

# Reports

## 1. Report of the Tenth World Congress of the International Society for the Rehabilitation of the Disabled, 1966, by

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The Tenth World Congress of the International Society for the Rehabilitation of the Disabled met in Wiesbaden, Germany, between Sept. 11 and 17, 1966, under Pastor Werner Dicke, President. Some 2,000 representatives and delegates from 80 countries attended the meetings, at which all aspects of the problems connected with the rehabilitation of the disabled from whatever cause were fully discussed. Business firms, Societies and Missions occupied 3,000 sq. m. exhibiting their activities, and the many aids available from the simplest grip for fork or spoon to electrically controlled artificial limbs and wheel-chairs. Eighty films submitted in a competition for Honorary Mention presented the Film Committee with a difficult problem.

The Section on 'Planning Rehabilitation Programmes for Leprosy Patients' met under Dr. N. D. Fraser as Chairman and Dr. K. F. Schaller as Vice-Chairman to hear addresses from:

Dr. S. G. Browne on 'Leprosy—the Prime Disabler.'

Dr. O. W. Hasselblad on 'Prevention of Social Dislocation of the Leprosy Patient.'

Dr. N. H. Antia on 'Prevention of Deformities in Rehabilitation by Non-surgical Methods.' (Illustrated with colour slides.)

Dr. A. J. Selvapandian on 'Problems of Rehabilitation of Leprosy Patients in India.' (Illustrated with colour slides.)

It was interesting to note that though 3 out of the 4 speakers were surgeons, the emphasis of all the speakers was on the importance of prevention.

In the section discussing the Basic Requirements for the Supply of Prosthetics in the Emerging Countries, Mr. J. Steensma presented

a paper on the 'Special Problems of Shoes and Braces for Leprosy Patients'; and Mr. J. A. E. Gleave's paper on 'Training of Orthopaedic and Prosthetic Appliance Technicians in Emerging Countries' was read for him as he was unable to be present.

In a plenary session on 'Regional Differences in the Acceptance of Disability and Desire for Rehabilitation', Dr. R. V. Wardekar's paper on the problem affecting leprosy patients in India was read for him.

The Film Committee awarded one of the first prizes to The Leprosy Mission's Film 'Day of Good Tidings'.

The Leprosy Mission and American Leprosy Missions combined in an Exhibition Stall illustrating activities in many parts of the world, and offering literature for the use of those who wished to know more about the problems of the treatment and rehabilitation of victims of the disease.

The following resolutions were approved by the Section on 'Planning Rehabilitation Programmes for Leprosy Patients' and submitted to the Resolutions Committee for presentation to the Congress. The Section

1. DEPRECATES the appalling fact that 4 out of every 5 of the 15 million of leprosy patients in the world are still without any treatment.
2. In view of the fact that deformity in leprosy is largely preventable, given early diagnosis and adequate treatment, URGES that real efforts should be made to deal with the problem of leprosy in every country where the disease is endemic by means of surveys, education and treatment so that existing knowledge is applied.
3. URGES that steps be taken to bring before all concerned awareness of the threat that leprosy poses to the welfare of the community. The medical profession itself must change its attitude towards this disease and

there must be a similar change of attitude at all levels of society.

4. EMPHASISES that the ultimate solution of the leprosy problem depends on leprosy becoming part of the public health service of every country; and that rehabilitation facilities available to patients suffering from other diseases should be extended to leprosy patients. Every doctor and medical auxiliary should be trained in leprosy and its rehabilitation wherever the problem is endemic.
5. REITERATES that many of the deformities of leprosy can now be corrected by surgical means and that facilities for such reconstructive surgery should be made available wherever possible in general hospitals. A surgical programme is of great value in any anti-leprosy campaign encouraging patients with early disease to present themselves for treatment.

## 2. Report of the East African Leprosy Research Centre (John Lowe Memorial), Alupe, Kenya, 1964-65.

The report of the East African Leprosy Research Centre by Dr. Otsyula, Director, gives a record of the progress of the work started by the late Dr. C. M. Ross. The excellent suggestion is made that Dr. Otsyula should go for further study in medical research.

## 3. Report on Visit of General Secretary to Malawi—October, 1966, by Air Vice-Marshal W. J. Crisham, C.B., C.B.E.

The General Secretary visited Malawi in October, 1966, primarily to represent the Association at the ceremony of laying the Foundation Stone of the Project centre building in Blantyre by the President of Malawi, Dr. H. Kamuzu Banda, at 10.00 hrs. on October 20. The visit also provided a timely opportunity of seeing the Project in operation and for discussions with Dr. Molesworth, the Project Director, and his staff.

### *The Foundation Stone Ceremony*

The President arrived for the ceremony exactly on time (10 a.m.) with everything in order. The seated audience, including everybody of consequence in the country (excepting the British High Commissioner who was indisposed—his wife was there)—Ambassadors, Ministers, Bishops, Chiefs and other distinguished people. These numbered about 1,000, with perhaps a further 1,000 standing around including a large contingent of dancing women who apparently attend such functions when the President is present. Dr. Molesworth noticed that one of the dancers had leprosy.

There was strong press representation, also television. 'Vis News', which is under contract to the B.B.C., filmed and recorded the whole proceedings, and said that this would be available in London a day or two later.

The introductory address was given by the Minister for Health, who then introduced the General Secretary; the latter made a short address, ending with an invitation to the President to unveil the Foundation Stone.

The President, who was very relaxed and cheerful, then spoke for some 40 minutes in very effective terms about the Project, ending with a strong appeal (amounting almost to a directive) to all those in positions of power and influence to co-operate with the Director of the Project and his staff. He then unveiled an inscribed Foundation Stone which had been set in a side wall of the building. The latter was already up to roof level and should be completed early next year.

### *Field activities of the Project*

The General Secretary spent 2 days in the field with the Mobile (Landrover) teams, visiting villages and local clinics on pre-arranged circuits.

*On the first occasion* he went as a member of an otherwise all Malawi team—Medical Assistant (in charge), Clinic Attendant, and Driver/Writer on a North-East (Monday) Treatment circuit. These circuits are carried out to a pre-arranged timed programme so that patients know precisely where and on what day and time they

can receive treatment each week. Regularity and punctuality was essential for the good attendance of patients. There was only one patient absentee. The Medical Assistant examines the patients and dispenses drugs; the Driver/Writer records observations on the special record card for each patient; the Clinic Assistant is dispatched on his bicycle into villages/hamlets where the Landrover cannot go, and rejoins the vehicle later. These mobile operations call for a good deal of experience, discipline and dedication, and of course need regular supervision. At present a total of 15 treatment circuits are carried out each week (Monday to Friday) by the 3 Landrover treatment teams. It is now necessary to provide a fourth such team in order to cover the Project area fully. This will raise the number of treatment clinics to 20 each week.

*On the second occasion* the General Secretary joined Mr. Drake's Survey/Case-Finding team (there is only one such team at present) visiting a large village in the south-west area, to examine contacts with known leprosy sufferers; to record any new cases found; and to give BCG injections to contacts up to 20 years of age.

The detailed examination of contacts, young and old, was carried out by Mr. Drake and the Medical Assistant, Mr. Mwakusula. The females were examined by Mr. Drake in a hut, and the males at the Landrover by Mr. Mwakusula, who also gave the BCG injections. The patients'/contacts' cards were written up by the Writer, Mr. Kayeera. The whole proceedings took several hours since there were some 200 contacts to be examined. These had been collected together by the village Headman. The

villagers showed great interest and gave fullest co-operation. In all, only 3 new cases were found among those examined, and these were registered for regular treatment.

Work of this kind calls for a high degree of responsibility and dedication, and can be very tiring. The General Secretary was much impressed by the work of Mr. Drake and his team.

At present there is only one survey/case-finding team, and it is thought that this will meet the needs of the Project until the end of 1967, when the Director expects to be able to assess the needs of the Project with greater accuracy. Depending on progress in the meantime, it seems likely that a second case-finding team may be needed in 1968.

#### *General*

The starting date for the Project has been officially recorded as 25 May, 1965. In fact, only small scale activities in the field were practicable until the middle of the present year, when the current programme of treatment and survey circuits was set up. Good general progress is now being made. Increasing numbers of new patients are being found and brought under treatment as the mobile teams extend their activities into new districts and villages. However, it is likely that the retention of trained and efficient local staff will be a problem, also there is a danger that patients will tire of coming regularly for treatment as their condition improves.

The General Secretary is confident, however, that the Director and his team, firmly supported by the Malawi Government, will overcome this, and the many other practical problems that are bound to arise in a project of such complexity.