REPORTS

The International Congress at Rome

Dr. E. Muir represented the Mission to Lepers and the British Empire Leprosy Relief Association at the International Congress held at Rome from April 16th to 18th, 1956. The Congress was organised by the Sovereign Military Order of Malta to consider the " Relief and Social Rehabilitation of Persons suffering from

Leprosy." Some 250 delegates were present from 52 different countries.

The moving spirit was M. Raoul Follereau, who had presented the disabilities of those suffering from leprosy in such a way as to rouse the keen interest of the Order. Several scientific papers were read at the Congress but they chiefly had a bearing on the main theme.

Before the opening session the Congress members were invited to the Vatican, where the Pope gave a well-informed and sympathetic address on leprosy, and the duty of Christians to do everything possible to alleviate the sufferings of its victims.

The Sovereign Military Order of Malta has an interesting history. It began as the Hospitallers of St. John of Jerusalem, who served the pilgrims visiting the holy sites. Later they became military so as to protect the pilgrims from robbers, and were called upon by the Christian King of Jerusalem to protect the Holy Land. Under Moslem pressure they went to Cyprus, then to Rhodes where they became a Sovereign State. Later they went to Malta. For centuries they were one of the chief bulwarks against the widespread advance of Islam. In more modern times they were conquered by Napoleon, and the Order was finally transferred to Rome. Now, no longer with sovereign or military objectives, they are engaged in the relief of suffering in many countries of the world, and have recently taken a particular interest in leprosy.

The Resolutions passed by the Congress were as follows:—

The International Congress for the Relief and Social Rehabilitation of Persons suffering from Leprosy, meeting in Rome under the sponsorship of the Sovereign Military Order of Malta from the 16th to the 18th of April, 1956, comprising 250 delegates from 51 nations, considering that leprosy is a disease of low contagiousness and amenable to treatment,

RESOLVES

I. (a) That patients afflicted with the disease be treated as are those suffering from other infectious diseases, tuberculosis for example, without any other special regulations whatsoever; and that, in consequence, all discriminatory laws should be abolished.

(b) That in countries where leprosy is a problem, carefully planned propaganda measures should be taken to promote public understanding of the true nature of leprosy and to remove all prejudices and superstitions associated with the disease.

II. (a) That measures be adopted for early discovery and treatment of cases. Patients should be left at home provided that the state of their disease does not constitute a danger to their associates; this should have an important favourable psychological effect.

(b) That in countries where economic and medical resources are inadequate, but where endemicity is high, a mass treatment campaign be undertaken to control the disease; hospitalization should be limited to those whose condition requires special medical and/or surgical treatment and should terminate when such treatment is completed.

(c) That children be protected from infection by every approved biological means. Removal to a preventorium should be resorted to only in cases of absolute necessity because of the distressing stigma attached to residence in such institutions.

(d) That governments be encouraged to grant to those seriously disabled the moral, social and medical assistance necessary for their protection and rehabilitation, through the agency of various governmental departments, such as social welfare, agriculture and education, which will have a beneficial psychological effect both on the patients and on the public.

The Itu Leper Colony, Nigeria. Report for 1955.

[The following are abstracts from this most interesting report.—Ed.]

It is now twenty-eight years since the first group of patients came into the forest near Itu town and began to build.

The two big dates in the medical year in the Colony fall in July and December, when the half-yearly discharge of patients takes place. The announcement of these big days is eagerly awaited. In July, 1955, 315 names were called out, and at the end of December, 286.

It was with very great regret that we said good-bye to Miss W. E. Attoe, our first BELRA nursing sister, towards the end of the year. The death of her father made Miss Attoe's return to England necessary, and home affairs have made it impossible for her to come back in the meantime.

Much of the smooth running of the farms and general work of the Colony depends on what is called " Distribution." Distribution occurs every Thursday at 7 a.m. and preparations for it are made by the BELRA Agriculturalist on the previous day. For farm and town work the patients are divided into strong and weak companies of some ten to twelve men or women. The working week begins on Thursday.

It is always a pleasure to take officers of the Agriculture Department to the livestock farm. The keeping of livestock in Eastern Nigeria is seldom done on a large scale, and the eyes of the officers light up as they breathe deeply of the almost forgotten odour of the farmyard. During the dry season the pasture is poor, but the long grass which grows on the rice fields in the off-season is cut and brought in to supplement the feed. The stock has increased to over a hundred cattle and some fifty sheep.

During the year conversations have taken place with the Director of Agriculture in an effort to make the Colony not only a centre for leprosy healing but secondarily a place for recognised training in farming. The large majority of the patients come from farm work and will go back in a year or two to the same work. The Department of Agriculture are anxious to demonstrate and teach improved methods of farming, and also of co-operation in farming. The Colony has all the facilities for such training. It is hoped that the Department may be able to approve a scheme of training, and enable an African agricultural officer to be appointed to the Colony staff. It is our hope also that the Nigeria Leprosy Service will co-operate by encouraging men and women patients in other areas to come to Itu and benefit by the facilities which will be afforded here.

The Chief of the Colony, Mr. Isaac Obianwu, has given the information for the report on the general administration for the year. Mr. Obianwu, who entered the Colony in 1932 as a small boy, must know the Colony and its people better than anyone else. It was nineteen years before he was discharged symptom-free, and he was the obvious choice for the post of Chief. A town council or local court is part of the life of all citizens of this country, and the early decision of the doctor to leave as much as possible of the conduct of the affairs of the people of the Colony in the hands of the patients themselves was a wise one. The Chief is President of the Court, which meets once a week. All the language groups in the Colony are represented in its membership. The cases dealt with are many and varied, and the fact that appeals against court decisions to the Administrative Superintendent are few, is evidence that justice is truly meted out.

Research Unit and Owerri Area Annual Reports, Nigeria Leprosy Service, 1955. (An Abstract.)

SULPHONE TREATMENT

1. There is still no evidence among our patients of the development of drug resistance to sulphones. This is a remarkable fact.

2. Response to DDS, both clinical and bacteriological, in general gives the appearance of actually improving, as an increasing proportion of patients are attending while the disease is still in its early stages. Our experience is that the more early the infection, the more rapidly is it controlled by sulphones. Early lepromatous cases do not exhibit the long period usual in advanced cases, during which bacilli in small numbers continue to persist after the spectacular reduction in numbers seen during the first two years.

3. Sulphone treatment must be continued for a long period. No case should have treatment for less than two years, and in many patients considerably longer periods are necessary.

4. Patients on a steady daily dose of 100 mg. DDS are less liable to suffer from neuritis during treatment than patients receiving 300 or 400 mg. twice weekly.

The observation of these patients has to include their follow up after discharge. Patients discharged from treatment have been examined periodically in large numbers and records maintained.

EPIDEMIOLOGY

The extensive records available here now provide a valuable source of information relating to the epidemiology of leprosy of this area. Interest has centred on two aspects:

1. The decline in leprosy now evident and widespread which commenced before sulphone treatment became general, but has gained in momentum during the past three or four years. This has been examined in conjunction with other workers.

2. The incidence of leprosy among children born to women suffering from leprosy and receiving sulphone treatment, where no attempt has been made to separate child from mother. This study, now in progress, may yield some information as to the prophylactic value of DDS.

NERVE INVOLVEMENT IN LEPROSY

The prevention of deformity following nerve involvement is still one of the major problems confronting the leprologist, and although definite progress has followed the more detailed, and careful oversight of patients which is given generally nowadays, it is sometimes exceedingly difficult to arrest the inexorable develop- of paralysis which occurs in some patients in spite of all treatment. This subject merits more attention than we are able to give it at present.

One aspect of the problem relates to the treatment of trophic ulcers, and definite advance has followed the introduction of the walking plaster technique (*Lep. Rev.* **26**, 2). It has been used now in over 100 cases, and results on the whole have been very satisfactory.

The whole of Owerri Province is now effectively covered with leprosy treatment clinics, and, apart from one or two localities, facilities for isolating infective cases are adequate. The general

decline in the disease, evident for several years, now is gaining in momentum, its extent bearing a very close relationship as between one locality and another, to the degree of co-operation given by the people. On all sides there is evidence of the great importance of this as a factor in leprosy control. Where co-operation has been given freely, the disease is everywhere now at a low level, with few signs of present activity. Where co-operation has been defective, not only is the decline of the disease less apparent, but new infections persistently appear. The examples in Table I are of interest as indicating the change in the leprosy situation in localities where co-operation has been good.

Leprosy in Indonesia

In a population of 82 millions there are 26,000 registered leprosy patients, 5,000 of whom are in leprosaria, and 1,000 isolated in their own houses. There are eight full-time doctors and 109 qualified nurses.

Segregation is not obligatory in Indonesia, hence absconding of leprosy patients is no problem. In fact there are many patients who would like to enter the institutions, but who cannot be admitted for lack of accommodation, or money for their support. It is planned to establish an anti-leprosy campaign service in each province, for which purpose at least five leprosy doctors are needed, each with a full complement of assistants.

Patients admitted to leprosaria are mainly those patients suffering from lepromatous leprosy, all of whom should require segregation during their period of contagious activity. But there are many such who refuse admittance, because of the economic need to support their families.

> "Rehabilitation is not mere physical restoration attended by economic sufficiency in an environment which is removed from normal society. Rehabilitation is Restoration to Normal Life."

So said T. N. Jagadisan, Organising Secretary of "Hind Kusht Nivaran Sangh" (Leprosy Association of India). It is gladdening that a change for the better is noticeable in this respect, which is the fruitful result of the educational campaign of the Information Department of the Leprosy Service in Indonesia. There are already quite a number of leprosy patients allowed to continue their work as government officials and as employees in private enterprises while under medical treatment; also school children with leprosy of the negative type are at present allowed to attend school with due observance of the existing government regulations.

TABLE I

A. Leru Clinic, Owerri Province

	Year													
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
1. Total Patients on Treatment	103	172	197	220	243	300	306	330	300	204	113	94	82	65
2. New Admissions:														
(a) Total	103	107	56	36	31	80	26	34	33	19	7	13	12	14
(b) Lepromatous	32	21	21	9	7	15	4	8	2	8	1	—	—	2
(c) Children under 15	6	11	6	5	—	3	4	—	1	—	1	1	1	—

B. Ohafia Clinic, Owerri Province

	Year												
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
1. Total Patients on Treatment	256	287	443	440	454	419	402	310	245	123	100	79	81
2. New Admissions:													
(a) Total	256	72	204	48	29	82	43	38	34	41	22	11	17
(b) Lepromatous	37	13	18	7	3	9	5	7	6	6	3	3	1
(c) Children under 15	18	4	16	6	1	4	5	5	3	1	—	1	1