

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.

Germany. *German Leprosy Relief Association Annual Report 1974.* The DAHW (Deutsches Aussätzigen-Hilfswerk e.V.) attributes great importance to the collaboration of antileprosy associations within the framework of ELEP [now known as ILEP] which applicants for membership from an American and a Japanese relief association (American Leprosy Missions and Sasakawa Memorial Health Foundation) were submitted to; this demonstrated distinctly the necessity of an internationalization and at the same time an expansion of the federation all over the world. Within the frame of the international collaboration not only the coordination of relief measures, the exchange of experience and staff and the advice of a medical commission formed by the most qualified leprologists of the world are extremely helpful, but also several Ad Hoc Working Groups where special problems such as training, health education and social measures were discussed. By all the contact with other national and international organizations specialized in different branches, e.g., the International Union for Health Education and the International Union for Tuberculosis, a most essential contribution is made towards an extremely necessary integration of the antileprosy campaign into the general health services, a process which nowadays is required more and more.

However, the integration, which has to remain the goal of any leprosy work, and to which experts and developing countries nearly exclusively attribute great importance, only may be successful, in the view of DAHW, if sufficient and qualified medical staff is at hand, if governments enact clear laws and regulations that leprosy patients are really treated within the scope of the general health services and are admitted to general hospitals, and that information campaigns principally remove ancient prejudice against leprosy.

In the years to come it will be our duty not only to observe this development thoroughly

in order to avoid relapses, but also to initiate and foster systematically and consequently adequate measures for an integration, yet without undertaking precipitate steps. In this a still unfulfilled demand is involved, viz that development aid must be coordinated in a much better way in all sectors and areas.—
(Extracted from section on: 1. Retrospect and Outlook, by Hermann Kober)

India. *Hind Kusht Nivaran Sangh 1974 Annual Report.* The year 1974 was a year of great significance to leprosy work in general and to the Hind Kusht Nivaran Sangh. The Sangh functions with its headquarters in New Delhi and has state branches in various states. With the formation of a new branch in the Union Territory of Goa, Daman and Diu, the Sangh now has 19 state branches striving to serve the cause of leprosy patients through a network of district and local branches. Efforts are also being made to organize new branches in the states where presently there are none.

The Leprosy Physiotherapy Technicians' Training Courses, conducted under the auspices of the Sangh at the Christian Medical College & Hospital, Vellore and the Purulia Leprosy Home & Hospital in West Bengal have been extremely useful in the fight against leprosy particularly with regard to prevention of deformities and physiotherapy treatment preceding and following reconstructive surgery. There is an increasing demand from government and voluntary institutions to get their personnel trained in these courses. During the year 19 candidates completed training at Vellore and another group of 7 candidates was trained at Purulia. Refresher courses in physiotherapy and medical officer orientation were also held at Vellore. The Sangh continues to maintain the patient hostel "Shanti Illam" at Vellore which provides accommodations for indigent leprosy patients undergoing pre- and postoperative treatment at the Vellore hospital, to which an annual grant of Rs. 5,000/- is given for patient maintenance. A total of 608 patients from all

over India were accommodated in this home during 1974.

The Sangh stresses the importance of health education mainly because leprosy is the most misunderstood of all diseases and as a consequence patients face contempt and ostracism not only from the public but from the medical profession as well. Health education materials such as posters, booklets, pamphlets, etc. (published both in English and Hindi) have proved to be very popular. Several of the state branches also publish posters and booklets in their respective regional languages.

In the efforts to accelerate the pace of the health education program, many leprosy posters were displayed at railway stations during 1973-1974 at a concessional price of Rs. 17, 297. The Railway Board was approached to display these posters for another year free of charge at railway stations in areas where endemic leprosy exists, and the request was approved.

As in the past, the Sangh took a leading role in the observance of Antileprosy Day on 30 January in order to arouse public opinion to meet the problems of leprosy patients. In collaboration with the Directorate-General of Health Services, 20,000 health education poster calendars for 1975 and a corresponding number of instruction leaflets containing suggestions on the use of the calendars were printed out of the grant received from the Ministry of Health and Family Planning and distributed free throughout the country. Public meetings, processions, exhibitions, sale of leprosy seals, radio talks, etc. were other media employed in connection with Antileprosy Day. A fund raising campaign of the Delhi branch was inaugurated by the President at a well-attended function at Rashtrapati Bhavan also on 30 January.

The M.I.T. Laboratories, a division of I.D.L. Chemicals Ltd., offered to give free of charge necessary quantities of the drug rifampicin through their principals DOW-LEPETIT for use in a clinical trial. This clinical trial will begin upon receipt of the drug and will include 24 patients, either at the India Centre of the Japan Leprosy Mission for Asia at Agra, or at the Central Leprosy Teaching & Research Institute, Chingleput.

Many of the state branches have shown signs of accelerated pace in their activities. In Andhra Pradesh a leprosy stall was set up at

The All India Industrial Exhibition at Hyderabad as had been their program for several years, and thousands of people visited this exhibition and expressed their appreciation. Steps were also taken to enact a play on leprosy in the regional language throughout Andhra Pradesh. It proved to be a huge success in leprosy health education.

The Delhi branch continues to take care of the Anandgram Colony. The colony has pukka living hutments for more than 250 leprosy patients. In addition to the maintenance of the colony, patient treatment and employment opportunities for the able-bodied cured patients through cottage industries have been arranged.

The branch in Gujarat State published ten leprosy pamphlets in the regional language which were widely distributed. The Maharashtra State branch participated in the implementation of the National Leprosy Control Program. Programs have also been drawn up for the adoption of leprosy-affected children and rehabilitation of patients. The Orissa State branch looks after 982 leprosy patients in ten colonies and maintains another 100 rural leprosy clinics and several domiciliary treatment centers. The Punjab State branch provides financial assistance to voluntary organizations for the care of leprosy patients. In collaboration with the state government the Tamil Nadu State branch manages the entire health education program for leprosy in the state. Regular meetings, movies, poster and literature distribution are some of the various methods used. The branch also stimulates welfare, relief, and control activities of government and voluntary organizations.

The West Bengal State branch, to celebrate Antileprosy Day, organized an essay competition for schoolchildren and awarded prizes at public functions which were presided over by dignitaries such as the State Health Minister and Director of Health Services. This branch has now started a quarterly bulletin on leprosy printed in the regional language, and runs a craft training center for the benefit of cured leprosy patients. The Haryana State branch takes care of more than 300 leprosy patients living in six leprosy homes. Arrangements are also being made to start rehabilitation centers for the cured patients in the state.

There is evidence of increasing cooperation among the Hind Kusht Nivaran Sangh and other governmental and voluntary agencies

in meeting the challenge of leprosy in India. The role of the Sangh has been that of a catalyst and a coordinator.—(Adapted from summary submitted by Dr. S. S. Maitra)

Preliminary information on the Poona Urban Leprosy Control Project. The Poona District Leprosy Committee has announced that as of April 1975 they have launched an Urban Leprosy Control Project for the city of Poona with financial assistance from the German Leprosy Relief Association of West Germany and Emmaus Swiss.

The main objective of the project is to extend efficient treatment services to the maximum number of leprosy cases in the greater Poona area through a chain of outpatient clinics and one mobile clinic. Hospital care, when necessary, will be provided through the Dr. Bandorawalla Leprosy Hospital which is administered by the Poona District Leprosy Committee.

A case finding program was launched through a survey of slums and schools up to the higher secondary level. There are about 250 slums in the project area comprised of a population of over 1.5 lakhs. There are 110 high schools and over 300 primary schools with an enrollment totaling over two lakhs of students. Both of these groups have been selected for total coverage.

Health education constitutes an important activity covering the population groups not covered by the survey. All necessary equipment is provided for the workers for this purpose.

The technical staff of the project consists of a medical officer trained in leprosy, a nonmedical supervisor with experience in leprosy, eight leprosy technicians, one nurse, and dressers. Female leprosy technicians have also been provided. Five more leprosy technicians are in training and will soon join the project. Dr. J. M. Mehta, Hon. President, Poona District Leprosy Committee is the honorary director of the project, and Shri M. S. Mehendale is the principal project officer.

Although it is too early to generalize, the work done to date has revealed that about eight to ten per thousand persons in the slum areas and about three to four per thousand schoolchildren suffer from leprosy. A number of ancillary studies are also proposed to be undertaken by the project which is programmed for a minimum period of five

years.—(Adapted from Dr. J. M. Mehta's report)

Promotion of Leprosy Work in India Workshop held in New Delhi, 11-14 August 1975. In cooperation with the Hind Kusht Nivaran Sangh, the National Leprosy Organization (India), and the Southeast Asia Leprosy Mission, the National Institute of Public Cooperation and Child Development convened this workshop in New Delhi, stating that its main objectives were to review the needs and programs of government and voluntary organizations, discuss the role of government and voluntary organizations in this field, suggest ways and means of streamlining existing programs, and to evolve a strategy for maximizing coordination at all levels. The workshop also considered the need to enhance greater cooperation among voluntary agencies functioning in the field of leprosy control work. This is especially important in organizing mutual aid and assistance to agencies best suited to provide the specific type of help needed. The workshop recommended that the Hind Kusht Nivaran Sangh take the lead in providing coordination and serve as the central coordinating agency for all leprosy work in India, without merging the independent identity of the cooperating organizations.—(Submitted by Pyare Lall, Hon. Asst. Secty.)

Third Conference of Leprosy Workers of the National Leprosy Organization held in Dattapur, India, 10-12 January 1975. The inaugural address was presented by Smt. Indira Gandhi, Prime Minister of India, and approximately 70 delegates from all over India participated in the deliberations which were divided into the following sessions: 1) Challenges in the Course of Doing Leprosy Work, 2) Fifth Five Year Plan and Implementation, 3) Health Education, 4) Problems of Leprosy Workers and Their Solutions, 5) Problems of Voluntary Leprosy Institutions, 6) Rehabilitation, 7) Miscellaneous—Role of Pharmacists in the Control and Eradication of Leprosy and Absenteeism of Patients.

The consensus of opinion of this conference was that there is a great need for privately organized institutions and workers who are voluntarily engaged in this field. There also is great need for participation in leprosy work of all sections of society and particularly the medical profession. The delegates emphasized the importance of

strengthening the NLO which is the federating institution of all leprosy workers at different levels. Through this strength it is hoped that members of the NLO can jointly and individually, with the assistance of all other all-India organizations, direct the anti-leprosy campaign and work from a national level.—(*Adapted from Third NLO Conference of Leprosy Workers Proceedings*)

Kenya. *Leprosy control in Kenya: prevalence and distribution.* Estimated numbers of leprosy cases in Kenya range from 35,000 to 70,000 (Verhagen 1974). In 1966 WHO put Kenya in the group of countries with a prevalence rate of between 5 and 9.9 per thousand population, which for a population of 13 million would mean that Kenya may have between 65,000 to 125,000 leprosy patients. The WHO estimation seems a bit high.

What is known about the geographical distribution has recently been reviewed in the chapter on leprosy of *Health and Disease in Kenya* (ed. by L. C. Vogel *et al.* 1974. Chapter on leprosy, pp 205-212, by Dr. A. R. Verhagen). From that chapter together with some other information available, we come to the following picture for the country.

Leprosy occurs almost everywhere in Kenya, but the pattern is variable. Some areas have for several decades been known as typical leprosy areas, such as:

A. Western Kenya

a) In Western Province the endemic areas, Busia, and the western parts of Bungoma and Kakamega Districts.

b) In Nyanza Province Kisumu, Siaya and most of N. Nyanza Districts have a high prevalence rate. Kisii District seems to be virtually not affected. The prevalence in this large area was estimated in 1948 by Dr. Ross Innes, to be between 1% to 3%. At present I estimate the rate to be between 5 and 14 per thousand, being higher generally close to the lake, and lower to the east. I would therefore estimate the present number of patients for the whole area to be 15,000 or possibly 20,000.

B. Coast Province

From recent sample surveys, together with data from patients register, Dr. Harman calculated the following estimated prevalence for the districts of Coast Province for 1973-1974.

District	Prevalence per thousand	Estimated number of patients
Tana River District	1	50
Lamu District	2	45
Kilifi District	8.5	2,633
Mombasa Municipality	5	1,250
Kwale District	10	2,150
Taita District	4.5	512

C. Central Kenyan Lowlands

In peripheral areas of Kitui District, southern parts of Embu and probably the southern end of Machakos District the prevalence of leprosy is estimated to be around ten per thousand, with a total between three to four thousand patients (extracted from Verhagen's chapter).

D. Central Kenyan Highlands

Leprosy is found all over the highlands around Mt. Kenya, although the prevalence seems to be low, but there are indications that in Kirinyaga, Eastern Njeri, and also in Kiambu District that there are some pockets of fairly high prevalence, with a likelihood of several thousand patients (extracted from Verhagen's chapter).

E. Other Areas

Very little is known about the prevalence in other areas, although hospital records indicate that leprosy occurs sporadically almost everywhere in Kenya. Sparcely spread and in little pockets there may be several hundred to thousands of leprosy patients (extracted from Verhagen's chapter). —(*Adapted from: Rijk, Dr. A. J. de. Leprosy control in Kenya. East Afr. Lepr. Bull. 3 [1975] 10-17*)

U.S.A. *Dr. Eleanor E. Storrs receives awards.* Dr. Storrs, Director, Department of Comparative Biochemistry, Gulf South Research Institute, New Iberia, Louisiana, was recently presented the Griffin Award of the American Association for Laboratory Animal Science at the annual meeting of the association which was held in Boston the week of 17 November. The award cites Dr. Storrs for outstanding accomplishments in the improvement of the care and quality of animals used in medical and biologic research. She has specialized in the development of the armadillo for studies on leprosy and other biomedical research. Dr. Storrs was presented the Distinguished Alumni Award of the University of Connecticut in

May 1975, and received special recognition from Gerard B. Lambert Awards for the discovery of the nine-banded armadillo as a model for the study of leprosy. Dr. Storrs was also recently awarded a grant of \$50,000 from the Mrs. Esther H. Woodward Estate by the National Executive Council of the Protestant Episcopal Church in support of her research on the armadillo.—(Gulf South Research Institute, 4 December 1975)

Dr. Harry Arnold named president of the American Academy of Dermatology. Dr. Arnold, clinical professor of medicine at the University of Hawaii, is the first resident of Hawaii to be elected to this position.

An authority on leprosy and syphilology, Dr. Arnold received his medical degree from the University of Michigan in 1935 and served as an instructor in dermatology there from 1937 to 1939 before leaving to join the Straub Clinic of Honolulu. He also serves as a contributing editor to the JOURNAL and is the editor of the HAWAII MEDICAL JOURNAL.—(Adapted from HONOLULU ADVERTISER, Tuesday, 16 December 1975, p A-12)

Venezuela. *Fourth Pan American Seminar on Leprosy Control held in Caracas, Venezuela, 22-26 September 1975*, at the International Center for Training and Research in Leprosy and Related Diseases. An extensive program of scientific presentations was carried out and the papers have all been summarized in a nicely produced mimeographed compendium of about 270 pages. This is too lengthy to do any real justice through abstracting, but some indica-

tion of the subject and scope of material covered is indicated by the list of contents as follows: a) Indeterminate Group—Dr. D. V. A. Opromolla, b) Classification of Leprosy in View of the Recent Advances in Immunology—Dr. L. M. Balina, c) Leprosy and Leishmaniasis. Similar Clinical, Immunopathological Models—Dr. J. Convit, d) Recent Progress in Microbiological Aspects of Leprosy—Dr. J. Hanks, e) A Serologic Test for Leprosy—Dr. C. V. Reich, f) Humoral Immunity and Leprosy. Lepromatous Reaction. Polymorphonuclear Leukocytes and Leprosy—Dr. M. Goihman, g) The Role of Lymphocytes in the Immunology of Leprosy—Dr. M. Ulrich, h) Biology of the Host-Parasite Relationship in Infected Cells—Dr. J. L. Avila, i) Basic Therapy of Leprosy—Dr. D. V. A. Opromolla, j) Advances in the Therapy of Leprosy—Dr. A. Saul, k) Epidemiology and Surveillance of Infectious Diseases—Dr. K. A. Western, l) Leprosy Present Situation in The Americas, 1975—Dr. M. L. Brubaker, m) Systems for Leprosy Control—Drs. C. P. Motta, E. Blum, E. Molina, A. Rodriguez da Silveira, H. Bogaert, n) Basic Concepts on Rehabilitation in Leprosy. Public Health Education and Prevention and Treatment of Physical Disabilities in the Leprosy Patient. Basic Management of Physical Disability in Leprosy—Dr. J. J. Arvelo, o) The PAHO/WHO International Center for Research and Training in Leprosy and Related Diseases—Dr. J. Convit.

It is to be noted with interest that apparently the paper by Dr. Arvelo on "Basic Concepts on Rehabilitation in Leprosy" will be reprinted as a manual.—Olaf K. Skinsnes