each year. (*From* Without the Camp, No. 286, Apr.-June 1968, pp. 32-33).

Thailand. *Medical service from Korea.* The Preaching Society of the Presbyterian Hospital in Taegu, Korea sent Dr. K. Y. Song to the McKean Leprosy Hospital in Chiengmai three years ago. Dr. Song is now in charge of 600 patients. (*From* News from ALM, February 1968).

Viet Nam. *Viet Cong attack on leprosarium in Banmethuot. News from ALM* reports that in a recent Viet Cong attack on Banmethuot 6 Christian and Missionary Alliance missionaries were murdered in their homes on the mission compound, and that the building containing the leprosy clinic, an intensive care unit, all surgical instruments, all medical records, laboratory equipment and the entire stock of drugs for leprosy work in 4 provinces was completely destroyed, and the contents burned. Miss Ruth Whiting, one of the slain missionaries, had directed the intensive care unit. Miss

Beth Olsen, who was in charge of the foot and hand care program, was wounded and captured by the Viet Cong. The leprosarium itself, with 174 patients, was not attacked. It has served as a center for the care of almost 2,000 patients in 4 provinces. This program is now largely disrupted. Three missionaries abducted from the leprosarium in 1962, Dr. Ardel Vietti, Archie Mitchell and Dan Gerber, have not yet been released. Dr. O. W. Hasselblad, President of ALM, described the murder and destruction as senseless and a tragic loss to medical mission work generally. (*From* News from ALM, February 1968).

Hong Kong. *Leprosy rehabilitation.* There are about 6,000 known cases of leprosy in Hong Kong. In the early 1950's the Hong Kong government, with the assistance of The Leprosy Mission in London, established a center, Hay Ling Chau, for treatment of the disease. In this center acute disease is treated and deformities are corrected by surgery. Great strides in rehabilitation are reported. The center has facilities for vocational training. (*From* International Rehabilitation Review 19 (1968) 14).

Lebanon. *Prevalence of leprosy.* The disease is not common. In 1960, 130 adult cases were registered. Five new cases were reported in 1965. Al Harmal in the Biqa Valley is considered to be an endemic area. (*From* Walter Reed Army Institute of Research, Walter Reed Army Medical Center, Washington, D.C., No. 36 (1968) 27).

Ethiopia. *Progress of ALERT.* Another step forward in the work of the All-Africa Leprosy and Rehabilitation Training Centre at Addis Ababa was taken on 4 April 1968, when Emperior Haile Selassie I laid the foundation stone of the new buildings adjacent to the Princess Zenebework Leprosy Hospital. The project came into being as the result of discussions by the Leprosy Committee of the International Society for Rehabilitation of the Disabled. The Leprosy Mission and American Leprosy Missions, Inc., early evinced interest, and in 1966 the Imperial Ethiopian Government (through the Ministry of Public Health) and the Haile Selassie I University (Addis Ababa) gave the proposals official and academic support. The teething troubles and growing pains inseparable from a scheme as broadly based as this, with so many interests involved, now seem to be passing. The problem of priorities still has to be faced, since leprosy is only one of the crippling diseases that calls for rehabilitation of the individual patient, and African countries would be well advised to tackle the problem of leprosy deformity at its source by attempting to control the disease itself.

However, staff already on the job are providing an augmented service for leprosy patients in Addis Ababa, and are engaged in the preliminary preparations needed for the provision of courses of instruction in all aspects of the rehabilitation of leprosy patients and the control of the disease. In accordance with hopes expressed in many African countries, courses are being provided for physiotherapists, leprosy field workers (especially supervisory staff), and medical officers wishing to learn surgical technic. A rural area will furnish good facilities for realistically demonstrating the possibilities of leprosy control in circumstances far from ideal—where communications are difficult, basic medical services almost nonexistent, and the population diffusely scattered. The making of protective footwear with materials and skills locally available in African countries will be another feature of the training program.

The Centre should produce real practical help for African countries facing comparable leprosy problems. It should also shed welcome and much needed light on such questions as the transmission of leprosy, the natural history of nerve damage, the frequency of bacilliferous leprosy lesions in Ethiopia, and the occurrence of diseases with which leprosy has in the past often been compared, such as cutaneous leishmaniasis.—S. G. Browne

Armauer Hansen Research Institute, Addis Ababa. Professor Morten Harboe of Oslo has outlined the present plans and future hopes of the Institute. The expatri-

ate staff will consist of a Director and Subdirector, 2 research associates and 2 technicians. Local Ethiopian staff will be recruited for the routine laboratory technology, and it is hoped that the full facilities for training to be offered will be taken up by Africans. Sustained efforts will be made to interest students of the Medical Faculty of the Haile Selassie I University, Addis Ababa, in leprosy generally and in the research work of the Institute, and the training of technical associates will be an integral part of its work. In this way the work of the Institute should dovetail into that of the ALERT project, and make a valuable scientific contribution to the control of leprosy both in Ethiopia and throughout Africa.

In accordance with the interests and experience of Professor Harboe, the emphasis of the research work contemplated at the Institute will, at least initially, be on the diverse immunologic aspects of leprosy, particularly those impinging on etiology, pathogenesis, and the phenomena of acute exacerbation in lepromatous leprosy. These aims will probably exclude the experimental culture of *M. leprae* in special biologic systems like the mouse foot pad and the sophisticated preparation of the thymectomized and irradiated mouse investigations better left to laboratories in the West with their excellent facilities for animal work. With so many untreated leprosy patients within a short radius of the Centre, there will be no lack of material for such studies as the composition of the gamma globulins in the different varieties of leprosy, in acute exacerbation or not, the occurrence in the plasma proteins of antigens to other mycobacteria and naturally occurring antigens. By means of the fluorescent antibody technic, it should be possible to demonstrate the existence of antibody in relation to individual *M. leprae,* and to determine the actual site of antigen/antibody reaction during phases of acute exacerbation.

It is hoped that by encouraging the simultaneous development of research and teaching, the Institute will worthily perpetuate the memory of Armauer Hansen and stimulate not only the continent-wide attack on leprosy, but also the elucidation of many of the puzzling and intriguing scientific enigmas of this disease.—S. G. Browne.

Malawi. *LEPRA leprosy control and eradication.* In his capacity as Medical Secretary of LEPRA, Dr. S. G. Browne recently visited Malawi. Well over 6,000 leprosy patients have already been registered for treatment. The mobile teams have already proved their worth, both in case-finding and treatment. The wards erected adjacent to the Queen Elizabeth Hospital, Blantyre, serve for patients in temporary need of closer medical supervision. The "President's Appeal" for funds to build a rehabilitation unit has been almost fully subscribed. The British government is presenting to Malawi the equipment and apparatus to be installed in the new building. Dr. B. David Molesworth and his team are to be congratulated on their practical outlook and adherence to commendable priorities in leprosy control.—S. G. Browne

Congo. *New leprosarium.* A new leprosarium, financed by the German Leprosy Relief Association and Catholic Relief Services, is being built at Kole, Sankaru by the Picpus Fathers. The new center, consisting of a hospital and training unit, will replace the war-disrupted mobile clinic carried on by the Picpus Fathers. (*From* News from ALM, February 1968).

Tanzania. *Geita Leprosy Scheme.* The Geita District comprises 3,400 square miles of land with nearly 380,000 inhabitants. Leprosy is not infrequent. The first plan for a "Geita District Leprosy Control Project" was formulated at the Songerema Hospital in March 1965. The Annual Report of the hospital for 1967 redefines objectives and discusses progress in terms of staff, housing, transport, outpatients and inpatients. Patients treated as outpatients in 1965, 2,534 in number, included 1,833 tuberculoid cases, 164 lepromatous patients, and the remainder cases of leprosy in other forms. The total number of cases diagnosed since 1966 was 2,773, i.e., 0.73% of the population. Of the patients, 27% had deformities. At Songerema Hospital there are 8 beds for leprosy. During the year the isolation de-

partment was overcrowded. Sixty-four leprosy cases were admitted (24 tuberculoid, 26 borderline, and 14 lepromatous). Treatment in general was by DDS, with a schedule after initiation of 300 mgm. weekly for adults. A special survey of Kome Island, and its two small satellites, 65 square miles altogether in area, disclosed that 2.7% of the examined island population had clear signs of active or arrested leprosy. The average rate of lepromatous cases among these was very low (1.8%, in contrast with an average rate for Tanzania of 5%). The report for the island group describes the civil and other organizations active in the control of leprosy.

PERSONALS

Dr. W. Felton Ross, Director of the All-Africa Leprosy and Rehabilitation Training Centre (ALERT) recently visited East and Central Africa with a view to assessing the needs of the territory and determining ways in which ALERT can aid in training personnel and meeting problems. The pattern of leprosy work and degree of control so far achieved showed considerable variation in five countries that came under review, viz., Kenya, Malawi, Tanzania, Uganda, and Zambia.