

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.

Belgium. *Dr. S. G. Browne honored.* Dr. Stanley G. Browne was admitted as an Honorary Foreign Member of the Belgian Royal Academy of Medicine at an Open Meeting of the Academy in Brussels on 29 March 1980. At this meeting, he lectured on prospects for leprosy control.

Additionally, Dr. Browne was presented with the insignia of Commander of the Order of Leopold, the highest honor accorded by Belgium to a civilian, on this occasion in recognition of his 23 years of service as a Baptist medical missionary in the former Belgian Congo (now Zaïre) and his contributions to dealing with many aspects of the problem of leprosy.—G. Gordon

Bolivia. *Ministry of Health issues Hansen's disease publication.* In 1979, a "Manual of Technical Norms and Administrative Procedures for the Control of Hansen's Disease" was issued by the National Division of Epidemiology of the Bolivian Ministry of Social Welfare and Public Health. The publication was written by Dr. Angel Valencia Telleria, under the supervision of Dr. José Luis Zeballos, National Chief of the division. The terms "Hansen's disease" and "Hansen patient" are employed in the text as well as "Virchowiano," "Antígeno de Mitsuda," "Reacción de Mitsuda," and "Eritema nudoso hanseniano" in place of "lepromatous," "lepromin," "lepromin test," and "lepra reaction," respectively.—(Adapted from The "Hanseniasis Letter" 12E [1979] 2–3)

Costa Rica. *Changes announced in Hansen's disease care.* In 1978, the "Departamento de Lucha Contra la Lepra" was renamed the "Departamento de Dermatología Sanitaria" in an attempt to eliminate the pejorative implications of the term "lepra," according to Dr. Harry Hidalgo Hidalgo, Director of the "Departamento."

After 1974, new admissions to the "San-

atorio las Mercedes" had been prohibited, and ambulatory treatment for all patients was employed. Finally, in March 1979, with only 22 hanseniasis patients remaining in the facility, these persons were relocated, and the facility was closed.—(Adapted from The "Hanseniasis Letter" 11E [1979] 4–5)

Egypt. *Third International Leprosy Congress for Arab Countries meets.* From 24–28 March 1980 the Third International Leprosy Congress for Arab Countries was held. The Congress was jointly organized by Professor M. El Zawahry and Dr. S. G. Browne. Unlike the two previous Congresses, this one was exclusively devoted to leprosy and did not include sessions on tropical dermatology or mycology. Two days of the session were spent in Cairo at the headquarters of the Egyptian Medical Association and at the Dermatology Department of the Cairo General Hospital where a wide range of clinical presentations was demonstrated; one day was spent at the Alexandria Medical School, and one day was spent at the Tanta University Medical School.

Both the incidence of leprosy as well as the awareness of many doctors of the importance of early diagnosis are increasing, and the Ministry of Public Health appears to welcome the help of voluntary agencies in this effort.—(Adapted from materials supplied by Dr. S. G. Browne)

Korea. *Wilson Leprosy Center & Rehabilitation Hospital issues 1979 Annual Report.* Located in Soonchun, the Wilson Leprosy Center & Rehabilitation Hospital report includes the following data: skin clinics averaged over 400 patients a day during the peak summer season; having completed a waiting list of 1300 orthopedic patients with static conditions, the list was opened to newcomers and quickly grew to

1300 again, most of whom require either orthopedic reconstructive surgery, physical therapy, or bracing; 1979 surgeries numbered over 3000 procedures, a 20% increase over the previous year.

Patients are called into the Center by geographic areas, a practice which frequently helps persons traveling long distances to make travel arrangements jointly and which is often of help to them.

Third year orthopedic residents-in-training from the Seoul National University will begin receiving training at the Center on a two months' rotational basis.

Through the contributions of individuals, churches, and voluntary agencies, the Center continues to be able to offer patient care at 50% or less the cost it would be elsewhere in Korea. Presently, the missionary personnel number five, including three medical doctors; their work was supplemented during 1979 through the services of several visiting physicians.—(Adapted from the report)

Mexico. *XXXIII General Assembly of the Mexican Association against Leprosy elects officers.* On 17 April 1980 the following Executive Board was elected:

President: Dr. Fernando Latapí
 Alternate: Dra. Obdulia Rodríguez
 Vice-President: Dr. Amado Saúl
 Alternate: Dr. Pedro Lavalle
 Secretary: Dr. Roberto Arenas
 Alternate: Dr. Alvaro Peñaloza
 Pro-Secretary: Dra. Ma. Teresa Zambrano
 Alternate: Dra. Silvia Ortiz
 Treasurer: Srita. Esther Pérez Castro
 Alternate: Sra. Dolores T. de Malacara

The following persons were elected to the Consultant Committee:

Dra. Josefa Novales
 Dr. Eduardo Castro
 Dr. Leonardo Zamudio
 Lic. José Luis Mier y Terán

The following persons were elected to the Vigilance Committee:

Counselors: Dr. Héctor Quijano Méndez
 Sra. Clara Gallardo
 Alternates: Dr. Xavier Romo Díez
 Lic. Luis Humberto Delgadillo

—(Adapted from materials supplied by Dr. Amado Saúl)

Philippines. *Tenth International Congress on Tropical Medicine and Malaria to meet.* The Tenth International Congress on Tropical Medicine and Malaria will meet from 9–15 November 1980 in Manila, Philippines. The theme of the Congress will be "Health for All in the Tropics by the Year 2000." The scientific program will include, but not be limited to, presentation of all aspects of tropical diseases and malaria as well as related disciplines. The registration fee is US\$125.00 and US\$40.00 for accompanying spouse. Further details and registration forms may be obtained from Dr. E. G. Garcia, Secretary-General, P.O. Box EA-460, Manila, Philippines.—(Adapted from materials provided by Dr. Garcia)

Switzerland. *Chemotherapy of leprosy discussed.*

The THELEP Steering Committee held its fourth and fifth meetings in November 1978 and March 1979, respectively.

A survey of primary dapsone resistance in Addis Ababa has been completed, and a survey of secondary dapsone resistance is in progress in Karigiri, South India. Additional surveys are being planned in Burma, Indonesia, South India (Chingleput), and Upper Volta. It is envisaged that the establishment of mouse food pad laboratories in leprosy-endemic countries will permit the more or less systematic monitoring of previously untreated patients for dapsone resistance.

Field trials of intensive combined chemotherapy of relatively brief duration are to be undertaken among patients with lepromatous leprosy who have already responded favorably to dapsone monotherapy. After the cessation of therapy, the patients will be carefully observed to determine the relapse rate. An *ad hoc* subcommittee was formed for the purpose of drafting a protocol.

No new formal clinical trials are planned at present, but the two in progress in Chingleput and Bamako are to be continued, and efforts are being made to improve the rates of patient intake. The patients in these two trials will be continuously followed, even after the end of three years of therapy. Arrangements are to be made to collect sera from the patients for detection of anti-rifampin antibodies.

The Committee expressed great interest in initiating short-term field trials of ethionamide, prothiamide, and thiacetamide. For the time being, however, available resources appear to be stretched to the limit by the ongoing trials, efforts to mount dapsone resistance surveys, and the designing of a protocol for field trials.

The development of additional facilities for experimentation with immunosuppressed rodents was considered to be a matter of high priority. Interest centers largely on the potential of the "nude" athymic rat, but work on the "nude" mouse and other immunosuppressed rodents will continue.

It was not anticipated that there would be a need in the foreseeable future for infected armadillos or armadillo tissues, but a supply of purified, living, armadillo-derived *Mycobacterium leprae* would be valuable for enzymatic studies and for use in drug screening in macrophage culture.

There was considerable discussion of a number of issues relating to proprietary rights to inventions or proposals. The inadvertent, premature disclosure of the discovery of a new drug, for example, would render it unpatentable and effectively stifle further work on its development. Such matters are therefore of concern to the THELEP drug development program and will be kept under review.

The Research Strengthening Group has approved the holding of a Mouse Foot Pad Standardization and Application Workshop in Chingleput in November and December 1979. This will be a follow-up to the very successful Standardization Workshop held there in 1978.

Thirty-seven applications for THELEP support for various research projects were reviewed by the two meetings. The majority of these were approved.—Bull. WHO 57 (1979) 912–913.

Thailand. *Report on activities of McKean Rehabilitation Institute.* The McKean Rehabilitation Institute reports treating 200 newly diagnosed, previously untreated cases of leprosy per year, coming from all areas of Thailand, though predominantly from the northern section of the country. The Government Public Health service is increasingly providing help by in-

cluding leprosy in its program, and a joint pilot project of the McKean Rehabilitation Institute and the Public Health Department has begun, involving intensive public education, case detection, and supervision of known cases, which has already resulted in detection of 20 new cases in the first year (12 of which had symptoms of fewer than 12 months duration).

Treatment at the Institute is orthodox. Full dosage of dapsone (DDS) (50–100 mg daily depending on body weight) is employed immediately upon diagnosis with combined therapy for BB, BL, and LL cases, using clofazimine (Lamprene) or thiacetazone with DDS. In suspected dapsone resistant cases a clinical trial of 700 mg weekly DDS is given for three months; if the MI does not fall, therapy is changed to rifampin 600 mg daily for three weeks plus Lamprene 3/w indefinitely. Reactions are treated with increased Lamprene dosages, steroids, and thalidomide.

Dr. Grace Warren visits the Institute every three to four months; additionally, surgery is performed by visiting specialists from the University Hospital.

Follow-up is performed by correspondence; the Institute's mobile team is engaged in school surveys, education, supervision of leprosy resettlement villages, and home visits. The Ching Mai Skin Clinic and scattered rural general clinics provide outpatient services; the Skin Clinic diagnoses about 60 new cases of leprosy per year out of 100 new attenders per week (incidence rate = 1%).

Leprophobia remains a problem, but the Institute is involved in an intensive campaign of public education using radio, newspapers, TV, posters, and pamphlets as well as presentations to teaching colleges, nursing programs, and in medical schools.

Six publications have appeared since 1974 based on work done at the Institute. Dr. Ken Nelson in collaboration with Dr. Ward Bullock, the Ching Mai University staff, and the University of Illinois are about to start a new five year research project in immunology and epidemiology, dealing with HLA antigens, lymphocyte studies, and other areas.

Thailand participates in the WHO THELEP drug trials, and the Institute attempts to help in this regard by sending as many

LLp and LLs cases as possible to Prapradeng Hospital as well as any cases of clinically proven DDS resistance.

Since the departure of Dr. John Bisset in 1975, the Chief Medical Officer of the Institute has been Dr. Trevor Smith. The transformation of the McKean Rehabilitation Institute from a long term leprosy patient care center to a rehabilitation institute continues with fewer numbers of permanent resident patients each year and a larger number of short term admissions and outpatients. Other diseases are treated as well, and the long range goal of the Institute is to become a rehabilitation hospital treating any disease requiring convalescence, physiotherapy, occupational therapy, etc.—(Adapted from correspondence of Dr. Trevor Smith to Dr. J. H. S. Pettit)

Turkey. *Leprosy training seminar held.* Under the joint sponsorship of the Association for Leprosy Relief Work (Cüzzamla Savas Dernegi) of Istanbul, Turkey, and the Damian Foundation of Belgium, a three days' Training Seminar on Leprosy was held in Istanbul from 9–11 April 1980 at the Istanbul University's Istanbul School of Medicine. Over 400 participants attended, including 150 sponsored by the Turkish Ministry of Health; these included health professionals at all levels. The program included sessions on epidemiology and control, clinical diagnosis and early detection, bacteriological examination, treatment, integration into general health services, and rehabilitation. Principal speakers included Dr. H. Sansarricq (WHO—Geneva), Dr. G. Estem (Dean, Istanbul University's Istanbul School of Medicine), Dr. H. Cican (Turkish Ministry of Health), Prof. M. F. Lechat (Damian Foundation), Dr. T. Saylan (Secretary-General of the Association for Leprosy Relief Work and organizer of the seminar), a patient representative, and Dr. D. Molesworth (WHO Regional Office for Europe). A manual of the activities of the seminar will be distributed to all medical facilities in Turkey.

At present, 3900 leprosy patients are known to be in Turkey (mostly advanced and/or lepromatous cases, including children), and it is estimated that the total number of cases may be several times more. Since 1962, legislation prohibiting discrim-

ination against persons with leprosy has been in force, but fear of the disease is still widespread, and effective control programs remain difficult to implement.—(Adapted from materials provided by Prof. M. F. Lechat)

United Kingdom. *Leprosy authority becomes Baptist leader.* Dr. S. G. Browne became President of the Baptist Union of Great Britain and Ireland at their annual assembly in Nottingham on 14 April 1980. Approximately 1800 Baptists from 2091 churches with a combined membership of nearly 175,000 gathered at the assembly from 14–17 April 1980 to discuss action strategies for their denomination during the 1980s. The proposals were considered in 100 discussion groups and include evangelistic activities in the inner-city, among persons of other faiths, and in the production of a wide range of literature. The Assembly also considered matters of governmental and Christian church relationships with Third World countries.—(Adapted from press materials provided by Mr. Roy Jenkins)

XIII General Assembly of ILEP meets in London. Twenty-four major voluntary agencies, representing 21 countries, all members of the International Federation of Anti-Leprosy Associations, met in London from 17–22 June 1980.

The meeting occurred to insure continuing cooperation between agencies involved in leprosy work in more than 100 countries and to make possible the best use of available resources by avoiding competition and duplication. Plenary sessions included a debate on proposals for closer coordination of field activities, transfer of ILEP headquarters and Coordinating Bureau to London, and receipt of the annual and financial reports of the General Secretary. A new member association, the Leprosy Trust Board of New Zealand, was received into membership.

Mr. W. Thomassen, President of Nederlandse Stichting voor Lepra-bestrijding (Netherlands Leprosy Relief Association) was elected President of ILEP for the period 1980–1982, replacing Mr. A. D. Askew of the Leprosy Mission (International).

The ILEP budget for 1980 is planned to

be £20 million sterling; expenditures in 1979 were £14.3 million for 786 projects in 86 countries.

Working groups met to study the following subjects: statistics, leprosy in Europe, training in leprosy, social aspects, health education, combined leprosy and tuberculosis programs, and an additional working group on "Primary Health Care" was created.

During the all-day meeting of The Medical Commission agreement was reached on the need for a full time medical secretary for the Commission; in the plenary session The General Assembly accepted this proposal.

Despite considerable pressure, the Medical Commission felt unable to provide "simple and brief" universally applicable recommendations for an "inexpensive" therapy for leprosy. A variety of regimens, especially for polybacillary and DDS resistant cases, are still under trial, and the Medical Commission continues to study the problem. A revision of the ILEP Guidelines for leprosy control will be one of the first tasks of the new Medical Secretary who is expected to take office in January.—W. F. Ross

U.S.A. Educational opportunities available at Carville. The Training Center of the National Center for Hansen's Disease announces the following seminars remaining during 1980: Medical Management (of Hansen's disease) for senior resident dermatologists on 21–22 October and Care of the Insensitive Foot for podiatrists, prescription footwear specialists, orthopedic surgeons, and others interested in care of the lower extremity on 18–19 November 1980.

Additionally, to extend the effectiveness of the Carville-based teaching program, the National Center for Hansen's Disease has instituted an audiovisual loan program. Instructional materials such as slides and videotapes are loaned for a two-week period at no cost to medical and educational institutions for teaching purposes. Materials currently available are two 35 mm slide sets

and 12 instructional television programs. In 1978, 160 slide sets and 194 videocassettes were loaned.

To increase the Center's teaching capability in Hansen's disease, individualized instructional materials will be produced. People working with Hansen's disease patients frequently are in isolated places and unable to participate in conventional continuing education programs. Individualized instructional modules could provide such people an opportunity to keep abreast of new developments in Hansen's disease. Recent advances in instructional technology may now allow a rather large part of an educational curriculum to be set up on an individual study basis. At Carville, for example, random-access videocassettes and interactive television are under study to determine how such technology can be applied in Hansen's disease teaching programs. In this connection, Carville now has a complete color television studio with production capability, and within the next few years, we plan to produce a complete series of videocassette instructional modules on Hansen's disease for use in self-study.—*(Adapted from O'Connor, R. J. Medical education and training at the National Center for Hansen's Disease. Public Health Reports 95 [1980] 197–198)*

IJL now available through UMI Serials Program. Beginning with Vol. 48, No. 2 (June 1980), the INTERNATIONAL JOURNAL OF LEPROSY became available on microform (microfilm, microfiche) and in xerographic copies from University Microfilms International. Ordering information for interested persons may be obtained from University Microfilms International, 300 North Zeeb Road, Ann Arbor, Michigan 48106, U.S.A. or University Microfilms International, 18 Bedford Row, London WC1R 4EJ, England. Back issues of the JOURNAL are also, as always, for sale from the INTERNATIONAL JOURNAL OF LEPROSY, Business and Circulation Office, 1262 Broad Street, Bloomfield, New Jersey 07003, U.S.A.—G. Gordon