

Report of the Leonard Wood Memorial Conference on Leprosy held in Manila, Philippine Islands,

JANUARY 9TH TO 23RD, 1931.

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REVIEW OF REPORT.

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THIS is a unanimous report of a conference of leprosy workers, among whom were some of the best known in the world. It was possible to hold it in such a highly organised centre of anti-leprosy work as the Philippine Islands owing to the generosity and foresight of The Leonard Wood Memorial for the Eradication of Leprosy.

The following attended the conference :—

Drs. Et. Burnet, Secretary, Leprosy Commission, League of Nations ; R. G. Cochrane, Secretary, British Empire Leprosy Relief Association ; Dr. H. I. Cole, Chief Chemist, Culion Leper Colony ; J. Fajardo, Director of Health, Philippine Health Service ; Maj-Gen. J. D. Graham, I.M.S., Public Health Commissioner, Government of India ; ; Dr. G. Gushue-Taylor, Superintendent, Mackay Memorial Hospital, Taihoku, Formosa ; Dr. V. G. Heiser, Director for the Far East, Rockefeller Foundation ; Lee S. Huizenga, Superintendent, Mission Hospital Jukao Ku, China ; A. N. Kingsbury, Director, Research Institute, Kuala Lumpur, Federated Malay States ; P. H. J. Lampe, Director of Health, Dutch Guiana ; C. B. Lara, Chief Physician, Culion Leper Colony ; J. Lowe, Medical Superintendent, Dichpali Leprosy Hospital, India ; J. L. Maxwell, Henry Lester Institute of Medical Research, Shanghai ; E. Muir, Leprosy Research Worker, Calcutta School of Tropical Medicine ; E. A. Neff, Superintendent, Makogai Central Leper Hospital, Fiji ; B. Nocht, President, Leprosy Commission, League of Nations ; M. Ota, Tohoku Imperial University, Japan ; J. N. Rodriguez, Supervisor of Leprosy Treatment Stations, Philippine Health Service ; J. C. Tull, Government Pathologist, Singapore , H. W. Wade, Chief Pathologist, Culion Leper Colony, and Medical Director, Leonard Wood Memorial ; N. E. Wayson, Director, United States Leprosy Investigation Station, Hawaii ; Le Roy-Desbarres and H. Joyeux, of French Indo-China.

The main part of the report is concerned with recommendations calculated to deal with the confusion in the use of technical terms connected with leprosy to be met with in the world's literature.

The conference thought that there might be differences in the symptoms of the disease due to variations in strain of the causations organism, to racial peculiarities, or to such local conditions as diet, manner of life and so forth.

They considered that under the present differences of procedure and indiscriminate usage of terms, it was difficult to appraise and compare results as between one worker and another in different parts of the world.

It was desirable that this confusion should end and with this object in view the conference strongly urged an interchange of visits by serious students and workers in leprosy, so that they might be able to correlate their work.

The conference also recommends the compilation and keeping up-to-date of a comprehensive leprosy survey including information as to the extent and distribution of the disease in various parts of the world, the predominating types, factors affecting anti-leprosy work, the laws and regulations obtaining as well as the measures taken to combat the disease, including a description of the various forms of institution established. They consider the Leprosy Commission of the League of Nations, or an Association of Leprologists, suitable bodies to undertake such work.

The conference recommended that, in future, epidemiological data with regard to leprosy be given according to the following tabular form :—

Outline of Data to be Obtained.

- I. Community. Name and type (village, town, district, country, &c.).
 - (a) Geography, Location, topography, geology, soils, &c.
 - (b) Climatology. Temperature (maximum, minimum, mean); humidity (relative, absolute); rainfall (minimum, maximum, mean, seasonal) winds (velocity, prevailing, hurricanes, typhoons, &c.).
 - (c) Population. Total number and variation in numbers; censuses or estimates; migrations; number of families.
 - (1) Racial, numbers of each; types of each (aborigines, natives, recent immigrants); mixtures (numbers and types).
 - (2) Social. Religions, castes, &c., numbers of each, types of each; marriage laws, food laws, &c., housing; types and sanitary surroundings.
 - (d) Occupation. Industrial; agriculture (crops, amounts and types); tenant system (serfdom, overcrowding, communal system, family or larger units); husbandry, fisheries.
 - (e) Diseases (general, not leprosy). Prevailing types, incidence of these and frequency of epidemics; endemicity; diseases probably due to faulty diets, types of diseases and prevalence.
 - (f) Leprosy. Incidence; distribution (geographically and by house within the community; note any unusual prevalence along lines of communication or in other districts.)
 - (g) School survey. Children; number of children from one to four years of age (inclusive); number of children of school age; number attending school; number of cases of leprosy in these groups.
2. Family.
 - (a) Blood relations. Name of head of family; number in family; age of members, sex of members; race; number, age and sex of bread-winners; age of individuals and total for family.
 - (b) Household family. Same data as for (a).
 - (c) Diseases. History of diseases other than leprosy in the family, including those prevailing in previous generation. Prevalence of disease in the habitation. Sanitary surroundings of houses.

3. Individual leprosy case.

Name : age ; sex ; occupation (indicate the type of the labour performed) ; age ; economic status ; marital state ; race ; caste ; class ; religion ; education.

Dietary ; foods and proportions of these used ; manner of preparation (freshness of food).

Diseases other than leprosy ; history, prevalence, &c., estimate of state of general health.

Leprosy ; examine for the following : type (neural or cutaneous and degree of these) ; probable infectivity ; source of infection ; history of case ; history of previous cases in the family, in relatives and previous generations ; contacts, including previous cases in the family or household, as well as casual contacts.

The conference proposes the following classification of types of leprosy.

(a) *Main Types.*

Neural (N)—All cases showing evidence of actual or previous nerve involvement, *i.e.*, alterations of sensation with or without changes in pigmentation or circulation, trophic disturbances or paralyses and their consequent results ; atrophies, contractures, ulcerations. These are not accompanied by leprotic changes in the skin.

Cutaneous (C)—All cases showing leprotic lesions in the skin. Such cases may or may not show, at any given time, clinical manifestations of nerve involvement.

(b) *Sub-Types (Indicating degree of severity).*

Neural—1 (N-1) Slight neural ; cases with one or a few small areas of disturbed sensation, which may or may not show alterations of circulation or pigmentation, paralyses or trophic disturbances of minor degree.

Neural—2 (N-2)—Moderately advanced neural ; cases with extensive or numerous areas of disturbed sensation, not confined to any one part of the body ; with paralyses or/and visible evidences of trophic disturbances ; marked depigmentation, moderate atrophy, keratosis, bullæ, &c.

Neural—3 (N-3)—Advanced neural ; cases with more or less extensive areas of anæsthesia and marked motor and trophic disturbances ; marked paralyses, atrophies, contractures, trophic ulcers and mutilations.

Cutaneous—1 (C-1)—Slight cutaneous ; cases with one to a few leprotic macules, or a few small areas of infiltration, or nodules.

Cutaneous—2 (C-2)—Moderately advanced cutaneous : cases with numerous leprotic macules, or fairly numerous or marked areas of infiltration, or nodules, frequently with lesions of the mucosa.

Cutaneous—3 (C-3)—Advanced cutaneous : numerous or very marked involvement and such cases should be recorded to indicate the degree of this involvement, as, for example, C-2, N-1.

Secondary Neural—Neural cases that were formerly cutaneous, but from which the active leprotic lesions have disappeared.

With regard to nomenclature, the congress considered that the use of the following terms should be avoided altogether namely :—

- 1.—The “toxin” of leprosy or of the *M. lepræ*, there being no evidence to support the use of such a term.
- 2.—“Case of leprosy” is applied indiscriminately to all types, from those that are active, but with slight involvement, to those with marked mutilations,

but in which all evidence of activity has long since disappeared and only the permanent sequelæ remain.

The conference recommends that the term in the first column of the following list should be used instead of those in the second, *viz* :—

| | | | |
|--|----|--|---------------------------------------|
| Mycobacterium lepræ | } | instead of | Bacillus lepræ |
| Neural case, | | ,, | { Clinical leper. Incipient leper. |
| Cutaneous case or Secondary neural case | | | |
| Closed case | | ,, | Bacteriologically negative case. |
| Open case | ,, | Infectious case. | |
| Arrested with deformity | ,, | " Burned-out " case. | |
| Case of Leprosy | ,, | Leper. | |
| Lepra reaction | ,, | Acute exacerbation. | |
| Arrested case | ,, | Cure, negative, quiescent or relatively cured. | |

The conference approved the use of the terms :—

| | |
|-------------------|--------------------------------|
| Leprotic. | Leproma. |
| Ulcers. Leprotic. | Ulcers. Trophic. |
| Infiltration. | Nodule. |
| Papule. | Macule. |
| Interrupted case= | a quiescent case re-activated. |
| Relapsed case= | an arrested case re-activated. |
| Suspected case. | |

The conference defines the following terms :—

1. " Suspected case."

Applies to a patient who presents clinical signs suggestive of leprosy but insufficient for definite diagnosis.
2. " Clinical case."

A case diagnosed as leprosy on clinical grounds, the bacteriological findings being negative. This term, however, is not recommended.
3. " Incipient case."

An early or slight case in which the bacteriological findings are negative. This term, which has been used where cases of the cutaneous type predominate and those with bacteriologically positive findings are isolated, is not recommended.
4. " Leprotic."

It is suggested that the term be applied to those changes which present clinical or microscopic evidence of inflammatory processes, typically of a granulomatous nature, which are apparently caused by *M. lepræ* in them.
5. " Leproma."

Is applied in a general sense to any lesion of a leprotic nature.
6. " Leprotic ulcers."

As those occurring in leprotic lesions which discharge the *M. lepræ*.
7. " Trophic ulcers."

As those dependent on nerve changes which do not discharge the *M. lepræ*.
8. " Infiltration."

A diffuse leprotic thickening of skin or mucous membrane which is not definitely of nodular, papular or macular form.

9. "Nodule."
A definitely thickened, rounded, circumscribed mass of leprotic nature occurring in the skin, mucous membrane or subcutaneous tissue.
10. "Papule."
A small solid elevation of the skin not more than five millimetres in diameter and of a leprotic nature.
11. "Macule."
A circumscribed area of the skin showing a change in colour sometimes with elevation or depression. The following terms may be used further to qualify its description: hypopigmented, hyperpigmented, erythematous, circinate, marginate, zonal, raised, atrophic.
12. "Active case."
One in which there is clinical or microscopic evidence of progressive or recessive change in lesions with or without accompanying systematic disturbances. These evidences include:—
(a) positive bacteriological findings by usual methods in skin or mucous membrane.
(b) the presence of raised or erythematous lesions.
(c) increase or diminution of lesions in size or number.
(d) tenderness of nerves with or without thickening.
13. "Quiescent case."
One in which there is no longer clinical or microscopic evidence of activity as defined in 12.
(The conference recommends the use of this term only in those cases from which signs of activity have been absent for at least three months; such absence to be determined by at least one examination a month. This examination to include a clinical examination as well as a microscopic examination of the nasal mucosa at more than one site and of lesions of the skin at more than two sites.)
14. "Arrested case."
One which has remained "quiescent" for a period of at least two years.
15. "Interrupted case."
This is one which, having been found "quiescent," has later become "active."
16. "Relapsed case."
This is one which, having been termed "arrested," has later become "active."

There are a number of other subjects touched on in this report such as early diagnosis, treatment and the study of contacts, but they have been dealt with from time to time in *LEPROSY REVIEW*, so that it is not considered necessary to enlarge on them for the benefit of readers.

Possibly the most important action taken by the Conference was the formation of an International Leprosy Association the purpose of which is to encourage and facilitate mutual acquaintance and collaboration between persons of all nationalities concerned in leprosy work, and the co-ordination of their efforts; to facilitate the dissemination of the knowledge of leprosy and of its control; to aid in any other practical manner the leprosy campaign throughout the world; and to publish a scientific journal of leprosy to be called "The International Journal of Leprosy."

It is proposed that this periodical shall contain suitable original articles, reprints of important papers, abstracts, items of news, correspondence and any other suitable material.

The Editorial Board of Control will be chosen by the General Council and will consist of an Editor and two Assistant Editors.

The conference requested financial aid for the establishment of this journal from "The Leonard Wood Memorial for the Eradication of Leprosy," this aid to be given, it is requested, for five years.

The Temporary General Council elected by the conference consisted of the following:—

President : Dr. Victor G. Heiser.

Vice-President : Western Section—Prof. Carlos Chagas.
Eastern Section—Dr. E. Muir.

General Council : Prof. Nagayo.
Sir Leonard Rogers.
Dr. Etienne Burnet.
Prof. de Langen.

Secretary : Dr. Robert G. Cochrane.

Treasurer : William H. Brown (Ph.D.).

Editor and General Councillor, ex-officio : Dr. H. W. Wade.

Associate Editors : Dr. H. P. Lie.
Dr. James L. Maxwell.

The duties of the Temporary General Council were to be directed to the formation of a permanent General Council. To this end it was charged with the duty of enrolling additional members, and on the attainment of adequate membership with the conduct through the post of an election of regular officers, and the organisation of sections.

It was thought by the conference that these objects could be obtained within a year.

It is hoped that a large amount of support will be forthcoming from medical men interested in leprosy, for only through collaboration and co-operation can progress be maintained, and further opportunities such as the Manila Conference be afforded for mutual discussion on international lines. The Far Eastern Association of Tropical Medicine has become an established institution, and those interested in research and progress in leprosy are urged to combine to make this new International Leprosy Association an outstanding success. Inquiries should be sent to the Secretary at 29, Dorset Square, London, N.W.1, from whom copies of the Constitution and By-Laws can be obtained.