Tenth International Congress, 1973

Preliminary Notice

The Tenth International Leprosy Congress will be held in Bergen, Norway, from 20 to 25 August, 1973. The Congress will thus coincide with the centenary celebrations commemorating the discovery of the leprosy bacillus by Dr. G. Armauer Hansen in 1873.

The Chairman of the local Organizing Committee is: Professor Erik Waaler, Department of Pathology, Gade Institute, University of Bergen, 5000 Bergen, Norway, to whom, for the time being, correspondence may be addressed.

Leprosy in England

The Secretary of State for Social Services has indicated the countries of previous residence of 115 out of the 280 patients notified as suffering from leprosy since January 1964. It will be recalled that, according to official records, no case of indigenously contracted leprosy has been reported in England and Wales since the disease became notifiable in 1957. The countries and numbers were as follows:

Asia

India	33	Vietnam	2	Ceylon	1
Pakistan	15	Hong Kong	2	Malaya	2
Far East	3	Indonesia	1	Thailand	1
Burma	2	Korea	1	Formosa	1

Africa		Rhodesia	1	*West Indies*	
Nigeria	12	Egypt	1	Jamaica	7
Uganda	3	Central Africa	1	Trinidad	5
Ghana	2			Guyana	4
Kenya	2	*Oceania*		West Indies	1
Cameroons	1	Fiji	1	Barbados	1
				St. Kitts	1

Europe

Malta	5	Cyprus	2	Spain	1

No information was available concerning 66 patients, but there were some indications concerning the countries of origin of 99 patients. These were: India 52, Moslem countries 42, Africa 3, China 1, and Greece 1.

World Health Organization

The Report of the Plenary meetings of the Twenty-second World Health Assembly held in Boston, Mass., 8 to 25 July, 1969, recently published (Official Records No. 177), refers in several places to leprosy.

Uganda (p. 52) awaits with interest the report of the WHO consultant on leprosy control.

Trinidad and Tobago (p. 96) report that the leprosy prevalence rate of 1.4 per 1000 remains static, that patients are segregated in a 250-bed leprosarium situated on an offshore island, and that, thanks to an extensive survey carried out by Dr. Oliver Hasselblad, President of the American Leprosy Missions, Inc., an effective leprosy control programme is now being organized.

Sierra Leone (p. 108). Warm tribute is paid to the substantial assistance received from UNICEF and LEPRA. The leprosy control campaign is said to be based on the priorities laid down by the WHO Expert Committee on Leprosy—the treatment of contagious patients, the surveillance of contacts, and the training of auxiliary staff.

Korea (p. 131) expresses appreciation to WHO and UNICEF for technical and material assitance in its leprosy control programme.

Ceylon (p. 142) indicates that the prevalence of leprosy is probably higher than has been suspected of recent years, according to a study by a WHO short-term consultant.

India (p. 326) makes a plea for restoration of the funds previously earmarked for the BCG control project in leprosy, and subsequently deleted from the 1969 budget. There are $2\frac{1}{2}$ million patients with leprosy in a population of 535 million.

The Division of Research in Epidemiology of WHO (p. 327) has undertaken a study to ascertain whether the widely observed discrepancies in the results of protection of children against leprosy by means of BCG vaccination (in Burma, Uganda and New Guinea) were methodological or biological in origin.

(Further reference to this important subject is made on p. 405 of the Report.)

Nepal (p. 76) reports satisfactory progress in leprosy control projects, and refers most appreciatively to the inter-country seminar on leprosy held in Katmandu in March, 1969, considered to be of immense benefit to a land where difficult terrain, illiteracy and poverty combine to thwart the control of all communicable diseases.

Medical Commission of ELEP

The Medical Commission of ELEP (Co-ordinating Committee of the European Leprosy Associations) met in Paris on 17 and 18 January, 1970, under the Chairmanship of Dr. L. P. Aujoulat.

Tribute was paid to the late Dr. Fr. Hemerijckx, who had been an active member of the Commission since its inception.

In order to help voluntary agencies in responding to numerous appeals for financial

help, the members clarified and crystallized their own attitudes on such matters as "The pros and cons of segregation of patients with lepromatous leprosy"; "The technique of barrier nursing applied to patients with leprosy treated in general hospitals"; "Villages for ex-leprosy patients". By transmitting to the members of ELEP their considered opinion on these thorny topics, the Medical Commission hopes to influence the thinking of generous and well-intentioned laymen so that the very considerable sums raised annually for leprosy work in over 600 centres should be used to the best advantage.

Reports were furnished on upwards of 20 specific projects on which medical advice had been sought.

The overall leprosy situation in countries like Zambia, Afghanistan and Indonesia was studied in some detail.

It is to be hoped that the resources of the European Leprosy Associations may increasingly be utilized in furthering the control of leprosy, the training of medical and auxiliary staff, and the prosecution of research.

International Society for Rehabilitation of the Disabled

At the Eleventh World Congress of the International Society for Rehabilitation of the Disabled (I.S.R.D.) held in Dublin from 14 to 19 September, 1969, leprosy was the subject considered at a Sectional Meeting.

Under the genial chairmanship of Dr. Donald Wilson, the well-known President of the Leonard Wood Memorial and formerly Secretary General of the International Society for Rehabilitation of the Disabled, with Professor A. J. Selvapandian (Professor of Orthopaedic Surgery at the Christian Medical College, Vellore, India) as Vice-Chairman, the Section discussed very profitably the problems raised in the 2 papers that were presented. Dr. S. G. Browne dealt with "The Role of Rehabilitation in Leprosy Control"* and Dr. N. H. Antia with "Comprehensive Care of the Leprosy Patient". The Chairman remarked on the presence on the platform of 3 doctors who, having begun their professional careers as surgeons, were becoming more and more involved in the prevention of deformity in leprosy and the elucidation of the causes and consequences of the peripheral neuropathy of leprosy.

In the ensuing discussion, a consensus of opinion among the participants became evident: the rehabilitation of the patient with deformities attributable to leprosy was in general surgically possible but administratively difficult. In most leprosy control schemes, the accent must be on prevention of deformities and on the integration of the leprosy service into the overall planning of control of transmissible disease.

The exhibition stand of greatest interest to visiting leprologists and many others was that of The Leprosy Mission. This displayed some interesting and historic photographs both of the early days of the Mission when its fund-raising activities were based on and confined to Ireland, and also of the development of the riminophenazine drugs in the nearby laboratories of the Irish Medical Research Council, together with results of the clinical application of B 663 (Lamprene, or clofazimine) by the Medical Consultant to the Mission and other doctors in various parts of the world.

Advantage was taken of the presence of several members of the Leprosy Committee of the I.S.R.D. to hold a meeting. With Dr. S. G. Browne in the chair, and Dr. Masayoshi Itoh as Secretary, the Committee reviewed its past activities and made recommendations concerning the adequate representation of leprosy on the committees that will henceforth mould the policy of the parent society, the International Society for Rehabilitation of the Disabled.

* For text of this paper see page 57.

Medical Research

A Round Table Conference on "Medical Research: priorities and responsibilities", organized by the Council for International Organizations of Medical Sciences (C.I.O.M.S.) with the assistance of WHO and UNESCO, was held at WHO Headquarters, Geneva, from 8 to 10 October, 1969.

Eminent scientists and administrators of government research councils from many countries were present, in addition to representatives from many of the international bodies that form the Council. The International Leprosy Association (a member of the Council) was represented by its Secretary-Treasurer (Dr. S. G. Browne).

Several of the subjects discussed have direct relevance to matters that concern both field and laboratory workers in leprosy.

Genetic configuration may determine individual responses to drug metabolism, such as isoniazid inactivation, adverse reactions associated with glucose-6-P.D. deficiency, and sensitivity to certain anaesthetics. Observed variations in response to dapsone, and delayed response to drugs used in leprosy may be gentically determined.

The importance of clinical pharmacology and the experimental approach to therapeutics was repeatedly stressed. Adequately controlled clinical trials point the way forward in leprosy. Since much work is being devoted to research into new drugs, the time is ripe to stress the need to train the coming generation of scientifically orientated leprosy investigators in statistical methods and accurate clinical observation. More work is needed on the resemblances and dissimilarities in the ways in which experimental animals and man metabolize drugs. After all, man is still the final arbiter of the efficiency of drugs used to combat leprosy.

A plea was registered—a plea that will find a ready echo from leprologists—that the accepted results of research be applied in the field. The gap is still far too wide, and the time-lag far too long, between demonstration and application.

The doctor must become increasingly aware of, and take responsibility for, the results of his own successful interventions into the fileds of disease control. In leprosy, it is not enough to render a patient non-contagious; the clinician must see that the "cured" patient is socially as well as medically rehabilitated into society, able to resume his place as a dignified and independent individual. Thus, rehabilitation of the handicapped is seen to be an essential part of treatment.

Reference was also made to the motivation of those engaged in medical research. Public funds have to be carefully allocated, bearing in mind the need for better means of controlling disease and curing patients. It is the individualistic worker filled with an insatiable curiosity and carrying over into adult life his childhood "play", who in the main makes the best investigator. If, in pushing forward the priorities of knowledge he discovers facts of direct benefit to mankind, then his work is doubly rewarding.

The need for greater stress on the scientific approach to epidemiological problems was discussed. With the new investigative models and methods now available, the standard and efficiency of much evaluation of leprosy field research and control programmes should show marked improvement. Leprosy cannot be considered in isolation from other endemic diseases, or apart from the whole human ecological environment. Furthermore, unless workers are able to keep abreast of progress in other branches, leprosy research both in the field and in the laboratory may fail to profit from recent developments in other realms of knowledge; thanks to some such developments, subjects formerly on the fringe have now become crucial.

The Secretary-Treasurer of the International Leprosy Association entered a plea for increased participation of the research centres of the affluent countries in the great problems of the

countries of the "Third World". Such participation would not only become "two-way traffic" in new knowledge and new ideas, but would shed welcome and necessary light on great lacunae of ignorance in matters of nutrition and endemic disease. Identification of a pathogen (and possible vector) is, as we well know in leprosy, but the beginning of wisdom. Visits by research staff, the provision of fellowships and grants, and facilitation of professional contacts would encourage research into the pressing immediate and remote problems facing the developing countries.

The number of research workers in the biomedical sciences has never been as great as today; yet, paradoxically, there is a real dearth of qualified people in certain fields. Leprosy is one of those fields.

International Society of Tropical Dermatology

The Second World Congress of the International Society of Tropical Dermatology was held in Kyoto, Japan, from 15 to 20 August, 1969.

Participating leprologists who are also concerned with tropical dermatology found much to interest them at the Congress, and regretted that the clashing of concurrent sessions deprived them of opportunities of profiting from the papers given by experts on, say, leishmaniases or mycoses or the treponematoses. Many papers listed on the programme were not presented because of the absence of the authors. While no epoch-making new work was reported, the Congress provided a forum for the exchange of ideas and the meeting of workers in related branches of medicine.

By general consent, the sessions on leprosy (accorded a generous allotment of time by the Congress planners) were among the best, and Dr. R. J. W. Rees is to be congratulated on his work in organizing this Sessional Theme. Rehabilitation received scant notice, but therapy was well discussed. Browne reviewed the modern approach to the drug treatment of leprosy, Waters examined the methodology of drug trials in man and the experimental animal, while Gatti, Languillon, Opromolla and Luis made important contributions.

In the session on "Reaction in Leprosy", thalidomide was the only drug reported in detail. "The Pathogenesis of Leprosy" provided excellent papers by Rees, Bullock, Kolener, and Nishimura, which proved of great interest to visitors whose primary concern was with other dermatoses.

The Round Table Conference on "Therapy of Leprosy" under the Chairmanship of S. G. Browne, brought together Languillon, Pettit, Rees and Waters in a discussion which, after a slow start, developed into a very stimulating exchange of views. Far from concluding tamely, the Round Table was prolonged at the request of the audience so as to deal with practical points of low-dose dapsone therapy and the indications for clofazimine (Geigy B 663).

The symposium on "Mycobacterial Infections" under the chairmanship of Professor R. D. Azulay was of great interest to leprologists, bringing together as it did workers experienced in *Mycobacterium ulcerans* infections, sarcoidosis, and other conditions.

Hind Kusht Nivaran Sangh (Indian Leprosy Association) Annual Report, 1968

In the excellent report of the Chairman of Hind Kusht Nivaran Sangh (Dr. P. K. Duraiswami), reference is made to the tremendous efforts put forth year by year to tackle the considerable leprosy problem in India. Despite the availability of curative drugs and the enthusiasm of many medical and paramedical workers in the country as a whole, there is much to discourage. That

"leprosy is still a major health problem with us", according to Dr. Duraiswami, is attributable mainly to the sad fact that "enlightenment of the public and even of the medical profession has lagged far behind medical progress".

The extent of the problem, and the measure of the efforts already being made and still needed, are indicated by the following figures:

No. of leprosy control units	182
No. of S.E.T. (Survey, Education and Treatment) schemes	1130
No. of population covered	77,100,000
No. of persons examined	38,900,000
Total no. of recorded cases	957,340
Total no. under treatment	808,459

It is gratifying to note the co-operation of voluntary organizations with such international agencies as WHO and UNICEF in the national leprosy control programme. Some 34 voluntary organizations, apart from 5 large centres organized by overseas bodies, account for about 17% of the total number of leprosy patients now receiving treatment.

Dapsone prophylaxis will be introduced in selected areas, and BCG vaccination will be undertaken on an investigative basis to ascertain its eventual role in India.

Faced with huge problems of population growth, widespread diseases like tuberculosis and water-borne infections, and under-nutrition, India cannot afford to relax any of her efforts to control the serious and expensive endemic that is leprosy. With under one-fifth of the population surveyed, and new cases of leprosy arising in those already surveyed, the situation in the country as a whole cannot yet be regarded as under control.

The East African Leprosy Bulletin: Vol. 1 (October 1969)

A warm welcome is extended to the first issue of this modest little Bulletin, edited and published in Nairobi by Mr. G. V. W. Anderson, F.R.C.S., and Dr. A. R. B. H. Verhagen. While it is true that the undue multiplication of scientific journals that appeal only to small groups and continue their interests to an ever-decreasing field of knowledge is causing widespread concern, there can be nothing but good wishes for all attempts to stimulate leprosy workers and make available for them advances reported in such established periodicals as *Leprosy Review* and *The International Journal of Leprosy*.

It is to be hoped that other medical schools will profit from the example now being given by Makerere (reported in this first issue of the *Bulletin*), and not only provide theoretical teaching on leprosy for undergraduates and postgraduates, but also organize practical clinical demonstrations at leprosy centres for all medical students at some stage in their course.

Borstel

Borstel: The Forschungsinstitut Borstel will hold an International Leprosy–Colloquium, 26 to 27 August, 1970, at Borstel, in co-operation with the Dermatologische Klinik der Universtität Hamburg and with the Deutsches Aussätzigen-Hilfswerk, Würzburg. The main subjects will be as follows: epidemiology, pathology, bacteriology and hygiene, immunology (including protective immunization and diagnostic reactions), therapy (chemotherapy and immuno-suppressive therapy), clinical, rehabilitation/surgery). Preliminary programmes will be distributed and others are available on request.

Applications and more detailed information may be obtained from the secretariat of the Forschungsinstitut Borstel, 2061 Borstel, West Germany.