

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.

C.I.O.M.S. Conference on Medical Research Priorities and Responsibilities

A Round Table Conference on "Medical research; priorities and responsibilities," organized by the Council for International Organizations of Medical Sciences with the assistance of the World Health Organization and UNESCO, was held at the WHO headquarters in Geneva on 8-9 October 1969. The International Leprosy Association is a member of the council and was represented by its Secretary-Treasurer, Dr. S. G. Browne, who provided THE JOURNAL with the material of this summary. A number of subjects were discussed that have relevance for both field and laboratory workers in leprosy. Some of the matters discussed by this gathering of scientists and government research council administrators from many countries, as well as representatives from the international organizations that form the C.I.O.M.S., are here noted.

(1) Since genetic configuration may determine individual responses to drug metabolism, the delayed response to drugs used in leprosy may be genetically determined.

(2) Clinical pharmacology and the experimental approach to therapeutics were stressed in relation to the need for training in statistical methods and accurate clinical observation on the part of those wishing to engage in such studies. A need was recognized for more information on comparative metabolism of drugs by the patient and experimental animals, but even so there is too great a gap between laboratory discovery and field application of significant findings.

(3) It is not enough to render a leprosy patient noncontagious. The physician must carry responsibility for seeing that the cured patient is socially as well as medically rehabilitated.

(4) It was noted that the individualistic worker, filled with an insatiable curiosity, is likely, in the main, to make the best investigator. It was also noted that need for careful allocation of public funds should be a part of the motivation of those engaged in medical research.

(5) There is need for greater stress on the use of new investigative models and methods in the approach to epidemiologic problems. There should result a marked improvement in the standard and efficiency of leprosy field research and control programs. Leprosy must be considered in relation to other endemic diseases and the whole human ecologic environment and not as a phenomenon unto itself. Otherwise there will be a failure to profit from recent developments in other areas of knowledge. As a result of some such developments, subjects formerly on the fringes have now become crucial.

(6) The number of research workers in the biomedical sciences has never been as great as today; yet, paradoxically, there is a real dearth of qualified people in certain fields among which stands leprosy. The research centers of the affluent countries should show increasing participation in the great problems of the "Third World." There could be visits by research staff, provision of fellowships and grants and facilitation of professional contacts.—S. G. BROWNE

International Society of Tropical Dermatology Second World Conference

The Second World Congress of the International Society of Tropical Dermatology was held in Kyoto, Japan, 15-20 August 1969. Participating leprologists who are also concerned with tropical dermatology found much to interest them at the

Congress, and regretted that the clashing of concurrent sessions deprived them of opportunities of profiting from the papers given by experts on, say, leishmaniasis or mycoses or the treponematoses. Many papers listed on the program were not presented, in the absence of the authors. While no epoch-making new work was reported, the Congress provided a forum for the exchange of ideas and meeting of workers in related branches of medicine. By general consent, the sessions on leprosy (accorded a generous allotment of time by the Congress planners) were among the best, and Dr. R. J. W. Rees is to be congratulated on his work in organizing this Sessional Theme. Rehabilitation received scant notice, but therapy was well discussed. Dr. S. G. Browne reviewed the modern approach to the drug treatment of leprosy, Dr. M. F. R. Waters examined the methodology of drug trials in man and the experimental animal, while Drs. Gatti, Languillon, Opromolla and Luis made important contributions. In the session on "Reaction in Leprosy," thalidomide was the only drug reported in detail. "The Pathogenesis of Leprosy" provided excellent papers by R. J. W. Rees, W. E. Bullock, Kolener and Nishimura, which proved of great interest to visitors whose primary concern was with other dermatoses. The Round Table Conference on "Therapy of Leprosy" under the Chairmanship of Browne, brought together Languillon, Pettit, Rees, and Waters in a discussion which, after a slow start, developed into a very stimulating exchange of views. Far from concluding tamely, the Round Table was prolonged at the request of the audience so as to deal with practical points of low-dose dapsone therapy and indications for clofazimine (Geigy 663). The symposium on "Mycobacterial Infections" under the chairmanship of Professor R. D. Azulay was of great interest to leprologists, bringing together, as it did, workers experienced in *M. ulcerans* infections, sarcoidosis and other conditions.

—S. G. BROWNE

ELEP Medical Commission

The Medical Commission of ELEP (The European Federation of Anti-Leprosy Associations) met in Luxembourg on 21 March 1970, under the chairmanship of Dr. L. P. Aujoulat. At the Annual General Assembly the following day, important reports from the Commission were presented on such matters of policy as the pros and cons of the segregation of patients with lepromatous leprosy, the separation of children from parents suffering from leprosy, and the principles of barrier nursing as applicable to leprosy patients in the wards of general hospitals. A document entitled "Guidelines and Principles in the Worldwide Campaign against Leprosy," drawn up by the Medical Commission with a view to assisting both nonmedical administrators in the evaluation of projects and doctors in the choice of priorities, was received with expressions of gratitude.

The following additional members were appointed to the Medical Commission: Professor P. G. Janssens, Professor M. F. Lechat, Dr. E. Montestruc, and Dr. K. F. Schaller. Dr. Ernest Muir, the doyen of European leprologists, was accorded the high distinction of being elected *Membre d'Honneur* of ELEP.

The member-organizations agreed to continue their policy of devoting a certain proportion of their income to the fostering of research and the publication of the results of research in the *INTERNATIONAL JOURNAL OF LEPROSY AND OTHER MYCOBACTERIAL DISEASES*.

The Leonard Wood Memorial was welcomed as an Associate member of ELEP.

The voluntary agencies play a considerable rôle in the campaign against leprosy. Through consultation, cooperation in joint projects, and the prevention of overlapping and duplication of effort, ELEP is in process of achieving its aims. The Medical Commission, by its advice on specific projects and its insistence on priorities in leprosy control, is helping to mold opinion and ensure that public interest is based on established scientific principles as well as on humanitarian considerations.

—S. G. BROWNE

Fifth Technical Meeting of OCEAC Yaounde, 4-7 March 1970

OCEAC (Organization de Coordination pour la lutte contre les Endémies" en Afrique Central) is the coordinating body of the "Services des Grandes Endémies" in several countries, viz., the Federal Republic of the Cameroons, the Central African Republic (RCA), The People's Republic of the Congo, Gabon and Tchad.

Reports presented at the Fifth Annual meeting on the leprosy situation in 1969 for these countries, supplied the following data:

Countries	Total cases	Prevalence per 1,000	New cases 1969
Eastern			
Cameroon	5,899	5.4	1,160
Western			
Cameroon	49,660	11.6	3,018
Congo	15,940	16.5	526
Gabon	9,620	20.3	574
RCA	31,380	20.3	989
Tchad	35,617	11.4	1,852

Trends in prevalence and case-detection from 1966 to 1969 in the five countries (except Western Cameroon) were as follows (per thousand population)

	1966	1967	1968	1969
Prevalence	17.2	15.7	14.0	12.9
Incidence	0.90	0.87	0.75	0.70

From 1960 to 1969, a total of 98,166 leprosy patients were detected. During the same period, 179,644 patients were removed from the register (discharged, deceased, etc.) From the beginning of leprosy control activities, 51,397 patients had been declared cured. Out of 148,116 patients registered on 31 December 1969, 64,597 were either inactive and under surveillance, or discharged (43.6%). As emphasized by Dr. Labusquière, the General-Secretary of OCEAC, it is worthy of note that countries that have concentrated on systematic outpatient treatment, such as RCA and Tchad, have a higher proportion of patients in whom the disease has become quiescent (77.0% and 63.6% respectively) than countries, such as the Cameroons, where the main effort has been concentrated on leprosaria (43.6% of inactive cases in Western Cameroon).

The original scientific contributions presented at the meetings will be published. Mention should be made of papers by General J. Languillon on the treatment of lepromatous leprosy by long-acting sulfonamides (Fanasil), and dapsone in low dosage, and the paper by Dr. M. F. Lechat on epidemiometric models for the evaluation of leprosy control activities.—S. G. BROWNE

NEWS ITEMS

East Africa. *Proposal of East African Leprosy Association and Bulletin.* There are at least a quarter of a million leprosy patients in East Africa. Workers caring for these patients are often so widely scattered that little exchange of ideas is possible. To remedy this situation, the formation of an East African Leprosy Association has been proposed; meanwhile, the first issue of a *Bulletin* has been published, with the avowed aim of promoting contact and co-operation among leprosy workers. It hopes to be able to collect, as well as disseminate, information, so that methods and results can be compared, and surveys carried out over the whole area. The *Bulletin* is not,

therefore, an outlet for original research, although it will keep its readers abreast of developments. All aspects of leprosy will be covered. This issue contains a description of the day-to-day work of leprosy control in one district, including the inspection of schoolchildren. Another article investigates the fate of the burnt-out cases—people who may be rejected by their families and be unemployable. A self-supporting village settlement in Thailand is cited as one solution. The *Bulletin* deserves to succeed in its purpose of changing the present situation, in which "not only the leprosy patient, but leprology also, suffers from isolation."—(*Lancet* 1 (1970) 257)

Uganda. *East African Leprosy Association.* The first annual meeting of the newly inaugurated East African Leprosy Association is scheduled for 9 April 1970 at the Students Residence Hall, Makerere University Hospital, Kampala. Preceding the meeting, 6-9 April, a working conference for physicians is to be convened by Dr. G. Lomholt, Senior Government Consultant in Dermatology and Venereology, Mulagi Hospital, Kampala.

Kenya. *New publication.* Dr. A. R. H. B. Verhagen of the Medical Research Centre, Nairobi, Kenya (a department of the Royal Tropical Institute of Amsterdam) has forwarded to the INTERNATIONAL JOURNAL OF LEPROSY the first issue of a new publication entitled *The East African Leprosy Bulletin*, dated October 1969. The *Bulletin* is an outgrowth of a conference of the East African Medical Research Council held in January 1969, in which it was pointed out that although the procedures of leprosy treatment, control and prevention are well known in East Africa an obvious drawback in present day leprosy work is the scattering, isolation and lack of coordination of the efforts of leprosy workers in that large area. There is patent need for close comparison of the results of leprosy control in neighboring regions. An East African Leprosy Association was proposed to meet this need, and the current issue of the *East African Leprosy Bulletin* invites the participation of leprosy workers in more nearly coordinated programs. The *Bulletin* prints notes from different regions (e.g., Tanzania, Uganda, Ethiopia, Kenya) and carries brief papers from experts on experimental leprosy (R. J. W. Rees), reactions in leprosy and their management (H. W. Wheate), the Geita Pilot Control Plan (M. N. Gallibona), social and psychologic aspects of leprosy in Kenya (Miss V. Graver), and notes by Dr. Verhagen himself on a tropical dermatology conference held in Kyoto, Japan, and on surveys of hyperendemic foci in Kenya. The *Bulletin* will be issued as a separate publication at irregular intervals until the East African Leprosy Association is legally registered.

Nigeria. *Leprosy in Biafra.* Thousands of sufferers from leprosy have been left destitute and in grave distress as an aftermath of the prolonged hostilities recently ended by the surrender of military forces in Biafra. Transport, food, and medical shortages have been described as disastrous by Eric Pace in the *New York Times*, 21 September 1969.

Malawi. *Success of leprosy eradication project.* The British project under way for the last several years and aimed at the eradication of leprosy in a 2,000 sq. mile area of Malawi, with a population of more than a million persons, is proving a success according to the project director, Dr. B. David Molesworth. In 4 years 10,019 cases have been brought under control. It is estimated that about 5,000 cases remain undetected. Approximately 1,500 new cases come under control each year. Two-thirds of all types of bodily deformity in Malawi appear to be due to neglected leprosy. The current program is expected to reduce this figure greatly. Many of the new cases are handled in the Blantyre center, which has a 36-bed hospital and laboratory, but the case yield from rural Land Rover teams is substantial. The main task of the mobile teams is to discover the contagious lepromatous cases. Dapsone is administered to all cases, and BCG is given to children as a prophylactic measure. The current annual expenditure for the project is about \$91,000—(From Medical Tribune Vol. 11 (No. 17) 2 Mar. 1970, pg. 2)

India. *Report of Indian Leprosy Association.* The Annual Report of the Hind Kusht Nivaran Sangh (Indian Leprosy Association) for 1968 carries a report by the Chairman, P. K. Duraiswami, a financial summary by the Honorary Treasurer, S. Ratnam, and detailed summary accounts of the leprosy work carried out by the 15 state branches of the Association. In the concluding remarks of his opening report the chairman noted that, although medical knowledge and improved methods of leprosy control have been notable in recent years, many gaps in understanding persist. Intensification of scientific research is needed, and there must be, in addition, substantial advances in economic and social progress.

ELEP Leprosy Control Project in Dharmapuri. The second Annual Report of the ELEP project in Dharmapuri, Tamil Nader (formerly Madras State), South India, has been published. This project was initiated in June 1968, following the suggestion of the late Dr. Frans Hemerijckx that a large leprosy control project be created in a highly endemic region of India, to be sponsored by all members of the European Federation of Anti-Leprosy Associations (ELEP). Field work has continued according to plans throughout 1969. Known cases in the area covered increased from 725 to 5,983. The number of cases registered for treatment increased from 689 to 4,808. Whereas previously most of the treated cases were advanced, a substantial proportion of recently discovered cases are early. Unfortunately there has been some drop in recent months in clinic attendance rates. A goal of at least 65.7% attendance has been set. The success of paramedical workers in finding cases has been noteworthy. The project in its scope has followed the pattern of SET (Survey, Education and Treatment) established by the Indian Government. Construction work in a hospital and administration block has been halted temporarily, but progress on small units is proceeding.

Activities of the Central Leprosy Teaching and Research Institute. Annual reports for 1966 and 1967, describing the work of this distinguished institute at Chingleput, have been received recently by THE JOURNAL. These note the retirement of Dr. Dharmendra, the first director of the Institute, after 9 years of service, and his replacement, first by Maj. Gen. P. N. Bardham, who died in 1966, and his replacement in turn by the present director, Dr. C. G. S. Iyer, in 1966-1967. Other staff changes are noted. The reports furnish concise descriptions of administrative, professional educational and social activities of the Institute.

Hospital Thanksgiving Day observance in Kumbakonam. In June 1969 The Sacred Heart Hospital, Sakattai, at Kumbakonam, in the Thanjavur District of South India, celebrated a Hospital Thanksgiving Day commemorating more than half

a century of leprosy work by the hospital, which has advanced from primitive beginnings about 1916 to its present position of eminence. A record of progress over the years and a summary of current activities are carried in a booklet recently published by the hospital.

West Pakistan. Leprosy control program. The Marie Adelaide Leprosy Center in Karachi has been expanded from an outpatient clinic to a full-sized leprosy hospital. Inpatient services are combined with the department of surgery and the department of rehabilitation. The outpatient department screens and registers the majority of the leprosy patients in the Karachi area. The government of Pakistan has announced a plan to institute small leprosy centers in outlying rural areas. These centers would be administratively combined with the network of rural health centers still under development.—(From JAMA 211 (1970) 1709)

United States. World Leprosy Week. This traditional period of world-wide review of measures for the control of leprosy, was observed in New York City and numerous other cities in the United States in February 1970. Dr. Victor G. Heiser, first president of the International Leprosy Association, was honorary chairman and William H. Stewart, former Surgeon General of the U.S. Public Health Service, was chairman. American Leprosy Missions, Inc., the Damien-Dutton Society and the Leonard Wood Memorial sponsored this special observance in the United States. Among a number of addresses given by leprosy workers on the occasion were presentations by Dr. Stanley G. Browne, Secretary-Treasurer of the International Leprosy Association, who spoke on "International Aspects of Leprosy," Dr. Heiser, and Dr. Abraham Horwitz, Director of the Pan American Health Organization. Dr. Browne spoke also on the subject of leprosy in a nationwide television broadcast on 19 February. A special event was the dedication of a leprosy clinic in downtown New York City. Provision has recently been made for an Annual World Leprosy Day Award. The first of these in the United States was presented at the

San Francisco meeting to Dr. Charles C. Shepard of the National Communicable Disease Center, Atlanta, Georgia "for his breakthrough in obtaining multiplication of leprosy bacilli in mice." Dr. Shepard spoke on "Activities of the U.S.-Japan Medical Science Program."

Other Leprosy Week observances in the United States were held in Boston, Chicago, Denver, Honolulu, Indianapolis, Kansas City, New Orleans, Philadelphia, Rochester, N.Y., San Francisco, Seattle, and Tallahassee, Florida.

The 1970 Damien-Dutton Award. The Damien-Dutton Award for 1970 is to be conferred on Dr. Dharmendra, formerly Director of the Central Leprosy Teaching and Training Institute, Chingleput, India, who now holds the position of high honor "Medical Scientist Emeritus of India." The award is made in recognition of Dr. Dharmendra's life-long and highly productive work on the eradication of leprosy and rehabilitation of its victims.

Leprosy seminar at Carville. The spring leprosy seminar at Carville, co-sponsored by American Leprosy Missions, Inc. and the U.S. Public Health Service, was held 9-15 April 1970. Some 45-50 physicians, nurses, occupational and physical thera-

pists, technicians and administrators from 14 countries are expected to attend. A highlight of the seminar will be presentation of the Damien-Dutton Award to Dr. Dharmendra of the Central Leprosy Research Institute, Chingleput, India. Dr. Dharmendra will give two lectures. Other speakers will include Dr. O. W. Hasselblad, Dr. Paul Fasal and Dr. John R. Trautman.

Painting of Carville, Louisiana. On 17 February 1970 leprosy patients at the U.S. Public Health Service Hospital at Carville, presented a picture of the hospital to the Surgeon General of the U.S. Public Health Service symbolizing the gratitude of leprosy patients all over the world for the work done by the USPHS in the field of leprosy eradication. The Meritorious Service Medal of the PHS was presented to the medical director of the hospital, Dr. John R. Trautman.

Seminar on combating stigma resulting from deformity and disease. A seminar under this title, held in New York City, 6 November 1969, under the auspices of the Leonard Wood Memorial, brought together some 25-30 participants, who discussed many aspects of the prevailing stigma and means for overcoming it. One of the central themes was leprosy.

PERSONALS

In addition to the part he played in the observance of World Leprosy Week in New York City, **Dr. Stanley G. Browne**, Secretary-Treasurer of the International Leprosy Association, addressed students and faculty at the University of Rochester, Rochester, New York, on 17 February 1970. **Dr. Ward E. Bullock** acted as chairman of the meeting.

In answer to a request from the Carville *Star* **Dr. T. F. Davey**, medical missionary at the Victoria Leprosy Hospital, South India, and co-author with R. G. Cochrane of the well known text "Leprosy in Theory and Practice," has written a brief autobiograph-

ic sketch for that journal giving an outline of the training, experience and research of this pioneer in leprosy work in Africa, India and England.—(The *Star* 29 (1969) 3 and 4)

Dr. Paul Fasal of San Francisco, California, has been awarded the Civilian Service Medal of the U.S. Department of the Army for his internationally recognized work in dermatology and leprology.

Dr. Oliver W. Hasselblad, President of American Leprosy Missions, Inc., left the United States in February 1970 in order to conduct a six weeks survey of the preva-

lence of leprosy, and the needs to combat it, in South Vietnam. The survey was requested by the Vietnam Christian Service and other organizations, and is sponsored financially in large part by the American Medical Association program mediated through the organization of Voluntary Physicians for Vietnam. The latest World Health Organization's estimate, which is believed to be below the true figure, is that there are about 75,000 cases of leprosy in South Vietnam.

The Carville *Star* has recently given a semipopular account of experiments by **Dr. Eleanor E. Storrs** and **Dr. Waldemar F. Kirchheimer**, at New Iberia, Louisiana, in an attempt to infect the "nine banded"

armored armadillo (*Dasypus novemcinctus*) with *M. leprae*. Dr. Storrs, a biochemist, has had extensive experience with the use of armadillos for other purposes. The animal may be especially useful for leprosy studies because of its long life span of 12 to 15 years. An investigation lasting three years is currently planned.—(Martha Carson, *The Star* 29 (1969) 8-9)

Mrs. Norwood B. Tye, former missionary in the Philippines, has been appointed Director of Education for American Leprosy Missions, Inc. Mrs. Tye, writer, lecturer and educator, who has had long experience in the field, will initiate educational activities designed to create a basic understanding of leprosy and its victims.