

# Reports

## **A.L.E.R.T., Addis Ababa**

Another step forward in the work of the All-Africa Leprosy and Rehabilitation Training Centre was taken on 4 April, 1968, when Emperor Haile Selassie I laid the foundation stone of the new buildings adjacent to the Princess Zenebework Leprosy Hospital, Addis Ababa. The Project came into being as the result of discussions by the Leprosy Committee of the International Society for Rehabilitation of the Disabled. The Leprosy Mission and the American Leprosy Missions Inc. early evinced interest, and in 1966 the Imperial Ethiopian

Government (through the Ministry of Public Health) and the Haile Selassie I University (Addis Ababa) gave the proposals official and academic support.

The teething troubles and growing pains inseparable from a scheme as broadly based as this, with so many interests involved, now seem to be passing. The problem of priorities still has to be faced, since leprosy is only one of the crippling diseases that calls for rehabilitation of the individual patient, and African countries would be well advised to tackle the problem of leprosy deformity at its source by attempting to

control the disease itself.

However, staff already on the job are providing an augmented service for leprosy patients in Addis Ababa, and are engaged in the preliminary preparations needed for the provision of courses of instruction in all aspects of the rehabilitation of leprosy patients and the control of the disease. In accordance with hopes expressed in many African countries, courses are being provided for physiotherapists, leprosy field workers (especially supervisory staff) and medical officers wishing to learn surgical techniques. A rural area will furnish good facilities for realistically demonstrating the possibilities of leprosy control in circumstances far from ideal—where communications are difficult, basic medical services almost non-existent, and the population diffusely scattered. The making of protective footwear with materials and skills locally available in African countries will be another feature of the training programme.

The Centre should produce real practical help for African countries facing comparable leprosy problems. It should also shed welcome and much-needed light on such questions as the transmission of leprosy, the natural history of nerve damage, the frequency of bacilliferous leprosy lesions in Ethiopia, and the occurrence of diseases with which leprosy has in the past often been compared, such as cutaneous leishmaniasis.

### **ELEP**

The Co-ordinating Committee of the European Leprosy Associations (ELEP), representing some 14 organisations that raise funds in Europe for leprosy work overseas, met in London, 19-21 April, 1968. Some of the organisations draw their support from Christian sources, Protestant or Roman Catholic, while others are non-sectarian. In addition to the founder-members, observers were present from Denmark, Holland, Spain and Turkey, and also from Canada. The importance of their contribution to the world-wide campaign against leprosy may be judged by the fact that in Europe alone, through the activities of these voluntary organisations, an

annual amount of over 3½ million dollars U.S. is made available for work on behalf of leprosy patients. This help is given to 463 centres in 69 countries.

Thanks to the work of the Medical Commission, guiding principles and priorities in the distribution of funds are now being applied, to the enhancement of the co-ordinated efforts of the diversely-orientated members of ELEP.

*International Leprosy Congress*, 1968. The travel expenses of 28 participants to the Congress are being covered by ELEP members. In addition, a generous contribution to the overhead expenses of the Congress has been promised.

*The International Journal of Leprosy*. Members of ELEP learned with concern of the serious financial state of the International Journal of Leprosy, and resolved to make a sum available annually that would go far towards meeting the considerable gap between income and expenditure, a deficit that has hitherto been covered by the Leonard Wood Memorial. Members of ELEP have already been encouraged to devote a proportion of their funds towards leprosy research, and it has been suggested that some of this money could appropriately be diverted to the publication, in the *Journal*, of the results of this research. Needless to say, this welcome gesture is much appreciated.

### **The LEPRAs Leprosy Control and Eradication Project, Malawi**

In his capacity as Medical Secretary of LEPRAs, Dr. S. G. Browne recently visited Malawi. Well over 6,000 leprosy patients have already been registered for treatment. The mobile teams have already proved their worth, both in case-finding and treatment. The wards erected adjacent to the Queen Elizabeth Hospital, Blantyre, serve for patients in temporary need of closer medical supervision. The 'President's Appeal' for funds to build a Rehabilitation Unit has been almost fully subscribed. The British Government is presenting to Malawi the equipment and apparatus to be installed in the new building. Dr. David Molesworth and his team are to be

congratulated on their practical outlook and adherence to commendable priorities in leprosy control.

### **Armauer Hansen Research Institute, Addis Ababa**

Professor Morten Harboe, of Oslo, outlined the present plans and future hopes of the Institute. The expatriate staff will consist of a Director and Sub-director, 2 research associates and 2 technicians. Local Ethiopian staff will be recruited for the routine laboratory technology, and it is hoped that the full facilities for training to be offered will be taken up by Africans. Sustained efforts will be made to interest students of the Medical Faculty of the Haile Selassie I University, Addis Ababa, in leprosy generally and in the research work of the Institute, and the training of technical associates will be an integral part of its work. In this the work of the Institute should dovetail into that of the A.L.E.R.T. project, and make a valuable scientific contribution to the control of leprosy both in Ethiopia and throughout Africa.

In accordance with the interests and experience of Professor Harboe, the emphasis of the research work contemplated at the Institute will, at least initially, be on the diverse immunological aspects of leprosy, particular those impinging on aetiology, pathogenesis and the phenomena of acute exacerbation in lepromatous leprosy. These aims will probably exclude the experimental culture of *M. leprae* in special biological systems like the mouse food-pad and the sophisticated preparation of the thymectomised and irradiated mouse—investigations better left to laboratories in the West with their excellent facilities for animal work. With so many untreated leprosy patients within a short radius of the Centre, there will be no lack of material for such studies as the composition of the gamma-globulins in the different varieties of leprosy, in acute exacerbation or not, the occurrence in the plasma proteins of antigens to other mycobacteria and naturally-occurring antigens. By means of the fluorescent antibody technique, it should be possible to demonstrate the existence

of antibody in relation to individual *M. leprae*, and to determine the actual site of antigen-antibody reaction during phases of acute exacerbation.

It is hoped that by encouraging the simultaneous development of research and teaching, the Institute will worthily perpetuate the memory of Armauer Hansen and stimulate not only the continent-wide attack on leprosy but also the elucidation of many of the puzzling and intriguing scientific enigmas of this disease.

### **The British Leprosy Relief Association (LEPRA)—44th Annual Report (1967)**

The Annual Report of LEPRA is dominated by the Leprosy Control Project in Malawi, though supported work in other countries finds brief mention therein.

Dr. David Molesworth, the Field Director of the Project, whose photograph adorns the cover, has reason to express himself as highly satisfied with the progress achieved, and the firmly laid foundations for future work. The Project is, in short, a practical demonstration of leprosy control within a circumscribed area in which the terrain, the difficulties of communication and dispersion of the population and the social attitudes of the people are perhaps typical of much of Africa and of many of the developing countries where leprosy remains an endemic problem.

By means of case-finding surveys and the provision of regular treatment by mobile clinics manned by trained Malawian auxiliaries, it is hoped that all leprosy patients within the Project area will eventually be under treatment. The small central hospital, in the grounds of the Government Hospital in Blantyre, was opened during the year, and very shortly an adjacent Rehabilitation Centre will be in use.

With the emphasis on early diagnosis and the utilisation of mass treatment methods, the problem of leprosy should be tackled successfully, and the decrease in the annual incidence of new leprosy patients should become evident within a few years.

### **Partners. The Story of the Year 1967**

#### **The Leprosy Mission, London. Price: 1s.**

The popular Annual Reports of The Leprosy Mission are always excellently reproduced and more than adequately illustrated. They give a very readable account of the many fields in which the Mission aids the leprosy work of almost a hundred protestant missionary societies, as well as sponsoring special projects and centres of its own. From inauspicious beginnings in the historic year 1874, the Mission—with its auxiliaries in the countries of the Commonwealth and beyond—has grown into a vast organisation for the channelling of help to leprosy sufferers in many lands.

Several matters in the report call for mention.

Firstly, the change of emphasis from custodial care for the few to domiciliary treatment of the early disease in the many, is reflected in reports from India and Korea, from Papua and Zambia. Having faced opposition in the early days in the care of leprosy patients, the Mission workers—aided or sponsored—are more and more tackling leprosy where it should be tackled, that is before deformity has occurred.

In the second place, it is gratifying to note that the spirit of early pioneers is by no means dead today. New work is reported in Nepal and Bhutan, in Pakistan and in Ethiopia.

Thirdly, it is not only geographically that the work of The Leprosy Mission is showing evidence of the pioneering spirit. In the development of a microcellular rubber plant at Karigiri, South India, the provision of protective footwear in Papua, in the 'new look' shown by co-operative ventures in various countries, in the infusion of new blood and new ideas into many long-established institutions, the workers of The Leprosy Mission are showing commendable vision and initiative.

The extending influence of several of the Mission's activities is of importance in the world of leprosy. The Medical Consultant conducts seminars in various countries. A surgeon from the East travels widely, demonstrating the techniques of reconstructive surgery to interested and appreciative audiences. A physiotherapist trains others in many lands, and enlists the help of auxiliary workers.

The Leprosy Mission is a partner in well-known co-operative undertakings, e.g., the ALERT project in Addis Ababa, and the Schieffelin Leprosy Research Sanatorium. The results of research into many aspects of leprosy find their way into this *Review* and into other specialised and general medical publications.

We wish The Leprosy Mission another year of fruitful service on behalf of leprosy sufferers in many lands.

### **The Leprosy Mission. Annual Report of the work in Southern Asia, 1966-1967**

This 50-page Report maintains the style of previous reports from the pen of Dr. Victor Das, the well-known and much-travelled Secretary of the Leprosy Mission for Southern Asia.

Graphic pen-pictures are supplied of the work in many of the aided homes and hospitals, and the statistics reveal a surprisingly wide coverage: nearly 120,000 out-patients under treatment, nearly 20,000 in-patients cared for in the course of the year; an impressive record of reconstructive operations performed, laboratory investigations undertaken, farm projects developed, rural health schemes inaugurated, new work developed.

All in all, gratifying and impressive.