

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.

Africa. *Leprosy under control in Togo with work done increasingly by Togolese.* About 11,700 leprosy patients are being treated in the west African country of Togo by mobile clinics. All parts of the country have been opened to leprosy control and a dense network of treatment centers covers the whole country, enabling the medical service to treat those already afflicted during the early stages of the disease. This is a summary made by Mr. Hans-Udo Behnke, representative of the German Leprosy Relief Association (GLRA) in Togo, during his visit to GLRA headquarters in Würzburg.

Leprosy work in Togo has been aided by the GLRA since 1966; this year's budget amounts to DM 145,000,-. Three aspects are essential for leprosy control in Togo: 1) case finding in all villages and schools (preventive aspect), 2) treatment of all diagnosed leprosy patients by mobile teams until full cure free of charge (curative aspect), and 3) education of leprosy patients and the public (educational-psychological aspect).

In every district a leprosy center with a nurse in charge of leprosy control was installed. This task, carried out in the initial stage mainly by volunteers of the German Volunteer Service, has meanwhile been taken over by Togolese staff after they took special training in Bamako Leprosy Institute. A mere six German volunteers are now working for the National Leprosy Program.

Mr. Behnke revealed further that in certain selected areas (pilot zones) multidrug therapy will be introduced towards the end of this year. This therapy, propagated also by the World Health Organization (WHO), comprises several medications. As a result, better and faster treatment can be achieved, especially with patients in advanced stages of the disease and in cases that do not respond any more to dapsone (DDS), the conventional leprosy drug. —(German Leprosy Relief Association news release)

Southern Sudan to receive DM 1.8 million for leprosy work from the German Leprosy Relief Association. The German Leprosy Relief Association (GLRA) intends to support leprosy work and general health care in Southern Sudan with the amount of DM 1.8 million in 1983. For more than ten years this region and its health problems have been at the heart of GLRA; in the years 1973–1982, a number of leprosy projects and programs were aided with a total of DM 23 million thanks to the generosity of the German donors.

The center of GLRA's activities has been the National Leprosy Training Center at Wau-Agok which was inaugurated in 1979 following a construction period of several years. In this training hospital, courses for doctors and medical assistants are being held regularly. Apart from the hospital, the project comprises a number of workshops, a farm, a hostel for students, and an outpatient department.

The Federal Ministry of Economic Cooperation is subsidizing the setting up of a primary health care program in Bahr-el-Ghazal Province. In other provinces of Southern Sudan the GLRA cooperates closely with the German Medical Team which includes, among others, experts from German Caritas, the German Volunteer Service, and the German Agency for Technical Cooperation. Furthermore, the GLRA assists two resettlement projects and a team of Verona Sisters who work in Tambura, Rumbek and Maridi.

According to an estimate by the World Health Organization, a total of 100,000 leprosy patients live in the Sudan of whom only a mere 31,500 have been registered. Since this country has been hit hard by the general economic slump, the assistance of the German Leprosy Relief Association has become a top priority. —(German Leprosy Relief Association news release)

Zimbabwe Leprosy Symposium. A successful Leprosy Symposium, held in Harare, Zimbabwe, from 2–5 August 1983 under the auspices of the World Health Organization and The Leprosy Mission, attracted considerable interest among government medical officers and mission doctors. The meetings were held in the excellent facilities of the Godfrey Huggins School of Medicine. The organization of the symposium owed much to the enthusiasm of the Head of the Department of Microbiology, Mr. Nigel F. Lyons, and the support of the Professor of Medicine, Dr. J. E. P. Thomas. The participation of delegates from Malawi and Zambia was much appreciated.

Dr. Stanley Browne and the newly appointed government leprologist, Dr. Ben Naafs, were principally involved in lecturing and chairing the discussions. Dr. Browne gave a faculty guest lecture under the title, "Recent Advances in Leprosy of General Interest."

The active interest of the government was shown by the Minister of Health who sent a message, read on his behalf by the Secretary for Health, and by the presence throughout the symposium of the Under Secretary for Health.

It is confidently expected that the proceedings of the symposium and the firm recommendations made at the concluding session will provide a boost to the leprosy control programs in Zimbabwe itself and in neighboring countries.—S. G. Browne

Argentina. *Sociedad Argentina de Dermatología (Asociación Médica Argentina).* Comunicamos que la Comisión Directiva de la Sociedad Argentina de Dermatología, sita en la Avda. Santa Fe, 1171 (1059), Buenos Aires (Argentina), está integrada de acuerdo a la elección de sus miembros por los siguientes doctores:

Presidente: Dr. Juan C. Gatti

Vicepresidente: Dr. Sergio Stringa

Secretario general: Dr. Esteban Saraceno

Secretario científico: Dra. Graciela E. A. Pizzariello

Secretario de actas: Dr. Eduardo Formentini

Tesorero: Dr. Roberto Ferradas

Protesorero: Dra. Magdalena Shaw

Archivista: Dr. Miguel I. Fridmanis

Vocales titulares: Drs. Rafael Garzón, Al-

berto Torres Cortijo, Abraham Man, Luis Mirande y Alfredo H. Amdur

Vocales suplentes: Drs. Horacio Cabo, Carlota Jaimovich, Horacio J. Arias Obarrio, Alejandro Cordero (h) y Graciela Rodríguez Costa—(Rev. Fontilles 14 [1983] 61)

Belgium. *Prix des Concours Ordinaires awarded Madame Françoise Antoine-Portaels.* Madame Françoise Antoine-Portaels was honored with the Prix des Concours Ordinaires by the 4th section of the Belgian Royal Academy of Medicine for her report "Culture, identification and the taxonomic position of the Stefanski bacillus."—(Ann. Soc. Belg. Med. Trop 63 [1983] 175)

Federal Republic of Germany. *Hubert Count of Ballestrem awarded Federal Distinguished Service Cross.* "The physical and spiritual misery of leprosy patients has roused your sympathy. You wanted to do something against it and you have indeed done something: you have activated private energies and private commitment both in our country and internationally. Your tireless work for the cause of the leprosy patients has given new hope to countless humans in Africa, Asia and Latin America." With these words Mr. Jürgen Warnke, Federal Minister for Economic Cooperation, acting on behalf of the President of the Federal Republic of Germany, presented the Federal Distinguished Service Cross to Hubert Count of Ballestrem in Bonn. Count of Ballestrem has been president of the German Leprosy Relief Association since 1958. For several years Count of Ballestrem served as chairman of the International Union of Anti-Leprosy Organisations (ILEP); during his term of office two ILEP general meetings in Würzburg and Paris took place. He worked with the German Caritas in their refugee and prison welfare work and as a social worker with the juvenile court. From November 1954 until his retirement in 1975, he represented a large industrial firm in Bonn, where he still lives. Count of Ballestrem has been Honorary Knight since 1932 and a professed knight of the Sovereign Order of Malta. Thanks to the untiring energy of Count of Ballestrem and his co-workers, the German Leprosy Relief Association could assist more than 600 leprosy and other health projects as well as social programs

during the 25 years of its existence. More than one million patients and their families could be brought relief due to the support from the German population.—(German Leprosy Relief Association news release)

ILEP members aid 1.23 million leprosy patients. The International Union of Anti-Leprosy Organisations support 622 projects and programs in 82 countries of the world. More than 1.23 million leprosy patients all over the world benefit from this assistance. The ILEP members provided a total budget of US\$37.7 million for relief measures that include not only direct support to leprosy centers and programs but rehabilitation and resocialization projects, support of leprosy research work, training and educational work. The German Leprosy Relief Association's (GLRA) share of these relief measures amounted to \$11.5 million. These figures are shown in ILEP's financial report presented by the ILEP coordination office, London, England.

ILEP is a coordinating central office for 25 leprosy relief organizations from 16 countries all over the world. The GLRA, representing the Federal Republic of Germany together with the Hartdegen Fund and the Evangelical Leprosy Relief Organization, as an associated member, is among the founding members of this voluntary union.

The largest contingent of the 1.23 million leprosy patients who are being helped by ILEP is found in Africa, with 657,000 patients and 334 projects in 44 countries. Asia is second with 512,000 patients being attended to and supporting measures for 266 projects in 16 countries. In Latin America and Oceania, 61,000 patients benefitted from assistance given by ILEP members to 59 projects and 19 countries. About 1000 leprosy patients have been registered in Europe—mostly in southern European countries.—(German Leprosy Relief Association news release)

"Pro Merito Melitensi" awards go to three members of the Deutsches Aussätzigen-Hilfswerk. Three members of the German Leprosy Relief Association (GLRA) have been awarded the order "Pro Merito Melitensi" by the former hospitaller of the Order of Malta, Dr. Wolfgang Count of Balles-trem. Mrs. Irene Kober, founder member of the GLRA, was conferred the Distin-

guished Service Cross of the Order. During GLRA's first years, in the chairman's office and later on in the registry and in the central archives, she contributed substantially to what the GLRA now represents.

Dr. Helmut Müller was awarded the Officer's Cross. He, like Mrs. Kober, is one of the founder members and has for many years served on the board of directors. He has been GLRA's vice president since 1980, and is GLRA's counsellor in legal affairs.

Miss Waltraud Krafft was decorated with the Silver Service Medal of the Order for her work in the smooth trial of the new multidrug therapy developed by Borstel Research Institute. Miss Krafft has been a member of GLRA's staff for 22 years.—(German Leprosy Relief Association news release)

India. Nalgonda Leprosy Center treating 7600 leprosy patients. Father Luigi Pezzoni, a Franciscan missionary and the head of Nalgonda Leprosy Centre in Andhra Pradesh State, India, reported on progress made in the field of leprosy work during a stop-over at the headquarters of the German Leprosy Relief Association (GLRA). The GLRA has assisted the Nalgonda project since 1973, and a grant of DM 220,000 was scheduled for Nalgonda in 1983.

Fr. Pezzoni and his mainly Indian staff members treat approximately 7600 leprosy patients in 28 outstations and attend to a number of other diseases which they are confronted with during their "tree clinics." In 1970, due to support from GLRA, Fr. Pezzoni, a medical doctor, attached a leprosy hospital to the existing hospital which dates from 1966. Numerous projects in the field of social rehabilitation, such as the construction of houses, wells and workshops, aim at providing better living conditions for the leprosy patients. Educational work, too, has become an integrated part of Fr. Pezzoni's activities; educational campaigns include schools and households in the villages of the area.

Fr. Pezzoni also paid a visit to the action committee at Buxtehude which has adopted Nalgonda as its partner project.

Besides Nalgonda the GLRA will assist more than 70 projects in India with a total scheduled budget of DM 6.6 million in 1983.—(German Leprosy Relief Association news release)

India. XII International Leprosy Congress. The revised dates of the Congress are 20–25 February 1984. The following workshops will be organized before the Congress sessions from 16–18 February 1984. The venue is Vigyan Bhavan, New Delhi. The Chairmen and Core Members have already been chosen and notified by the International Leprosy Association. (Only the members invited to the workshops are allowed to attend.)

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| 1. Experimental Leprosy | 4. Experimental Chemotherapy |
| 2. Microbiology | 5. Epidemiology and Control |
| 3. Immunology | 6. Teaching and Training |
| 7. Social Aspects | |

Sessions of the Congress

The Congress sessions will be held from 20–25 February 1984. Registration counters will be open from 19–25 February 1984. The following are the Main and Concurrent Sessions of the Congress.

Main Sessions (Main Hall)

DATE 1984	DAY	TIME		TOPIC
		FROM	TO	
20 February	Monday	Forenoon		Registration Opening Ceremony Keynote Address
		2 P.M.	5 P.M.	Clinical Aspects
21 February	Tuesday	9 A.M.	1 P.M.	Immunology I
		2 P.M.	5 P.M.	Immunology II
22 February	Wednesday	9 A.M.	1 P.M.	Microbiology
		2 P.M.	5 P.M.	Experimental Leprosy
23 February	Thursday	9 A.M.	1 P.M.	Epidemiology and Control I
		2 P.M.	5 P.M.	Epidemiology and Control II
24 February	Friday	9 A.M.	1 P.M.	Social Aspects
		2 P.M.	5 P.M.	Social Aspects

Concurrent Sessions (Commission Room)

DATE 1984	DAY	TIME		TOPIC
		FROM	TO	
21 February	Tuesday	9 A.M.	1 P.M.	Surgery and Rehabilitation
		2 P.M.	5 P.M.	Ophthalmology
22 February	Wednesday	9 A.M.	1 P.M.	Treatment
		2 P.M.	5 P.M.	Nerve Damage
23 February	Thursday	9 A.M.	1 P.M.	Experimental Therapy

Delegation Fees

CURRENCY	DELEGATES		ASSOCIATES	
	BEFORE 30 September 1983	AFTER 30 September 1983	BEFORE 30 September 1983	AFTER 30 September 1983
Indian Rupees	Rs. 1000	1200	Rs. 500	600
U.S. \$	\$ 110	130	\$ 55	65
£ Sterling	£ 70	80	£ 35	40

Teaching and Training Sessions

A new feature at this Congress will be the introduction of Teaching and Training Sessions through slide, tape, and video presentations. The subjects chosen for these sessions are:

Monday	20 February 2 P.M.–5 P.M.	New Understanding of Immunology
Tuesday	21 February 9 A.M.–1 P.M.	Ocular Manifestations
	21 February 2 P.M.–5 P.M.	Reactive Phenomena
Wednesday	22 February 9 A.M.–1 P.M.	Nerve Damage & Anesthetic Limbs
	22 February 2 P.M.–5 P.M.	Approaches to Leprosy Control
Thursday	23 February 9 A.M.–1 P.M.	Education of Public & Patients
	23 February 2 P.M.–5 P.M.	Clinical Examination
Friday	24 February 9 A.M.–1 P.M.	Clinical & Histological Types (New Indian Classification)

These sessions will take place in blocks of time. The whole of a morning or an afternoon being given to repeated presentation of one topic. Each session whether by slide, tape, or video presentation will be approximately 50 minutes. This program is being introduced to: 1) offer basic instructions in aspects of leprosy to delegates, and 2) to demonstrate to delegates some of the teaching material available.

Dr. Felton Ross is entirely responsible for organizing these sessions. (Orders for copies of these slide-tapes may be placed at the counters.)

Social Events

Monday	20	February	8:00 P.M.	Dinner hosted by the Chairman of the Local Organizing Committee and the President of the International Leprosy Association. (For delegates and especially invited guests.)
Tuesday	21	February	7:30 P.M.	Cultural Program
Thursday	23	February	8:00 P.M.	Banquet

(It is hoped that the Damien-Dutton award will be presented during the banquet on Thursday, 23 February.)

Program for Ladies and Accompanying Persons

21–24 February 9:00 A.M.–4:00 P.M.

These will include city tour, cookery demonstrations, fashion show, etc.

Official Carrier

Air India International has been appointed as the official carrier for the Congress. Air India is offering various reduced fares to delegates. Please contact the Air India representative in your country for detailed information.

Official Travel Agents

India Tourism Development Corporation (ITDC) has been appointed as the official travel agent for hotel accommodations, transportation, arrangements for accompanying persons, pre- and post-Congress tours, travel confirmation, ticketing, and food arrangements. Lunch tickets at cost will be distributed by ITDC by earlier arrangements or at counters at the time of registration.

The following hotels have been selected for accommodating the delegates. The ITDC has assured us of a 10% discount of the accommodation charges.

	Single	Double
Ashok	Rs. 600	Rs. 700
Akbar	Rs. 500	Rs. 600
Kanishka	Rs. 400	Rs. 475
Qutab	Rs. 300 & Rs. 325	Rs. 375 & Rs. 400
Janpath	Rs. 250	Rs. 350
Ranjit	Rs. 200 Non-AC Rs. 125	Rs. 260 N/AC 195
Lodhi	Rs. 185	Rs. 265
		Small double Rs. 230
Yatri Nivas	Rs. 50	Rs. 60

ITDC will require one day's rent in advance for confirmation of accommodation.

Pre- and Post-Congress Tours

The following are the tours organized by the ITDC. The prices are not quoted in this brochure.

1. Delhi-Chandigarh-Srinagar-Delhi (6 days)
2. Delhi-Hyderabad-Bangalore-Mysore-Bombay (9 days)
3. Delhi-Calcutta-Bhubaneshwar-Puri-Konark-Calcutta (6 days)
4. Delhi-Agra-Bharatpur-Jaipur-Delhi (5 days)
5. Delhi-Agra-Khajuraho-Varanasi-Calcutta (7 days)
6. Delhi-Jaipur-Udaipur-Aurangabad-Bombay (7 days)
7. Delhi-Madras-Madurai-Trivandrum-Kovalam (8 days)
8. Delhi-Kathmandu-Delhi (4 days)
9. Delhi-Corbett Park-Delhi (4 days)
10. Delhi-Jaipur-Jodhpur-Jaisalmer-Udaipur-Aurangabad-Bombay (10 days)
11. Delhi-Khajuraho-Varanasi-Calcutta (6 days)
12. Delhi-Jaipur-Delhi (same day return)
13. Delhi-Jaipur-Delhi (overnight trip)
14. Delhi-Agra-Bharatpur-Delhi (2 days)
15. Delhi-Agra-Delhi (overnight stay—2 days)
16. Bombay-Goa-Bombay (3 days)

Conducted Tours

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|------------------------|------------------------------------|
| 1. Delhi | 4. Delhi to Jaipur—Delhi |
| 2. New Delhi | 5. Two day tour to Agra and Jaipur |
| 3. Delhi to Agra—Delhi | 6. Delhi-Agra-Bharatpur-Delhi |

Details of the places and tour charges will be supplied by ITDC. For further details, please contact Mrs. Deepti Bhagat, I.T.D.C., Jeevan Vihar, Parliament Street, New Delhi-110001, India.

Registration

The counters will be open at Vigyan Bhawan from 19 February until the afternoon of 24 February.

General Information

The delegates will be received at the airport/railway stations. Transport will be provided from the airport/railway station to the hotels free of charge. Delegates wishing transport from hotels to airport/railway stations at the end of the Congress will make their own arrangements with hotel authorities. Taxis are readily available.

Transport will be provided from the hotels to the venue regularly. Delegates who are not staying in hotels will be picked up from certain earmarked pick-up points. Transport will also be provided for all social events and accompanying persons programs.

Technical Exhibitions

Technical exhibitions of pharmaceutical companies/other organizations will be held at the Congress site. The present rates are Rs. 25 per day per sq. meter of space occupied.

Visas

The Indian embassies in various countries are being requested to provide all facilities to participants to issue necessary visas.

Participants from those countries with which India has no diplomatic relations are requested to write to the Organizing Secretary about their intention to attend the Congress as individuals and not as representatives of governments concerned. This request should be sent along with the registration form and details of their passport.

We are trying to make arrangements for these delegates to get a visa at the airport.

Tentative Program

Sunday, 19 February 1984

Registration (registration counters will be open daily from 19–25 February 1984 at the Vigyan Bhavan)

Monday, 20 February 1984
(Morning)

Inauguration by the President of India
Keynote address by Smt. Indira Gandhi, Prime Minister of India

12:30 P.M.–2 P.M.
2–5 P.M.
8 P.M.

Lunch (free for all delegates)
Scientific Session
Dinner hosted by the Chairman of the Local Organizing Committee and the President of the International Leprosy Association (for delegates and especially invited guests)

Tuesday, 21 February 1984

9 A.M.–1 P.M.
2 P.M.–5 P.M.
7:30 P.M.

Scientific Program
Scientific Program
Cultural Program

Wednesday, 22 February 1984

9 A.M.–1 P.M.
2 P.M.–5 P.M.

Scientific Program
Scientific Program

Thursday, 23 February 1984

9 A.M.-1 P.M.	Scientific Program
2 P.M.-5 P.M.	Scientific Program
8 P.M.	Banquet (Contributory at Rs. 150, U.S. \$18, £12)

Friday, 24 February 1984

9 A.M.-1 P.M.	Scientific Program
2 P.M.-5 P.M.	Scientific Program

Saturday, 25 February 1984

9 A.M.-1 P.M.	Closing Session
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Interpretation and Documentation

English, French and Spanish.

Screening of Films

Technical films will be presented in the technical sessions. However, we are also making arrangements for showing films of a general nature from 22-24 February.

These films will be previewed on 20 and 21 February.

Projection Equipment

All the halls are provided with 35 mm slide projectors and 16 mm movie film projectors with sound facilities. Authors who are presenting slides or films should deposit their slides in the projection room a day earlier to their presentation. Please note that the halls are not fitted with super 8 mm movie film projectors.

There are also facilities to show video films on leprosy suitable for teaching. The sets manufactured in India will take VHS-PAL system cassettes.

Dress

February is a cold month in Delhi. Temperature falls to as low as 12°C-15°C. Dress informal, but delegates are advised to bring warm clothing.

Important Notice

We are expecting over 1000 delegates from nearly 135 countries. Entry to technical sessions will be restricted to only registered delegates. The Congress badge should be worn at all times during the period of the Congress.

Mode of Payment:

1. Registration fee and Banquet fee: Checks or drafts should be drawn in favor of "Twelfth International Leprosy Congress, New Delhi." Payable in Indian rupees, U.S. dollars, or pounds sterling.
2. Hotel Accommodation: Checks or drafts to be drawn in favor of "ITDC, New Delhi."

Other information and detailed programs will be placed in your kit which will be delivered to you at the time of registration.

We look forward to seeing you in Delhi during February 1984.

Warm greetings from all of us here.

—Dr. Dharmendra, Working Chairman

—Mr. N. R. Laskar, Chairman

—Dr. R. H. Thangaraj, Organizing Secretary

For additional information, write:

Dr. R H Thangaraj
Organizing Secretary
XII International Leprosy Congress
1 Red Cross Road
New Delhi-110 001, India

—From the Final Information Brochure

Japan. *Sasakawa Memorial Health Foundation publications available in English.* The following publications are available from the Sasakawa Memorial Health Foundation, The Sasakawa Hall, 6F, 3-12-12 Mita, Minato-ku, Tokyo 108, Japan:

Proceedings of the International Workshops:

- SP-1. *The 1st International Workshop on Training of Leprosy Workers in Asia—Bangkok and Pattaya, 1976, 228 pp.*
- SP-2. *The 1st International Workshop on Chemotherapy of Leprosy in Asia—Manila, 1977, 213 pp.*
- SP-3. *The 1st International Workshop on Leprosy Control in Asia—Jakarta, 1977, 249 pp.*
- SP-4. *The 2nd International Workshop on Training of Leprosy Workers in Asia—Bangkok, 1979, 242 pp. (Limited copies available)*
- SP-5. *The 2nd International Workshop on Leprosy Control in Asia—Kathmandu, 1979, 163 pp.*
- SP-6. *The 3rd International Workshop on Leprosy Control in Asia—Taipei, 1980, 188 pp.*
- SP-7. *The 3rd International Workshop on Training of Leprosy Workers in Asia—Bangkok, 1982.*
- SP-8. *The 4th International Workshop on Leprosy Control in Asia—Kuala Lumpur, 1982, 197 pp.*

Proceedings of other meetings (National and International):

- SPO-1. *The 1st Seminar on Leprosy Control Cooperation in Asia—Tokyo, 1974, 118 pp.*
- SPO-2. *The 2nd Seminar on Leprosy Control Cooperation in Asia—Tokyo, 1975, 153 pp.*
- SPO-3. *International Symposium on Leprosy and Joint Chemotherapy Trial Meeting—Seoul and Anyang, 1978, 137 pp. (Limited copies available)*
- SPO-4. *The 1st National Workshop on Leprosy Control—Nepal, 1979, 96 pp.*
- SPO-5. *International Symposium on the Epidemiology of Leprosy—Geilo, Norway, 1981, published by British Leprosy Relief Association as Supplement to Lep-*

rosy Review, Vol. 52, 1 Dec. 1981, 304 pp. (Limited copies available)

- SPO-6. *The 2nd National Workshop on Leprosy Control—Nepal, 1981, 103 pp.*

Others:

- SO-1. *Sasakawa Foundation Fellowship, 1978, 99 pp.*
- SO-2. *Sasakawa Foundation Fellowship, No. 2, 1981, 102 pp.*
- SO-3. *Sasakawa Memorial Health Foundation, 1982, 18 pp.*
- SO-4. *Leprosy in Japan*, by Dr. F. Ohtani, Ministry of Health and Welfare, Japan, 1982, 35 pp. (Limited copies available)
- SO-5. *Health for All by the Year 2000*, by Dr. H. T. Mahler, Director-General, WHO, 1981, 12 pp.
- SO-6. *The Way toward Eradication of Hansen's Disease*, by Prof. M. F. Lechat, President, International Leprosy Association, 1981, 14 pp.
- SO-7. *Leprosy in China*, by Dr. Stanley G. Browne, Secretary, International Leprosy Association, 1982, 25 pp.
- SO-8. *An Atlas of Leprosy (Philippines)*, by Dr. R. Guinto, et al., 1981. (Limited copies available)
- SO-9. *An Atlas of Leprosy (Philippines)*, by Dr. R. Guinto, et al., 1983. (Revised)

The Netherlands. *INFOLEP 1982 Annual Report.* The Leprosy Documentation Service (INFOLEP) is an information service that was set up as a joint project by the Netherlands Leprosy Relief Association (NSL) and the Royal Tropical Institute (KIT) in Amsterdam in 1979.

Formally, the project is attached to the Leprology Unit of KIT, and there is a close working relationship with NSL which is located in the same building. The project comprises a library/reading room, the publication of an abstract journal "Leprosy and Related Subjects," and a slide bank. Particular emphasis is given to materials for teaching and learning in leprosy.

Collections and facilities are gradually being built up with a view to fulfilling the aim of the project, namely: "to provide international coverage of documentary information concerning mycobacterial diseases to users throughout the world, for the purpose of controlling these diseases through research, education and policy-making."

The overall result of work during 1982 was not unsatisfactory. Much basic work was done in setting up routine administrative procedures, and cataloguing. Contacts made within KIT, with ILEP member associations, with ILEP Coordinating Bureau, and with IUAT, have laid the basis for further cooperation, and will help to define the future role of INFOLEP as a referral center for mycobacterial diseases.

A small, steady increase was noted in the number of requests for information/literature, although there had been no attempt as yet to publicize INFOLEP as a whole. Priority was given to the building up of adequate basic facilities that will eventually be used to provide extensive information services. This policy will be continued in 1983.

For the effective development and functioning of the project, continuity of staff is most important, and every effort will need to be made to ensure this.

More insight will be required in the worldwide needs for information about mycobacterial diseases, and in the possibilities for effective functioning of INFOLEP, to develop an adequate range of services in the future.

Improved records, and improved analysis of work carried out within the project, and of requests for information that are received, as well as further contacts with organizations and individuals active in the field, should make it possible to formulate clearly the scope of information services that can reasonably be expected of INFOLEP in years to come.—(From the Summary)

Switzerland. *IMMLEP and THELEP seek trial sites.* The Scientific Working Groups on Immunology of Leprosy (IMMLEP) and Chemotherapy of Leprosy (THELEP) of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) wish to undertake a series of trials of immunotherapy of lepromatous leprosy. The first trials are designed to compare the efficacy of three vaccines—BCG, heat-killed *Mycobacterium leprae* (HKML), and the combination BCG + HKML—in terms of the proportions of treated, smear-negative lepromatous patients who develop skin-test reactivity to a soluble antigen prepared from *M. leprae*. A protocol for a trial to determine the capacity of several vaccines to pro-

duce skin-test reactivity to a soluble *M. leprae* antigen in treated smear-negative patients with lepromatous leprosy has been prepared, which calls for four groups, each of 100 such patients. The patients are to be skin-tested and vaccinated on eight occasions at intervals of three months, and followed thereafter for a period of five years. Leprosy treatment centers interested in participating in such trials are invited to write to Dr. S. K. Noordeen, Secretary, IMMILEP and THELEP Steering Committees (TDR), World Health Organization, 1211 Geneva 27, Switzerland.

Sixth report of the WHO Special Programme for Research and Training in Tropical Diseases. Chapter 1 of the report is an overview of the program and lists the highlights of progress in relation to immunology of leprosy to include the following:

The first batch of purified killed *Mycobacterium leprae* has been produced in licensed premises for use in man; plans are well advanced for sensitization studies in man, and careful consideration is being given to prophylactic and therapeutic trials.

DNA hybridization techniques have been applied to the study of the taxonomic relationships of *M. leprae* to other mycobacteria and corynebacteria species.

M. leprae antigens have been studied using monoclonal antibodies and other immunochemical and biochemical methods, and a glycolipid antigen has been identified which is uniquely associated with *M. leprae*.

An animal model for immunological unresponsiveness to *M. leprae* antigens has been developed.

A dominant HLA-linked gene conferring susceptibility to lepromatous leprosy has been identified on the basis of the segregation patterns of HLA haplotypes observed in children with lepromatous leprosy.

Four large-scale BCG vaccination trials have been analyzed for efficacy against leprosy.

Highlights of progress in relation to therapy of leprosy include:

Surveys of dapsone resistance. The survey of secondary dapsone resistance at Gudiyatham Taluk, South India, estimated the prevalence of secondary dapsone resistance in the area to be 95 per 1000, and most of the resistance is of high degree. The study in Shanghai Municipality yielded an esti-

mated prevalence of 86 per 1000, virtually all of the resistance being either intermediate or high degree. The survey in Trivellore Taluk, South India, has indicated an estimated prevalence of 48 per 1000. Surveys are in progress in Burma and Upper Volta.

The survey of primary dapsone resistance at Cebu indicated an estimated prevalence of 33 per 1000; studies in Chingleput (India) and Bamako (Mali) have yielded very high figures of 300 and 375 per 1000, respectively, among untreated patients recruited for clinical trials.

Trials of multidrug regimens. The clinical trials at Chingleput and Bamako are progressing satisfactorily. Preliminary data on the problem of persisters suggest that maximal regimens may be no more successful in eliminating persisters than are the less intensive regimens.

The two field trials at Karigiri and Polambakkam are making satisfactory progress. By the end of the year all of the eligible patients in both Karigiri and Polambakkam will have been started on their regimens of intensive chemotherapy. A short-term trial on comparison of ethionamide and prothionamide at two dosage levels has begun. The protocol on trials in non-lepromatous leprosy has been finalized and applications from centers seeing a sufficient number of new patients have been invited.

Drug development. Studies on cell-free extracts of *M. lufu* and *M. leprae* show that the biochemical basis of dapsone resistance is not an altered dihydropteroate synthesis. Analogues of dapsone have been synthesized that are potentially more potent than dapsone itself.

Chapter 8 contains more detailed presentations of the activities of IMMSEP and THESEP over the period 1979-1982.—(From the Report)

Thailand. *German Leprosy Relief Association funds leprosy work.* By intensifying educational work both on general health problems and leprosy the German Leprosy Relief Association (GLRA) intends to accentuate leprosy work in Thailand in 1983. The GLRA has assisted leprosy work in Thailand since 1961, thereby closely co-operating with the Hartdegen Fund. This foundation, established by the late Dr. Lutz

Hartdegen, is linked administratively to the GLRA. The total scheduled budget for leprosy relief work in Thailand amounts to DM 633,000,-. The main centers of activity will be McKean Hospital in Chiang Mai, a settlement project for leprosy patients and their families, as well as assistance to a rural co-operative for the selling of crops and products made by leprosy patients.—(German Leprosy Relief Association news release)

U.S.A. *Leonard Wood Memorial research grant.* The Leonard Wood Memorial (LWM) invites applications for research grants directed to the *Early Diagnosis of Leprosy*. It is anticipated that the successful applicant will employ modern tools of biologic investigation including, but not necessarily limited to purified antigens, purified (monoclonal) antibodies, and DNA probes, in pursuit of improved modalities for leprosy diagnosis. LWM will award one such grant at a total direct/indirect cost of US\$50,000 per year for a total of three years.

A unique advantage of LWM funding is that epidemiologic studies of candidate diagnostic reagents can be carried out, at no cost to the grantee, with the assistance of LWM staff at the Eversley Childs Sanitarium, Cebu, Philippines. The LWM program in Cebu provides direct clinical, histopathologic, and laboratory access to more than 400 active cases of disease within the Eversley Childs Sanitarium and an even greater number of patients are available through the LWM facility within the nearby government outpatient facility at Cebu City. New, untreated patient input is in the order of 8-10 cases per month. Prospective applicants are encouraged to submit a one-page letter of intent that includes a brief synopsis of the proposed research. When received, appropriate application guidelines will be sent to the applicant. LWM requests such letters as an indication of the number and scope of applications to be received. A letter of intent is not binding, but should be received no later than January 31, 1984. Anticipated deadline for completed grant applications is April 2, 1984.

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