

News and Notes

“TROPICAL DOCTOR”

We give a warm welcome to a new quarterly. *Tropical Doctor* is published by the Royal Society of Medicine, with a grant from the Commonwealth Foundation. It is intended for the isolated medical worker in tropical countries, and hence would interest many of the readers of *Leprosy Review*. It will publish invited articles on the treatment, management, and prevention of diseases and conditions prevalent in tropical countries. These articles will, in effect, constitute a continuing course of postgraduate instruction especially directed to the practical needs of medical men and women working on their own in mission, government, and other hospitals in out-stations, dispensaries, and health centres in tropical countries.

News letters and unsolicited contributions will be published in so far as they bring to light, or provide helpful comments on, matters of common concern and interest. Original articles reporting research work will not, as a rule, be published in *Tropical Doctor*—adequate media already exist for this purpose—but short accounts of procedures and techniques that readers have developed or adapted will be welcomed.

The Editor is Dr. Hugh Clegg, who for many years edited the *British Medical Journal* with outstanding success. The Editorial Committee includes figures well-known in tropical circles. Leprosy is represented in the person of Dr. S. G. Browne. It is understood that forthcoming issues will include symposia on Skin Disease in the Tropics, and on Leprosy.

The “Notice to Subscribers” published in the first number of *Tropical Doctor* (January, 1971) is appended for the information (and action) of our readers.

Notice to Subscribers for *Tropical Doctor*

From 1 January, 1971 the annual subscription rate will be £3 (\$8) post free in all countries, single copies will be 75p (\$2). Remittances must accompany orders, and should be made as follows: (i) by banker's draft on London, in favour of *Tropical Doctor* and addressed to The Editor, *Tropical Doctor*, International Relations Office, Royal Society of Medicine, Chandos House, 2 Queen Anne Street, London W1M 0BR, England; or (ii) to National Westminster Bank Ltd., 250 Regent Street, London W1R 6AU for account of *Tropical Doctor*. The Royal Society of Medicine will consider concessionary rates of subscription for missionary societies and hospitals, and for university faculties and final-year medical students in developing countries. Enquiries about these should be addressed to the Editor.

“WORKSHOP” AT KARIGIRI, NOVEMBER, 1970

The first All-India Workshop on leprosy problems in India, held at Karigiri, South India, from 12 to 14 November, 1970, attracted 60 participants from Tamil Nadu State and beyond. The major expenses of the “workshop” were defrayed by a generous grant from the Social and Rehabilitation service of the Department of Health, Education and Welfare of the United States of America.

Unlike many such conferences, at which a surfeit of scientific presentations leaves little or no time for discussion, this workshop was so organized that participants had ample time and opportunity for tackling (in small groups) the real practical problems concerned with "Deformities in leprosy; implications, prevention and management".

At the Inaugural Function, a stimulating and challenging address was given by Dr. Paul Brand on the relative failure of much of the effort put forth in treating individual leprosy patients, medically or surgically, when considered in relation to the endemic as a whole. Despite the undoubted successes, little impression seems to have been made on the incidence of leprosy in South India or the prevalence of physical deformity and social stigma. Dr. Stanley Browne, deputizing at short notice for Dr. J. K. G. Webb, Principal of the Christian Medical College, Vellore, referred to the need to make leprosy academically and scientifically respectable in close co-operation with a teaching and treating medical faculty. Professor A. J. Selvapandian outlined the practical scope of the workshop sessions. Before setting the "workers" to "work" in the workshop, the Organizer (Dr. D. A. Ranney, Chief of Surgery at Karigiri) called on Dr. Stanley Browne to speak on "The Rôle of Rehabilitation in Leprosy Control".

For the following sessions, the same pattern was generally observed—a provocative paper or demonstration, and then a frank discussion on the topics proscribed, such as: (a) the problems involved in detection and management of the cases likely to develop deformities and those with early deformities; (b) evaluating the principles, methods, and materials of health education in the prevention of the deformities; (c) the need for trained personnel in medical and para-medical fields, and their training, placement, and utilization; (d) the problems involved in the availability, manufacture, and utilization of simple and practical appliances and devices in the prevention of deformity, and their management.

This workshop was, by common consent, most helpful and useful. Doctors and physiotherapists, social workers and prosthetists, laboratory technologists and occupational therapists, despite their diversity of outlook and activities, managed to discuss their common problems together and derive real help from their joint deliberations.

LEPROSY CONFERENCE AT ASKA, ORISSA, INDIA

The German Leprosy Relief Association (D.A.H.W.) and the Danish Save the Children Fund together sponsored an informal conference (a "Get-Together", they called it) of representative workers in voluntary-agency leprosy institutions supported in part by the German organization. They met at the headquarters of the Danish leprosy control programme at Aska, Orissa, from 14 to 18 November, 1970. The great majority of the participants were Indian, and included medical and para-medical workers and lay superintendents of leprosy hospitals, together with some expatriates working in these institutions. The invited guests were Dr. E. A. Blum and Dr. J. A. Cap, both World Health Organization leprosy consultants, and Dr. Stanley Browne.

Under the wise and genial chairmanship of Professor T. N. Jagadisan, the participants discussed the subjects raised by the speakers and the practical outworking of the exemplary Aska Leprosy Control Project. They saw the small

central hospital designed for treating the acute complications of leprosy, and visited typical "under-the-trees" leprosy clinics.

The WHO leprologists gave helpful papers on the control of leprosy and Dr. Browne spoke on "The rôle of voluntary organizations in leprosy control," and "The place of rehabilitation in a leprosy control programme". Mr. E. Ostergaard, the man who has inspired and encouraged the programmes at Pogiri and Aska, described the simple administration and financial structure of the Aska Project, emphasizing its low cost (23 Rupees per patient treated per year, including an average of 4 Rupees per patient for hospital care) and its reproducibility. So far, over 48,000 leprosy patients have been registered at Pogiri, and nearly 19,500 at Aska. The cost per head of the population in the area covered by the Aska control project, for the leprosy service alone, is about half a rupee per year (0.56 Rs.). About 40% of the leprosy patients in Orissa (population, 18 million) are being treated in the Aska project.

The three full days of conference, discussion, and observation brought home to the participants the fact that leprosy can be controlled in a given area with minimal dissipation of energies and money on organizational overheads.

XAVIER AWARD TO DR. O. W. HASSELBLAD

Dr. Oliver W. Hasselblad, President of American Leprosy Missions, Inc., was presented with the Xavier Award for his "outstanding zeal and devotion to the cause of Missions". The presentation was made by the Jesuit Seminary and Mission Bureau on 6 November, 1970. The Award was established in 1953 in honour of St. Francis Xavier, patron saint of Missions.

Dr. Hasselblad's well-merited award sets the seal on a lifetime of devoted service in India and, since 1959, in the many countries he has visited in the interest of leprosy sufferers.

LEPROSY IN LIBYA

Though not a serious public health problem in Libya, leprosy is responsible for much suffering. The prevalence is probably about 2 or 3 per 1000 of the population, and no area is exempt. In-patient treatment is provided at Birstamilad (near Tripoli), and a new hospital for leprosy sufferers is about to be brought into use at Barce (east of Benghazi) and near the new town that has been built to replace the old Barce, which was severely damaged by earthquake in 1963.

Dr. Stanley Browne recently conducted a survey of the leprosy situation in Libya, and made recommendations to the Libyan Government regarding a programme for leprosy control.

LEPROSY IN NIGERIA

The leprosy control programmes in two of the three states comprising the former Eastern Nigeria (South-Eastern and East Central) have been investigated recently.

Dr. O. W. Hasselblad made an extensive survey of the South-Eastern State at the invitation of the State Government, and made comprehensive recommendations for the reorganization of the leprosy service in his official report.

Dr. Stanley Browne toured the East Central State on behalf of the Christian Council of Nigeria and an *ad hoc* body brought together by The Leprosy Mission in London and representing all the voluntary agencies engaged in leprosy work in the former Eastern Nigeria before the outbreak of the war there. The leprosy service, which had been one of the most effective in Africa, is disrupted; the world-renowned Research Unit at Uzuakoli and the Settlement itself suffered extensive damage. The voluntary agencies are most desirous of co-operating with the Government in integrating a leprosy control service within the framework of endemic-disease control in the State.

LAMBARENE

Following a fact-finding visit of Dr. Stanley Browne to the Dr. Albert Schweitzer Hospital and *Village de Lumière* (village for leprosy sufferers) at Lambarene, certain proposals are before the international committee charged with the administration of the work. Generous benefactions have recently come from Swiss and American sources to help rebuild the *Village de Lumière*.