

REPORT OF A VISIT TO THE PAN AMERICAN  
LEPROSY CONFERENCE AT BUENOS AIRES,  
ARGENTINA, AND TO THE UNITED STATES

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I left London Airport on December 4th, 1951, and reached Rio de Janeiro on December 5th. On arrival there I was met by Dr. H. C. de Souza-Araujo, of the Instituto Oswaldo Cruz, and Mr. Godkin, of PROFAR, who also had connections with the Wellcome Foundation in London. I spent two hours at the Instituto Oswaldo Cruz discussing with Dr. de Souza-Araujo his experiments on the growth of *M. leprae*, and subsequent inoculation into animals. While this work is of extreme interest, and will be followed with the hope that more permanent results will be seen, I am personally of the opinion that claims that the organism is *M. leprae* have not been altogether substantiated. The immunological work on animals does not tally with what one would expect from lepromin made from a specific organism, and until more evidence is forthcoming one has to note this work, and the enthusiasm of Dr. de Souza-Araujo, and await further confirmation of his studies.

I also had the pleasure the next day of meeting Dr. Azulay, who is a histopathologist working in co-operation with the clinician. I also visited the leprosy institution near Rio de Janeiro. As I was spending so short a time in South America, it was impossible for me to devote attention to the many aspects of leprosy which are present in that country, and I felt that the most profitable way I could use my time was to concentrate on histological work. In discussions with Dr. Azulay it seemed apparent—and this was later confirmed in my visits to Sao Paulo and Buenos Aires—that the South American workers were describing under the division of tuberculoid leprosy two conditions, namely reactional tuberculoid and tuberculoid in reaction. The former types of lesions were apparently those cases which showed either a negative or weakly positive lepromin test, and in which the histology was indicative of what has been previously described as intermediate, border line, or dimorphous lesions, and in discussing the sections with histopathologists it was evident that the tuberculoid cases in South America were divided into those which showed strongly positive lepromin, and little or no tendency to reversal of the lepromin reaction and those in which the lepromin reaction was negative, or weakly positive, and were liable to show a reversal of the lepromin

reaction and change to leproma. My conversations with Dr. Azulay were both stimulating and encouraging.

I proceeded on December 6th to Sao Paulo and spent the whole of December 7th there. I was privileged to meet Dr. Nelson de Souza Campos, who took me to see his work in the preventorium, and showed me some of the experiments which he was carrying out in relation to B.C.G. and the lepromin test. There seems to be little doubt that B.C.G. vaccination will change a lepromin negative to a lepromin positive (Mitsuda), and this positivity of the lepromin has been maintained in many instances for two years, although the tuberculin allergy after B.C.G. changed over to the negative side after one year. Whether the lepromin reaction would remain positive if the child were exposed to further contact with open cases is a finding which could only be confirmed over a very long period. From the studies of the Philippine workers and those in Bombay, it seems that all persons who become inoculated with the *M. leprae* pass through a positive allergic phase. In other words, the lepromin is initially positive, and the various factors, such as further infection or multiplication within the skin of *M. leprae*, and clinical manifestations of the disease in later life may result in altering the reaction from positive to negative. It is therefore too soon as yet to conclude that B.C.G. gives a permanent positive tissue immunity to the *M. leprae*. Nevertheless, the work which Dr. Nelson de Souza Campos has been doing is extremely detailed and interesting, and one will follow these studies with the very greatest interest, and the fact that B.C.G. vaccination is being done, in connection with the lepromin test, in other territories, will add great interest to the subject. As I have said, however, it is premature yet to draw any final or definite conclusions.

I had the pleasure of meeting Dr. Lauro de Souza Lima for a short while, but was unable to visit his institution as he was due to leave for Buenos Aires the next morning after my arrival.

I returned to Rio de Janeiro and prepared to go on to Buenos Aires on the Saturday, to attend the Pan American Leprosy Conference. Unfortunately, owing to a strike of ground staff, all planes were grounded, and my departure was delayed. I hardly need to describe how, at the very last moment, I was able to secure a seat in a Scandinavian plane, and was the only foreign delegate who was fortunate enough to attend the Conference! In this connection I should like to express my very great sense of gratitude to Mr. Godkin and his co-Director in PROFAR, Mr. Estill, for without their active co-operation and assistance it would have been quite impossible for me to reach Buenos Aires in time for the Conference.

I arrived in Buenos Aires at 3 a.m. on the morning of Sunday,

December 9th, and was present at the opening of the technical sessions. I unfortunately missed the welcome to the Conference and delegates. All the proceedings were conducted in Spanish, and it was very difficult for a delegate who was not familiar with the language to follow the papers. I do not propose further to describe in detail the papers that were given at the Conference, and shall refer only to the two main topics which were of widespread interest to those studying leprosy, namely, (1) classification and the possibility of change of type, and (2) sulphone therapy.

I myself presented a paper on the classification of leprosy, with particular reference to histopathology, and this paper was received very kindly by the Conference, and the general outline of classification which I presented was accepted as a basis for the discussion on classification. While the Conference was not able to make any definite changes in the Havana classification, because this is a matter only for an international congress, there was general agreement that the indeterminate group of cases divided themselves into (a) those with a histology showing simple inflammatory changes, and (b) those with a histology showing granulomatous changes. The former were those lesions which showed incharacteristic histology and covered in general what one would consider the pre-lepromatous lesions, and possibly the simple macular lesions of the Cairo classification, as well as resolved lesions. Those described under indeterminate lesions with granulomatous changes appeared to include all those cases which had been variously described as border line, intermediate, dimorphous, and reactional tuberculoid. It is interesting to note that the Calcutta workers are now describing this group of lesions as lepromatous lesions with exclusively localised macules,\* and these lesions appear to belong to the type described as atypical leproma.

The papers on classification and the change or reversal of type from "tuberculoid" to leproma, were of extreme interest, and I have no doubt that the contributions and the discussions with regard to classification at this Conference will be of very great assistance in formulating views on classification at the next international leprosy congress in 1953.

With regard to sulphone therapy, it was extremely unfortunate that the French delegation were delayed in Brazil on account of the strike of ground staff, and were unable to arrive in time for the Conference. Hence, the presentations of the French workers on DDS was not given, and therefore their views in reference to the advantages of using DDS over other sulphone preparations could

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\* *Leprosy in India*, Vol. XXIII (1951) No. 4, 200.

not be given adequate consideration. A paper by Dr. E. H. Payne was of interest with reference to two special points (1) that it may not be correct to conclude that because a drug is active against the mycobacterium of tuberculosis it will also be active against the mycobacterium of leprosy, and (2) that more attention should be paid to the monosubstituted derivatives of DDS, as he felt that these were probably more active, not only than the disubstituted ones, but also than the parent substance. The work on monosubstituted sulphones will be followed with the greatest of interest.

There were the usual functions attached to the Conference, and one of the interesting visits was to the Eva Peron Home for Healthy Children. This was situated some miles outside Buenos Aires, and was a very beautiful home. The children appeared to be very happy and contented. The Argentine Government deserves congratulations on this work. In addition a visit was paid to the Sanatoria Sommer, under the directorship of Dr. Fiol. During this visit cases were demonstrated, and I had the privilege of discussing general surgical and orthopaedic questions with one of the visiting surgeons, and the Sub-Director of the Sanatoria. The delegations were received by His Excellency, General Peron. After his address the official delegates from the various countries had the privilege of a personal interview with the President, who cordially welcomed the delegations that were able to attend the Conference, and outlined in an interesting way the general situation with regard to leprosy in Argentina. I also had the privilege of an interview with the British Ambassador at the Embassy, and met the staff.

Apart from the attendance at the official meetings of the Conference, I had the pleasure of meeting such S. American workers as Dr. Basombrio, Dr. Schujman and other Argentine leprologists. On the day before I left I had the advantage of a long discussion with those interested in histopathology in Dr. Basombrio's laboratory. I was able to demonstrate some of my own histopathological material, and I feel sure that this discussion enabled us to come to a better understanding with reference to each other's point of view, and was personally of extreme value to me. I would like to express my personal thanks for the friendship and cordiality of all the S. American leprologists, and would record my gratitude to Mr. Frederick Thompson, of Burroughs Wellcome & Co., Mr. Pat Moxey, of Toc H, and others who made my stay of such extreme interest.

I left Buenos Aires on Saturday, December 15th, and arrived in New York on the 16th, to be greeted with a temperature of 20 degrees below zero. I had the privilege of meeting the Executive Committee of the American Leprosy Missions, who very kindly

gave me a dinner in New York, at which I spoke, and was most gratified and encouraged at the enthusiasm of all those I met and talked with on leprosy.

I left for Washington on December 18th and had a conference with the Committee of the Leonard Wood Memorial at the Institute of Pathology. It was a very great pleasure to be able to demonstrate my histopathological material and discuss with those interested in the pathological aspect details concerning this, and I should like to express my grateful thanks to Mr. Perry Burgess and Prof. Karsner for arranging this most instructive and helpful meeting. Unfortunately Dr. Doull was delayed owing to inclement weather, and I was unable to meet him in Washington. I left Washington on December 23rd and arrived back in London at 4.15 p.m. on Christmas Eve.

In closing this report on my visit to S. America, I should like personally to acknowledge my indebtedness to the Wellcome Research Foundation for making a very generous donation, which covered the cost of my travel. I would also like to express my gratitude to the American Leprosy Missions and the Leonard Wood Memorial for their kind entertainment in New York and Washington.