

# News Items

## PHYSICAL THERAPY CONGRESS AT AMSTERDAM

The Sixth International Congress of the World Confederation for Physical Therapy was held in

Amsterdam from 27 April to 2 May, 1970, under the patronage of Her Royal Highness Princess Margriet of the Netherlands; some 1600 participants gathered from more than 40 countries.

The International Leprosy Association was officially represented by Dr. S. G. Browne, its Secretary-Treasurer.

At the opening ceremony, Miss Glen Park, President of the World Confederation, spoke in appreciative terms of the increasing contacts and links between physiotherapists and other medical workers, and gave a special welcome to representatives from the various international organizations present.

Although leprosy did not figure as prominently on the programme as its world importance would seem to merit, several papers given were of interest to physical therapists treating leprosy patients, and Professor A. J. Selva-pandian's film, "Physiotherapy in Leprosy", was shown.

#### AWARD TO DR. S. G. BROWNE

The medal of the Royal African Society for "dedicated service to Africa" has been awarded to Dr. S. G. Browne, O.B.E., Director of the Leprosy Study Centre and Chairman of the Editorial Board of *Leprosy Review*.

The citation refers to Dr. Browne's 23 years' service in the former Belgian Congo as a Baptist medical missionary, followed by 7 years in Nigeria, where he was Director of the Leprosy Research Unit at Uzuakoli, and goes on to say, "his unrivalled knowledge of leprosy research, treatment and control has enabled him to travel widely throughout the world on survey and demonstration work, and his prolific writings and programmes on the subject have done much to change the attitudes of both medical and lay people towards the disease".

#### BIRTHDAY GREETINGS TO DR. ERNEST MUIR

*Leprosy Review* extends its sincere greetings to Dr. Ernest Muir, C.I.E., C.M.G., K.I.H. gold medal and bar, on the occasion of his 90th birthday, on 17 June, 1970. Dr. Muir is the doyen of British leprologists, a man honoured and respected throughout the world.

To celebrate the occasion, The Leprosy Mission gave a small tea-party at its new London Headquarters (50 Portland Place, W.1) by kind

invitation of the Chairman of Council, Sir Harry Greenfield, C.S.I., C.I.E. Lady Templer, the wife of the Lord Lieutenant of London, received the guests. Greetings were voiced by many who had known Dr. Muir over the years, including Dr. R. G. Cochrane, C.M.G.

#### BELGIUM PAYS ITS TRIBUTE TO THE LATE DR. FR. HEMERIJCKX

The memory of Dr. Hemerijckx, whose death was recently announced in the columns of *Leprosy Review* (1970, 41, 65), will be kept alive in Belgium, and indeed throughout the world, in at least two ways: a memorial statue in Grimbergen, and a fund to be devoted principally to the training of leprosy workers. Sunday, 7 June, was set aside for the unveiling of the statue and the public announcement of the creation of the "*Fonds Docteur Hemerijckx*".

The proceedings began with a crowded service in the Abbey Church at Grimbergen, where Dr. Hemerijckx and his family worshipped. A fitting tribute was paid, in the course of the sermon, to the life and activities of the doctor, and especially to his work in the Congo from 1929 onwards, and then from 1955 in India. After the service, the congregation proceeded in brilliant sunshine to a plot of greensward, tastefully planted with spring flowers and rhododendrons in bloom, bordering the main road in the centre of the Flemish town of Grimbergen, some 8 miles from Brussels.

After Grimbergen's Mayor (Monsieur A. de Winter, Member of the Belgian Senate and an ex-Minister) had spoken in eulogistic terms of Dr. Hemerijckx and his work, he unveiled the statue, which consists of a bronze relief of the well-known bearded, smiling face, surrounded by symbolic figures suggesting "the clinics under the trees" in Congo's Kasai Province and India's Polambakkam. Monsier M. Huybrechts, Vice-President of the Damien Foundation, also spoke, and Professor Jan Hemerijckx, worthy son of his father, thanked those present on behalf of the family. Floral tributes presented by many organizations and personalities were laid at the foot of the statue.

After a reception at the Town Hall given by the Mayor of Grimbergen, and a lunch offered by the *Amis du Père Damien* for foreign guests and Committee members, the company drove to Brussels to take part in a public meeting organized as a memorial to Dr. Hemerijckx and held in the spacious hall of the Bibliothèque Royale.

Under the gracious chairmanship of the renowned cancer specialist, Professor J. Maisin, now President of the *Amis du Père Damien*, the Belgian people and nation paid their tribute of respect to a good man who for 40 years had devoted himself to the well-being of leprosy sufferers. Many references were made to his pioneering insistence on the then novel concepts of domiciliary treatment, rehabilitation, and comprehensive care of those afflicted. Dr. Hemerijckx was able to carry these ideals from the Congo to India, where they were to meet with rather more resistance from traditional attitudes and prejudices.

On behalf of the Medical Commission of ELEP, Dr. L. P. Aujoulat, its Chairman, spoke in warm terms, underlining the personal qualities of the man, which were expressed in his work. The honorary rector of Ghent University, Professor J. J. Bouckaert, spoke of Dr. Hemerijckx's influence in the world of practical help to leprosy sufferers and training of auxiliary workers.

After the showing of a film made in East Africa by the Dutch Leprosy Foundation, the "Dr. Hemerijckx Memorial Fund" was publicly inaugurated. Already the townsfolk of Grimbergen and of Ninore (where the doctor was born, in 1902) have made considerable contributions to the Fund, and it is confidently hoped that public bodies, commercial undertakings, and many people of goodwill will wish to associate themselves with the Fund. The interest on invested moneys will be devoted to training leprosy workers, so that the ideals towards which Dr. Hemerijckx worked so ardently may be furthered and practised.

Monsieur Raoul Follereau, Honorary President of ELEP, made a characteristically eloquent and impassioned plea for the continuation of the

work of Belgium's "second Father Damien", and a representative of the Minister of Health brought the good wishes of the Belgian Government to the assembly and warmly commended its object.

The immediate past-Chairman of ELEP, Monsieur A. Récipon, was also present; and Dr. S. G. Browne, Secretary-Treasurer of the International Leprosy Association and a colleague for many years of Dr. Hemerijckx in the Congo, represented the Association at the events of the day, and conveyed to the organizers the greetings of the President and Council.

#### CO-ORDINATION OF LEPROSY CONTROL IN EAST AFRICA

The three countries comprising the East African Community—Kenya, Tanzania, and Uganda—have, since attaining independence, maintained many medical links. Among these links is the Council that fosters and co-ordinates medical research.

Since January, 1969, and thanks to the stimulus provided by the Conference on Mycobacterial Diseases held in Dar es Salaam in that month (reported in *Leprosy Review* (1969) **40**, 139), an increasing interest in leprosy and leprosy control has been evident. In Tanzania, a National Leprosy Advisory and Co-ordinating Committee has been formed, and is now functioning (*Leprosy Review* (1969) **40**, 142). In April, 1970, a working meeting attended by 30 doctors and senior auxiliary staff engaged in leprosy, was held at Makerere University, Kampala, Uganda. The main task of the meeting was to draw up principles of leprosy control that would be generally applicable throughout the three countries represented. Detailed draft proposals concerned with such matters as records, treatment, and training were prepared by panels and submitted to the full conference. After long and at times lively discussions, these proposals were accepted with slight amendments. (Copies of the recommendations in their final form may be obtained on application to Dr. Lomholt, P.O. Box 7051, Kampala, Uganda).

The conference was followed by the inaugural

meeting of the East African Leprosy Workers' Association plans for which had been laid at the Dar es Salaam Conference. The Secretary-General of the East African Community had graciously accepted the office of President of the Association. The *East African Leprosy Bulletin*, whose appearance was noted in these pages (*Leprosy Review* (1970) 41, 8) publishes reports on the progress of leprosy work in the area.

Many projects for leprosy control in East Africa are still in the preliminary planning stages, and their implementation over the course of the next few years will be followed with interest. However, the fact that 2 such schemes, in Kenya, are already being implemented, is to be attributed in part to the stimulus afforded by the Dar es Salaam working meeting, together with the East African Leprosy Workers' Association and the *Bulletin*. Dr. A. R. B. H. Verhagen (to whom we are indebted for the gist of this report) is the energetic Editor of the *Bulletin*.

#### A FILM ON LEPROSY

The Gandhi Memorial Leprosy Foundation (P.O. Hindinager, Wardha, Maharashtra, India) has produced a black-and-white documentary film entitled "Protection Against Leprosy". Its running time is 19 minutes, and it is available in either 16-mm or 35-mm. At present, only the English version is on sale, but it is hoped shortly to prepare dubbed versions in all 16 languages listed in the Constitution of India. The fact that Dr. R. V. Wardekar, until recently Director of the Foundation, was responsible for the script is a sufficient recommendation. It is hoped to show the film in all cinema theatres in India.

Prints of the film (with English commentary) are now available on application to the Films Division, Ministry of Information and Broadcasting, Government of India, 32 Apollo Street, Fort, Bombay 1. For educational institutions and Government departments the price per print (payable on order) is Rs. 630 (plus Rs. 38.08 excise duty) for the 35-mm version, and Rs. 378 (plus Rs. 10.15 excise duty) for the 16-mm version; and Rs. 684 (plus Rs. 38.08),

and Rs. 396 (plus Rs. 10.15), respectively, for private organizations and individuals. Those interested in purchasing a print dubbed in a language other than English are invited to enquire of the Films Division regarding the date when the version they desire will be available.

#### THE MALAWI LEPROSY CONTROL PROJECT

The Interim Report of the Leprosy Control Project in Malawi, conducted by the British Leprosy Relief Association (LEPRA), has recently been published. It deals with the first 4 years of activity since the Project was inaugurated in 1966. Details of the progress achieved were given in the paper by Dr. B. David Molesworth that appeared last year in *Leprosy Review* (1969) 40, 237).

This Interim Report provides additional information concerning finance and administration and brings the story up to date. It emphasizes the essentially pragmatic nature of the project and the practicability in the African setting of the principles of leprosy control that have been widely advocated in theory, yet all too rarely put into practice. Already, more than 10,000 leprosy patients have been admitted to treatment; over 46,000 children under 15 years of age have received BCG vaccination; whole population surveys in selected villages and in selected groups have been undertaken; and regular mobile circuits (by motor vehicle, or bicycle) have brought diagnosis, treatment, and education in the use of anaesthetic extremities within the reach of even the most isolated villages in the Project area. A commendable apportionment of time and energy, as between the scattered patients under domiciliary treatment and the claims of the 36-bed central hospital block in Blantyre, is evident in the Report. The crucial importance of training of medical personnel, and also of public relations (through the press and radio, and lectures and demonstrations) has not been forgotten.

We append below verbatim sections of the Report likely to be of interest and value to readers of *Leprosy Review* facing similar problems and opportunities in leprosy control.

*Research aspects of the Project*

The research potentials in a Project of this magnitude are considerable but they have to be balanced against the overall priority of initiating and establishing the Project as a demonstration model for the control of leprosy. In retrospect, the wisdom of adhering to this priority is made clear from the foregoing interim report, since within a period of only 4 years, 10,000 leprosy patients have been brought under treatment. Moreover, it is equally clear that this has been achieved only by a series of modifications in the original plans based on observations and experience gained in the field. The acceptance of such modifications in the sciences is defined as "research" and in the control of disease as "operational research". Therefore, the application of operational research methods already has played a major role in the successful initiation of the Project and will continue to take priority throughout. However, as soon as the Project was firmly established, other research projects were introduced and are being added as the opportunities arise.

1. The Malawi Project has joined an International Study of trials on the slow-release derivative of dapsone—DADDS—which is given by injection once every 75 days. Preliminary results are encouraging.

2. Another study has as its objective the evaluation of Lamprene and thalidomide as alternatives to corticosteroids for the treatment of serious reactional episodes in patients with lepromatous leprosy.

3. A study has just been initiated to determine whether patients with leprosy who deteriorate despite treatment with dapsone have become resistant to the drug. This study will be undertaken on a collaborative basis between the Department of Chemistry at Blantyre and the National Institute for Medical Research in London. Detailed studies will be made on blood levels of dapsone in the patients and on *Mycobacterium leprae* in their skin, with the view to detecting drug-resistant strains (if present): the mouse footpad technique will be used (in London) to this end.

4. Recent studies in London and Oxford have shown unexpectedly that leprosy bacilli are found in the muscles of patients in both the early stage of the infection and in treated patients whose skin smears are negative. These important observations will now be further investigated on selected patients in the Project in collaboration with workers in London and Oxford.

*Interim conclusions*

While the time is not yet ripe for making definitive observations on the Project, the following interim conclusions may be drawn in an attempt to evaluate the progress already achieved and the lessons learned.

1. The objectives of the Project, and the pre-suppositions on which these objectives were formulated, are inherently sound. It is in practice proving possible, with the methods employed, to register the great majority of leprosy patients requiring treatment within a delimited area. Good public relations and persistent and widespread health education are proving of even greater importance than was at first realized.

2. Careful planning of mobile circuits, and the supplementing of motor transport by bicycles, can bring leprosy treatment to within 3 miles of every person needing it. The insistence on domiciliary treatment is already proving beneficial in many ways: (a) it ensures patient co-operation and goodwill, and a high regularity rate of attendance; (b) it prevents disruption of family life, of the farming calendar, and (in the case of children) of schooling; (c) in the absence of whole-population surveys, it encourages patients with early and suspicious lesions to present themselves for examination; and (d) it plays a significant role in preventing progressive damage to insensitive extremities.

3. The Project provides data concerning such matters as: the distribution of leprosy, the type of leprosy, the patterns of transmission, the occurrence of deformities, the prevention of nerve damage by early treatment—data that should prove useful for future research into the epidemiology of leprosy in the African environ-

ment. The registering on punch-cards of basic information in respect of every patient will provide a permanent record of the findings on admission to treatment and of progress toward arrest of the disease.

4. The possible value of BCG vaccination in affording protection to children within the Project area will be followed with great interest. Where the prevalence of leprosy is of the order found in Malawi, in a population distributed in the existing density per square mile, no distinction need be made between household contacts and general contacts. A decided reduction in the leprosy incidence among the vaccinated child population should shortly become evident.

5. Treatment for tuberculosis could, with administrative advantage, be combined with a leprosy control project similar to that under consideration. The theoretical objection that patients suffering from lepromatous leprosy (being probably more susceptible to tuber-

culosis) should not be unnecessarily exposed to infection by being brought into contact with patients with "open" pulmonary tuberculosis, should not be forgotten when the feasibility of such combined schemes is being discussed.

6. In spite of all efforts, case-finding activities have not yet attained full coverage. It has been abundantly demonstrated that self-reporting and good public relations will bring to light most of those suffering from leprosy and in need of treatment, but some patients will remain unidentified. For this and other reasons, isolated sporadic cases may from time to time be found within the Project area, and even small foci of leprosy. This eventually would not detract from the overall validity of the objectives, but would serve to emphasize one aspect of the problem of leprosy control.

As Dr. Molesworth and his colleagues enter the phase of consolidation and complete coverage of the assigned area, they may be assured of the good wishes of all.