

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.

Bangladesh. *Progress of leprosy treatment center and rural development program.* The Kamalganj project in Bangladesh is becoming a complex rural development program, using as its physical base the leprosy treatment center, with four other operational sectors related to it. The Leprosy Mission has agreed to be responsible for the leprosy component. The five sectors are a project service center, a community organization center, an agricultural center, health services center, and the leprosy hospital and treatment center. The property which had been erected to serve as part of a government leprosy rehabilitation scheme, consisting of 190 acres of land and 39 buildings, was turned over to representatives of HEED (the missionary consortium with overall responsibilities) by the Ministry of Public Works in March. HEED is trustee for the Ministry of Health and Family Planning. Renovation began at once (financed by Dutch I.C.C.O.) and staff members have been slowly moving in. The project office began to function in July and it was planned that the leprosy outpatient clinic would begin working in October. At the same time the new 20-bed leprosy hospital building, recommended by Dr. R. H. Thangaraj, who was called in as a consultant, will begin to be constructed and will take about six months to complete. In October four young Bangladeshis were sent to India to be trained as leprosy paramedical workers, and one as a physiotherapy technician. The aim is to have personnel and buildings ready to function by April/May 1977.—(Adapted from NEW DAY, Winter [1976] 13)

England. *A Statement: The Leprosy Mission and "LEPRA."* In recent months a number of enquiries have revealed that there is some uncertainty about the relationship of the organization LEPRA, which has recently been advertising extensively in the religious press, to The Leprosy Mission, which has for over 100 years enjoyed the support of a wide cross-section of the Christian Churches in Britain. The following paragraphs are taken

from an agreed statement issued by the two societies and sum up the distinctive characteristics of each movement.

LEPRA—The British Leprosy Relief Association—was founded in 1924 and is a purely medical charity which exists to: a) control and eventually eradicate leprosy; b) disseminate information about leprosy, specifically to workers engaged in antileprosy projects. LEPRA follows these main guidelines in allocating its funds: integrated control schemes providing domiciliary treatment; prevention and cure of leprosy in children; the training, provision and support of leprosy control workers; leprosy research, and the dissemination of information; assistance to governments and other organizations in support of effective leprosy work.

LEPRA's funds come from all sources, both within and outside the United Kingdom, without emphasis beyond the general humanitarian purpose of its work

THE LEPROSY MISSION is an international and interchurch Christian medical missionary society founded in 1874. Its Constitution states: "The main object of the Mission is to minister in the Name of Jesus Christ to the physical, mental, and spiritual needs of sufferers from leprosy, to assist in their rehabilitation and to work towards the eradication of leprosy."

In working to achieve this object The Leprosy Mission owns or maintains 30 hospital centers throughout the world, and gives regular financial aid to more than 100 other centers in 30 countries. A wide program of comprehensive medical care is carried out, emphasis being laid on early diagnosis and treatment through outpatient treatment and control schemes, backed by hospital facilities which include physiotherapy and reconstructive surgery, training in the prevention of deformity, and rehabilitation. The Mission is closely involved in the training of all grades of personnel, including physicians, surgeons, nurses and paramedical workers. Research into problems of leprosy is carried out at field centers in India and elsewhere. The

Mission's personnel includes over 80 full-time expatriate medical and administrative staff and many hundreds of nationals; the great majority of its institutions are in the charge of nationals. The Mission relies for its support on the generous and prayerful giving of Christian congregations of many denominations, and on donations from schools and clubs of many kinds.

The above quotations from the agreed statement clarify the distinctive role of The Leprosy Mission as a specifically Christian and missionary society, with an expanding program of compassionate service in Christ's Name.

THE LEPROSY MISSION and LEPRO are both dedicated to the conquest of leprosy and there is complete unanimity between the headquarters staffs of both organizations as to the most effective medical methods to be applied towards this end. They are both members of ILEP, the international organization which coordinates the work of voluntary societies involved in the fight against leprosy. Copies of the full agreed statement can be had from The Leprosy Mission, 50 Portland Place, London WIN 3DG.-(NEW DAY, Winter [1976] 9)

Dr. Stanley G. Browne receives honor. Dr. Browne was elected a Fellow of King's College of London where this Fellowship is considered to be the highest honor in the gift of this college which is where Dr. Browne attended as a student from 1927-1930.

Ethiopia. *ALERT has post of Associate Director of Training vacant as of April-May 1977.* A brief job description follows. Qualifications: university graduate with experience in medical education preferably in a developing country. Responsible to: the Director of Training. Job Summary: to assist the Director of Training in all activities of the department. Duties: 1) to advise and assist in the development of behavioral objectives and of curricula; 2) to assist in the planning and production of course programs; 3) to advise and assist all the teaching staff in the production of teaching material both for courses and for publication; 4) to formulate the evaluation of courses and of student achievements; 5) to compile course reports as required; 6) to supervise the administrative arrangements for courses, for individual trainees and for the maintenance of the library and audio-

visual aids; 7) to supervise the supply, distribution and mailing of teaching material. Training and Development: 1) to set aside at least four hours per week for an educational research project; 2) to set aside a further four hours per week for reading and study in relevant topics; 3) to attend seminars and to visit other educational institutions as feasible. Review and Appraisal: at the termination of the prescribed probationary period and thereafter annually by the Director of Training.—Received from ALERT, 15 December 1976.

Annual Kellersberger Memorial Lecture to be presented by Dr. H. Sansarricq. On 28 May 1977 Dr. H. Sansarricq will present the fourth annual Kellersberger Memorial Lecture at the All Africa Leprosy and Rehabilitation Training Center in Addis Ababa, Ethiopia. Dr. Sansarricq is chief of the Leprosy Service, Division of Transmissible Diseases, part of the WHO in Geneva.

The series, sponsored by American Leprosy Missions and inaugurated to honor the late Dr. Eugene R. Kellersberger, is intended to stimulate interest in leprosy among the general medical profession and to promote the importance of teaching graduates and undergraduates more about the disease. Each year the lecture is printed and distributed to medical schools and leprosy workers throughout the world. In this manner, ideas and results of research are shared and knowledge about the disease is advanced.—(*Adapted from ALM Information Release*)

Professor Graham Weddell delivers third Kellersberger Lecture. Dr. Weddell delivered his lecture entitled "A Neuro-Anatomist Looks at Leprosy" at the Ethiopian Medical Association's Twelfth Annual Medical Conference on 27 May 1976. In addition to giving his lecture, Professor Weddell also spent several weeks at ALERT extending work he had already done on sensory testing.—(*Adapted from ALERT Minutes of Board Directors Meeting, May 1976*)

Hong Kong. *Leprosy patient follow-through after closing of Hay Ling Chau.* Following the closing of The Leprosy Mission center at Hay Ling Chau the position of the former patients is as follows: presently five elderly women patients are in the Lai Chi Kok Hospital and will be allowed to remain there as they have nowhere else to go. There

are approximately 300 patients over the age of 60, but most of them are being cared for in their own home situations and through regular old people's services. The Mission's Auxiliary in Hong Kong is investigating the possibility of endowing beds or building a cottage within an existing facility for such.

About 4,000 leprosy patients are currently attending clinics in Hong Kong on a regular basis: the majority are no longer active cases, and about a third have deformities, and about 40 or 50 who are unfit for heavy work receive public assistance. Boredom due to lack of regular employment is a problem and some patients are not very keen to mix in the community. In view of this and other problems the Mission's Auxiliary has been exploring the possibility of some kind of sheltered workshop/handicraft project, possibly in conjunction with some other existing organization. A day center where patients could meet socially would be a help in view of the problems which some have about mixing in the community.—(*Adapted from NEW DAY, Winter [1976] 12*)

India. *All India Leprosy Workers Conference Silver Jubilee, 12-16 October 1973, Sevagram.* Another interesting publication commemorative of the centenary of Hansen's bacillus discovery has just been received following its publication in November 1976 by the Hind Kusht Nivaran Sangh, New Delhi. It comprises the Proceedings of the All India Leprosy Workers Conference Silver Jubilee.

The proceedings are divided into two parts of 94 and 84 pages, respectively. The first portion presents detailed summaries of 14 sessions covering broad subjects such as social welfare, health education, rehabilitation, impact of leprosy control work on the trend of leprosy, medical management, surgical management, immunology, experimental medicine, control of leprosy, and epidemiology. One session each was devoted to the life and work of Hansen and of Damien.

The section portion of the publication presents six appendices. These present some of the papers given on the above subjects as well as resolutions and organizational details of the conference.

The discussions are interesting and, on the whole, the effort is worthy of its aim. The delay in publication is readily understand-

able from the explanation given and those who have been involved in such ventures can sympathize with the problems involved.—
Olaf K. Skinsnes

Gandhi Memorial Leprosy Foundation Report 1974-1975. This 55 page report is divided up into the following chapters: Introduction, Control Units, Health Education Units, Training Center, Post-Prophylaxis Study Center, Hospital and Laboratory, Medical Group Work, Wardha District, Other Activities, Visitors, Appendices, Audited Accounts, and Health Education Material. The report is published by Dr. M. S. Nilakanta Rao, Director, Gandhi Memorial Leprosy Foundation, Post-Hindinagar, Wardha 443103, Maharashtra.

U.S. scientific group visits leprosy institutions in India, 7-21 March 1976. A report has been published on this visit which was sponsored by the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health, Education & Welfare, Bethesda, MD 20014; Fogarty International Center, National Institutes of Health; and Office of International Health, Department of Health, Education & Welfare. The various sections of the report are as follows: Section 1) Members of visiting group; 2) Itinerary and schedule; 3) List of institutions and personnel visited; 4) Report of the group on the visit to India; 5) Publications—reprints, annual reports, books and pamphlets from the various institutions visited in India (located in central NIAID files). For those interested in this informative report please write to the National Institute of Allergy and Infectious Diseases.

Workshops on Leprosy held in Wadala, Bombay, 4 February and 30 June 1976. In order to encourage collaborative research activities in leprosy in Bombay, workshops on leprosy are conducted with participation of various research institutions in Bombay. A brief summary appears below of the two workshops conducted at Acworth Leprosy Hospital and Haffkine Institute on 4 February and 30 June respectively, under the auspices of the Society for Research, Rehabilitation and Education in Leprosy, of Acworth Leprosy Hospital in Bombay.

Various papers were presented on clinical, epidemiologic and laboratory aspects of leprosy. An interesting paper on "Regularity of Dapsone Intake by Leprosy Patients Attend-

ing Urban Treatment Centers" deals with self administration of dapsone, collected by leprosy patients from outpatient departments. This study also showed that only 24% of the patients take dapsone regularly over a long-term period as evidenced by the estimation of dapsone creatinine ratio in the urine; thus posing a problem of treatment of infectious patients in urban areas and the risk of exposure of the public to infectious cases. It was suggested that this serious problem could be solved by establishing an intensive care unit for infectious leprosy patients to offer them psychological, socio-economical, and educational services as a supplement to routine treatment. The application of a repository preparation like DADDS in addition to oral dapsone was suggested.

The leprosy surveys conducted in the Bombay slums showed that a total mass survey is more rewarding in detecting infectious cases in appreciable numbers rather than school surveys, where early cases are detected which are of less public health importance than infectious cases. A study on biochemical changes in reactions in leprosy demonstrated a high level of hydroxyproline and its correlation with clinical onset of reaction, thus suggesting a possibility of its role in managing recurrent progressive reactions. Another study based on the age-old antileprosy drug hydnocarpus oil showed its inhibitory effect on *M. leprae* resistant to dapsone in the mouse foot pad technic, indicating a possible reuse.

The Indian Cancer Research Center (ICRC) bacilli isolated from lepromatous nodules, cultivated *in vitro* satisfied its pathogenicity in comparison to *M. leprae*, both with respect to its growth curve and histopathologic location of bacilli in mice. The antigenic studies with the ICRC bacilli (ICRC in) also showed that these bacilli are antigenically identical with *M. leprae*.—(Adapted from report from S. S. Naik, Hon. Secretary)

Papua New Guinea. *The Leprosy Mission Field Survey.* Papua New Guinea is composed of 7,200 square miles with a population of 2,750,000. Some 700 languages are spoken with English, Neo-Melanesian Pidgin and Hiri Motu widely used. On 16 September 1975 it became independent with an elected democratic government under Prime

Minister Michael Somare. The official health policy regarding leprosy is to integrate leprosy treatment into general medical care. This integration has been put into practice and is working well in some provinces.

The prevalence rates of leprosy vary between 1 and 10 in 1,000, i.e., a total of some 24,000 sufferers. The overall proportion of lepromatous to tuberculoid leprosy is also low, and this results in a high degree of paralytic deformity. The involvement of The Leprosy Mission (TLM) functions within the framework of an agreement negotiated with the Government by Mr. Richard McKeown in 1975. At Tari, in an area of 3,000 square miles, with 67,000 people and 631 known leprosy patients, TLM built a leprosy center: there are 15 inpatients; outpatients are being treated at 51 aid posts and health centers under TLM supervision. At Nipa, Mendi, and Madang there are also leprosy treatment facilities and various leprosy control programs operating in the rural areas.

Dr. D. A. Russell is now TLM's (part-time) regional medical adviser for Southeast Asia and also acts as consultant to the Papua New Guinea Government when visiting the country on behalf of TLM.

Future Leprosy Mission development will progress into Lae and Rabaul areas as soon as the Madang center is fully operational.—(Adapted from NEW DAY, Winter [1976] 8)

Philippines. *First International Workshop on Chemotherapy of Leprosy in Asia held in Manila, 26 January to 2 February.* The workshop was held under the joint sponsorship of the Department of Health of the Republic of the Philippines and the Sasakawa Memorial Health Foundation, Japan. There were also representatives and delegates from governments of countries in Southeast Asia and guest lecturers from England, Belgium, Philippines, and the United States.

The workshop reviewed the practical problems of the treatment of large numbers of patients within the context of meager financial resources and, in most of the countries, of incomplete medical coverage. It also stressed the importance of regular treatment, and was gratified to be assured that monotherapy with dapsone was still considered to be adequate for those suffering from the paucibacillary forms of leprosy. The menace of sulfone-resistance called for a comprehen-

sive prevalence study of the condition, as in many areas where it should be occurring its existence was not yet suspected. This study would presuppose accurate records of treatment given before the appearance of relapse due to resistant organisms.

In addition to dapsone, rifampicin or clofazimine should be given at the beginning of treatment to patients suffering from multi-bacillary forms of leprosy. The financial implications of this recommendation to the poorer countries of Asia faced with a considerable leprosy problem, would be brought to the attention of governments and voluntary agencies. The necessity of adequate training of health workers was stressed, as well as the importance of treating all reaction cases arising when optimally large doses of dapsone were given daily to patients in danger of developing reversal reaction.—(*Adapted from S. G. Browne's report*)

Singapore. *International Conference of The Leprosy Mission, 3-5 May 1976.* The leaders of The Leprosy Mission thought the time opportune to take a hard look at present policies and future prospects, so as to utilize the resources of The Mission in the best possible ways for the benefit of the individual leprosy patient and the community of which he should form an integral part. There were over 90 invited participants from some 35 countries, representing the "Western" world (including Australia and New Zealand), and also a gratifying number of representatives from those countries, particularly India, where The Mission expends the bulk of its money. Although doctors made up only a quarter of the invited participants, other members of the medical team present were nurses, physiotherapists and selected members of the councils of various auxiliaries.

It was felt that The Mission's future role will probably change as it strives to ensure that the leprosy sufferer is accorded his rights as a citizen to social and medical justice. Thus, far from becoming redundant, The Mission will have a significant and continuing role to play in community health programs and leprosy control and treatment. The conference paid tribute to the pioneering endeavors of those associated with it in the past and whose influence continues to be apparent in the world of leprosy today. Far

from resting upon the laurels of the pioneers, some of the considered challenges were: the possibility of emergence of sulfone-resistance on a wide scale and the financial implications of multidrug therapy, significance of persister leprosy bacilli, measures to counteract the transmission of leprosy in overcrowded communities, the place of reconstructive surgery and rehabilitation in a total program of medical care where financial constraints are paramount, the necessity for overcoming social stigma and community cultural pressures, the need to conform to government directives while somehow retaining the initiative and flexibility characteristic of voluntary agencies, and the opportunities for field and epidemiologic research. Disappointment was expressed that leprosy is a neglected subject in many medical school curricula and ways and ideas were discussed on how the leprosy challenge could be presented to students, interns, nurses and physiotherapists. The conference stressed the need to make medical personnel, in general, aware of the sheer interest of leprosy today in the light of immunologic and microbiologic research, and the need for epidemiologic investigations of comparable excellence and coverage. It is not only the challenge of case-finding but the even more demanding task of case-holding that accounts for the failure of many leprosy control programs today.

As a founder-member of ILEP, The Leprosy Mission is conscious of the need to work together with other organizations pursuing similar objectives, and plays a very active part in joint activities. The Mission is also becoming increasingly active in the field of publications particularly in the production of material intended for medical auxiliaries and doctors. The Singapore 1976 conference may well mark the beginning of an era of sober consolidation of activities and a continuing mobilization of medical and nonmaterial resources to face the common foe.—(*Adapted and summarized from S. G. Browne's report*)

Switzerland. *Tenth General Assembly of CIOMS meets in Geneva, 9-11 November 1976.* The International Leprosy Association, a founder-member of the Council, was represented by Dr. S. G. Browne, ILA Secretary-Treasurer. Under the dynamic presidency of Dr. Alfred Gellhorn and its newly-appointed

Executive Secretary, Dr. Z. Bankowski, the Council continues to pursue its role of ethical watchdog on the progress of medical sciences throughout the world.

During the Geneva meeting, the ethical and moral repercussions of drug trials were discussed, and the meaning in practice of "informed consent." Delegates were encouraged to discover if the principles of the Declaration of Helsinki and other internationally recognized pronouncements were being observed in medical publications in which they had an interest or which were published in their countries.

The Council will look closely on the program relating to research involving human subjects with WHO and UNESCO. Initially, information will be gathered from countries where ethical review committees have already been established, such as Ireland, Sweden, United Kingdom and the U.S.A. Mention was made at the meeting to the valuable pioneering work in this field of the Medical Research Council of Great Britain.

The Council's future activities will include further debates on medical education and on various aspects of biomedical ethics, and an investigation (on the invitation of WHO) of the views of medical scientists and other health workers on the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment.—(*Adapted from S. G. Browne's report*)

Thailand. *First International Workshop on Training of Leprosy Workers in Asia.* This workshop was held from 25-28 November 1976 under the auspices of the Ministry of Public Health of Thailand and the Sasakawa Memorial Health Foundation. A total of 36 delegates and observers from ten Asian countries, eight international antileprosy organizations, and representatives from the Leprosy Division, Thailand Department of Communicable Disease Control, spent four days in Bangkok and Pattaya discussing and debating the problems posed by the training of leprosy workers in countries where the disease is a major health problem. With the exception of Japan, Taiwan and Singapore, the countries represented could be described as poor and developing and they all had to cope with other diseases that numerically took precedence over leprosy.

After the inaugural ceremony, at which Mr. Kyoichi Sasakawa himself spoke, the opening paper "The Training of Health Workers in Leprosy—ILEP's Approach," was given by Dr. S. Browne; followed by Dr. J. Walter from WHO Headquarters, Geneva who read a paper on "Manpower Formation for Leprosy Control."

In addition to presentations from delegates of Thailand as well as other Southeast Asian countries, and some excellent sessions on "How to Teach" by Thai medical education experts; Drs. E. Fritschi (Karigiri), J. Cap (ALERT) and F. Ross (ALM) contributed not only by the papers they read, but also in discussions that were a commendable part of each session. This valuable seminar will have considerable influence upon the standards of training of health workers in leprosy for years to come in the countries of Southeast Asia.—(*Adapted from S. G. Browne's report*)

New leprosy hostel opens in Manorum. On the grounds of the OMF hospital at Manorum a leprosy hostel has been opened and built entirely free of charge through the generosity of a leprosy patient who owns a firm of contractors in Bangkok. He himself was deeply moved by the care and treatment that he received at Manorum and by the fact that doctors and nurses were actually willing to touch him. His medical condition improved greatly and he is once again back at his busy executive work. One of the first things he did to express his gratitude was to get his own contracting firm to rebuild the leprosy hostel which was in a bad state of repair.—(*Adapted from NEW DAY, Winter [1976] 12*)

Second Regional Conference of Dermatology held in Bangkok, 17-21 January. The conference, which was a resounding success, attracted more than 300 participants from 15 countries, mainly from Asia and Australasia, but also from Europe and the United States. The joint sponsors were the Thailand Ministry of Public Health and SEAMEO Tropical Medicine, and coordinated by Professor Chamlong Harinasuta.

In addition to the discussions on matters of general interest to dermatologists working in the area, leprosy came in for its fair share of attention. One of the concurrent scientific sessions was entirely devoted to leprosy, under the chairmanship of Drs. John Pettit (Kuala Lumpur) and V. R. Mehta (Bombay).

The two guest speakers at the closing plenary session were Dr. S. G. Browne who spoke on "Recent Advances in Leprosy of General and Dermatological Interest," and Dr. William Jopling whose subject illustrated by many colored transparencies was "The Differential Diagnosis of Leprosy in the Tropics." It is planned to hold the Third Regional Conference in Indonesia near the end of 1978.—(*Adapted from S. B. Browne's report*)

U.S.A. *New cable address for Leprosy Atelier and INTERNATIONAL JOURNAL OF LEPROSY in Hawaii.* For those wishing to send a cable to anyone at the Leprosy Atelier, University of Hawaii School of Medicine, Department of Pathology, Leahi Hospital 3675 Kilauea Avenue, or also to the INTERNATIONAL

AL JOURNAL OF LEPROSY in Honolulu at the same address, please use the cable address: LEPATELIER.

The STAR celebrates 35th year of publication. The Carville STAR celebrates its 35th anniversary with its September-October 1976 issue. In 1941 Stanley Stein and a small group of patients began The STAR and at that time circulated 300 mimeographed copies of the magazine. Due to its many years of progress over the past 35 years, the 1976 STAR staff now boasts of a circulation of 59,000 and the most modern offset printing equipment available. The STAR takes this opportunity to thank those organizations and persons who have supported it both financially and emotionally through the years.—(*From The STAR 36, No. 1 [1976] 8-9*)