

## NEWS ITEMS

**Nigeria.** *Leprosy survey.* Dr. Oliver W. Hasselblad, President of American Leprosy Missions, Inc., made an intensive survey of leprosy in South Eastern State on 16 June-25 July 1970, following disruption of the previously established leprosy program. The survey resulted from an invitation from the Government of South Eastern State to make such a study with recommendations. The distribution of leprosy was found to be general in this state with approximately 5,000 patients which could be identified. It was concluded that a previously estimated prevalence rate of 2/1,000 was probably conservative. Many adverse effects on the leprosy program were evident, among them, uprooting and shifting of populations, influx of refugees, inability of patients to come regularly for treatment, irregular supply of specific anti-leprosy drugs, a lack of drugs to treat inter-current illnesses and complications, and a number of other problems. Two functioning and one nonfunctioning leprosaria, approximately 30 segregation villages and approximately 150 treatment centers were identified, some of which had been destroyed or damaged by war. A broad program to meet both short-term and long-term priorities was outlined and it was suggested that unless urgent preventive steps are taken to preserve the once effective leprosy program, marked increase in the incidence of leprosy could be anticipated.

*Nigerian medical students study leprosy in the bush, Garkida, Nigeria.* Leprosy, long ignored in most medical school curricula, is being taught to future doctors at the Ahmadu Bello University Medical School in northern Nigeria by actual work in the bush.

This innovation is the result of an agreement between the university and the ALM-supported Adamawa Provincial Leprosarium of the Church of the Brethren. The first course, a 2-week concentrated work-study session at the leprosarium and outlying clinics, was held this winter for half the medical school's graduating class of 40—its first. The other 20 will travel the

500 miles from Zaria to Garkida for their session in the spring.

The course, believed to be the first in all Nigeria, was planned to cover the entire range of leprosy diagnosis, management and treatment in the short time allotted. The days were filled with lectures, demonstrations and examinations of patients. Night sessions included slides, filmstrips and movies on leprosy management. Each student was assigned a patient to examine thoroughly, doing his own lab work, and to present to the group for discussion. The budding doctors also visited rural clinics to see how leprosy was managed without hospital care. One trip included a village with a high incidence of onchocerciasis as well as leprosy.

This unusual leprosy course is the brain-child of Dr. Roy E. Pfaltzgraff, director of the Garkida leprosarium, and Dr. Ishaya Audu, vice-chancellor of the Ahmadu Bello University, and one of the few Nigerian doctors in the northern states. Dr. Audu's interest in exposing medical school graduates to rural health problems and Dr. Pfaltzgraff's interest in integrating leprosy into general medicine brought about the establishment of the course as a regular part of the school's curriculum.

In addition to Dr. Pfaltzgraff and his skilled staff, leaders of the course included Dr. E. H. O. Parry, Professor of Medicine at Ahmadu Bello University, and Dr. Anthony Bryceson of England, an immunologist now doing research in Nigeria.

The 40-year-old Garkida leprosy center has achieved fame throughout West Africa as an effective leprosy control center. Almost 1,000 patients are treated in 5 outpatient clinics under the direct supervision of the Garkida medical staff. In addition Dr. Pfaltzgraff is regional supervisor for some 200 clinics directed by government and various mission agencies, and reaching more than 16,000 patients.—(From A.L.M. Bulletin).

**Ethiopia.** *ALERT.* In Ethiopia 38 years ago His Imperial Majesty, Haile Selassie I, laid the cornerstone of the Princess Zenebe-work Leprosarium just outside the capital

city of Addis Ababa. Held 8 November 1932, the celebration marked the beginning of the first government-mission sponsored leprosy program in the country—a program which its sponsors hoped would make great inroads on one of the most serious public health problems in that ancient kingdom.

The leprosarium was built by the Sudan Interior Mission with funds from American Leprosy Missions, and in 1935, before it was taken over by the Italian occupying forces, it cared for some hundred patients, half the number then under treatment in the entire country.

On 4 April 1968, 36 years later, Haile Selassie I laid another cornerstone at the Princess Zenebework Leprosarium. But this time it was for an international project which would serve not only Ethiopia but all Africa.

This ceremony marked the fulfillment of a long cherished dream of the late Dr. Eugene R. Kellersberger, ALM's president from 1941 to 1953. In the early forties Dr. Kellersberger tried to get some kind of coordinated mission-government leprosy training program started with the Princess Zenebework hospital (then under the direction of Ethiopia's Ministry of Health) as the center.

Offering American Leprosy Missions' financial help, he wrote to a government official "... that the institution in Addis Ababa might well become not only a central leprosy hospital for the country, but also a training center where, doctors, nurses, teachers, public health workers ... receive special training in social and clinical aspects of leprosy."

Nothing came of these early efforts until 11 December 1965, when representatives of American Leprosy Missions, Inc., The Leprosy Mission (London), the International Society for Rehabilitation of the Disabled, the Ministry of Public Health of the Ethiopian Government and Haile Selassie I University met in Addis Ababa to form the All Africa Leprosy and Rehabilitation Training Center, a title soon shortened to ALERT.

Its basic purpose is to provide in an African setting training in all aspects of leprosy control and rehabilitation for all

categories of medical workers throughout Africa.

Though the total number of leprosy patients in Africa is not accurately known, the World Health Organization estimates 3,868,000 cases. In Ethiopia itself estimates range from 200,000 to 250,000.

In every country in Africa there are workers eager to help combat leprosy. They have the will—but they do not have the training. They do not know the latest methods in public health, in medicine, surgery, physical and occupational therapy. They do not know how to organize a rural control program. They do not know about protective footwear.

And this is what ALERT is all about. In the large complex of new buildings now centered around the Princess Zenebework Hospital, trainees from all over the continent are learning every aspect of leprosy treatment, prevention and control by lectures, by demonstrations and by active participation in treating patients.

In the first 5 months of 1970 almost 100 trainees attended ALERT's courses. They were physicians, surgeons, nurses, physical therapists, occupational therapists, medical assistants, medical students and student nurses and medical social workers. They came from Liberia, Sudan, Uganda, Tanzania, Ethiopia, Zambia, Nigeria, Kenya, Sierre Leone and Bhutan. They were sent by American Leprosy Missions and other sponsoring agencies, by missions, by national governments and by the World Health Organization.—(From ALM Release).

**India. Pogiri-Aska.** The Danish Save the Children's Organization was founded in 1945 as a private charitable association with the aim of giving relief to sick and needy children, and young people after the termination of the second world war. For 5 years, the association was feeding 5,000 starving children in 12 European countries and 27,000 children were brought to Denmark to stay in Danish homes for recovery. In 1961 it was decided to participate in the fight to control leprosy, and on the basis of an invitation from the late Prime Minister of India, Mr. Jawaharlal Nehru, a control project was started in Andhra Pradesh and later in Orissa. This control project now

comprises two and a half million population and more than 70,000 leprosy patients have been registered and treated. The specific hospital expenses for the leprosy program are remarkable in amounting to only approximately U.S. \$1.33 per patient per day and approximately U.S. \$0.53 per registered patient per year. Not included in the total cost are the salary of the WHO leprologist and the cost of Dapsone which is supplied free by UNICEF. (From ELEP-Flash).

*Gandhi Memorial Leprosy Foundation.* This foundation's report for the years 1968-1970 has just come to hand. It presents a broad review covering the broad scope of this program. Tables are presented giving statistics of the leprosy control and treatment program. It is noted that the organization was a participant in the Pattikalayana Conference of all Gandhian Institutions convened in September 1964. At that time it presented a 5-year program for the development of a special course in health education techniques, establishing a hospital with surgical facilities, establishing a museum on leprosy, releasing a film on leprosy, concluding their experiments on chemoprophylaxis by the Gandhi centenary year and intensifying leprosy control as well as bringing as many lepromatous cases under treatment as possible. All these goals were attained except for the establishment of a leprosy museum which, however, it is believed will be opened in 1971.

*Indian Leprosy Association Annual Report for 1969.* This report, again, presents a broad assessment of the work of this association which will be of interest to all concerned. Some extent of the work engaged in can be recognized from following accomplishments listed up to the present under this program:

1. Population covered: 77.6 million.
2. Persons examined: 41.5 million.
3. Total cases recorded: 798,365.
4. Total cases registered for treatment: 728,596.
5. Healthy contacts registered for observation: 2,101,172.

It is reported that reconstructive surgery is being undertaken in 30 institutions in India and that a DDS prophylaxis program

is under way in 11 leprosy control units in the country.

*Workshop at Karigiri.* The first All-India Workshop on leprosy problems in India was held at Karigiri, South India, from 12-14 November 1970. It attracted 60 participants. The conference was organized so as to give the participants ample time and opportunity for tackling the practical problems concerned with prevention and management of deformities in leprosy. This was accomplished by an initial provocative paper or demonstration followed by frank discussion on the topics prescribed. Doctors, physiotherapists, social workers, and prosthetists, laboratory technologists and occupational therapists, by common consent agreed that this workshop opportunity for inter-disciplinary discussion was most helpful and useful.

*Conference at Aska, Orissa.* The German Leprosy Relief Association (D.A.H.W.) and the Danish Save the Children Fund together sponsored an informal conference at Aska, Orissa, from 14-18 November 1970. The great majority of the participants were Indian and included medical and paramedical workers and lay superintendents of leprosy hospitals together with some ex-patients working at these institutions. The speakers were Dr. E. A. Blum, and Dr. J. A. Cap, World Health Organization leprosy consultants, and Dr. Stanley G. Browne. Professor T. N. Jagadisan and the chairman. Mr. E. Ostergaard demonstrated the significance of the Pogiri and Aska leprosy programs under which 48,000 leprosy patients have been registered at Pogiri and nearly 19,500 at Aska. The 3 full days of conference brought home to the participants the fact that leprosy can be controlled in a given area with minimal dissipation of energies and money on organizational overheads.

*Ghana. Annual Report of the Ghana Leprosy Service.* The annual report of the Ghana Leprosy Service for 1969 has just come to hand. The area of the country is approximately 92,000 square miles with a total population between 8.54-10.6 million with over 80% of the population living in rural areas. A total of 20,352 leprosy patients are reported from all areas of the country with 899 being in leprosaria, 14,734

receiving mobile clinic treatment and 4,790 being treated in other clinics. Case finding activities in 1969 uncovered a total of 3,478 new cases.

**Pakistan.** *First National Pakistan Leprosy Congress.* Thanks to the inspiration coming from the very active Karachi Branch of the Pakistan Leprosy Relief Association, and the dynamic leadership of Dr. Zarina A. Fazelbhoy, the First National Pakistan Leprosy Congress was held in Karachi 12-14 February 1971, on the "Control of Leprosy in Pakistan."

Representatives of the Central and State Governments, the diplomatic corps, medical and social organizations in Pakistan, the World Health Organization, the university medical schools, doctors and paramedical workers numbering altogether about 500, attended the opening ceremony. Dr. S. G. Browne, Secretary-Treasurer of the International Leprosy Association, was the invited guest; other visitors from abroad were Dr. Grace Warren (Hong Kong), and Monsieur Pierre van den Wijngaert, the Secretary of ELEP (the Federation of European Leprosy Associations).

Messages of greeting and good wishes were read from the President of Pakistan and leaders in politics and government, Her Majesty the Queen of Iran, and also from The Leprosy Mission, the British Leprosy Relief Association and the International Leprosy Association. The official opening speech was made by the Chairman, the Governor of Sind, and the keynote address was given by Dr. Stanley G. Browne on "Priorities in leprosy control in Pakistan." After the proceedings, the Governor of Sind opened the excellent exhibition to which participants and the public had access.

The 2 full days of scientific sessions provided some first-class papers provoking lively discussions. A most gratifying feature was the presence of doctors from the 4 states of the West Wing of Pakistan and the East Wing. The active participation of leading professors from the medical schools and specialists in ophthalmology, plastic surgery, infectious diseases, and tuberculosis, served to emphasize the scientific interest of leprosy. Accurate figures of the prevalence of leprosy in Pakistan are not

available, but all the indications point to a low rate of between 2 and 5 per 1,000, which certainly constitutes a health hazard. There are probably more leprosy sufferers in the East Wing than in the West, though in areas in Swat and the North-West Frontier Province rates of 30 per 1,000 have been reported. So far, only about one in 20 of the 250,000 suffering from active disease are able to get treatment.

Excellent pioneer work has been done in Karachi itself by Dr. Ruth Pfau and her devoted colleagues, and paramedical workers trained at the Marie Adelaide Leprosy Centre and are being seconded to control schemes all over the West Wing.

The Congress ended with the passing of several hard-hitting recommendations, which should not only stir official consciences and influence government planners, but which should mobilize public opinion in Pakistan for the practical help of the leprosy sufferer.

The surgical and social aspects of leprosy were not neglected. After the Congress, some 60 participants attended an orthopedic workshop conducted by Dr. Grace Warren and Dr. Kleese at Mangobir Hospital, a few miles from the center of Karachi.

The voluntary agencies have played a long and honorable part in awakening the public to the problem of leprosy, and it is now time for the Government to assume its rightful role of directing an overall plan for leprosy control in the country, of integrating this plan with the attack on other serious endemic diseases, and of continuing to welcome the active collaboration of voluntary agencies—both from within Pakistan itself and beyond its borders—in the campaign. The training of paramedical workers, and the diffusion of knowledge of leprosy to the medical profession and the public, will be the roles that the voluntary agencies are, by experience and motivation, most fitted to assume.—(S. G. Browne)

**Argentina.** *Primera Reunion Leprológica del Cono Sud.* The proceedings (in Spanish) of the 1<sup>a</sup> Reunion Leprológica del Cono Sud which was held in Buenos Aires on 15-17 August 1970, have just come to hand. This conference brought together persons interested in leprosy from all over South and Central America, as well as a few rep-



representatives from Portugal, Spain, and North America. The organizing committee was under the presidency of Professor Dr. Horatio Rodriguez Castells and the vice-presidency of Dr. Carlos J. Garcia Diaz. The executive committee consisted of a distinguished group of physicians: Drs. Luis Arguello Pitt, Jose E. Cardama, Manuel M. Gimenez, Eduardo A. Depaoli, Juan C. Gatti, Fernando Mercadante, Horacio G. Agüero, Luis M. Balina, and Sr. Victor M. De Amorrortu. The conference was not a research conference but was designed to bring together peoples from the areas noted for the purpose of reviewing and achieving common understanding of terms, principles, methods and objectives in leprosy work. This was accomplished by a series of plenary sessions addressed by Dr. Jose Gay Prieto, Dr. Luiz M. Bechelli, Prof. Dr. Rubem D. Azulay, Prof. Dr. Jose Barba Rubio and Dr. Rafael Albornoz Martinez; these being followed by a series of concurrent discussion groups under very able leaders. These groups reported back their findings to the conference as a whole and from these reports a series of recommendations were included in a final report. These recommendations are included in the proceedings, also in English. Characteristic South American grace and exuberance were demonstrated in the well-prepared social activities where the participants had opportunity to meet informally persons who perhaps were previously known to them only through their publications in scientific journals.—(O. K. Skinsnes)

**United States.** *Dr. Esmond R. Long.* Esmond R. Long, Ph.D., M.D., 81-year-old eminent Philadelphia medical historian, pathology professor and tuberculosis researcher, was presented with the Gold Headed Cane Award of the American Association of Pathologists and Bacteriologists at its annual dinner in Montreal's Queen Elizabeth Hotel on 9 March.

He was the 19th recipient in 52 years of the award which was established to honor "a physician who represents the highest ideals in pathology and medicine." The cane is a replica of one carried by five British Royal Physicians from 1689 to 1825, one of whom was Matthew Baillie, author

of one of the first textbooks on pathology. Robert E. Stowell, M.D. of Davis, California, President of AAPB, and former Scientific Director of Research of the AFIP, presented the award to Dr. Long.

During World War II, Dr. Long was a colonel in the Army Medical Corps and served as consultant on tuberculosis and Deputy Chief, Professional Administrative Service in the Office of the Surgeon General of the Army. He has been a consultant to the Army on tuberculosis and the history of the Army Medical Corps in World War II since 1942.

Dr. Long has been a consultant to the Medical Museum of the Institute for a long time and recently devoted much time in developing the introductory exhibit, "The History of Pathology," for the Hall of History in the Museum.—(AFIP Letter)

Dr. Long continues as *Editor Emeritus* of this JOURNAL, rendering valuable, ongoing advice and assistance. He was editor from 1963 through 1968 and many members of the International Leprosy Association recall his scholarly assistance and advice. They, and THE JOURNAL staff, congratulate him on this well-deserved honor.—(O.K.S.)

*Dr. Paul W. Brand.* Dr. Paul Wilson Brand, Chief of Rehabilitation of HEW's Carville, Louisiana, Public Health Service Hospital, was awarded an honorary degree of Doctor of Laws by the Wheaton, Illinois, College, during annual commencement exercises, 14 June 1971. The degree was presented by Dr. Hudson T. Amerding, President of Wheaton, in recognition of Dr. Brand's "outstanding services as a Christian in the medical profession."

*Waldemar F. Kirchheimer, M.D., Ph.D.* Dr. Waldemar F. Kirchheimer, Chief of Laboratory Research, Public Health Service Hospital, Carville, Louisiana, was awarded the Superior Service Award of HEW's Health Services and Mental Health Administration, during special awards ceremonies held at Rockville, Maryland 28 May 1971.

Dr. Kirchheimer received the award—the second highest civilian honor given by HEW—for his extensive microbiologic research related to the leprosy bacillus. The award was announced by Dr. Jack Butler,

Director, Federal Health Programs Service.

**France.** *International meeting.* A combined international meeting, sponsored jointly by GEM (*Group d'Etude de la Main*), which is an association comprising mainly French surgeons interested in the hand, and the *Association de Léprologues de Langue française* (A.L.L.F.), was held in the Val de Grace Hospital, Paris, on 6 and 7 June 1971. For the orthopedic surgeons from many countries, this meeting formed part of a series that began with a course on hand surgery organized in Paris by Dr. R. Tubiana, and ended in a Congress on Hand Surgery in Gothenburg, Sweden. The guests of honour were Drs. Paul W. Brand (now at Carville, Louisiana) and Stanley G. Browne, representing The International Leprosy Association (who is also *Conseiller Technique* to the A.L.L.F.). The

dynamic leadership of General A. Carayon was everywhere evident: his contributions in papers and discussions were particularly appreciated.

The main themes centered around "trophic" lesions (considered in the widest and perhaps inaccurate sense), and lesions of nerve trunks. The foot and the face came in for study and comment, as well as the hand.

For too long, there has been insufficient cross-fertilization of ideas and exchange of knowledge between French- and English-speaking doctors—leprologists as well as surgeons. This happy meeting on common ground revealed an unexpected overlapping of professional interests and activities, and opened the way to further contacts that should prove helpful to the cause of leprosy.—(S. G. Browne)