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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.

ILEP. The annual report presented to the General Assembly by the Secretary-General recorded that the Member-Organizations of ILEP in 1974 raised the sum of US 13.6 million, of which about US 12 million went to the support of 531 centers or projects, and 0.8 million to research. From 1975 the number of leprosy patients receiving treatment from these centers was 1,230,299, of whom 95% were being treated as outpatients. Of the estimated (1972) total number of registered patients under treatment in the world (2.8 million), those receiving treatment through ILEP-sponsored or ILEP-supported programs account for 42.6%, or 11.4% of the estimated number of persons needing leprosy treatment. Over half the centers are responsible for domiciliary treatment schemes, and 147 of them are engaged in mass treatment activities, either as part of national programs or as independent projects.

Rehabilitation plays an important but subsidiary role; a quarter of the centers make productive footwear, two-fifths have some type of physiotherapeutic activity, and one-fifth provide reconstructive surgery in varying degrees of sophistication.

At the 11th General Assembly of ILEP held in Paris on 27-28 March 1976, The British Leprosy Relief Association (LEPRA) was welcomed as a new member. Fame Pereo (Canada) was also admitted. The total membership now stands at 19.

The Medical Commission, now under the chair of Professor Lechat, continues to mould the attitudes and activities of the Member-Organizations of ILEP, and is especially concerned with research projects to which nearly US 1,206,000 was devoted in 1975. ILEP helps to fund the IMMLEP Project of the WHO, and is presently exploring the possibility of sponsoring joint leprosy-tuberculosis projects in several countries. The Commission has already alerted the Member-Organizations to the grave threat posed to leprosy treatment and control programs by the increasing incidence of dapsone-resistance. The advisability and practicability of the integration of leprosy into general health services continue to be the subject of study by the Commission.

Member-Organizations of ILEP are generously helping in the publication of this JOURNAL by their contributions, which are gratefully acknowledged.—(*From* S. G. Browne's report)

England. *An Ancient Briton Adds to the History of Leprosy.* The bones of a person who died in Dorset 16 centuries ago have cast significant new light on our knowledge of the Roman Empire and the early history of Britain. Because of modern disturbance, all that remains of whoever he was are the bones below the knee, it is impossible to estimate the sex or age of the former tenant of the bones, only that he or she was a mature adult. But their pathology shows beyond a scruple of a doubt that whoever it was had a bad case of leprosy. This puts back the first authenticated record of leprosy in northern Europe by several centuries.

The medical historians estimate that the mutation of leprosy evolved somewhere in the eastern Mediterranean in the second century BC. It was differently assumed by those in the assumption-making business that the Romans brought leprosy with all their other Mediterranean exports to Britain. By the historical Saxon period leprosy, which flourishes in a cold climate, had become a terrible scourge in northern Europe. It is possible that a record of a leprous skeleton from the Dark Ages will soon be published. But until the Roman "leper" just found in Dorset, the earliest case of leprosy in Britain recorded, proved and published was early medieval.

The Dorset bones are 700 years earlier than that. They were exhumed at Poundbury Camp, Dorchester, the largest Romano-British cemetery ever excavated. Under the

direction of Christopher Green, about 800 skeletons have been dug up so far in this apparently Christian burial ground. They will eventually supply a superb sample to feed into a computer in order to make calculations about the average height and other physical attributes of early Britons. The bodies are encased in lead coffins which have preserved more hair and muscle than archeologists could have hoped for; some kind of embalming process with gypsum, also imported from the Mediterranean, has been used.

The leprous bones were identified by Rachel Reader, a physical anthropologist (an expert with skeletons), who is a consultant for the Ancient Monuments Laboratory of the Department of the Environment on the site. They showed the classic symptoms of leprosy defined by V. Moller-Christensen, the great Danish master of bone archeology, who founded the science on his excavation of a medieval leprosy colony. The shin bones were rough and pitted with chronic inflammatory periostitis. The phalanges of the hallux (big toe) and other toes were eroded to points in what the Americans describe, with hideous but vivid metaphor, as "the sucked candy syndrome."

For a young physical anthropologist to make such a discovery is the equivalent in her field of Schliemann digging up "Agamemnon" or Archimedes displacing his bath water by leaping out shouting, "Eureka." What Rachel Reader in fact said, as she unpacked the small parcel of bones in the laboratory was: "A pound to a trouser-button, that's leprosy." Her instant diagnosis has been confirmed by Dr. W. H. Jopling, consultant leprologist to the Hospital for Tropical Diseases, London, We have a clear and authenticated case of leprosy in Britain at about 350 AD.

The evidence is detailed and phrased in jargon rebarbative to all but anatomists, but it is unmistakable. The lateral and posterior aspects of the tibiae, and the medial and posterior aspects of the fibulae, show extensive pitting and furrowing, with small irregular osseous deposits. The right foot is far more severely deformed than the left; the third, fourth, and fifth metatarsals show marked resorption of the capitula, with extreme tapering of the shafts.

In grosser language, the toe bones are tapering away to points and slivers. Some of the foot bones have completely vanished, but the chances and changes of 16 centuries underground in a cemetery make it imprudent to place much weight on their absence. Even on the left foot, ocular and radiographic inspection shows distortion and erosion that can only have been caused by leprosy.

At some time in the fourth century somebody suffering from severe leprosy was buried at Poundbury. He was not buried separately, away from the others, as "lepers" were in the Middle Ages. Digging now continues to see whether the Poundbury Camp "leper" was an isolated case, perhaps a legionary with leprosy drafted in from North Africa or the Middle East and dying before he could pass on the disease, which is believed to have been more virulent than the modern strains. Or more leprous skeletons may be found, proving that the disease was becoming endemic as early as the fourth century. Either way, Rachel Reader and her bones have rewritten an important footnote of history.—THE TIMES of London, 8 November 1974 (*Adapted from* East Afr. Lepr. Bull. 3 [1975] 39-42)

Physical Therapy in the Treatment of Leprosy (Hansen's Disease) Lecture Notes for Use in Physical Therapy Training Schools. A few years ago the World Confederation for Physical Therapy published a small booklet (28 pages) written initially to help teachers and tutors in training schools around the world in preparing lectures and demonstrations for their physiotherapy students. A shorter section is intended for use in countries in which leprosy is not endemic, but the longer section presents rather detailed material that should prove invaluable to teachers feeling ill-prepared to deal with such a subject.

A French edition is available for French-speaking countries, and also a Spanish edition which should prove equally useful. A small charge of 10p is made plus postage. Those interested should write to: Miss E. M. McKay, World Confederation for Physical Therapy, Brigray House, 20/22 Mortimer Street, London W1P 1AA, England.—(*Adapted from* S. G. Browne's notice)

Ethiopia. *ALERT Annual Report 1975 statistics on training.* This year 1975 was a most worthwhile year for ALERT in the area

of training. For a more detailed account of activities in this area and other functions of this organization it is suggested that the total Annual Report for 1975 be consulted.

A. Training Inside ALERT
   1. Doctors
      a) 8 for independent study and clinical research
      b) 18 for the clinical leprology course (four weeks)
      c) 19 took a one week course in management
      d) 2 attended a pathology seminar
   2. Rural Area Supervisors
      a) 20 took the three month course
      b) 4 took the additional one week course in teaching
      c) 15 took the five week course for expatriate supervisors
   3. Rehabilitation Technicians
      a) 4 took the twenty week course
   4. Physiotherapists
      a) 6 took the six week course
      b) 4 for independent study
   5. Medical Students
      a) 8 for one week course in dermatology
      b) 9 for a two day course in management
      c) 2 for elective periods of one to three months
   6. Nurses and Laboratory Assistants
      a) 6 for independent study 1-16 weeks
      b) 2 for two months general study

B. Training Outside ALERT
   1. Ethiopia
      a) 39 health officers attended health seminars held in three different centers.
      b) 27 dressers and 136 health workers attended refresher courses
      c) 80 health workers attended a five week introductory training course.
   2. Other Countries
      a) Dr. Cap participated in courses held in Zaire with Dr. S. G. Browne, attended by 100 students.
      b) Drs. Berhanu, Ross and Wheate and Miss Neville participated in the West African Leprosy Conference held in Freetown attended by 35 doctors and senior leprosy workers.
      c) Drs. Ross and Wheate and Miss Neville attended a refresher course for 21 senior leprosy workers at Ganta, Liberia.

C. Students trained at ALERT in 1975, excluding medical students, laboratory and workshop staff—data as follows: 792 student weeks, 66 course weeks, 17 courses, total students 218, average number students per course 12, independent study training in weeks 98, full-time staff equivalent 6 (student week = one student for one week, course week = course duration of one week, courses = number of different courses).—Onni Niskanen, Executive Director

ALERT holds Annual General Meeting and reviews achievements for past ten years. The All Africa Leprosy Rehabilitation and Training Centre was founded in Addis Ababa on 11 December 1965, and celebrates its tenth year of operation in 1976. The limited initial conception of rehabilitation for those suffering from deformities due to leprosy, and the training of workers from African countries in all aspects of rehabilitation, was a reflection of the origin of the idea for the creation of the center, which was the International Society for Rehabilitation of the Disabled, the moving spirit being Dr. Paul Brand.

The progress of ALERT over the past ten years has been one of great achievement: from rehabilitation to treatment and control; from an urban institutional center to a rural demonstration area; from a small group representing the Leprosy Missions and the university to a very broad-based and internationally representative body of sponsors.

Training courses have been provided at varying intervals for physicians, orthopedic surgeons, rural area leprosy supervisors, rehabilitation technicians, physiotherapists, laboratory technicians and others. Students come from all over the African continent as well as other parts of the world to attend the courses.

The service reports for the past decade and 1975 make impressive reading, regarding both the hospital itself and the numbers of leprosy patients under treatment in Addis Ababa and in a neighboring control area. In addition to a fruitful collaboration with the (British) Medical Research Council, the Armauer Hansen Research Institute has made several important contributions to knowledge of the immunological aspects of leprosy.

The Ethiopian Government continues its generous financial support of the service functions of ALERT.

The annual Kellersberger Lecture, presented by Dr. Olaf K. Skinsnes in 1975, will be given next by Dr. Graham Weddell.

Dr. Felton Ross relinquished his post as director of training as of June 1976. During the time he was associated with ALERT, Dr. Ross made tremendous contributions to the project and his services are greatly appreciated by all connected with ALERT. He will be joining American Leprosy Missions as their medical director. Dr. Harold Wheate, staff member of ALERT since January 1973, was appointed as successor to Dr. Ross and took up the post of director of training from 1 June 1976. Dr. Wheate has specialized in leprosy since 1947, working in Nigeria, Uganda and Tanzania. His last appointment before joining ALERT was as the senior consultant leprologist to the Government of Tanzania. During his years in Tanzania, he set up integrated leprosy control programs throughout the country.

More African countries should be acquainted with the range of facilities provided by ALERT and send key members of their staffs to profit from one or more of the various courses given. All correspondence relating to courses can be addressed to: The Director of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia.—(*Adapted from* S. G. Browne's report)

France. *International Association of the Friends of Dr. Aujoulat met in Paris on 8 November 1975.* Sixty-two people representing 22 countries attended the meeting making up a cross-section of the many interests of Dr. Louis-Paul Aujoulat during his long and fruitful life: doctors from France and francophone countries of Africa; French diplomats and Ministers of State from many African countries; health education leaders; the church; and those engaged in the leprosy campaign from France itself and the ILEP Medical Commission.

Monsieur Raoul Follereau is the president. An international executive committee was elected which included four members of the ILEP Medical Commission (Drs. Browne, Lechat, Richet and Wegener). The committee set up plans to perpetuate Dr. Aujoulat's memory—he died on 2 December 1973. He was a remarkable man as a doctor, diplomat, writer, and counsellor, and was held in the highest esteem in French-speaking medical circles throughout the world. He exerted an influence second to none on the health policies and programs of the French colonies in Africa, Asia and America as they changed into independent countries that continued to look to France for medical expertise and financial help. He served as chairman of the ELEP Medical Commission from 1968 until 1971 bringing vast and intimate knowledge of the health problems of the francophone countries to bear on the programs of the Member-Organizations of ELEP. The recommendations to perpetuate his memory will undoubtedly give a prominent place to leprosy.—(*Adapted from* Dr. S. G. Browne's report)

Gambia. *Leprosy in the Gambia.* In 1948 Dr. C. M. Ross did a survey in the Gambia and from the results he estimated that there were 7,000 leprosy patients in the country (that was 2% to 3% of the whole population). In 1955 the government of the colony realized that to find and treat this big number of patients a special leprosy scheme was needed. With financial and technical support from UNICEF and WHO, a plan was made up and the Leprosy Control Project started in 1957. In the beginning the campaign was very successful. In 1964 already 5,600 patients were on register and 1,500 patients cured in these seven years. In the project the patients were treated by mobile units. The country was divided into 12 circuits, and to run these circuits the projects had 11 landrovers and 14 bicycles. But in 1964 the medical officer in charge of the project left the country and in the following ten years very little was done to keep up the standard of the project. The government noticed the drawbacks of the leprosy scheme and looked for more financial aid besides UNICEF who was supplying less and less landrovers. The Canadian leprosy organization "Le Secours Aux Lepreux" was found prepared to give a large amount of money for the next five years. The Gambian government sent one of the leprosy staff for a two-year training period as a leprosy control officer in Ghana. A WHO consultant leprologist made up a new plan in 1973, and the Netherlands Leprosy Relief Association promised to provide technical

aid and to send out a leprologist to implement the WHO plan. The essentials of the plan were: combining leprosy and tuberculosis, to increase the number of circuits, to give bicycles and transport to all the field workers instead of landrovers, and to do a survey to find out how many leprosy patients are left in the country after 15 years of intensive leprosy work. There are at the moment (1/1/75) 13 mobile units, of which six field workers have been using motorcycles for a short time and the other seven share the four available leprosy landrovers. In the future we will try to give every leprosy inspector a motorcycle (bicycles are not liked in the country because the afternoons are too hot). The field workers cover the whole country (two strips of land alongside the River Gambia, 15 miles wide and 250 miles long covering an area of about 4,000 square miles). They treat altogether 3,000 patients in a population of 500,000 once every fortnight. Fifty percent of the 3,000 leprosy patients are crippled; that means they may have ulcers, or no feet, or no hands, or are blind. To help those patients we have planned a shoe factory to make shoes for insensitive feet and thus preventing ulcers of the feet. Furthermore, we will ask a specialist to trek around the country and to operate on leprosy patients with eye troubles to prevent blindness. The field workers when they are more mobile will go more frequently to the villages to give health education and explain to the villagers what leprosy and tuberculosis means. We hope to have in a few years at least 90% of all leprosy patients under treatment and half of all infectious tuberculosis cases. The Leprosy/Tuberculosis Control Project of Gambia is like many other leprosy projects in Africa and Asia. It is very expensive in comparison with other medical services, still it is the only way to treat leprosy properly.—J. A. M. Ypma, M.O. Leprosy/Tuberculosis, Gambia (*Adapted from* East. Afr. Lepr. Bull. 3 [1975] 7-8)

Hong Kong. *Archives of The Leprosy Mission Hay Ling Chau Leprosarium to be historically preserved.* The leprosarium officially closed in January 1975 with the remaining patients returning to their homes or respective accommodations, or were transferred to the Lai Chi Kok Hospital under the care of the Hong Kong Government Medical and Health Department.

Throughout the years full and careful records were kept of each patient and it became a matter of concern that after the closure of the leprosarium the records be kept and made available to those responsible for continuing treatment and those wishing to pursue serious research. After discussions the Hong Kong Government Archivist agreed that the entire collection of records pertaining to patients treated at Hay Ling Chau should be transferred to the Public Records Office, Hong Kong. The transfer was made between January and June of 1975 and the records are now stored at the Public Records Office.

The whole collection is closed and is not available to the general public since most of the individuals concerned are still alive; many of them are still receiving follow-up treatment and their privacy must be protected. However, access to the records may be allowed in the following instances:

1. When the records are required for the treatment of individual patients application must be made to the Public Records Office through the Director of Medical and Health Services, Hong Kong Government.

2. For those who wish to make use of the records in pursuing original research into leprosy, application should be first made to the International General Secretary, The Leprosy Mission, 50 Portland Place, London W1N 3DG, stating the object of the research and the data required.

We record our sincere gratitude to the Hong Kong Government and its Archivist for storing, indexing and making available this unique body of material.—Alan D. Waudby, Assistant Secretary, The Leprosy Mission.—(*Adapted from* Lepr. Rev. **47** [1976] 61-62)

India. *Preliminary Report of the Poona Urban Leprosy Investigation Center of the Poona District Leprosy Committee, for 1975.* About 20 persons are presently employed in this project including secretarial help. This work is supported by the German Leprosy Relief Association.

The total area has been divided into three sectors (further sectors will be formed as the project progresses). The sectors and their total approximate populations are as follows: 1) Bhavani Peth, 125,000; 2) Mangalwar Peth, 125,000; and 3) Wadarwadi,

TABLE 1. *Slum survey.*

No. families	Tot. pop. counted	Tot. examined	No. cases detected	Suspicious cases kept under observation
5,804	26,866	19,348 80%	95 5/1000	56

TABLE 2. *School survey.*

No. schools	Counted	Examination	No. cases detected	Suspicious cases kept under observation
83	43,142	35,936 81%	104 3/1000	64

TABLE 3. *Grand total of surveys.*

Counted	Examination	No. cases detected	Suspicious cases kept under observation
70,008	55,284 80%	199 3.6/1000	120

TABLE 4. *Outpatient clinics.*

Sector no. and place	No. clinics	Type of patients	No. detected school/slum		No. attending school/slum	
1. Bhavani Peth	2	1/school-children 1/general	55	71	40	42
2. Mangalwar Peth	1	schoolchildren	32	15	16	10
3. Wadarwadi	1	schoolchildren	17	9	10	—
4. Dapodi Relay Station	2	general	—	129	—	129
Total	6		104	224	66	181

TABLE 5. *Health education.*

	Teachers	Students	Other groups	Total
No. of programs	61	2	14	77
No. attended	806	35	1,709	2,515

100,000. The total population for the three sectors is 350,000: included in this sum is the total slum population of 70,000, and the school population of 65,000. The following three tables illustrate the present position of the survey work done.

A chain of weekly outpatient clinics has been established stressing quality of treatment.

Special treatment cases have been sent to Dr. Bandorawalla Leprosy Hospital (our own institution) for reconstructive surgery, special investigation, and other specialized treatment. Free footwear and eye glasses are provided to those patients in need of them.

At Dapodi there is a self-settled leprosy colony of about 130 beggars. These unfortunates are now regularly treated at the Dapodi biweekly clinic and it is hoped that many of these patients can be weaned away from begging.

Health education is being conducted very intensively as shown in the table below and interesting results are forthcoming.

—(*Adapted from* report submitted by Dr. J. M. Mehta, Hon. President)

The Leprosy Mission field survey of Uttar Pradesh. "Uttar Pradesh" means literally "North Land." It represents roughly the drainage systems of the Jamna and Ganges rivers from the Himalaya Mountains in the north, southwards to the confluence of the two rivers and beyond to the sacred city of Varanasi (formerly Benares). The total area covers 183,507 square miles and has a population of 88,227,000 or 480 people per square mile. There are an estimated 140,000 leprosy cases in the state, with a prevalence of 1.6 per 1,000—often considered to be 0.2%. There are 22 leprosy control units, and 90 SET centers and treatment units.

The following homes and hospitals are owned and maintained by The Leprosy Mission: Naini Leprosy Hospital and Home, Faizabad Leprosy Homes and Hospital, Barabanki Leprosy Mission Clinic, and Chandag Leprosy Home and Hospital. Other "aided" hospitals and medical programs are: Almora Leprosy Home and Hospital, and Prem Sewa Hospital, Utraula.—(*Adapted from* NEW DAY, Spring [1975] 8)

Iran. *Leprosy seminar in Teheran.* A successful international seminar under the title "Evaluation of Leprosy" was held in Teheran 21-23 June 1976. The seminar was under the distinguished patronage of Her Imperial Majesty Farah Pahlavi, Empress of Iran, and was organized by the Leprosy Assistance Association of Iran, in particular its secretary Dr. Siyadat. Well-known participants came from many countries: England, France, Switzerland, USA, Brazil, Argentina, Senegal, India, Indonesia and Korea. Many doctors and research workers from Iran itself, as well as expatriates (from France, Switzerland, India and Korea) working in the leprosy service in Iran at Mashad, Tabriz and Behkadeh, took an active part in the proceedings. Many aspects of leprosy came under review, from the latest research work on immunotherapy by the lymphocyte transfusion, to a critical evaluation of the late results of reconstructive surgery.

The problem of leprosy in Iran is not huge or unmanageable, the prevalence rates ranging from about 0.5 to 2.47 per mille, and an estimated total number of sufferers about 30,000 in a population of 30 million. However, difficulties of access, extremes of climate, the scattered nature of the population, impermeable social prejudices, and the absence of an adequate medical service in outlying parts of the country—all tend to make case-finding and case-holding matters of real concern.

The Empress, who is well known for her practical interest in leprosy and all other social ills affecting the citizens of Iran, gave an audience to visitors from abroad and some of the Iranian doctors. She urged a greater collaboration between the Health Ministry and the voluntary agency that has played an important part in bringing the problem of leprosy to the attention of the Iranian people.—S. G. Browne

Israel. *Professor Dr. Jacob Sheskin receives award.* Dr. Sheskin, the well known dermatologist working in Jerusalem, was awarded the Gold Medal for 1975 of the ancient French scientific society "Société d'Encouragement au Progrès" in collaboration with the American division of the World Academy of Art and Science. The ILA and the JOURNAL offer Professor Sheskin hearty congratulations.—S. G. Browne

Papua New Guinea. *Dr. D. A. Russell appointed Regional Medical Advisor for Southeast Asia to The Leprosy Mission.* He will spend up to six months of his time each year on Mission service.

Dr. Russell has had a wide-ranging background of experience in leprosy both in India, where he was on the staff of the Christian Medical College Hospital at Vellore, and also in Malaysia, where he served at the settlement at Sungei Buloh, before making his base in Papua New Guinea where he serves as the Advisor on Leprosy to the Government. He has served as a consultant to WHO and has been involved in a number of high level conferences on the subjects of leprosy and community health. Dr. Russell, who was born in Pakistan, is an Anglo-Indian, now aged 56, and has an Australian citizenship. —(*Adapted from* NEW DAY, Winter [1975] 3)

Spain. *Prizes from the Spanish Academy of Dermatology offered.* Por iniciativa de la Junta Directiva y con la aprobación de la Junta General la Academia convoca concurso para premiar trabajos de Dermatología y Venereología, con caracter anual en las con-

diciones que a continuación se estipulan.

Premio Sainz de Aja. Dotado con 15.000 Pesetas con caracter Ibero-Americano. La familia de nuestro llorado Presidente de Honor D. Enrique Alvarez Sainz de Aja, ha creado este premio al que podrán optar todos los médicos españoles o de países ibero-americanos que lo deseen.

Los trabajos serán sobre un Tema libre de Dermatología o Venereología originales e inéditos, escritos a máquina en triple ejemplar, y podrán ser entregados en el local social de la Academia (Calle Sandoval 7 Madrid) hasta el día 1 de Diciembre del año actual.

Serán entregados en un sobre cerrado con un lema. En sobre aparte, con el mismo lema, la dirección y el nombre de autor o autores.

Los trabajos serán estudiados por una comisión de tres académicos, designados por la Junta Directiva, que decidirán el trabajo que ha de ser premiado. Podrán declarar el premio desierto si no hubiera ningún trabajo suficientemente calificado. Igualmente podrán conceder Accesits sin premio en métalico, si hubiera varios trabajos merecedores de ello.

Los premios serán otorgados en la primera Sesión del año 1.977 abriéndose públicamente los sobres que contengan el mismo lema y los nombres de los autores. Los sobres con lemas no premiados serán quemados.

Los trabajos premiados quedarán de propiedad de la Academia y serán publicados en Actas Dermosifiliográficas.

Los autores que deseen que su trabajo tenga tambien opción al Premio de la Academia Española de Dermatolgía, deberán hacerlo constar así.

Premio Academia Española de Dermatología. Dotado con 15.000 Pesetas con caracter internacional. Por acuerdo de la Junta Directiva de la Academia, ratificado en Junta General de 18 de Enero de 1.967, se convoca este premio al que pueden concurrir los médicos de cualquier nacionalidad.

Las bases serán las mismas que en el Premio Sainz de Aja, el Tema libre de Dermatología y Venereología y el plazo de presentación de trabajos el día 1 de Diciembre de 1.976 en ejemplar triplicado, bajo sobre con un lema y sobre aparte, con el mismo lema, conteniendo la dirección y nombre del autor o autores.

La decisión se dará a conocer en la Primera Sesión de 1.977, en la misma forma que se hará en el Premio Sainz de Aja.—Dr. F. Contreras Dueñas

Switzerland. *Council of World Organizations (CWOIH) meeting in Geneva, 23-24 September 1976.* Representatives attending the meeting were in part represented by the International Leprosy Association, United Nations, World Health Organization, UNICEF, UNESCO, and the International Labour Office.

Interest in the handicapped people of the world was the theme of the meeting at which the following statistics were presented: a total of 400 million handicapped persons are in the world today, of whom approximately 300 million are in the developing countries; of the latter about 1% are presently within reach of physical or social assistance, and most of these people live in the capital city or larger towns. Leprosy was noted to be a prime example of disabling handicaps that are compounded by high degrees of social discrimination. The need to concentrate on preventive measures was emphasized and took precedent over expensive rehabilitation programs.

The discrimination practiced against the handicapped was the subject of debate: in employment, housing, schooling and access to social services the handicapped are often penalized. In many countries leprosy sufferers find themselves in a special category of deprivation. The Council may make official representations to the United Nations on behalf of the handicapped in the hope that their status may be recognized and raised.—(*Adapted from* Dr. S. G. Browne's report)

Taiwan. *Taiwan Leprosy Relief Association Report 1975 (TLRA).* Again we have been able to carry on our work of healing, rehabilitation and spiritual ministry amongst those afflicted with leprosy. Our clinics are operating as usual treating patients, mostly on an outpatient basis, but we also care for inpatients at our Changhwa and Kaohsiung clinics. Fifty-five new patients have been brought under treatment and case finding continues at all clinics.

Dr. Grace Warren, of The Leprosy Mission, visited us twice this year. On both visits she ministered at our various clinics as well as performed needy surgery on prepared cases.

This points up to the fact that we are in need of doctor help, as presently we have only two doctors devoting their major time for the treatment of leprosy, one in the north and the other in southern Taiwan. This situation reflects a great need of dedicated doctors to become affiliated with our association in this field.

Our financial condition was considerably improved by an increase of local contributions. This was in no small measure due to the publicity given by the media in connection with several benefit performances. Many persons came voluntarily with donations to our office and expressed interest in our work. The American Leprosy Missions has again supported our budget with a very supportive donation which was very much appreciated.

During the year we received free dapsone (DDS) from the Government leprosarium. In addition to this we received some of the excessive drugs from the Hay Ling Chau Leprosy Colony in Hong Kong when they phased out their program. Dr. Warren also brought in some much needed Lamprene, and we have also received several shipments of Ciba 1906 from Hong Kong with the assistance of The Leprosy Mission-Hong Kong Auxiliary. We are most grateful for this cooperation in obtaining medical supplies as leprosy drugs are not available locally.

Prompted by Dr. Wang of the National Public Health Administration, the Leprosy Control Commission was re-activated during this past year. Dr. K. P. Chen, our chairman; Mr. C. W. Chang, Dr. S. C. Hu and Adm/Supt Aandahl represent TLRA; Miss Marjorie Bly was called in for consultation. There have been two meetings of this commission so far this year and we are most grateful for this cooperation with the Government in their (and our) leprosy program.

The following clinics in Taiwan also submitted separate reports: Changhwa Clinic, Kaohsiung Pingtung Clinic, Makung Clinic, Tainan Chiayi Clinic, and the Mackay Leprosy Clinic.—(*Adapted from* report submitted by E. C. Aandahl)

Thailand. *Second Regional Conference of Dermatology to be held in Bangkok, Thailand.* The International Society of Tropical Dermatology is encouraging the holding of regional conferences at which those who practice, teach or conduct research into skin diseases may meet to exchange information on recent research in their respective fields. The second such conference will be held in Bangkok from 17-20 January 1977. The Dermatological Society of Thailand is the main organizer of this meeting with the active support of the Ministry of Public Health and the SEAMEO-Tropical Medicine and Public Health Project.

A full four-day program is being prepared and interested participants are invited to correspond with Dr. Tongnan Vibhatavanija, Executive Secretary General, Institute of Dermatology, 420/7 Rajvithi Road, Bangkok 4, Thailand.

In addition to papers of general dermatologic interest with special emphasis given to dermatoses common in the countries of Southeast Asia, a whole session will be devoted to leprosy and an exhibition covering many aspects of leprosy and leprosy control in Thailand is being organized by Dr. Teera Ramasoota of the Phrapradaeng Leprosy Institute.—(*Adapted from* Dr. S. G. Browne's report)

The Leprosy Mission field survey of Thailand. The total land area is 200,000 square miles (about the size of France), and borders with Burma in the west, Laos in the northeast, Cambodia in the southeast, and Malaysia in the extreme south. The population is estimated at 40,000,000: 80% are ethnic Thai; and the Chinese, Malays and Indians form the other large minority groups. Eighty percent of the population is engaged in farming with rice by far the most important export, followed by rubber, maize, teak and tin. Thailand became a constitutional monarchy in 1932, and the present king is well loved and respected.

In 1960 it was estimated that there were approximately 200,000 leprosy patients in Thailand, which represents six per thousand of the population. During the past 15 or more years, the Thai government, with assistance from WHO, UNICEF, and other voluntary agencies, including Missions, has been engaged in leprosy control which gradually covered all 71 provinces. Several years ago withdrawal of WHO expert advisers coincided with a policy of integration of leprosy treatment with Rural Health Services and Regional Health Services. Cooperation of voluntary agencies is welcomed and two national seminars have accentuated the value of cooperation. Since leprosy work

was increased in the late 1950's many thousands have been discharged, but intensified leprosy control measures enable the problem to be tackled more effectively and prevent deformity in new cases.

Present Leprosy Mission involvment in Thailand covers the McKean Rehabilitation Institute in north Thailand among other various leprosy clinics; and in central Thailand where the OMF began leprosy work nearly 20 years ago in a program which eventually centered on the hospital at Manorom. In addition to Manorom, over 3,500 leprosy patients are treated in 40 clinics and subclinics scattered throughout the five provinces of central Thailand.—(*Adapted from* NEW DAY, Spring [1976] 12)

The Second Regional Conference of Dermatology (Asian-Australasian) will be held in Bangkok 17-20 January 1977. The conference is organized by the Dermatological Society of Thailand, Ministry of Public Health and SEAMEO-Tropical Medicine and Public Health Project. The most important aim is to assemble together those who are working in various fields of dermatology to share their experiences and the fruits of their work in countries which are neighbors, but delegates and observers from other parts of the world are also most welcome. The themes for discussion include: venereal diseases, leprosy, mycology, industrial dermatoses, recent advances in dermatology, and free communications. Distinguished speakers from overseas are being invited to participate. For further information and application forms, address all correspondence to: The Executive Secretary General of the Organizing Committee, Dr. Tongnan Vibhatavavija, Institute of Dermatology, 420/7 Rajavidhi Road, Bangkok 4, Thailand. Telephone 828897-8.

United Arab Republic. *First Leprosy Congress organized in the United Arab Republic was held in Cairo on 14-15 March 1976.* The congress took place in the spacious hall of the Kasr el Aini Faculty of Medicine, of Cairo University, and was attended by almost 500 participants representing 13 Arabic-speaking countries of the Near East with several guests from England and France. Professor M. El Zawahry, internationally known dermatologist, was the prime instigator of the congress and joint-organizer. Almost the entire staffs of the dermatology departments of Cairo and Alexandria Medical Schools were present, in addition to representatives from Tanta, Assiut and Ain Shams.

The platform at the Inaugural Ceremony included the Minister of Health and the Minister for Higher Education, as well as the Dean of the Faculty of Medicine, their presence indicating the interest aroused in official and academic quarters.

The revival of interest in leprosy in Egypt is a reminder of the very successful ILA Congress in Cairo 1938, and of the continuing smouldering endemic in that country. Presently there are 28,197 leprosy patients registered, of whom about 18,000 are receiving regular treatment; 1,689 are in the two main residential leprosaria (Cairo and Alexandria have 570 beds), and in provincial leprosy hospitals. The relapse rate is estimated at 12%; 4,128 are classified as lepromatous, and 3,226 are under 14 years of age. The prevalence rate varies from 0.8 to 2.4 per thousand.

The congress certainly increased the awareness of the leprosy problem among dermatologists, and will hopefully encourage a more systematic attack on the problem. Among the many papers presented were those on the excellent work being done in various aspects of immunology, staining technics, and the nicotinic acid test. The papers will be published in English as "Proceedings of the Congress." The Egyptian dermatologists hope to plan a similar congress next year.—(*Adapted from* S. G. Browne's report)

U.S.A. *American Leprosy Missions changes address as of 23 June 1976.* ALM will be in its new headquarters as of 23 June. Please address all correspondence to the following: American Leprosy Missions, Inc., 1262 Broad St., Bloomfield, New Jersey 07003, USA.

Carville, 17th Annual American Leprosy Missions Seminar, April 25-May 1, 1976. The leprosy seminar, sponsored jointly by ALM and the United States Public Health Service was held at the USPHS Hospital in Carville, Louisiana.

Dr. Olaf Skinsnes, director of the ALM Leprosy Atelier at the University of Hawaii School of Medicine, reported on his current

research on the immunometabolism in leprosy and metabolic morphology and cultivation of *M. leprae.*

Nearly one year ago, Dr. Skinsnes reported that the Atelier staff had identified hyaluronic acid, one of the acid mucopolysaccharides, as a major nutrient for the leprosy bacilli. This sugar substance was then used as the base for a culture medium on which his staff finally succeeded in growing *Mycobacterium leprae.* Laboratory culturing of the leprosy bacillus, according to Dr. Skinsnes, makes possible the study in detail of its metabolism and life cycle, thus opening the way for the study of new methods of treatment and prevention. Until now the bacilli have been grown only in the mouse foot pad and more recently in the armadillo.

Dr. Stanley Topple, medical director of the Wilson Leprosy Center and Rehabilitation Hospital in Soonchun, Korea also reported on the organization and use of mobile clinics. The role and composition of a leprosy mobile clinic will be considered in terms of its organization, personnel, relation to the government and to educational programs.

Other leaders of the seminar, in addition to specialists on the Carville hospital staff, were Dr. James A. Freeman, Chief of Pathology and Director, Clinical Laboratories, Earl K. Long Memorial Hospital, Baton Rouge; and Mr. Roger Ackley, President, American Leprosy Missions.

Seminar participants, selected by American Leprosy Missions, include full time leprosy workers, as well as those engaged in general medical work in leprosy endemic areas. This year the 40 participants represented 15 countries where they were working or intend to work in the future.

Other areas of study included *M. leprae* and host response to infection, clinical aspects of leprosy, reactions and their treatment, neural involvement, eye problems, histopathology, surgical considerations, international priorities in leprosy, vocational rehabilitation, individualized training in leprosy, and organizational and administrative considerations.

Welcoming addresses were given by Mr. Roger Ackley and Dr. John R. Trautman, Director, USPHS Hospital. Dr. Richard O'Connor, Director, Health Education Department, USPHS Hospital, supervised the seminar program.—(*Adapted from* ALM News Release, 2 March 1976)

Damien-Dutton Society moves to Long Island. Announcing the transfer of its working headquarters from New Jersey to Long Island, Howard Crouch, Founder and Head, cited vandalism and potential violence in a rapidly deteriorating neighborhood as the chief factors in the move.

The Society, which 30 years ago operated from his desk in the basement of the family home in New Brunswick, has had several subsequent locations, but the recent move is the first to be made for reasons other than constant growth, Mr. Crouch said. An additional factor was the savings effected by consolidation, since space could be utilized in the site acquired last year for its Long Island project, "Teacups n' Treasures," a boutique and year-round bazaar begun in the hopes of eventually providing essential funds necessary for effective development of the leprosy cause.

Roots will be retained in New Jersey, which gave birth to the Society and is the site of its original incorporation, with a small office maintained by the treasurer in New Brunswick for records, accounting and general fiscal purposes. The address is as follows in New York: Damien-Dutton Society for Leprosy Aid, Inc., 616 Bedford Avenue, Bellmore, NY 11710.—Damien Dutton Call, Spring 1976

Dr. Paul Brand receives honor and recognition. Dr. Brand, Chief, Carville Rehabilitation Branch, was recently honored by the Arthritis Foundation of Louisiana at its annual banquet. The Foundation presented him with a plaque in recognition of his contribution to research in the biomechanics of the joints of the hand in rheumatoid arthritis. Dr. Brand told the gathering that the recognition should also be extended to all the members of the Rehabilitation Branch at Carville as all the pertinent studies are being conducted there. Dr. Brand explained the connection between rheumatoid arthritis and leprosy and how both diseases affect the hand and result in limited motion at the joints. By linking the study of finger joints in both diseases, any new development in understanding of one will become available for patients of both diseases.—(*Adapted from* The STAR **35,** No. 4 [1976] 13)

Dr. Carl D. Enna selected for outstanding alumnus award. Dr. Enna, Chief, Carville's Clinical Branch has been selected for the

1976 Alumnus of the Year of the School of Medicine at the University of Kansas Medical School. Dr. William Hoadley, president of the Alumni Association, notified Dr. Enna of the award and requested his presence for its presentation and acceptance. Dr. Enna was also asked to deliver the Bohan Lecture at the award banquet. This lecture is traditionally presented by distinguished men in the medical profession.—(*Adapted from* The STAR **35,** No. 4 [1976] 13)

Dr. Louis Levy retires from U.S. Public Health Service. Effective 31 May 1976 Dr. Levy will be retiring and until further notice, his temporary mailing address will be: Dr. Louis Levy, c/o Prof. Irving I. Lutsky, 62/16 Ben Zakkai, San Simon, Jerusalem 93586, Israel.

New location for Geographic Medicine Branch of NIAID. As of 10 May 1976 the GMB/NIAID will be relocated at the following address: Westwood Building, Room 755, National Institutes of Health, Bethesda, Maryland 20014.

The International Committee of Dermatology met in New York City on October 10 and 11, 1975. Present were Professors Baer (President), Braun-Falco, Civatte, Cordero, Dominguez Soto (Congress Secretary), Gay-Prieto, Gonzalez Ochoa (Congress President), Padilha Gonçalves, Jablonska, Serri, Thyresson, Wallace, Winkelmann. Professors Degos and Sagher (Secretary General-Treasurer) were excused on grounds of health. Professor Andrade of the Mexican Organizing Committee, and Mr. Trejo of the Mexican Convention Organization attended parts of the meeting.

The President and Secretary of the Congress reported on the plans for the 1977 Congress. A booklet had been prepared, containing detailed information about the scientific program and all organizational aspects of the Congress, including local transportation, hotel accommodation, official activities, official languages, simultaneous translation, publications, enrollment fees, exhibitions, social and ladies' programs, etc. Facilities for low cost housing will be available near the National Medical Center. Arrangements will be made for simple lunch facilities at or near the National Medical Center for those who wish to participate in the afternoon sessions (courses, workshops, free communications and poster sessions).

All abstracts submitted for the program booklet should be in one of the official Congress languages (English, French, German, Spanish). They should be type-written in such a way that they can be photocopied or offset-printed in the program booklet. The booklet of abstracts will probably not be sent in advance to Congress participants, but will be handed out at the time of registration in Mexico City.

Four minute case presentations by slides will take place from 9 to 10 AM each day. Cases can also be presented during the poster sessions. The case presentations in the morning will be followed by a guest lecture from 10 to 10:40. After an intermission of 20 minutes, the scientific sessions will resume from 11 AM to 1:30 PM with symposia and current topics. Most courses will be scheduled from 11 AM to 5 or 6 PM and workshops from 2 to 5 PM. Informal discussion groups will be held in a small number of hotels late in the afternoon.

Free communications, five minutes in length, will be presented daily in the afternoon. Some free communications may also be selected for presentation at the poster sessions.

Participation in the courses, workshops and informal discussion groups will be by ticket only. A separate fee will be charged for the courses and the informal discussion groups.

There will be poster sessions on both scientific and clinical subjects. Each day, space will be provided for approximately 60 poster sessions. Presenters will show their poster exhibit in the morning, and will be available for one hour in the afternoon to discuss their exhibit with those who are interested.

There will be presentations of films and technical and scientific exhibits.

The ICD authorized release of the topics selected for the various scientific activities of the 1977 Congress to the medical news media, so that wide publicity can be given to the program.

A listing of the symposia topics is as follows: psoriasis, vasculitis, dermatologic mycology, syphilis and venereal diseases, bullous diseases, dermatologic oncology, pigment disorders, drug eruptions, virus diseases of the skin, contact dermatitis, genodermatoses, acne, leprosy, photodermatoses and porphyrias. Please address all correspondence relating to this Congress to the

Secretary General-Treasurer, Department of Dermatology, Hadassah University Hospital, P.O. Box 499, Jerusalem 91000, Israel. —(*Adapted from* Abstract of Meeting of International Committee of Dermatology)

The STAR's new facilities. The March-April 1976 issue will be the last to be printed in the old quarters where The STAR was born in 1941. The new updated facilities with adequate space provided and the conversion to offset production is a most momentous step in the history of The STAR.—(*Adapted from* The STAR **35,** No. 4 [1976] 7)

The United Nations designates 1979 as "The Year of the Child." And expressed the wish that all governmental and voluntary agencies emphasize during that year the special needs of children throughout the world.

At the ILEP General Assembly held in Paris in March 1976, an appeal was made that the problems associated with leprosy in children should provide the springboard for education and fund-raising activities, and that all countries intensify the search for early leprosy in children so that they may be spared progressive deformity and social ostracism. World Leprosy Day 1979 would be a most appropriate occasion for launching such a campaign.