

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.

Brazil. *ALM begins rehabilitation program for ex-leprosy patients in Brazil.* This project has been designed to assist ex-leprosy patients to be reabsorbed into normal community life by finding "ways of restoring to productive life in society people who have been severely handicapped by Hansen's disease, physically, vocationally and socially. This is as much a problem for the community as for the patient, because of the forced nonproductivity of large numbers of people."

Mr. Thomas Frist, newly-appointed rehabilitation consultant to American Leprosy Missions, will head the three year program, working in cooperation with the government of Brazil and the ALM-sponsored *Comissao Evangelica de Reabilitacao de Pacientes de Hanseniose* (CERPHA). To date there are an estimated 200,000 leprosy cases in Brazil, and about 17,000 are treated in the 36 government leprosaria and over 60,000 in outpatient clinics.—(Adapted from NEWS FROM ALM, Winter, 1974)

England. *Leprosy Mission celebrates its centenary.* More than 1500 persons met in St. Paul's Cathedral, London, on Thursday 2 May for a service to celebrate the centenary of the Mission. Among those taking part in the service were Archbishop G.O. Simms, Primate of All Ireland, president of the Mission; Sir Harry Greenfield, C.S.I., C.I.E., chairman of the Council; and the Very Rev. Martin Sullivan, dean of St. Paul's. The sermon was preached by Dr. Paul W. Brand, C.B.E., F.R.C.S., F.A.C.S., who is the Mission's director of surgery and rehabilitation.

Professor Brand set the work of The Leprosy Mission in the context of the long heritage of faith, beginning with a reference from the Bible. He described a Leprosy Mission team in action in India, using skills and technics taught years ago by pioneers in the field and passed on to others; he saw the Mission as one body, working for the day

when leprosy itself would be mastered; then some other disease, some other aspect of human need could be tackled.

Following the service, delegates to the Mission's International Conference, which is being held in London, were invited to a reception given at the Guildhall by the Corporation of the City of London.—(Adapted from The Leprosy Mission News Release, May 3, 1974)

Leprosy Mission changes title of magazine from In Action to New Day. Beginning with the winter 1973 issue *New Day* becomes the title of the magazine of The Leprosy Mission. At the same time it was decided to reduce expenses by issuing the magazine only three times a year—for distribution in December, April and September. It is emphasized that this is more than giving a magazine a new name, as a new printer has been selected, and the format has been changed to give more flexibility of layout and more attractive presentation of material. In the making are also plans for new contents in addition to the usual basic material relating to what The Leprosy Mission team around the world is doing. It is hoped that the readers will find this new revision effective and will recommend it to others and share the good news.—(Adapted from *New Day*, Winter [1973] 2)

Order of Malta honors Dr. Stanley Browne. Dr. Browne, eminent British leprologist and editor of *LEPROSY REVIEW*, was honored in 1973 by the Order of Malta, a leprosy relief organization with headquarters in Rome. Dr. Browne, who is also medical advisor to the Leprosy Mission and director of the Leprosy Study Center in London, was awarded the *Croix de Commandeur* in recognition of his 37 years of outstanding service in the field of leprosy work.—(Adapted from *The STAR* [1973] 13)

Ethiopia. *In Ethiopia, ALERT to decentralize its reparative surgical program into additional centers for treatment.* Since its

establishment in 1967, ALERT has had the only orthopedic surgical program in Ethiopia, thus attracting large numbers of disabled patients from outlying areas causing many economic and social burdens on the city of Addis Ababa where the center is located.

Now, with decentralization of this surgical program, this trend is likely to reverse, as two centers with facilities for reconstructive surgery have already been set up in the provinces of Wollo and Harrar. A surgical and rehabilitation team visits each center about ten times a year to assess rehabilitation needs and to perform needed surgery. Additional centers will be started as facilities and personnel become available.—(*Adapted from The STAR* [1973] 14)

Kellersberger Memorial lectures established at ALERT. An annual lectureship honoring the late Dr. Eugene R. Kellersberger, former president of ALM, has been established at ALERT in Addis Ababa, and is sponsored by American Leprosy Missions. The lectures will be held the last week in May to coincide with the annual meeting of the Ethiopian Medical Association and with ALERT seminars for trainees from other countries. Dr. Jacinto Convit will give the first lecture which will be subsequently published in the ETHIOPIAN MEDICAL JOURNAL. According to Dr. Felton Ross, Medical and Training Director, ALERT, one of the main purposes of the lectureship is to stimulate interest among the general medical profession in leprosy and in the need to teach graduates and undergraduates more about the disease.—(*Adapted from NEWS FROM ALM*, Winter, 1974)

Greece. Ninth International Congress of Tropical Medicine and Malaria held in Athens, Greece from 14-20 October 1973. One of the sessions, which was devoted to leprosy, was attended by many interested in leprosy work and papers were presented relating to this field. Two interesting topics which evoked much discussion and thought were the cultivation studies of non-acid-fast stages in a possible complex life cycle of *M. leprae* by D.G. Jamison and J. Delville, and the suggestion of Dr. Myrvang and his colleagues at the Armauer Hansen Research Institute (Addis Ababa) that prolonged exposure to leprosy induces demonstrable changes in lymphocytes and macrophages.

In spite of increasing research activities in diseases afflicting people in the medico-geographical tropics, the actual delivery of these services to those suffering has made little progress. During the congress it became apparent that nonmedical factors such as the motivation and conscience of medical workers, including research workers, students and auxiliaries, the inertia and conservatism of village communities, and the self-centered allocation of resources play a greater role in community health and sickness than the level of medical knowledge available.—S.G. Browne

Hong Kong. The Leprosy Mission Hong Kong Auxiliary Annual Report 1972-1973. This 28 page report concludes the 22nd year of service of the Hong Kong Auxiliary. It was announced that Hay Ling Chau Leprosarium has not yet closed and will remain open until the completion of the new general hospital at Lai Chi Kok which is scheduled at the earliest for the latter part of 1974.

The report relates how the Hong Kong Auxiliary has carried on: the medical care, the material and spiritual care of the patients at Hay Ling Chau; the consideration in council and committee of the future of their staff, the future of Hay Ling Chau, the future care of disabled patients and the uncertain future of the Auxiliary itself.

The Twenty-First Annual Meeting of Members of The Leprosy Mission Hong Kong Auxiliary, held on 19 October 1972, is presented beginning on page 18 of the report, which includes the treasurer's report, resolutions proposed and seconded, followed by the four recurrent themes discussed at council and executive meetings throughout the year.—(*Adapted from 1972-1973 report of Auxiliary*)

India. Gandhi Memorial Leprosy Foundation Report for 1972-1973 (extracted from original report and published by Dr. M.S. Nilakanta Rao, Director). The Foundation, located in Wardha, came into being in 1951 and was established in memory of Mahatma Gandhi, manages a program of leprosy control, health education and training, with special emphasis on the inclusion of the disease in medicine in general. A new activity of conducting five-day orientation courses for Gandhian workers has been added to the list of activities of the Foundation.

Upon the resignation of Shri R.R. Diwakar, the members of the Foundation elected Dr. R.V. Wardekar to serve as the chairman of the Foundation. It is to be noted that Dr. Wardekar was recipient of the "Padmashri" Award and of the "Dr. P.V. Raju Oration Award."

The report, which is 64 pages long, breaks down its various activities into related chapters with detailed descriptions of each, such as: control units, health education units, training center, chemoprophylaxis project, hospital and central laboratory, work among doctors, Wardha District Coordination Scheme, orientation courses for Gandhian workers, and appendices with audited accounts for 1970-1971 and lists of health education materials available. Of particular interest is the orientation program set up to educate medical college professors in India about leprosy. This program is presented in three-day seminars at the Foundation along with discussions covering all aspects of leprosy, including the newest methods of treatment and rehabilitation. The goal of the program is to assist these various medical professors in their related fields such as pathology, surgery, and preventive and social medicine, to better teach their medical students about leprosy.—(Adapted from 1972-1973 report of Foundation)

The Hind Kusht Nivaran Sangh requested to change wording of its official title. The National Headquarters, at the suggestion of Lt. Gen. S.N. Chatterjee (Director General of the Armed Forces Medical Services), is requesting that the Hindi word "Kusht" be omitted from the full and official title of the Hind Kusht Nivaran Sangh, the lineal descendant of BELRA in India. It is felt that the term, which is commonly used for "leprosy" in Hindi-speaking circles, is distasteful and that another substitute should be sought. The Tamil Nadu Branch suggests that a non-Hindi name be used and suggests the title "Indian Leprosy Association," and that the Indian State Branches would be free to use a name in the regional language.—S.G. Browne

Korea. *Resettlement villages created for ex-patients in Korea.* These villages are an attempt of the Korean government to help solve the social problems of a considerable population that had for years lived in govern-

ment sponsored and financed settlements. Many of the patients were no longer suffering from active leprosy but repeated attempts to get them accepted back into their communities were unsuccessful. At present, there are 78 of the "Resettlement Villages" with a population increase to 24,000 over the past ten years. Dr. Youn K. Cha, president of the Korean Leprosy Association, believes the experiment has been very successful, but he emphasized that medical rehabilitation should continue while the patients lived in the villages and medical supervision and facilities should be provided. One recent development is that patients still under treatment for multibacillary forms of leprosy have, on their own volition and request, been admitted directly to such villages, without causing any disruption or antagonism.—(Adapted from 33 No. 1 The STAR [1973] 14)

Nigeria. *The first West Africa Leprosy Symposium* was held at the Bagauda Lake Hotel, Kano, Nigeria, from 1-4 April 1974. Sponsored by the Swiss Nigerian Chemical Company (a filial of Ciba-Geigy), the symposium attracted leprologists and dermatologists from several states in Nigeria, from Ghana, Liberia and Zaïre, as well as doctors responsible for the coordination of medical services in some states of Nigeria.

Some of the newer work on the immunological basis of leprosy, particularly as it impinges on our understanding of the disease and the treatment of patients undergoing episodes of acute exacerbation, was ably dealt with by Dr. Anthony Bryceson and Dr. G.J. Steenbergen.

Dr. S.G. Browne (of the Leprosy Study Centre, London) presented three papers and guided the deliberations of the symposium out of his wide experience. At the conclusion, some recommendations were drawn up for presentation to the Nigerian Federal Ministry of Health. The Federal Minister had sent a message for the inaugural ceremony, outlining a forward-looking policy for leprosy control in Nigeria.

During the symposium, the Association of West African Dermatologists was created, under the presidency of Dr. A.N. Okoro (of Enugu), and preliminary discussions were held on the formation of a West African Leprosy Association.—S.G. Browne

Spain. *XV Curso Internacional de Leprología para Misioneros y Auxiliares Sanitarios.* Organizado por la Soberana Orden Militar de Malta y el Sanatorio de San Francisco de Borja de Fontilles, con la colaboración de la Dirección General de Sanidad y eminentes profesores de algunas facultades de medicina. El XV curso tendrá lugar en el Sanatorio de Fontilles desde el 4 al 30 de Noviembre de 1974 bajo la dirección del Director del Sanatorio Dr. José Terencio de las Aguas.

The Spanish Academy of Dermatology and Syphilology elects the following executive board.

La Academia Española de Dermatología y Sifiliografía ha elegido la siguiente Junta Directiva:

President.....	Dr. D. Felix Contreras Dueñas.
Vicepresidente	
1.º	Dr. D. Antonio Garcia Perez.
» 2.º	Dr. D. Antonio Ledo Pozueta.
Secretario	
General.....	Dr. D. Benedicto Hernandez Moro.
Redactor Fefe	Dr. D. Gabino Gonzalez Gonzalez.
Tesorero.....	Dr. D. Francisco Martinez Torres.
Contador.....	Dr. D. Ramon Moran Lopez.
Bibliotecario.....	Dr. D. Joaquin Soto Melo.
	Dr. D. Ramon Moreno Izquierdo.
Secretarios	Dr. D. Valentin Santidrian
de Actas	Barbadillo.
	Dr. D. Miguel Armijo Moreno.
	Dr. D. Celso Bueno Marco.

Esta Junta Directiva tiene el honor de saludar a usted muy cordialmente y ofrecerle con todo afecto en el desempeño de sus funciones.

Switzerland. *ELEP.* During the meeting of the Medical Commission of ELEP (the Federation of European Leprosy Associations) held in Berne, Switzerland, on 29-30 March 1974, Professor Michel F. Lechat, professor of epidemiology at the University of Louvain, Belgium, was unanimously elected as chairman. He replaces Dr. S.G. Browne who served in this capacity for the past three years. During that time, the standing of the Medical Commission within ELEP increased, and the projects sponsored and financed by member-organizations have increasingly assumed an orientation in keeping with modern ideas on the treatment and control of leprosy.

The president of ELEP for the year 1974-75 is Dr. L. Hartegen of Germany, well known for his interest in the Chiengmai (Thailand) leprosarium.

At the subsequent meeting of the General Assembly of ELEP, a report was presented

on the cordial relations now subsisting between ELEP and the International Leprosy Association. During the past financial year, member-organizations have contributed \$8492.00 U.S. towards the financing of the INTERNATIONAL JOURNAL OF LEPROSY, thus ranking among our most generous supporters. Closer cooperation in the future between these two bodies is both necessary and likely. —S.G. Browne

Tanzania. *National Report on Leprosy 1972 for Tanzania.* [Published by the National Leprosy Advisory and Coordinating Committee, c/o Tanzania Christian Medical Association, P.O. Box 9433, Dar Es Salaam, Tanzania.] In previous times Dr. H.W. Wheate used to compile a national annual report on leprosy in his position as government consultant leprologist. When he departed in 1972 the National Leprosy Advisory and Coordinating Committee (NLACC) decided to continue this work. All information contained in this report was received by means of the reports of various leprosy schemes and centers, and because majority of these are only known from reports, many mistakes and incomplete reportings will be found, for which apologies are offered by the NLACC.

Budgeting reports were very difficult to obtain and it is estimated that the total expenditure for leprosy services in Tanzania amounted to approximately US \$571,000 (government share about 36%). It is hoped that the documentation committee of the NLACC will be able to give clear guidelines as to the reporting of capital and running costs of the various leprosy projects.

A total estimation of 45,500 leprosy patients are under treatment in Tanzania, which comes to 33% of the estimated patient load; 60% to 65% of them are attending treatment facilities regularly.

In the closing remarks it is noted that though there are many difficulties in composing such a national report, the main reason it is continued is to serve as a starting point for standardization of reporting and terms. It is envisaged that the NLACC subcommittee on documentation will undertake its work accordingly.—(Adapted and summarized from 1972 report for Tanzania)

Thailand. *Thailand government completes program of leprosy case-finding and treat-*

ment in 43 of its 71 provinces. According to LEPROSY REVIEW 25 million people were examined (68% of the population) and over 88,000 cases of leprosy were detected. During the past 17 years 49,000 cases have received sufficient treatment to be released from control. A policy of integration of the leprosy program into the general health services has been adopted by the Thai Department of Health. Plans of the government presently call for the extension of the integrated leprosy program into 28 provinces in the next four years, enlisting the cooperation of existing voluntary agency hospitals.

It is hoped that by 1976 the number of leprosy patients under treatment might reach 120,000 in a population of over 33 million, and that the number of patients released from control will reach over 65,000. The bottleneck in this plan, however, is the lack of trained staff, and no special budgetary provisions have been made for training staff beyond ordinary means. Doctors and senior auxiliary staff are needed as well as adequate finances and training for additional staff.—(Adapted from The STAR 33 No.1 [1973] 14)

United States. *American Leprosy Missions 15th annual seminar held at Carville, 18-24 April 1974.* Four leprosy experts in a panel on leprosy control agreed that integration of leprosy into comprehensive community health programs is the most effective method of controlling the disease. Fifty participants from 20 countries heard a discussion on the lack of progress in leprosy control and ways to overcome it, which was presented by Drs. Paul Fasal, Paul Brand, Prem John and Oliver W. Hasselblad.

Dr. Fasal described a medical program at the USPHS Hospital, San Francisco, where leprosy is no longer treated in isolation and the patients needing hospitalization are completely accepted by the staff and patients.

Dr. Prem John, who heads a community health program in South India covering a population of 20,000, said that leprosy is integrated into the treatment with other communicable diseases and health problems. However, due to the lack of doctors in the rural areas, they depend mostly on medical auxiliary workers for clinic work and home visits.

The panel was one part of an intensive, week-long orientation course jointly spon-

sored by ALM and the USPHS Hospital. Every aspect of treatment and management of leprosy was covered. The participants, selected by ALM, learned the basics of treatment and rehabilitation by means of panel discussions, lectures, demonstrations, films and slides and an exchange of personal experiences.

Other seminar leaders present were Drs. Olaf K. Skinsnes, Herbert Gass, Richard Keeler and the staff of Carville Hospital.

There was special interest in reports of research projects now going on at Carville: research on the armadillo as an animal model for leprosy research; and the experimental use of transfer factor, a substance found in white blood cells, in an attempt to stimulate the patient's own immune system in fighting the leprosy bacillus.

Most of the seminar sessions took place in Carville's new training center which was dedicated on 19 April 1974.—(Adapted from ALM News Release, April 1974)

Dr. Robert R. Jacobson receives the Public Health Service Commendation Medal. Dr. Jacobson, Deputy Chief, Clinical Branch, PHS Hospital, Carville, Louisiana, was recently cited for his superior performance in the Public Health Service as a practitioner and administrator of medical care and clinical research programs. These programs include long-range studies of thalidomide and Lamprone (B663), in treatment of various complications of lepromatous leprosy. His published investigations of drug resistance in leprosy have resulted in an international reassessment of the treatment of the disease and of research activity priorities.—(Adapted from The STAR [1974] 14)

Mrs. Alma Johansen, wife of former director of Carville, Dr. Frederick A. Johansen, has died. On the occasion of Dr. Johansen's retirement from Carville after 29 years of service, the entire patient population and hospital staff joined friends from surrounding towns in bidding the Johansens a sad farewell. Mrs. Johansen, considered by the patients at Carville to be a most gracious lady, is again bid farewell but she will, indeed, always be remembered.—(Adapted from The STAR [1974] 14)

Venezuela. *Mrs. Aurora de Cuadra, occupational therapist at the National Institute*

of Dermatology, Caracas, Venezuela, outlines work of new institute. The Ministry of Health and Central University of Venezuela are the governing bodies of the institute, which carries on a variety of in-depth public health functions, training, research and rehabilitation; relating both to domestic problems in Venezuela and to those which have international importance.

The institute was inaugurated in late 1971 with Dr. Jacinto Convit as the head, and is staffed by 35 doctors, 30 technicians and 80 other workers. The institute building houses the World Health Organization Research Center and Personnel Training in Leprosy and Other Allied Diseases, which was inaugurated in June of 1973. Also at the institute are rehabilitation services, dermatology clinic, social service department, research laboratory and quarters for experimental animals. The dermatology department is approved for one year residency training by the American Board of Dermatology.—(*Adapted from The STAR* [1974] 12)

Zaire. *New community health project in*

Bulape, Zaire, includes leprosy. Under the direction of the Board of World Missions of the Presbyterian Church in the U.S., leprosy control has been integrated into a new community health project in Bulape. This three-year pilot project is located at the 50-year-old Presbyterian Bulape Hospital and will cover an area of about 20,000 people. American Leprosy Missions has granted financial support for the leprosy control aspect of the project. Goals for the entire project are to improve health standards of the area, train medical workers in community health methods and to develop prototype community health programs which can then be repeated in other areas of Africa. Dr. Richard Brown, newly appointed public health director of the Christian Medical Institute of Kasai in Kananga, will direct the project. The Bulape Hospital is an integral part of the institute's training system. Dr. Brown, former professor at the University of Virginia School of Medicine, has also served in the U.S. Public Health Service at the National Communicable Disease Center in Atlanta, Georgia.—(*Adapted from NEWS FROM ALM, Winter, 1974*)