

## 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.*

**BRAZIL.** *16th International Leprosy Congress.* The next (16th) International Leprosy Congress will be held in the Convention Centre in Salvador (Bahia State) in Brazil during August 4–9, 2002. Dr. Marcos Virmond, M.D., Ph.D., Director, Instituto Lauro De Souza Lima, Bauru is the Chairman of the Congress Organizing Committee. The members of the Organizing Committee are Dra. Euzenir Nunes Sarno, M.D., Ph.D., Head, Leprosy Lab and Tropical Medicine, Instituto Oswaldo Cruz-Fia Cruz, Rio de Janeiro (Secretary for Science), Dr. Luiz Carlos de Melo (Treasurer and Secretary for Administration) and Dr. Yo Yuasa, President, International Leprosy Association.

While there will be oral presentations, special attention will be given to poster presentations in order to maximize the personal discussions and explanations of the participants' research and work. Workshops will be held for 1–2 days preceding the Congress. Participation will be by invitation from the respective workshop chairpersons. Summaries of workshop chairpersons will be available to all delegates at the conclusion of the Congress.

English and Portuguese have been declared as Congress language.

For information regarding registration, sending of abstracts/posters, etc., please contact Conference Secretariat, 16th International Leprosy Congress, Instituto Lauro De Souza Lima, Rodovia Comandante João Ribeiro de Barros, Km. 225/226, Caixa Postal 3021, CEP 17001-970, Bauru, SP, Brasil. Fax: +55-14-221-5914; e-mail: <brazil\_leprosy@ils.br>

Pôsteres apresentados no 55º Congresso Brasileiro de Dermatologia. *Anais Brasileiros de Dermatologia* (2000) **75** (Supple. 2) 40 pp. [Pt, Many ref.]

This journal supplement includes the text and illustrations of 39 posters presented at the 50th Brazilian Congress of Dermatology [date and venue not given]. Among others, the topics include neoplasms, cryptococcosis (*Cryptococcus neoformans*), leprosy (*Mycobacterium leprae*), cutaneous leishmaniasis (*Leishmania* spp.) and scabies (*Sarcoptes scabiei*).

**CHINA.** *5th International Meeting of Tropical Medicine and Parasitology.* 16–18 October 2002, Sanya, China. Contact: Dr. Kevin Chen, International Convention Services, Chinese Medical Association, 42 Dongxi Xidajie, Beijing 100710, China. Fax: +86-10-6512-3754, or e-mail: kevinchen@chinamed.com.cn

**INDIA.** Dr. S. K. Noordeen to be *Honorary Editor, Indian Journal of Leprosy*. Dr. S. K. Noordeen to be *Hon. Editor, Indian Journal of Leprosy*. Dr. H. Srinivasan, Hon. Editor of this Journal since November 1989 has relinquished office for personal reasons. He was ably assisted during these years by Mr. K. Subramanyan as Assistant Editor and Mr. K. K. Subramanian as Editorial Secretary. They are also retiring along with Dr. H. Srinivasan. The present issue (Vol. 73(2) 2001) is the last one to come out under their stewardship.

Dr. S. K. Noordeen, retired recently as the Director of Leprosy Programme at the WHO Headquarters, Geneva, has been appointed as Hon. Editor, in place of Dr. H. Srinivasan. Dr. Noordeen needs no intro-

**BRAZIL.** *Sociedade Brasileira de Dermatologia.* [Posters presented at the 50th Brazilian Congress of Dermatology.]



duction to the readers of the Journal. His service to the cause of leprosy over the last forty years has culminated in the reduction of global leprosy load by a factor 10 or more, a glorious achievement in the history of mankind's striving towards better health. Our best wishes to Dr. Noordeen for an equally productive and successful future as Hon. Editor of the Journal. The new address of the editorial office of the Journal is: Dr. S. K. Noordeen, Hon. Editor, Indian Journal of Leprosy, 1-A, K G Valencia, 57, First Main Road, Gandhi Nagar, Chennai - 600 020, India.

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**INDIA.** *Bombay Leprosy Project Completes Twenty-Five Years of Service. BLP earns praise at its Silver Jubilee.* The success of the well-known Bombay Leprosy Project (BLP) in tackling leprosy problems in the sprawling slums of Mumbai for the last twenty-five years came in for praise from speaker after speaker at the silver jubilee function of the project at the Lokmanya Tilak Memorial Medical College Auditorium, Sion on Saturday, the 6th October 2001.

Galaxies of veterans were on the dais and the Chief Guest was **Hon'ble Shri. Nawab Malik**, Minister of State for Housing, Government of Maharashtra. The Minister recalled the long years of hard work by the project under the leadership of Dr. Ganapati, the Project Director with an excellent and dedicated team of doctors and paramedical workers.

**His Eminence Simon Cardinal Pimenta** recalled his long association with leprosy work in Mumbai and also with BLP and wished success for a "World Without Leprosy." The organizers handed over to him the memento of a painting showing Jesus Christ attending to a leprosy patient.

**Mr. Philip Kaku**, the Consul General of Japan in Mumbai, expressed the hope that the aid given by the Japanese Government will help in the fight against leprosy in a significant way.

**Dr. N. T. Kamthekar**, the State Leprosy Officer of Maharashtra complimented BLP's efforts and gave an outline of the current status of leprosy in the state.

**Mr. Ajit Wadekar**, the famous cricketer said that the success story of BLP should be given more media coverage for people to know more of the struggle against the disease. **Dr. M. E. Yeolekar**, Dean, LTM Medical College and Hospital joined the other dignitaries to applaud BLP.

**Dr. R. Ganapati**, the visionary behind the project narrated the problems he had to face in making the project viable and stable for the past 25 years. He thanked the government and the German donor agency for their understanding and support. He named key members of his team and thanked them. He spelled out the future strategies of BLP in the areas of 1) Rural disability care services 2) Computer training of the handicapped and 3) CME programmes in Medical colleges. Mrs. Hawabee, a slum dweller in Beharam Nagar, Bandra, who helped BLP as a first community volunteer for leprosy case detection and even offered her house to run a clinic to treat leprosy patients of the slum in September 1976 was honored by the Cardinal.

**The scientific session on "World Without Leprosy,"** followed soon after. **Dr. S. K. Noordeen**, till recently the Director of leprosy at the WHO, Geneva, gave a world view of leprosy and the status in India, reminding the people that India continues to have the largest number of patients compared to other nations.

**Dr. Bhushan Kumar**, Prof. and Head of Dermatology at the Post-Graduate Institute of Medical Science at Chandigarh gave an update of leprosy from a clinical angle and advocated a more systematic integrated approach to combat the disease.

**Dr. P. K. Oommen**, a well-known Surgeon from the Central Leprosy Teaching and Research Institute, Chingleput gave his views on how to prevent deformities and also tackle deformity correction. He added that ocular complications are not given equal importance along with other deformities. He wondered whether World Without Leprosy could be reached, without a strategy to care for 1.5 million visibly disabled due to leprosy in India.

**Mr. Jayaraj Devadas**, Director of German Leprosy Relief Association in India outlined on the sociological aspects of the disease and advocated for a better commu-

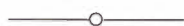


nity based counselling and rehabilitation efforts.

**Dr. (Mrs.) Hemangi Jerajani, and Dr. S. L. Wadhwa**, Professor and Head of Dermatology, Sion and Nair Hospital respectively chaired and co-chaired the scientific session.

The organizers also announced on the occasion that **Ms. Yukta Mookhey, Former Miss World—1999** has kindly agreed to associate with the project activities and particularly to help the Rural Disability care programme which is one of the future activities proposed.

Among the audience were dignitaries like Mrs. Josephine Robertson, the historian from Australia, Dr. V. V. Dongre, Director of GMLF, Dr. W. S. Bhatki, CMS of Municipal Hospitals, Dr. B. D. Athani, Director, AIIPMR, Dr. A. R. K. Pillai, President, Indian Leprosy Foundation. PG students and practicing dermatologists as well as the representatives of leprosy projects and social workers were present. A big contingent of leprosy patients including handicapped patients due to variety of crippling diseases who were rehabilitated by BLP also attended.



**INDIA. FAREWELL—AND A FEW MORE WORDS.** Indian J. Lepr. Vol. 73(2) 2001 186–189. This is the last issue of the Indian Journal of Leprosy to be brought out by the present editorial team, and we take this opportunity to bid farewell to our readers. We have tried to do our job to the best of our abilities and adhere to the ethics of medical journalism, these last 11 years. I would like to record my grateful thanks to following for their continued help and whole-hearted support extended to us all these years: The Journal staff at the Hind Kusht Nivaran Sangh (HKNS) headquarters in Delhi, Shri S. A. Jagannathan, till recently the Organizing Secretary of the HKNS, Dr C. K. Rao, Dr. S. B. Roy Chaudhury, past Hon. Secretaries and Dr. V. R. Varshney, the present Hon. Secretary of the HKNS. I should also record my grateful appreciation and thanks to Mr. G. Vijayakumar, Managing Director, Mr. V. Krishnan, Mr. P. V. Mathew and other staff of Janatha

Printing & Publishing Co. Pvt. Ltd. for the excellent job they have been doing these last ten years.

I am grateful to the members of the Editorial Board: Dr. K. V. Desikan, Dr. M. D. Gupte, Dr. P. R. Mahadevan and Dr. Indira Nath. I have sought their help as and when needed and they have advised readily. Unfortunately our physical and financial circumstances did not permit frequent and regular meeting of the Editorial Board. The members have been most understanding and never made an issue of it. I thank them for that as well.

I should make a special mention of the contribution by my two colleagues Mr. K. Subramanyan, as assistant editor and Mr. K. K. Subramanian, as secretary to the editor. They bore the burden of all the routine work like dealing with the press, maintaining correspondence, keeping track of the papers, mailing the Journal and keeping accounts besides contributing their own expertise in special areas. They both were already superannuated when I approached them to help me form the editorial team, 11 years ago when the editorial office shifted to Madras (now known as Chennai). And it is to their credit that they readily acceded to my request despite the considerable inconvenience involved in commuting from one end of the city to the other. We truly functioned as a team and I am happy to acknowledge with gratitude their invaluable help all these years.

I must record my gratitude to all those who had favored us with their papers, and those who very readily obliged us with papers for Symposia at our request; and to those who were good enough to spare their time to review books for us or write obituary notes. A special word of grateful thanks is due to the numerous experts, clinicians and research workers from a variety of disciplines from all over the world, who freely offered their time and functioned as expert referees for the Journal. The worth of their help is inestimable. We hardly ever had any problem with any of them. We might have had to remind a few of them more than once, and, we had to black list too because they would not reply to *any* of our letters! And, in all these years only one lost the paper sent to him for review!



This is probably the right occasion to share a few thoughts with the readers and clarify some issues. We have followed the policy of submitting all papers (except invited ones) to peer review although we were aware that this was initially resented by some senior leprologists. However, we did not accept the reviewer's comments blindly. We reviewed them and edited them when necessary, toning down the language and adding points overlooked by the referee. Occasionally, we had even requested the referee to revise the comments. There were also occasions when we did not agree with the referee and in those situations we had not hesitated to resort to a second opinion, especially before rejecting a paper. We have generally used slightly different standards for judging the papers, they being more stringent for papers coming from academic institutions. At the same time, we have been more liberal, without compromising on scientific aspects, with papers coming from persons working in the field and have limited access to investigatory tools. I am glad to say that over the past 11 years we had to take the extreme step of blacklisting an author, for unethical usage of data, only twice. Our policy has been to keep the referees' comments anonymous, but publish the names of reviewers of books. In order to avoid unnecessary and usually unpleasant correspondence, we had adopted the policy of not disclosing the reasons for rejecting a paper.

All papers, including invited ones, were subjected to editorial revision, but the final versions were not sent to the authors for approval in order to save on time and postage. Exception to this practice was made when we had to virtually rewrite a paper, as it has happened occasionally, or, when an author has specifically asked for it, which happened only once in the past 11 years. We are happy to note that we have not received even a single complaint from the authors on this count.

We have been disappointed greatly that we have had no feedback at all from the readers on the many changes we had made in the appearance of the Journal or on the many features we had introduced in its contents. This "reader apathy" is not only disheartening, but it also leaves us in the dark

as to the usefulness of what we had done. We have had another even more important matter for worry. Like many Indian medical journals, we have also suffered from the "phoren" mania of Indian authors. Even an institution like the Indian Council for Medical Research, which ought to know better and should provide a lead in this regard, asks its scientific staff in their evaluation interviews how many papers they have published in "foreign" Journals, as if the nativity of a journal would guarantee its quality! It is a sad commentary on the state of affairs that Indian authors continue to prefer to send their papers to journals abroad irrespective of their circulation or standards. On the one hand, support for research in leprosy is diminishing and fewer papers are being published nowadays. And if, on the other hand, even those few are sent abroad and only some rejects and trash material is sent to our own journals, how can we maintain standards? This has been the plight of the Indian Journal of Leprosy also. The usual excuses trotted out to justify this practice are that the journal is not indexed in abstracting publications, that the articles published are not peer reviewed, that the journal has poor circulation among the relevant readers and that the publication is often delayed. The first three do not hold good for this Journal. It is indexed and abstracted in publications like *Index Medicus* and their equivalents, all the articles are peer reviewed and it has very good circulation in India and abroad. Unless we receive a large number of papers, we will not be in a position to select only papers of the highest quality for publication. The fewer the papers received the less the opportunities for such selection. This is the main reason for publishing delays, as one has to wait to gather enough number of papers to maintain the scheduled number of pages per issue. I may point out here that there has been a great drop in the number of papers received during the last four years. The proportion of rejections has also come down in the last two years as a journal cannot afford to reject too many of the too few papers it receives. Substandard papers get published in this manner and then it becomes very difficult to get out of this vicious cycle; for, as per Gresham's law, inferior quality papers



drive out better quality papers. Fewer papers may reflect a substantial reduction in the quantum of research in leprosy in India, but, that cannot be the full explanation since a good number of papers are being published in the field of leprosy by Indian workers in many journals from abroad.

Drying up of research in leprosy as a disease problem is one of the distortions that has resulted from mistaking the public health problem for the whole leprosy problem. As far as I am aware, there is no direct and positive correlation between the magnitude of prevalence of a particular disease and the volume of research on that disease. In that case, conditions like short fevers, transient diarrhoea, eczema and hemorrhoids would probably be the most heavily investigated topics in our country! Similarly, when a condition becomes easily curable or uncommon, it does not mean there is no need for research on that condition. This kind of misperception occurred earlier in tuberculosis when very potent drugs became available against that disease during the middle of twentieth century. The error of such a short-sighted policy is being realized now. All the same, a similar mistake is being made currently with regard to leprosy. Apparently, we do not learn our lessons unless they are genetically imposed!

I hope that the self-esteem of the Indian scientists and research workers reaches sufficient levels to induce them to send their best works to our own journals and in that process help raise the standards of medical journals in India and maintain them at such high levels that it becomes a matter of pride to have published in a journal from India.

—H. Srinivasan

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**GERMANY.** *Leprosy: Notice to Researchers.* Remaining stocks of the leprosy laboratory reagent—synthetic PGL-I disaccharide coupled to bovine serum albumin (BSA), and BSA alone—can now be obtained from the Bernhard Nocht Institute for Tropical Medicine in Germany (it is no longer available from WHO).

Contact Dr. Gisela Bretzel, Bernhard Nocht Institute for Tropical Medicine,

Bernhard Nocht Strasse 74, D-20359 Hamburg, Germany. Tel: (+49-40) 42818-240, Fax: (+49-40) 42818-386, e-mail: gbretzel@bni.uni-hamburg.de

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**SWEDEN.** *4th International Conference on Pathogenesis of Mycobacterial Infections.* 27–30 July 2002, Stockholm, Sweden. (No contact information available.)

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**U.S.A.** *42nd Interscience Conference on Antimicrobial Agents and Chemotherapy.* 27–30 September 2002, San Diego, California, U.S.A. Contact: Meetings Department, American Society for Microbiology, 1325 Massachusetts Avenue, N.W., Washington, DC 20005-4171, U.S.A. Tel: +1-202-942-9248; Fax: +1-202-942-9340; e-mail: meetingsinfo@asmusa.org

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**U.S.A.** *40th Annual Meeting of the Infectious Diseases Society of America.* October 24–27, 2002. Chicago, Illinois, U.S.A. Contact: Phil Bolin, Infectious Diseases Society of America, 99 Canal Center Plaza, Suite 210, Alexandria, VA 22314, U.S.A. Tel: +1-709-299-0200; Fax: 1-703-299-0204; e-mail: info@idsociety.org

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**U.K.** *Recent publications available from ILEP.* To order these publications, contact ILEP on books@ilep.org.uk or write: ILEP, 234 Blythe Road, London W14 OHJ, UK.

**ILEP Learning Guide One: How to Diagnose and Treat Leprosy (2001)**

Principal Authors: Dr Guido Groenen and Dr Paul Saunderson.

This is the first in a series of learning guides about leprosy published by ILEP. The guide is aimed at health workers who deal with people who have leprosy. It contains practical advice on how to diagnose leprosy and how to give the correct treatment. It also includes basic information on how to recognize and manage leprosy reactions.

***ILEP Guidelines for Social & Economic Rehabilitation of People Affected by Leprosy (1999)***

Produced by: ILEP Medico-Social Commission

Principal author: Peter Nicholls.

The publication is based on the combined experience from ILEP programs, aimed at people working in social and economic rehabilitation and program managers thinking of becoming involved in this area. The guide is now translated into French, Spanish and Portuguese.

***Common Skin Diseases in Africa—an illustrated guide (2001).***

Authors: Colette van Hees, Ben Naafs.

The guide is a quick and easy reference for diagnosis and management of common

diseases in clinics and hospitals in East, West and South Africa. It is suitable for qualified and trainee dermatologists, general physicians, and senior health officials.

***ILEP Catalogue of Training Courses 2002.***

The ILEP catalogue of Training Courses brings together information on international courses and in-service training available to health workers. Training courses on leprosy, tuberculosis, dermatology, health management and community-based rehabilitation are included. This reflects the diversity of the work supported by ILEP Members. The guide is available in English (with translations in French where relevant).