

Dr. Robert G. Cochrane, President of the Congress, welcomed the delegates and participants, and then called upon the Rt. Hon. Kenneth Robinson, MP, for the opening address.

Opening Address

Rt. Hon. Kenneth Robinson, MP.

Minister of Health, Her Majesty's Government

It is an honor and a privilege to inaugurate this Ninth International Leprosy Congress and to wish you well in the work of the coming week. I can see from the program that your time will be very fully, and, I hope, profitably, occupied, with main sessions and concurrent scientific sessions, and with opportunities for fruitful contacts between workers in leprosy and related disciplines drawn from the four corners of the earth.

I welcome you all in the name of Her Majesty's Government, and assure you of the deep interest which my own Department, the Ministry of Health, and that of my colleague, the Minister for Overseas Development, take in your deliberations. We hope to welcome you individually in a more intimate and less formal manner at the Joint Reception at Lancaster House to which you are invited on Wednesday.

Some of you may wonder why this Congress is being held in London. It is indeed true that leprosy in Great Britain is perhaps an insignificant, almost negligible problem compared with the situation many of you are facing. Since leprosy was made a notifiable disease here, some 17 years ago, about 750 notifications have been received by my Department, and now patients are notified at the rate of about one a week. These figures may be disturbing, but they are not alarming. So far, no case of indigenously contracted leprosy has been reported to my Chief Medical Officer. Under strict professional and administrative confidentiality, the patient in this country who has leprosy can count on the mobilization of the re-

sources of the National Health Service in his favor, for medical and surgical treatment, the provision of appliances and prostheses, and for nursing care and social benefits. Where necessary, inpatient treatment will be provided at a hospital organized by a voluntary agency with financial subventions from government sources. It may be of interest to note, in view of the continuing debate on the advantages and disadvantages of segregation and domiciliary treatment of those suffering from leprosy, that in this country only about one in every 10 patients suffering from active disease is considered by my advisers to require inpatient care.

If, however, our own leprosy problem is comparatively small, and if we have at our disposal resources that most of you would deem more than adequate to cope with the situation, this must not be taken to mean that we are unconcerned about the gravity and dimensions of the leprosy endemic in the world as a whole. This country has long been intimately and practically interested in leprosy. The Leprosy Mission was founded 94 years ago as an expression of deep concern for those suffering from leprosy in the subcontinent of India, and subsequently in other countries. The British Leprosy Relief Association, formerly known as BELRA and now as LEpra, was founded to combat leprosy within the British Commonwealth, and a constant stream of devoted men and women, missionaries and others, have left these shores over the years to bring help and succor to the victims of this scourge.

More recently British doctors and scientists, nurses and auxiliary workers and young people (Voluntary Service Overseas) have not only continued their practical contribution toward the relief of the suffering caused by leprosy, but have sought to penetrate much of the mystery surrounding the disease. The era of scientific investigation, in which this country has taken a notable part, has dawned. The Medical Research Council of Great Britain, profiting from the accumulated know-how of some of its outstanding workers in tuberculosis, is now engaged in unravelling some of the obscure and tangled skeins of leprosy—its microbiology, immunology and biochemistry. I have been delighted to learn that at Mill Hill, only a few miles from here, an experimental model for the reproduction of progressive leprosy has been prepared in the thymectomized and irradiated mouse, and I follow with great interest the further intriguing vistas of research now being actively pursued.

But, of course, despite our perhaps justifiable and insular pride that this country is still contributing in many ways to the fight against leprosy and to leprosy research, we all realize that these scientific advances and achievements belong to all, and are to be used for the benefit of all. In medicine, the needs of the victims of diseases that recognize no man-made or ideologic boundaries, override any selfish or parochial interest. Leprosy—a disease that is prevalent in cold as well as in hot countries, among rich and poor, in the light-skinned as well as in the dark, behind the iron and bamboo curtains, as well as in the lands of the West and developing countries of Africa and the East—leprosy still poses its puzzles and enigmas, its unsolved problems and its almost insuperable challenges.

It is to these challenges that I am sure you will address yourselves today and throughout the week. You will be considering many erudite and abstruse topics, many highly technical aspects of leprosy, as they impinge upon various scientific disciplines. You will be concerned with repairing the ravages of past leprosy, and with preventing its complications. I ask you never to

lose sight of the individual in the mass, never to neglect the intimate and real social and psychologic problems of the sufferer and his family. In your very commendable scientific investigations, you will never, I am confident, allow your interest in the cellular reaction in the mouse to cloud your concern for the human plight of the man.

I am very glad to see that the scientific segregation that formerly afflicted workers in the field of leprosy, similar in some ways to the social segregation inflicted on its victims, is being overcome. While there may be every justification for specialized workers meeting together in such a Congress as this, I welcome the presence here of scientists who have entered the field of leprosy, if I may put it so, "from the outside," and who are bringing to bear on the unsolved riddles of leprosy their own expertise gained in related branches of science. This is all to the good, and I look forward to hearing the results of the brisk interplay of acute and questing minds, of the sharp thrust and parry of debate, and of the eager cooperative pursuit of new knowledge. Leprosy, I am sure, not only poses fundamental scientific problems itself, but may also provide the proving ground for investigations into wider researches. In all these, I wish you well.

Since, despite devoted and competent action in many lands, the dimensions of the leprosy problem in the world as a whole show few signs as yet of contracting, it is perhaps opportune to suggest that the hope for the future lies rather in prevention. I note that during this week you are to consider the efficacy of BCG vaccination in the prevention of leprosy. You know better than I that for 30 years this question has been bedevilled by uncertainty and conflicting data. May I express the hope that your deliberations will assist Governments, the World Health Organization and voluntary agencies throughout the world in the task of ridding the individual and the community of the specter of leprosy?

I have much pleasure in inaugurating this Ninth International Leprosy Congress, and in wishing you all a most stimulating and successful series of meetings.