pleted, precise comparison is still awaited. B.663 has also proved effective in the small number of borderline and tuberculoid patients treated.

Patients with sulfone-resistant leprosy, either foot pad proven (reported by 3 centers) or presumed (2 centers) have responded normally to B.663, the initial dosage being 100 to 300 mgm. daily. No relapses have been observed in up to four and a half years' treatment, and the drug could well be the treatment of choice in this condition. B.663 has also been used successfully in thiaminotaurine (DPT) resistance, and in patients suffering from sulfone or from multiple drug allergies.

There is experimental evidence that B.663 has an anti-inflammatory action, and its effect on lepra reactions was discussed in detail. Three centers reported a lower incidence of reaction (erythema nodosum leprosum, ENL) in lepromatous patients with active leprosy treated with B.663 than had been their experience with DDS. Controlled comparisons are required. The effect of B.663 on established ENL was investigated by 11 workers, using a variety of methods, including internally controlled, paired, and uncontrolled studies. All save one found that B.663 suppressed ENL, allowing prednisolone to be stopped in previously steroid-dependent patients. The dose required varied from patient to patient, varying from 100 to 400 mgm. daily, although one patient was not fully controlled on 600 mgm. daily. In severe ENL, it was necessary to continue B.663 for many months before reverting to DDS.

All patients receiving B.663 developed pigmentation, which was unacceptable to some light-skinned patients. Toxic effects included mild gastrointestinal disturbances, pruritus, giddiness, and possibly one case of exfoliative dermatitis. Transient appearance of red cells in the urine, associated with a change in creatinine clearance, was also reported. No teratogenic effect has been observed as yet, although babies may be somewhat pigmented at birth and subsequently become more deeply pigmented from ingesting B.663 in the mother's milk.

The symposium was closed by Dr. Vincent C. Barry, the discoverer of B.663.

Meeting of French-Speaking Leprologists

Chairman: Dr. F. P. Merkle

In the course of the Ninth International Leprosy Congress, thanks to the good offices of its Secretary-General, Dr. S. G. Browne, the Association of French-Speaking Leprologists was able to hold an informational meeting on 20 September 1968.

At this meeting it was possible to define the objective of this Association, which was founded in October 1967, at Hammamet in Tunis at the time of a symposium organized by the Société de Biologie Humaine et de Transfusion Sanguine of the African countries and those of the Middle East. There was no question of creating a new body duplicating the activities of existing organizations; on the contrary the French-speaking leprologists wish to work in liaison with these associations and especially with the International Leprosy Association.

The objective of the French-speaking leprologists is to aid doctors and paramedical workers in charge of the antileprosy campaign in French-speaking countries. It must be remembered that in general the latter are not specialists, and that it is essential to provide them with documentation oriented to their practical problems, including information on the latest scientific advances in leprology.

This association would also stimulate in French-speaking countries an analysis of the leprosy endemic in relation to the economic resources available, the only way that will lead to a real solution of the problem.

This association, whose temporary office
is headed by Professor F. Merklen of Paris, has decided to appoint a certain number of technical advisers and honorary members, and has expressed the hope of holding a General Assembly in Paris in the year 1970. These objectives, although relatively modest, will naturally run into numerous material difficulties; their success will depend on the will and interest which all those concerned with leprosy, particularly in French-speaking countries, will bring to the task.—M. F. Lechat

**Leprosy Committee of the International Society for Rehabilitation of the Disabled**

*Chairman: Dr. Paul W. Brand*

The World Committee for Leprosy Rehabilitation is a subcommittee of the International Society for Rehabilitation of the Disabled. A meeting of this committee was held in London during the Ninth International Congress, on 19 September 1968.

The chairman reported progress in the new All-Africa Leprosy & Rehabilitation Training Centre "ALERT" at Addis Ababa, Ethiopia. The Training Centre, first conceived and planned by this committee, is making good progress. A number of teaching staff members have been recruited from many countries. African trainees are currently in training from Zambia, Liberia, Camerons and Uganda, and others are expected. Support for the program has been received from Norway and Sweden, Switzerland, Botswana and the U.S.A., and from Holland, Belgium and Germany.

Miss Nielsen, of the International Confederation of Physical Therapy, placed on the table a booklet on training syllabuses for physical therapists. The booklet had been produced at the request of this committee, and represented the results of the cooperation of several of its members and others. It contained a suggested syllabus on leprosy physiotherapy for physical therapy schools in countries where leprosy is endemic, and also a shorter one for use in P.T. schools in countries where leprosy is no longer a significant problem.

In discussions on future programs for the committee, it was emphasized that the special value of the committee was that it was a forum and meeting place of those whose interest was primarily in leprosy, and those who had special professional skills and connections that should be used for leprosy, but which have been neglected in the past because of the traditional isolation of this disease.

For the future, therefore, the committee should concentrate on the production of teaching and training aids in the neglected fields of prosthetics and orthotics, physiotherapy and occupational therapy, health education and precocious training. In all cases the emphasis should be on teaching material suitable for use in the conditions of the countries where leprosy is a problem, and should stress the integration of leprosy rehabilitation facilities with those available for rehabilitation from other similarly crippling conditions.—PAUL W. BRAND

**WHO Discussion Groups**

WHO held four informal discussion group sessions between investigators and Dr. L. M. Bechelli, Chief, Leprosy Unit, WHO, for the purpose of consultation on matters of interest to the WHO research program on leprosy, as follows:

1. **Standardization of lepromin**, all day, 14 September.

2. **Studies on M. leprae, progress and prospects**, 1963-1968, all day, 23 September.

3. **Methodology in drug trials in leprosy**, morning, 23 September.


—L. M. BECHELLI