

**Proceedings of a Conference on Leprosy, Westfort, Pretoria,  
October 19th-21st, 1954.**

A duplicated typed copy of the report of this Conference (78 pages) has been received. It is full of interesting material. Twenty doctors attended. The Conference was opened by Dr. le Roux, Secretary for Health and Chief Health Officer of the Union, in a speech in which he outlined the history of anti-leprosy work in the Union. Cases were recorded and hospitals opened in the 18th and early 19th centuries. In 1874, home segregation of patients was recommended. Laws for segregation were passed in the period 1884-1909, the leprosy institutions being under the Department of the Interior, together with the prisons. In 1924 the institutions came under the Health Department, leprosy boards were formed, and arrested cases discharged. In 1947 chemotherapy was started with gratifying results. In 1954 1,931 cases of leprosy

were reviewed by Leprosy Boards and 875 (45 per cent) were recommended for discharge. The incidence has fallen to 0.7 per thousand, and some leprosy institutions were so empty that they were being taken over for tuberculosis patients. The speech ended with the following paragraph: "The policy of compulsory segregation had repeatedly been attacked in all parts of the world. Wild statements had been made that the policy would cause patients to hide their disease. In actual fact it is now found that only 3.4 per cent of patients admitted to an institution do not come forward willingly for treatment."

Papers and demonstrations on the classification of leprosy were presented by Drs. A. R. Davison and H. Mostert; on histopathology by Dr. R. Kooij; on erythema nodosum leprosum by Dr. A. R. Davison; and its histopathology by Dr. R. Kooij; on blood chemistry by Dr. A. A. Kinnear; on thiosemicarbazone treatment (he found that it was usually inferior to sulphone, and that sulphone and semicarbazone given together was no better than sulphone alone), on very small doses of A.C.T.H. in complications, on atebine in treatment of leprosy, all by Dr. Davison; on serological tests for syphilis and treatment of latent syphilis, by Dr. H. F. Schiller; on surgical treatment for leprous neuritis ("neurolysis") by Dr. I. le Roux\*, who recorded immediate and permanent relief of pain; on the lepromin test by Dr. R. Kooij; on the significance of "very scanty" positive smears (he points out that 10,000 bacilli per cubic centimetre is about the smallest number that will give positive results in routine examinations); on the effect of sunlight on reducing the acid-fast staining of leprosy bacilli, and on staining methods by Dr. R. Kooij (he stresses the importance of alcohol fastness in leprosy bacilli, and of not diagnosing leprous infection on positive smears without clinical findings); Dr. Kooij also reported on primary pigmentation of the skin caused by long wave ultra-violet rays of sunlight (two kinds of skin pigmentation produced by sunlight are mentioned, one being the well-known sun tan, preliminary erythema followed by secondary pigmentation, and the other being immediate pigmentation produced by rays of 300-460 m/ $\mu$ , the latter being produced in coloured races and even in pale leprous patches, and being produced by actual increase in pigment in the basal layer). Dr. Kooij also reported the effect of ultra-violet light in diminishing acid-fastness of leprosy bacilli recorded by Dharmendra and Mukherjee; and on electron microscopy of the leprosy bacillus. Dr. R. Davison also

\* Dr. le Roux statement that this is a fairly new line of treatment necessitated by sulphone treatment is inaccurate. Dr. Lowe performed dozens of these operations between 1925 and 1930 and published his results.

presented two final papers, one producing evidence to show that delay in recognition of leprosy in the Union is rarely caused by fear of isolation, and the other discussing infection of the staff in leprosy institutions, recording cases in two European doctors and three European overseers who had worked in leprosy institutions in South Africa, two of the five persons having been born and grown up in England. In addition, 10 cases are recorded in Bantu persons who had worked in leprosy institutions.