

## 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.*

## 1975 Damien-Dutton Award



Dr. Oliver W. Hasselblad and Mr. Howard Crouch

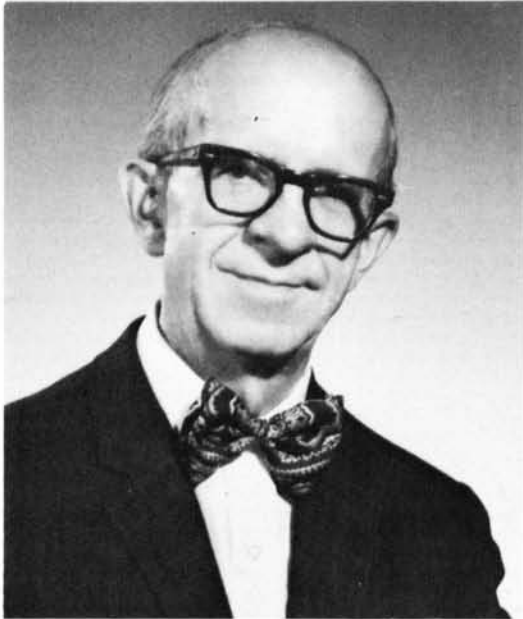
A world renowned leprosy specialist and medical consultant of American Leprosy Missions, Dr. Oliver W. Hasselblad, was honored for his achievements in world leprosy control at special ceremonies at the Interchurch Center in New York City on 7 May 1975, sponsored by American Leprosy Missions and the Damien-Dutton Society.

The award was presented by Howard Crouch, founder-president of the Society, which provides under Catholic auspices, medical help and rehabilitation to leprosy victims worldwide. Dr. Hasselblad is the 23rd recipient of the award, given annually to the organization or individual who has made an outstanding contribution toward the conquest of leprosy.

The citation reads: "For world leadership in the unification of medical-surgical care, social-physical rehabilitation, research, professional education and control towards the conquest of leprosy."

In presenting the award Mr. Crouch said that the selection of Dr. Hasselblad is a fitting tribute to the two men for whom the award is named: Father Damien and Brother Dutton, famed for their work on the island of Molokai.

Dr. Paul Brand, Chief, Rehabilitation Branch, USPHS Hospital, Carville, lauded Dr. Hasselblad's person to person approach to leprosy work. He was further honored during the evening when the Reverend Roger K. Ackley, President, ALM, announced the establishment of the "Oliver W. Hasselblad Training Fund." "This fund," said Mr. Ackley, "will provide training for paramedical workers throughout the world and graduate study for qualified doctors in the field of leprosy. I can think of no person more deserving of recognition of his achievements in this area of concern than Dr. Hasselblad. His name will give the Training Fund a special vitality." Dr. Hasselblad has, over the past years, traveled worldwide evaluating leprosy programs and assessing leprosy needs in developing countries. His efforts have resulted in important changes in many areas where widespread control programs are now replacing expensive custodial care.—(Adapted from ALM News Release, May 8, 1975)



Mr. Pierre E. Theoret

**Le Secours aux Lépreux (Canada), Inc.** In 1961 a young Canadian nurse, who was working closely with the leprosy patients of Pollambakam, India wrote to her uncle in Montreal. She related to him how this center had been founded by King Leopold of Belgium at a cost of \$200,000, and how, upon the termination of the initial five year period, the King had come to Pollambakam to preside over the ceremony which turned this center over to the Department of Health, State of Madras, on the sole condition that the latter guarantee the center's continued operation by assuming maintenance, medication and salary expenses. This nurse suggested to her uncle, Mr. Theoret, that he launch in Canada a \$200,000 subscription campaign with the objective of erecting another similar center because, she wrote, a great many additional centers were vitally needed.

As Canadian people had no idea of the leprosy problem, Mr. Theoret considered it wiser to adopt a different plan, the long-term effectiveness of which would prove more valuable to those suffering from leprosy. He decided to put out a small information bulletin. With a circulation of but a few hundred copies during the first years, this bulletin has been published regularly every two months since 1964 in two editions, one French and one English, with a current overall circulation of more than 80,000. The

mailing list is composed of up to 95% of the poor, sick and aged who have only their old age pension. The results are impressive. Annual receipts jumped from \$5,950 in 1964 to \$184,000 in 1970. By 1974 they reached \$765,000 with an overall total of \$2,567,760.

In 1968, when the DHARMAPURI (India) Center project at a cost of \$500,000 was presented to the Annual General Meeting of ELEP in London, and no association was able to add such a huge sum to its budget, Le Secours aux Lépreux (Canada) offered to subscribe 40%, i.e., \$40,000 a year for five years. Other associations followed suit to make contributions and today DHARMAPURI is a model of its kind.

In 1974 Le Secours aux Lépreux made sizable contributions in Africa, Asia and Peru, and in research. A large grant is also given to the INTERNATIONAL JOURNAL OF LEPROSY.

Agreements have been made with the directors of the Follereau Foundations of France with respect to Dahomey, Follereau Foundation of Holland for Gambia, and with Emmaus-Suisse, Aide aux Lépreux, for the Central African Republic and India, in order to insure that all funds are used 100% for leprosy sufferers and that projects are properly administered. All of these organizations have staff on the spot controlling things carefully and sending in detailed reports of progress. No project is accepted without prior approval by the ELEP Medical Commission and directors of the above associations.

While retaining its entire autonomy, Le Secours aux Lépreux has been the Canadian affiliate of the Follereau Foundations since 1968: it became a member of ELEP at the same time.

At its recent annual meeting in Bonn in April 1975, ELEP complied with a draft presented by Le Secours aux Lépreux and adopted an important resolution to the effect of changing its official name to International Federation of Anti-Leprosy Associations and its acronym to that of ILEP (International Leprosy). The affiliation of two new associations occurred at the same meeting: The American Leprosy Mission, sponsored by Le Secours aux Lépreux, and Sasakawa Memorial Health Foundation of Tokyo, bringing the total number of ILEP members to twenty. Lastly, it was resolved on this same occasion that the executive director of

the association, Le Secours aux Lépreux, Mr. Pierre E. Theoret, be named president of ILEP for the coming year and that the next general meeting will be held in Montreal in May 1976.

Le Secours aux Lépreux has held a charter from the Province of Quebec since 1964 and has been governed by federal charter since 1970. The Board of Directors comprises five members. The entire administration is centralized at the organization's main office at: P.O. Box 1672, Station B, Montreal, Que. H3B 3L3. The telephone number is 514-336-9492. This is a nongovernmental and nonconfessional association; it cooperates with all other ILEP member associations and considers contribution to any leprosy project irrespective of language, race or creed.—(*Adapted from material received from Le Secours aux Lépreux*)

**ILEP.** On the occasion of the Tenth General Assembly held in Bonn on 13 April 1975 with Dr. Lutz Hartdegen in the chair, the European Federation of Anti-Leprosy Associations (ELEP) decided to internationalize on a worldwide scale and welcomed as members of the Federation: American Leprosy Missions (New York), and Sasakawa Memorial Health Foundation (Tokyo). The initials of the International Federation will be ILEP.

Mr. Theoret from Le Secours aux Lépreux (Canada) was appointed president for the year 1975-1976 and is assigned to organize the next General Assembly in Montreal, in May 1976. Whereupon, the next regulation will come into force: the German organization, Deutsches Aussaetzigen-Hilfswerk, will be entrusted with the presidency for a period of two years.

In his report the general secretary, Pierre Van den Wijngaert, stated that in 1974 the Federation helped 605 centers in 75 countries with over one million leprosy patients benefitting from this assistance.

Features of the meetings were the decisions submitted by the working groups and adopted by the General Assembly to strengthen the information campaign in cooperation with the International Union for Health Education, to develop social activities within the centers, and coordinate better training of national medical staff, especially in the training center of ALERT. The Medical Commission recommended once again to the associations that they devote a part

of their budget to the financing of research and proposed a joint project which could pave the way towards the production of a vaccine. At present, the ILEP member-organizations devote 6% of their budgets to research projects.

The president of honor, Raoul Follereau, informed the General Assembly that he has just appealed to the governments of every country to obtain a universal declaration of the rights of leprosy patients.—(*Adapted from Press Release, ILEP Coordinating Bureau*)

*Universal Declaration of the Rights  
of Leprosy Victims.*

1. Leprosy sufferers are subjected to and also protected by the same laws as other sick people.

2. No one has the right to make any attempt on their freedom, nor to restrain them in any manner whatsoever, when they are suffering from some form of noncontagious leprosy, or when they are in possession of a medical certificate stating that, following treatment, all risk of contagion has been practically eradicated.

3. Home treatment remains the general rule because it alone—considering its justifiable discreetness—entirely respects the natural rights of man.

Whenever the patient's condition necessitates temporary hospitalization this should, insofar as possible, be provided in regular medical establishments as is done for all other sick persons.

The temporarily contagious cases would be grouped there in specialized pavilions, as is customary, the patients being assured that their isolation would last not a day longer than the doctor shall have deemed advisable.

Social assistance should be granted them throughout their treatment, without any restriction and in accordance with the laws of their country. Should hospitalization be prolonged, and should such arrangement exist at the national level, they shall be placed on "lengthy sickness" leave, with regard to the assistance they may expect and the professional safeguards assured them.

4. Any action of a discriminatory nature, tending to deny employment or lodging to leprosy sufferers or former leprosy patients and, in general, any form of coercion directed against them, based on their current or former sickness, shall be prosecuted and

punished by law.

Any malicious reference to their present or past sickness shall be considered defamatory and repressed as such.—Presented by Raoul Follereau, founder of World Leprosy Day

**Africa.** *Leprosy seminars in Africa.* Recently, Dr. Browne made two trips to Africa in the interests of leprosy sufferers. His first stop was Libya to advise the Government on their leprosy problem, and then to Cairo to participate with Professor R. Van Breuseghem of Antwerp in a symposium on leprosy and mycotic diseases.

The Leprosy Mission sponsored his second journey to Zaire which was an initial phase of part of its centenary outreach program directed to conducting seminars for leprosy workers. Dr. Browne, along with Dr. J. Cap (now with ALERT) and Prof. H. Perier (adviser to Zaire Ministry of Health on Transmissible Diseases), was asked to draw up an advisory document on leprosy control in Zaire. Zaire, having a population nearing 25 million, is estimated to have half a million cases of leprosy. Two Belgian voluntary agencies, FOPERDA and Les Amis du Père Damien, sponsored the attendance of several participants at these two seminars—S. G. Browne

**Argentina.** *Dr. Meny Bergel receives leprosy awards.* On 22 November 1973, Dr. Bergel, director of the Instituto de Investigaciones Leprológicas de Rosario in Argentina, received the Hansen Award from the National Academy of Sciences of Buenos Aires. This award is given to the most outstanding Argentine researcher in the field of leprosy and is to be presented only once as a commemoration of the centennial discovery of the leprosy bacillus by Armauer Hansen in 1873.

On the same occasion, Dr. Bergel received the Cross of Maltese Merit, awarded to him by the Sovereign Military Order of Malta by instruction from Prince Noue of Switzerland. The ceremony took place on 18 December 1973 at the National Academy of Sciences in Buenos Aires of which Dr. Bergel is a member. The award was presented by Prince Ranzwill, Ambassador, Order of Malta of Argentina.—(Adapted from Publ. Cent. Est. Leprol. 13 [1973] 66)

**England.** *Dr. Stanley G. Browne receives various honors.* On the recommendation of its Board of Science the British Medical Association has awarded the Stewart Prize to Dr. Browne. The award is made about every two years in recognition of the important work being conducted on the spread of epidemic diseases. In addition to his work on leprosy, Dr. Browne has also made contributions on onchocerciasis, yaws and other tropical conditions.

In recognition of his contributions to patients in Korea Dr. Browne was made an honorary member of the Korean Society of Leprologists and was a guest speaker at their annual meeting in Seoul during his last visit.

At a recent meeting of the Dermatological Society of South Africa held in Durban, Dr. Browne was admitted to the honorary membership of the Society in recognition of his contribution to the Third South African International Dermatological Congress, at which time he presented several papers. Professor J. Gay-Prieto was also admitted to the honorary membership of the society.—S. G. Browne

**Ethiopia.** *Dr. Olaf K. Skinsnes delivers second Kellersberger Memorial Lecture on 1 June 1975.* The Ethiopian Medical Association has been having annual conferences for the country's medical profession for the past ten years. The meeting this year was the eleventh successive one and was held at the Mekonnen H. Sellassie Hospital in Addis Ababa from 30 May to 1 June. The association was this year honored to host the second Kellersberger Memorial Lecture, sponsored by American Leprosy Missions on behalf of ALERT, presented by Dr. Skinsnes who spoke on "Immunometabolism in Leprosy." The late Eugene Kellersberger was president of American Leprosy Missions and it was he who conceived the idea of establishing the All African Leprosy and Rehabilitation Training Centre (ALERT) which came to be located in Addis Ababa. Dr. Skinsnes was invited as a guest speaker by ALERT.—(Adapted from THE ETHIOPIAN HERALD, Addis Ababa, Tuesday 27 May 1975)

*Ninth Annual General Meeting of ALERT.* The meeting of members was held in Addis Ababa on 14 March 1975. H.E. Dr. Jemal Abdul Kadir, Minister of Public Health, presided over the meeting. In his

opening address he pointed out that it was now important and appropriate for efforts to be made to Africanize ALERT and that the attention of governments in Africa should be directed towards ALERT so as to enlist their support through material aid and the provision of suitable staff.

The 1975/1976 budget was presented and Dr. Van Droogenbroeck, Deputy Hospital Director, submitted an analysis, explanation, and justification of the budget. The budget was approved by the AGM and accepted for the new fiscal year of 1975 to coincide with the Gregorian calendar year to be effective 1 January 1975.

This year ALERT is making great efforts to raise interest for more direct participation from African countries in its future development. Several staff members are visiting African countries in efforts to encourage a positive interest towards ALERT in the countries they are visiting. These missions will serve as a background for future planning and development.

Due to cuts in the 1975 budget the public relations section has been dropped for this year, however, the executive director will be paying personal attention to this section himself.

The executive director attended the ELEP General Assembly held in Bonn on 10-13 April 1975 as a representative for ALERT. Contributions towards ALERT for the year 1975 from ELEP member organizations were confirmed and so was the proposal of securing a three-year financial support based on the present budget. The Tenth Annual General Meeting of ALERT is scheduled for 19 March 1976 following a meeting of the Board of Directors on 18 March at the center in Addis Ababa.—(*Adapted from ALERT News, May 1975*)

**France.** *ILEP meeting held in Paris, 5-8 June 1975.* The Federation of European Leprosy Associations, formerly known as ELEP, has become intercontinental and changed its name to ILEP. [See article this section on *Le Secours aux Lépreux* and ILEP.]

A recently published statistical summary makes informative reading. No fewer than 605 centers are being assisted financially with annual grants now totaling about £3,750,000. The number of leprosy patients under treatment is over one million, an im-

pressive proportion of the total number being treated by all agencies, government and voluntary, worldwide. The highest expenditure is directed towards leprosy control programs, mobile services and outpatient clinics.

In 1975 about £305,000 will be devoted to leprosy research. At the Paris meeting the IMMLEP project was again warmly commended to the member-organizations; it is hoped that approximately £40,000 will be granted annually for the next five years in support of this ambitious cooperative effort in leprosy research.—(*From S. G. Browne*)

**Greece.** *Leprosy laws in Greece.* During the symposium described in the following paragraph, Dr. S. G. Browne made contact with the Minister of Social Services and Health and his officials, and discussed with them the outmoded law requiring compulsory and virtually lifelong isolation of all diagnosed leprosy patients in Greece. Presently, 380 leprosy patients are confined to the Santa Barbara Leprosy Hospital; however, attempts are being made to amend or abrogate the law. The main obstacle to progress in this area is the prejudice of ordinary people and the misconceptions currently held about the disease. In two television programs Dr. Browne attempted to dispel some of these misconceptions by substituting modern ideas about leprosy and its control.—S. G. Browne

*Rehabilitation and public relations symposium.* The Fourth International Symposium on the Role of Public Relations in Rehabilitation was held in Athens from 10-16 May 1975 under the joint auspices of the Ministry of Culture and Sciences and the Ministry of Social Services. A greeting from the International Leprosy Association was read at the inaugural session.

Most of those participating were from countries in Europe and North America. The symposium was mainly concerned with diseases and conditions common in the Western world; however, two leprosy workers attending the conference, Dr. S. G. Browne (a member of the Executive Committee of the International Society) and A. J. Salvapandian (professor of orthopedic surgery at the Christian Medical College, Vellore) directed attention to the needs of a special class of underprivileged persons needing rehabilitation. Both workers stressed the need to know

the facts about leprosy and the need for local knowledge of the sufferer and the community in which he lives. These ideas were welcomed and appreciated—S. G. Browne

**India.** *Gandhi Memorial Leprosy Foundation Summary of Report 1973-1974.* During this time the Foundation was engaged in the following activities: 1) control units, 2) health education units, 3) training center, 4) chemoprophylaxis project, 5) hospital and laboratory, 6) work among doctors, 7) work in Wardha District, and 8) other activities relating to leprosy.

**Control units.** The four control units at Sevagram, Chilakalapalli, Mararikulam and T'Narsipur were working on SET method and detected 110 cases (4 L and 106 N) in a population totaling 96,440 (1.1 per 1,000).

In the project area there were 2,743 registered cases of which 1,922 (70%) were disease-arrested.

**Health education units.** The officers of the seven units of the Foundation working in different parts of the country contacted 1,519 doctors and 2,525 nonmedical persons of some influence. With the cooperation of the latter, 305 meetings were attended by a total of 16,213 persons, and 25 film showings were arranged and attended by 9,791 persons. The paramedical officers presented lectures on leprosy to 25,748 public-teachers and 1,284 lectures in 244 teacher training colleges. Programs were also arranged and attended by 1,350 nurses, 19,103 students and 795 teachers.

**Training center.** Three medical officers and 21 paramedical workers were trained in leprosy work. Ten trained paramedical workers were also trained in health education technics.

**Chemoprophylaxis project.** Project began in 1963 with annual surveys conducted on more than 95% of the population in an area covering 54 villages. In 1973, usage of both placebo and drugs has been discontinued. The population is being kept under study. [Anyone desiring specific details should write to the Director, Gandhi Memorial Leprosy Foundation, Wardha, Maharashtra, India.]

**Referral hospital and laboratory.** Cases are admitted only for acute conditions and reconstructive surgery. Average length of stay for a patient is 13.5 days. Our laboratory has developed a modification of the

AFB staining for paraffin sections (reported in *Lepr. India* 46 [1974]).

**Other activities.** Refresher courses were conducted for 158 general medical practitioners in Bengal and Orissa. Lectures were also arranged for the staff and students of the Armed Forces Medical College, Poona, and for other doctors and medical students of both modern and indigenous systems (Ayurveda) of medicine.

A scheme was worked out in cooperation with the state health authorities utilizing public health personnel for leprosy surveys, health education, and persuasion of absentee and irregular patients. After a short training period these workers conducted a three-week survey which included a suspected 1,248 cases of leprosy in an examined population totaling 72,285. Of these suspected cases, 468 were confirmed as having leprosy. This type of work has been extended to other districts in Maharashtra.

A delegation from the Foundation met the Prime Minister and explained the work to be undertaken in the country during the Fifth Plan period from 1974-1979 as follows: 1) to cover all hyper-endemic areas by the SET method of work; 2) to provide hospital facilities for acutely ill patients; c) undertake urban leprosy work; d) provide rehabilitation training facilities for leprosy patients and cured patients, and sheltered workshops and infirmaries for those patients who are ostracized and crippled. The Prime Minister gave a patient hearing, and as a result the original allocation of 25 million rupees was increased to 330 million rupees.—Dr. M. S. Nilakanta Rao

**Kenya.** *East African Leprosy Research Center.* There is at present great activity in the EALRC (Alupe), in Busia, with new laboratories, offices and houses going up at great speed.

This will be of great benefit to the work and workers of the center, as previously they have worked in cramped and old quarters with few facilities. Soon the research work will be expanding and will operate under modern conditions and with greatly enhanced facilities.—(From *The East Afr. Lepr. Bull.* 3 [1975] 24)

**Korea.** *Miss Grace V. Bennett receives leprosy worker awards.* Miss Bennett, a qualified nurse in charge of The Leprosy

Mission's program in Taegu, Korea since the departure of the doctor, was recently appointed the O.B.E. by Her Majesty the Queen. In addition to this honor she was awarded the Dongbaeg Medal by the Korean Government for her valuable contributions to leprosy sufferers. The Mission's base in Taegu is attached to the skin department of the university and serves as a mobile center from which teams travel into the countryside diagnosing and treating leprosy patients, and for the education of patients and their families.—S. G. Browne

**Mexico.** *XV International Congress of Dermatology.* The following is taken from the report of the meeting of the International Committee of Dermatology held in Mexico City, 31 October to 2 November 1974.

The International Committee of Dermatology (ICD) of the International League of Dermatological Societies met in preparation for the next congress to be held in Mexico City in 1977. The committee and its ex-officio members visited the facilities at the National Medical Center in Mexico City and a special session with the chairmen of the Mexican subcommittees was held to discuss plans for the congress. As is customary, overall responsibility for the program remains with the ICD.

The congress is scheduled to take place in Mexico City from 16-22 October 1977. The following subcommittees of the ICD have been appointed in order to prepare the scientific programs: 1) patient presentations, 2) courses, 3) symposia, 4) main themes, 5) workshops, and 6) informal discussion groups. The following are preliminary proposals for symposia: syphilis and other venereal diseases, drug eruptions, leprosy, IgE anomalies in skin diseases, connective tissue diseases, psoriasis, virus diseases of the skin, dermatologic oncology, actinic dermatoses, porphyrias, vasculitis, dermatologic mycology, contact dermatitis, genodermatoses, acne, bullous eruptions and pediatric dermatology. There will be simultaneous translations of the symposia.

Abstracts of the talks which will be given during the congress must be furnished by 1 January 1977. They must not exceed 200 words in length and must be in English. The authors of the abstracts are requested to indicate in their abstract whether the paper will be published or has been published in

the literature.

For further information please address correspondence to the secretary-general: Professor Felix Sagher, Department of Dermatology, Hadassah University Hospital, P.O. Box 499, 91 000 Jerusalem, Israel.—Felix Sagher

**Switzerland.** *Immunology of Leprosy Project Group (IMMLEP) meets in Geneva 4-8 November 1974.* WHO is establishing a Special Program for Research and Training in Tropical Diseases which is at present in the planning stages. A major part of the program is to set up working groups covering six major communicable diseases. IMMLEP was the first of these groups to meet and the objective agreed upon was to explore the possibility of developing and applying new techniques for investigating the various immunologic aspects of leprosy. Priority is to be given to work on the purification of *M. leprae* from armadillo tissue for the preparation of a specific soluble skin test antigen. This may permit for the first time direct measurement of endemicity levels of leprosy in different populations throughout the world. The bacilli and fractions thereof will be used to investigate the role of cell-mediated immunity in resistance to the infection and pathogenesis of reactional phase and nerve damage. The long-term objectives of the group will be to explore various approaches to immunoprophylaxis by vaccination.—(Adapted from *Lepr. Rev.* 46 [1975] 70)

*Twenty-eighth World Health Assembly held in Geneva.* Leprosy control was one of the issues on the agenda at the meeting. The following is the wording of the resolution passed on that occasion:

Recalling resolutions WHA5.28 and WHA27.58, and

Noting that leprosy control measures can reduce substantially the prevalence of leprosy when undertaken with sustained effort for a sufficiently long period,

1. RECOMMENDS that:

- a) intensive case detection be carried out to ensure early diagnosis particularly in children;
- b) infectious cases be identified, and when possible be submitted initially to closely supervised treatment to minimize infectiousness and thus the spread of disease;

2. EMPHASIZES the need for health services to integrate leprosy control as a regular continuing activity; and

3. REQUESTS the Director-General to lay greater stress on the training of multidisciplinary staff to improve levels of competence in leprosy control.

It is to be hoped that member-states will wholeheartedly implement this resolution, and thus take a major step forward in leprosy control.—(Submitted by S. G. Browne)

**Tanzania.** *Leprosy control in Tanzania.* A study by Jan de Keijzer was made in order to analyze several aspects of the field work in a rural leprosy control project, in particular the activities of the Health Home Visitor (HHV) and to make recommendations for a more efficient and effective performance of this worker. The project concerned was a substantial one, covering a total of 7,600 square miles and a population of 1,017,840. The study concludes with a summary of recommendations on the duties of the Health Home Visitor, several are as follows: 1) health education activities deserve more attention and there is a shortage of visual aids, 2) administration consumes more time than is necessary, 3) the training of HHV's should be directed towards greater polyvalent activity and not be restricted to leprosy and tuberculosis. Limited facilities for first aid and the treatment of other diseases should be made available, 4) local knowledge and social responsibilities enhance the efficiency and importance of the HHV, and 5) both the number of home visit days and number of actual visits per day could be increased. [For a more detailed presentation of this report consult *LEPROSY REVIEW*.]—(Adapted from *Lepr. Rev.* 46 [1975] 73-78)

**Uganda.** *Dr. J. E. Landheer leaves Uganda in 1974.* Dr. Landheer, Medical Superintendent, Kumi Leprosy Center, and Editor-in-Chief, *EAST AFRICAN LEPROSY BULLETIN* on his departure from Uganda was thanked by the Kumi Leprosy Center for his services, and his duties as editor have been taken over by Dr. M. W. van Diggelen until a new chief editor is elected.—(Adapted from *East Afr. Lepr. Bull.* 3 [1975] 34)

*Dr. W. Blenska*, who has already worked for many years at Buluba Leprosarium, Uganda, has been awarded an Uganda citizenship.—(From *East Afr. Lepr. Bull.* 3 [1975] 34)

**U.S.A.** *Sixteenth Annual American Leprosy Missions Seminar held at Carville, 3-9 April 1975.* Ambulatory treatment and protection of the susceptible population form the basis of Venezuela's leprosy control program, Dr. Jose Arvelo, chief medical officer of the Rehabilitation Department, Venezuelan Health and Social Welfare Ministry, told participants of the seminar held at the USPHS Hospital. He stated that 80% of active cases are under proper care and control, and that an intensive health education program is essential especially in the prevention and treatment of disabilities. This program is carried out by 150 auxiliary workers assigned to 29 leprosy centers throughout rural and urban areas. The two leprosy hospitals in the country are now restricted to surgical rehabilitation and specialized treatment, as patients are now admitted to general hospitals for acute reactions or medical care unrelated to leprosy.

Mr. Roger K. Ackley, president of American Leprosy Missions, emphasized the importance of outpatient treatment in village and mobile clinics as a most practical and humane approach to leprosy control. He pointed out that ALM is now making every effort to integrate leprosy work into a total community health service.

Dr. Paul Brand, chief of rehabilitation at Carville, described new methods of preventing the disabilities which often cause social stigma associated with leprosy. The same kind of heat camera used in the Vietnam War for detecting warm bodies under cover of foliage is now being used at Carville to help leprosy patients protect their nerve-damaged hands and feet from injury. He explained that most of the ulcers of the hands and feet of leprosy patients are preceded by a localized patch of warmth in the tissues. If the affected area is subjected to stress repeatedly after the inflammation has occurred, the lesions will break down and ulcerate. Now, at Carville, patients are alerted to watch for areas of redness on their hands and feet and to have them checked with skin thermometers or thermographs. When there is inflammation that area is given a complete rest. In a few days the danger is past and the patient is able to resume his ordinary way of walking or working.

Other seminar leaders in addition to the Carville staff included Drs. Paul Fasal, Her-



bert Gass, Zachary Gussow and Roy Pfaltzgraff. Mr. Frank Kanatani, head of the hospital training department, was director of the seminar program.—(Adapted from ALM News Release, April 1975)

**USSR.** *A conference on the history of leprosy commemorating the centennial discovery of the leprosy bacillus, was held in Astrakhan, 1974.* Twenty-five reports were presented at the conference. Several were devoted to the lives and activities of prominent scientist-leprologists.

A. Justshenko pointed out the accomplishments of Armauer Hansen and of the outstanding Russian microbiologist, V. I. Kedrovsky (1865-1937). The latter was one of the pioneers of the microbe variability theory and isolated a culture of mycobacteria during 1900-1903 which was named after him.

Kaplieff noted the significance of the work of V. K. Stefansky (1867-1949) who discovered and described rat leprosy in 1902, a year before the description by A. L. Dean and L. Rabinowitsch. The scientific activity of an outstanding Soviet leprologist, I. N. Perevodchikoff, was described in the report of V. Pogorelov and T. Levina. A. Justshenko had found a forgotten obituary notice on A. Hansen written by the well known microbiologist N. F. Gamaleya in 1912. V. Shubin and V. Kogan studied the history of the anti-leprosy struggle in the Astrakhan region, where leprosy was mentioned for the first time in the second half of the 18th century (P. S. Pallas, 1809; and I. P. Falk, 1785). The first hospital for leprosy patients in this area was established in 1896. An institute for leprosy research was set up in Astrakhan in 1948. K. Kharabadjakhov told about some stages in the history of leprosy control in the Don region, where leprosy was documented for the first time in 1759. The first leprosarium in Russia was established in 1769 by the Don government. From 1947 until 1970 there was an experimental and clinical leprosarium. The Don leprosy center was one of the largest in the Russian Empire (A. Hirsch, 1860; and E. Burow, 1885). Presently, most of those suffering from leprosy are found in the central Asiatic republics, where there were no measures undertaken against leprosy before the great October Revolution and there were no data on its morbidity (N. Kadantzev).

N. Torsuev described the notions regard-

ing the infectiousness and the supposed pathogenesis of leprosy in the scientific works of ancient authors (Aretaios Cappadox, I cent., Chr.; G. Galenus, II cent., Chr.; Th. Priscianus, IV-V cent., Chr.; the Armenian physician Grigorius, XII-XIII cent., Chr.; Mercurialis, 1574; J. G. Addesden, XIV cent.; W. Ten Rhyne, 1687; Diderot, 1765; *et seqq.*).

Three reports were presented on experimental leprosy. Z. Badovskaya gave a detailed analysis of the reports of cultivation of *M. leprae*. She divided these into five groups, namely; nonacid stable, quickly grown, L-forms, those grown in tissue cell cultures, and those giving questionable growth.

Y. Pervukhin characterized the main efforts to produce an experimental model of leprosy in rats. V. Pogorelov in his report "Russian Authors on Stefansky's Leprosy and the Significance of this Mycobacteriosis for Modern Leprology" concluded that the study of rat leprosy is of high value.

Six reports were made on the clinical aspects of leprosy. N. Torsuev described chronological development of views on the clinical aspects of leprosy in the scientific works of ancient and medieval authors. Y. Baranov reported on the views of Russian authors respecting the hereditary factors in leprosy. I. Alamdarov and others gave a detailed account of the history of Russian neuroleprology, beginning with the dissertation of G. Plakhov (1841) who emphasized the anesthesia of leprosy patches. K. Nazarov reported on the contributions of Russian ophthalmologists to the study of eye pathology of leprosy patients in the works of I. Y. Rubert (1903), S. V. Otchapovsky (1908, *et seqq.*), I. I. Nazarov (1929, 1931), N. M. Pavlov (1934, *et seqq.*). A. Daykhes and others have studied the history of reconstructive surgery of the face in leprosy, pointing to the work of Russian and Soviet surgeons. T. Bogush reported on differing views on the influence of leprosy on genital functions. A historical survey of studies on the pathomorphology of leprosy in the works of Russian leprologists was outlined by L. Chernysheva and L. Kosolapkina. They reported that N. Monastirsky (1877) was one of the first to confirm the description of leprosy cells that R. Virchow made in 1864. The affection of the nervous system had been studied by I. I. Sudakevitch (1884), W. Gerlach (1890), and

O. R. Voit (1891). They proved that the pathologic process spread centripetally along the nerve fibers.

More than 200 scientific works have been published by Russian and Soviet authors on various questions of the pathomorphology of leprosy. The report of F. Vishnevetsky was devoted to the development of the knowledge of the morphology of the specific liver lesions in lepromatous leprosy patients; the intensity of metabolism is noticeably reduced in the developing lepromas. This may

be the reason why they are so resistant to antileprosy treatment.

V. Loginov presented a short review of the history of the discovery and application of sulfone drugs in leprosy treatment, and N. Rzhova discussed the teaching of the mechanisms of the action of the main antileprosy drugs.

In conclusion, V. Loginov showed how the leprosy problem had been reflected in philately.—(*Adapted from N. Torsuev's summary*)