

Editorial

I. LEPRA LEPROSY CONTROL PROJECT IN MALAWI. On 20 October the General Secretary of Lepra, Air Vice-Marshal W. J. Crisham, C.B., C.B.E., attended in Blantyre, Malawi, the ceremony of the laying of the Foundation Stone of the Lepra Leprosy Control Project centre building by President Banda of Malawi. We are glad to quote from *The Times* of London their comments about the event.

'From our own Correspondent—Blantyre, Oct. 19.

President Banda will tomorrow lay the foundation stone of the British Leprosy Relief Association's control centre in the grounds of the Queen Elizabeth Central Hospital, Blantyre, and thus consolidate a scheme which will lead a world drive against leprosy.

The project, which will cost £42,000 a year, is being financed by voluntary contributions from the British public.

A report of a survey said the scheme would point the way to the long-term solution of the world leprosy problem. "This problem, far from diminishing, is most likely increasing, despite all efforts by governments, missions and other organizations", it said. "In the world as a whole today, only one leprosy sufferer out of every five has any chance of receiving treatment."

More people than ever before were subject to overcrowding and low standards of hygiene, which contributed to the spread of the disease, the report added. The Malawi project was an important step forward.

10-year aim

The project area has a population of a million, which includes 10,000 leprosy sufferers, and the aim of the control centre is to eradicate leprosy from Malawi within 10 years. Among the guests at tomorrow's ceremony will be Air Vice-Marshal W. J. Crisham, the association's general secretary, who said: "We plan to demonstrate to the world from Blantyre that leprosy can be cleared from an endemic area. Thanks to President Banda's knowledge and understanding of the problems involved, we should be able to do valuable work for the whole of mankind."

The unit will function under Dr. B. D. Molesworth, the leprologist, who will send out teams to identify all infectious patients in villages and treat early patients to prevent deformity.

Our Medical Correspondent writes:—

The Blantyre leprosy centre is the latest development in an imaginative campaign sponsored by The British Leprosy Relief Association. The southern region of Malawi has been chosen for the project,

which was launched in May last year and was endorsed by the World Health Organisation, because it offers the required number of leprosy patients in a compact and readily accessible area. A further factor in favour of Malawi was the interest shown by Dr. Banda.

Not the least significant feature of the scheme is that it puts leprosy at the centre of the medical services of the country—and not at the periphery in inglorious isolation as has so often been the case in the past, and still is in too many countries.

As treatment will be largely on an out-patient basis carried out by mobile teams there are only 36 beds in the centre. In addition it will provide laboratory, physiotherapy and research facilities. Among its other important activities will be the training of Africans in anti-leprosy and laboratory work.'

In his speech President Banda paid tribute to the British Leprosy Relief Association for their vision in planning this Project and to the Brown Memorial Trust Fund for providing the money for the buildings to house the Project. He recalled that Malawi lies in the leprosy belt of the world and all Malawians can remember people in their villages who suffered from leprosy and for whom nothing could be done even by witch-doctors. Fortunately for the leprosy sufferers medical science can now do a great deal and this Project hopes to reach as many of these people as possible and treat them, and the President called on everyone in Malawi to co-operate with the staff of the Project so that this scheme 'will not only serve as a treatment centre but also a spring or fountain of hope for thousands and thousands of people who otherwise might be doomed'.

Our Prayers for Malawi. At this juncture when the Project in Malawi has had the Foundation Stone laid and is about to begin active work, it is fitting that all who believe should start and continue with prayer for the grace of our Lord and success to the whole project in bringing solid aid to leprosy sufferers.

We publish the report of the visit of the General Secretary, Lepra, to Malawi on p. 63.

2. ELEP. An important step forward in the struggle against leprosy in the world was taken

at Berne, Switzerland, on 24 and 25 September, 1966. A meeting of representatives of some 11 Leprosy Societies (from Switzerland, Germany, Belgium, Britain, France and Italy, with an observer from Scandinavia) decided unanimously to recommend to their various home councils that a Bureau for Co-ordination should be established. This Bureau would act as a clearing-house for disseminating information about anti-leprosy activities and projects, and would attempt to prevent duplication of effort in leprosy work.

The Headquarters of the Bureau would be established in Brussels, and Monsieur Pierre van den Wijngaert was appointed Honorary Secretary. The expenses of equipping and running the Bureau would be borne by member-organisations. Other voluntary Societies in Europe, with similar aims, would be welcomed as members of ELEP.

A Medical Commission (consisting of Drs. S. G. Browne, Fr. Hemerijckx, M. Gilbert, together with L. P. Aujoulat) was appointed to advise ELEP on professional matters, especially on priorities in leprosy projects and on possible areas of joint action.

Any move designed to harness the tremendous amount of active goodwill towards leprosy sufferers must be welcomed. Voluntary agencies still have an indispensable role to play in the struggle against leprosy, channelling as they do both considerable financial resources and dedicated persons into places where these can be valuably utilised.

3. RECENT FRUITFUL TRAVELS OF DR. S. G. BROWNE. Dr. S. G. Browne, O.B.E., has recently completed a tour, sponsored by The Leprosy Mission (to which he is Medical Consultant), that has taken him from London to Korea via Ethiopia, and back.

In Addis Ababa he took part (together with Professor Paul Brand and others) in negotiations concerned with the All-Africa Leprosy Rehabilitation and Training Centre, and attended the Annual Meeting of the Board of Directors.

Immediately after these meetings, he took part in the Second Seminar on Rehabilitation in

Africa, organised by Professor Oscar Barry of the Haile Selassie I University Medical School. Drs. Felton Ross and Pfaltzgraff also presented papers on various aspects of leprosy. Professor Brand and Dr. Price contributed to the lively and fruitful discussions, and Drs. Antia and Dastur and colleagues presented their findings on nerve lesions in leprosy.

From Ethiopia, Dr. Browne flew to Korea via Hong Kong. Both in Taegu and in Seoul, he conferred with leprosy workers and lectured to professional audiences. With colleagues working with The Leprosy Mission, he visited the Mission's excellent installation adjacent to the Taegu Medical School, and discussed the future pattern of collaboration between the Mission and the University and Government authorities.

He stayed for a short time at the Isle of Happy Healing, near Hong Kong, and advised on various aspects of the leprosy programme both on the island itself and in Hong Kong, where the Department of Health is grappling with the problems posed by leprosy patients who no longer present viable forms of *M. leprae* in their skin but who require prolonged periods of supervised treatment.

From Hong Kong, Dr. Browne flew to India, where he advised on future policy in the Purulia district, where Dr. Ernest Muir did some of his finest work. From the parched plains of northern India to the flooded paddy-fields of the south proved a rapid and dramatic transition. In Madras, Dr. Browne visited Karigiri and Vellore, conferring with medical and surgical colleagues and proffering advice to enhance their excellent work in various fields.

An all-too-brief visit to the All India Leprosy Research and Training Institute at Chingleput, where he took part in a seminar with all the senior staff, completed the tour.

After a few days in England, Dr. Browne took off again: this time to Eastern Nigeria, where he plans to review and assess the patients taking part in the drug trials he initiated in the leprosy settlements associated for this purpose with the Research Unit at Uzuakoli.

4. Subscribers to *Leprosy Review* are reminded that payment is now due for 1967, Vol. 38. Please remit as soon as possible to the Editor, *Leprosy Review*, 6 Hillcrest Avenue, Pinner,

Middlesex, England. The January issue will be mailed to all regular subscribers, but subsequent issues cannot be mailed until payment is received for the full subscription for the year.

IMPORTANT NEWS

5. FORTHCOMING NINTH INTERNATIONAL CONGRESS OF LEPROLOGY. Dr. S. G. Browne, Secretary-Treasurer, International Leprosy Association, has asked us to insert the following notice:—

The Ninth International Congress of Leprology will be held in London in 1968, from September 16 to 21. This preliminary notice is published so that all intending participants will be able to make their plans accordingly. Details of the programme will be published as soon as they have been decided by the Council of the International Leprosy Association. Simultaneous translation will be provided in English and Spanish.

S. G. BROWNE,
Secretary-Treasurer,
International Leprosy Association.