

NEWS ITEMS

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.

NEWS and NOTES

Spain. *Plan for leprosy eradication program.* A "Plan of operations for a leprosy eradication program in Spain" has been submitted to the Director General of Health in Spain, by Dr. Félix Contreras Dueñas, Medical Director of the Sanatorium Fontilles, and newly elected Vice-president of the International Leprosy Association. The plan consists of a 10 point program as follows: (1) Objectives: eradication of the disease within 10 years, under specialized direction, carried out with continuity, flexibility and persistence. (2) Organization and personnel: adoption of conclusions of the World Health Organization (WHO), through rationalized restoration of the pre-1963 organization, with a competent chief of the leprosy section, and adequate personnel, including an Advisory Committee of Experts. (3) Plan of Action: Means and methods of control will follow recommendations of the Committee of Experts of the WHO, covering such matters as control of patients, census, registration, early diagnosis, hospital and outpatient treatment, and observation and control of contacts. (4) Prevention and prophylaxis, utilizing means of scientific prophylaxis recommended by Contreras, based on clearance of endemic foci, early diagnosis, chemoprophylaxis, and BCG vaccination. (5) Physical and social rehabilitation, directed toward the prevention and relief of deformities by currently approved methods. (6) Health education, with provision of information for the public and public health workers, as well as for patients and their families. (7) Development of personnel through courses of leprosy specialization, with the aid of university faculties of medicine, and examinations for selection of dermatologists for the campaign. (8) Evalua-

tion, ensuring control and verification of the efficacy of the campaign, and determination of degree of success in attaining its objectives, with modifications as necessary. (9) Research, utilizing the specialized personnel already engaged in the country, coordinating field and laboratory service, taking advantage of the investigative activities of the faculties of medicine (principally in the Chair of Dermatology in Madrid), and expanding research already underway on problems of recognized importance. (10) International cooperation, through attendance of specialized personnel at national and international congresses, and provision of means for travel and training of medical and auxiliary personnel for association with investigators in other countries, and finally proper publication of results of research in international media for dermatology and leprosy.

Four appendices follow the main body of the recommendations, devoted respectively to (1) equitable distribution of patients within various facilities for leprosy control, (2) establishment of supplementary units in endemic foci, (3) provision for appropriate medication, which thus far has been defective in a number of respects, and, finally, (4) a special pilot project, the results of which are to be evaluated by the Advisory Committee on Leprosy.

Ethiopia. *ALERT Information Handbook.* The All Africa Leprosy and Rehabilitation Center (ALERT), with headquarters at P.O. Box 165, Addis Ababa, has issued a short, practical information handbook presenting in simple terms the purpose and program of ALERT, and noting their relation to rural and urban leprosy control, rehabilitation and resettlement, and the general needs in terms of patients

for a strong antileprosy program in Africa. The booklet describes the Armauer Hansen Research Institute, which is integrated with the general program, and important features of ALERT's strong training program.

Nigeria. *Leprosy in war-torn districts.* When Britain created the state of Nigeria out of more than 250 different ethnic groups, difficulties in tribal integration were to be expected. The violent hostilities between Federal Nigeria and Biafra, however, were not foreseen. Among a multitude of tragedies the plight of leprosy sufferers has been tragic. The Church of Scotland Leprosy Hospital at Itu was bombed by Federal planes and almost completely destroyed. Staff members were injured. Some leprosy centers have been over-run by warring forces, and the fate of patients is not known. Refugees have reached some camps in grave condition. Medical supplies are not available for them. Some of the homeless track from center to center. High death rates are expected.—(From *Without the Camp*, No. 228, October-December 1968, p. 67)

Ghana. *Report of leprosy services for 1963-1967.* The Leprosy Service of the Ministry of Health of Ghana issued a report in August 1968 covering leprosy control activities in Ghana during the five year period 1963-1967 inclusive. In the words of the Senior Medical Officer in the Service, Dr. D. S. Chaudhury, the report centers on a new organization within the Epidemiology Division of the Ministry of Health, devoted specifically to leprosy. The new plan makes provision in each specified region of the country for an epidemiologist who will correlate all activities of the disease control units in this medical field. It is expected, according to Dr. Chaudhury, that with the development of rural health centers, responsibility for a substantial part of routine leprosy treatment will be managed by these centers. The report, which acknowledges outside assistance from several sources, describes therapeutic research underway and international cooperation, and lists the active and associated staff mem-

bers. The work of leprosaria, clinics, and cooperating laboratories is described, and special note is made of improvements in occupational therapy; the work and the facilities in these various fields are noted briefly by region of the country. Summaries are presented on patients under treatment, patients discharged, case detection and reconstructive surgery. An abundance of tables documents the general statements.

India. *General physicians in antileprosy campaign.* The Gandhi Memorial Leprosy Foundation, founded in 1951, has begun a concentrated effort to enlist general practitioners in the fight against leprosy in India. Dr. R. V. Wardekar has pointed out that if each of the 60,000 physicians in general practice in leprosy-endemic areas treats 10 patients a year, 600,000 leprosy patients will be under treatment. The Foundation has divided the endemic areas of the country into nine zones, with one paramedical worker in each, who will meet each physician formally and conduct health education campaigns for the public in his region. (From *News from ALM*, Summer 1968).

Korea. *Dedication of rehabilitation unit in Soonchun.* The dedication in June 1968 of a new 40-bed \$100,000 rehabilitation hospital at the Wilson Leprosy Center in Soonchun is looked upon as beginning a new era of leprosy control in this area. Current developments make a change from former simple custodial care to short term treatment in the hospital followed by continuing adequate therapy at home. The program stresses work in outlying and mobile clinics caring for 5,698 patients, as compared with 600 resident in the Center. A home and village case-finding survey has just been completed. The Center has been asked by the Korean Government to serve leprosy needs in one-third of the Chulla Namdo Province previously uncovered by leprosy control measures. The Center is under the supervision of the Presbyterian Church in the U.S.A., and is supported financially by American Leprosy Missions, Inc. (From *News from ALM*, Summer, 1968).

Taiwan. *Seminars for training in early detection of leprosy.* A series of seminars designed to train medical students and physicians in the detection and early treatment of leprosy has been set up at the Mackay Memorial Hospital in Taipei, under the sponsorship of the Taiwan Leprosy Relief Association (TLRA), the China Christian Medical Association, the Losheng Leprosarium, and the Mackay Hospital. Students who have completed the course will be organized in teams for service in the TLRA clinics, assisting in early case detection through home visits, contact examinations and school surveys. Up to now some 200 to 250 cases, believed to represent but a fraction of the discoverable cases, have been found each year. The nine skin clinics supervised by the TLRA, and financially supported by American Leprosy Missions, Inc., now treat some 2,000 patients. (From *News from ALM*, Summer 1968).

Indonesia. *Projected program of The Leprosy Mission.* The announcement of a prospective leprosy program in Indonesia, to be organized by The Leprosy Mission (see *Without the Camp*, September 1968, p. 47) has aroused great interest. Recommendations made include a program of reconstructive surgery, the training of indigenous personnel, and rehabilitation of leprosy sufferers. It is recognized that the physical conditions of travel in a heavily populated country (110,000,000), covering 735,000 square miles, divided by ocean into

about 3,000 islands, will be difficult. It is estimated that there are 200,000 cases of leprosy in the country, although only 40,000 are on the registers of leprosy centers. About 30,000 receive regular medical treatment. Local hospitals and rehabilitation centers are favorably located, and the combination of government, church and mission facilities should be effective.—(From *Without the Camp*, No. 288, October-December 1968)

United States. Carville. *Support for The Star.* The Herman and Ruth Goodman Foundation, Inc. of New York City has made substantial financial contribution toward the publication of *The Star* of Carville. Dr. Herman Goodman, head of the Foundation, was a friend of Stanley Stein, long-time Editor of *The Star*. The funds supplied, representing the Stanley Stein Memorial Fund for Continuance of The Star, will be spread over a period of years so as to give the publication full-time professional help.

Carville. *End to sterilization of mail.* Sterilization of outgoing mail, long practiced at the U.S. Public Health Service Hospital at Carville, Louisiana, in conformity with medical and hygienic practices of former times, has been completely stopped, after a period of decreasing emphasis at Carville and elsewhere on isolation procedures and on previously exaggerated views of the contagion of leprosy. (From *The Star*. 28 (1968) 2.)

PERSONALS

Dr. Herbert H. Gass, chief of the Training Branch of the U.S. Public Health Service Hospital at Carville, Louisiana, U.S.A., spent three weeks in May and June 1968 visiting the Mahaica Hospital and outlying skin clinics in Guyana, South America. He has reported on his observations in the July-August 1968 number of the *Carville Star*.

Dr. C. K. Job recently spent six weeks as a World Health Organization consultant at the U.S. Public Health Service Hospital at Carville, Louisiana, U.S.A., and later visited Edinburgh, Scotland, before returning to his post at the Christian Medical College in Vellore, India.

Lawrence M. Judd, former Governor of the Territory of Hawaii, long active in the campaign against leprosy in Hawaii, and a former member of the International Leprosy Association, died in Honolulu October 5 1968.

Dr. W. F. Kirchheimer has reported in the Carville Star (*The Star* 28 (1968) 3, 14) on a project entitled "The role of arthropods in the transmission of leprosy." In connection with this study Dr. Kirchheimer developed an effective cooperation,

through a project site unit, with Indian leprologists qualified to pursue the investigation.

Dr. S. W. A. Kuper, consultant clinical pathologist and biochemist of the Brompton Hospital in London, and lecturer in exfoliative cytology at the Royal Postgraduate Medical School, died suddenly in London August 4, 1968 at the age of 50. An expert in tropical medicine, he made important contributions on the immunology of leprosy and tuberculosis, and took an active part in malaria research.