

## News and Notes

### LEPROLOGISTS NEEDED

From time to time requests arrive through various channels for the services of leprologists. There is at the moment a great dearth of experienced doctors in this field. Governments, mission bodies, and non-sectarian voluntary agencies publicize their needs in the advertisement columns of the medical press, through government bureaux, and in this specialized journals.

*Leprosy Review* does not offer itself as an employment agency or throw open its pages to "appointments vacant" and "offer of service", but nevertheless would wish to indicate the continuing need for doctors experienced in leprosy. At the moment, the governments of the Arab Republic of Libya, of the Gambia, and of the Solomon Islands seek such men.

(1) Dr. O. Kadiki, Director General, Ministry of Health, Tripoli, is eager to engage an experienced leprologist for Libya.

(2) The British Leprosy Relief Association (LEPRA), 50 Fitzroy Street, London, W.1 would act as the intermediary for the vacancy in the Gambia, and assist financially.

(3) The Director of Medical Services, Honiara, British Solomon Islands Protectorate, or Dr. MacGregor (now at 74 Glasgow Road, Perth, Scotland) would supply particulars of the vacancy in the Solomon Islands.

(4) The Schieffelin Leprosy Research Institute, Karigiri (near Vellore, Tamil Nadu, India) urgently requires an epidemiologist and a well-qualified physician for research and teaching.

The Secretary-General of ELEP (The Federation of European Anti-leprosy Associations) of 196 Rue Stévin, Brussels 4, Belgium, and the Medical Missionary Association (31 Bedford Place, London, W.C.1) receive information of vacancies in institutions wholly or partially concerned with leprosy.

### DAMIEN-DUTTON AWARD

On 16 February, 1971, Dr. Chapman H. Binford, Medical Director of the Leonard Wood Memorial, was presented with the Damien-Dutton Award for his many contributions to leprosy research. At present, Dr. Binford—sprightly and energetic despite his 70 years—is registrar for leprosy at the Armed Forces Institute of Pathology in Washington, and head of its special Mycobacterial Diseases Branch. He served in the United States Public Health Service from 1930 until he retired in 1960. Since then, he has been identified with the Leonard Wood Memorial. His many researches into the microbiology and histopathology of leprosy, including successful attempts to induce multiplication of *Myc. leprae* in the earlobes and testicles of hamsters, have placed him among the foremost investigators of the disease. His work as Councillor of the International Leprosy Association and Chairman of its Finance Committee has earned him a high place in the regard of all leprologists.

*Leprosy Review* adds its sincere congratulations to Dr. Chapman Binford on this well-merited award.

**ANNUAL REPORT  
INSTITUT MEDICAL EVANGELIQUE, KIMPESE,  
DEMOCRATIC REPUBLIC OF CONGO**

The Annual Report of this centre for 1969-70 includes references to the work of the Kivuvu Leprosarium, where 58 in-patients and 391 out-patients were treated during the year, 65 of them being newly admitted to treatment. The medical programme includes health education, physiotherapy, occupational therapy, and shoemaking. Research is proceeding on low-dosage sulphone therapy and on *Myc. ulcerans* infection (Buruli ulcer).

**LEPROSY IN AFGHANISTAN**

Precise information of the size of the leprosy problem in Afghanistan is not available. The figure of 7600 cases estimated by the World Health Organization in 1964, was admittedly based on incomplete information, and reflected the assumption that the prevalence of leprosy in Afghanistan was likely to be similar to that of neighbouring countries. A total of 100,000 for the whole country, representing a prevalence rate of 5 per 1000, would not be unrealistic. However, a few school surveys and selected population surveys among people of Mongoloid extraction in the mountainous Hazarajat area in Central Afghanistan, indicate a higher prevalence.

Dr. S. G. Browne recently visited Afghanistan at the invitation of the Medical Assistance Programme (M.A.P.) of the International Afghan Mission to investigate and advise on the leprosy problem. The Ministry of Public Health of the Royal Afghan Government has invited M.A.P. to assume the responsibility of organizing and supervising a medical service—including leprosy—over an area of 50,000 miles<sup>2</sup> (130,000 km<sup>2</sup>) containing a population of some 2 million. At present, even basic medical services are lacking in this area. The implementation of the official policy of domiciliary treatment for leprosy must be seen in the context of general medical need and the dispersal of the population in narrow fertile valleys surrounded by the massive peaks of the Hindu Kush range.

There may thus be 20 000 leprosy patients needing treatment in the Hazarajat. Nodular lepromatous leprosy is characterized by advanced lesions on the face, while the trunk and limbs are relatively spared. Madarosis occurs early, especially in patients with Mongoloid facies. These observations may be correlated with constant exposure of the face to the extremes of weather—bright sunlight, high elevation, and very low winter temperatures. Tuberculoid leprosy is commonly macular and appears as very large lesions covered with a branny desquamation, less pigmented than the adjacent normal and unaffected Caucasian skin. Peripheral nerve damage may be severe and widespread, involving all the nerves of the limbs (except the radial nerve) and the face.

In the clinics already operating, men outnumber women by 15 to 1, a fact that suggests that many women suffering from leprosy do not come for diagnosis and treatment.

Although leprosy in the Hazarajat constitutes a major health problem affecting perhaps 1% of the population, it is probably widespread throughout the country.

### LEPROSY IN AUSTRALIA

The Annual Report for 1968-69 of the Director-General of the Commonwealth Department of Health, Australia, refers to the fact that during the year under review some 68 people were diagnosed as having leprosy, most of them in the Northern Territory. Patients who are no longer contagious receive treatment as out-patients. The shortened period of "isolation" now in vogue, coupled with the obvious success of modern treatment and the benefits of reconstructive surgery, have resulted in early self-reporting and hence reduction in the foci of active disease.

### LEPROSY IN INDIA

#### WORK OF THE HIND KUSHT NIVARAN SANGH

The Annual Report (for 1969) of the Hind Kusht Nivaran Sangh gives a very readable and interesting account of the work accomplished through the Sangh itself in close co-operation with the Government of India, the Departments of Health of the various component States, and the voluntary agencies. The National Leprosy Control programme now comprises no fewer than 1130 S.E.T. (survey, education, treatment) centres.

The Sangh stimulates research and teaching, and actively engages in popular education about leprosy through its admirable series of posters, brochures, leaflets and films. Special emphasis was given to World Leprosy Day, 30 January, 1970, coinciding as it did with the observance of the Gandhi Centenary.

### LEPROSY IN MALTA

The Annual Report of the Chief Government Medical Officer of the Maltese Department of Health for 1969 reveals that the total number of patients with leprosy under treatment was 219, of whom 134 were males and 85 females; 45 received treatment as in-patients at St. Bartholomew Hospital during the year. In Malta itself, there are 155 patients who are treated as out-patients. From the hospital good results have been reported with clofazimine (Lamprene, Geigy), and thalidomide. The usual treatment of leprosy is with dapsone, or with thiambutosine as an alternative where indicated. According to a statement made by the British Secretary of State in answer to a question in Parliament, 5 persons coming from Malta between 1964 and 1969 have been notified as suffering from leprosy in Britain.

### DANISH SAVE THE CHILDREN ORGANIZATION

#### LEPROSY CONTROL PROJECTS AT POGIRI AND ASKA

The latest report of the two excellent leprosy control programmes in India, supervised by the Danish Save the Children Organization with the technical help of the World Health Organization and assistance from UNICEF and the Central and State Governments, gives statistics up to the end of September, 1970. No fewer than 47,487 leprosy patients have been registered for treatment in the Pogiri scheme (since 1962), and 22,043 in Aska (since 1966). So far, 16,055 patients have been released from control in Pogiri, and 861 in Aska.

The organizers of these two programmes, ever cost-conscious, derive some satisfaction from the figures now available. The cost per year per patient registered works out (in U.S. dollars) at \$3.06 for Pogiri, and \$4.66 for Aska, and the leprosy service represents a charge of \$0.07 and \$0.06 respectively per head of population in the areas covered (about 1,465,000 and 1,113,000 respectively).

### ELEP MEDICAL COMMISSION

The Medical Commission of the European Federation of Anti-Leprosy Associations (ELEP) met in Brussels on 19 March, 1971, to examine projects submitted to it and to approve the text of a statement on leprosy research intended to give helpful guidance to voluntary organizations. The Commission has learned with real regret that because of ill-health, Dr. L. P. Aujoulat (*Inspecteur-Général de la Santé Publique*) has had to relinquish the position of Chairman, which he has filled with such distinction. Dr. S. G. Browne was elected in his place.

### ELEP

The Annual Report for 1970 of the General Secretary of ELEP (the European Federation of Anti-Leprosy Associations), presented at a meeting of the General Assembly held in Bologna (Italy) in April, 1971, contains several items of information of interest to readers of this journal.

During the year, a total of about £2,200,000 was raised by the member-associations and distributed to 505 centres in 70 countries. This sum represented an increase of 7% on the 1969 figures. Among the receiving countries in Asia, India benefited most, and in Africa, Uganda. In India, the grant per patient treated was just under £1, whereas in Uganda the comparable sum was £3.30. Per patient treated, South Korea, Paraguay, and West Pakistan each received sums somewhat, or considerably, above this figure. Four joint projects, sponsored and financed by several of the member-organizations, are already under way—all in India: at Dharmapuri, Kumbakonam, Aska, and Pogiri.

The Medical Commission, now to be strengthened by the inclusion of Médecin Général P. Richet, will continue to examine projects submitted for its advice, and will attempt to guide the associations in the disbursement—to the best advantage, and in accordance with the principles and priorities of ELEP—of the considerable sums they raise every year.

The Chairman of the Medical Commission (Dr. S. G. Browne) in presenting the Annual Report of the Commission to the General Assembly, indicated that during the next decade all voluntary agencies concerned with the world-wide attack on leprosy would have seriously to consider their strategy and the nature of their fund-raising activities, striving to see their work in the context of other endemic diseases, undernutrition and overpopulation. The integration of their commendable antileprosy programmes into general schemes for raising the health of individuals and communities would go far to ensure that the person suffering from leprosy would have a fair deal and a square deal in the world of tomorrow.

### DR. ESMOND R. LONG HONOURED

The Emeritus Editor of *The International Journal of Leprosy and other Mycobacterial Diseases*, ex-professor of pathology, Dr. Esmond R. Long, has



Dr. Long (left) receiving the gold-headed cane

recently been awarded the highest honour given to pathologists in the United States of America and Canada—the Gold Headed Cane. The cane, a replica of one carried by British Royal Physicians from 1689 to 1825, is awarded to a physician representing “the highest ideals in pathology and medicine”. It has been granted only 19 times in 52 years.

Dr. Long succeeded Dr. H. W. Wade as Editor of *The International Journal of Leprosy* after the 8th Leprosy Congress, held in Rio de Janeiro in 1963. Entering the field of leprosy editing after a very rich and fruitful experience in tuberculosis, general pathology and medical history, and armed with a ready and precise pen, Dr. Long not only maintained but enhanced the high standards of the official publication of the *International Leprosy Association*.

Now, at the ripe old age of 81, he still brings an unusual degree of mental alertness, perspicacity, and rare critical abilities to bear upon the world of leprosy. Readers of *Leprosy Review* would wish to congratulate Dr. Long on the Award, and to thank him for his varied contributions to their special field of interest.

### THE WORK OF WHO IN 1970

The Annual Report for 1970 of the Director-General of the World Health Organization (WHO) mentions (p. 10) that over half-a-million patients with leprosy have been registered in the previous 5 years in 75 countries from which returns are available, and that 132,000 patients have been "released from control". It concludes, in the continued absence of complete and reliable statistics, that the total number of persons in the world suffering from leprosy was in 1970 substantially similar to that in 1965.

WHO provided help in 24 projects, and also gave technical guidance in several programmes assisted by UNICEF. Field or laboratory studies were conducted or supported by WHO in 12 countries. The prevailing trends in leprosy control are briefly reviewed, with stress on the need to conduct antileprosy activities as integral parts of national general health services, rather than as separate and isolated programmes.

A short report (p. 185) on the Kampala Seminar (9-14 March, 1970) refers to the main points discussed, viz., the epidemiology and control of leprosy in the African Region, treatment, planning, the evaluation of control programmes and their integration into the public health services.

The seminar on Leprosy Control held in Aska (Orissa, India) from 12 to 31 January 1970, brought together medical officers engaged in leprosy control work in South-east Asia, with the object of acquainting them with recent developments in the epidemiological and immunological aspects of the disease.

### LEPROSY OR HANSENIASIS?

The following letter has been received from Dr. A. Rotberg. The "Technical Norm No. 3" referred to in the first paragraph is apparently an administrative instrument that officially substitutes—in the State of São Paulo, Brazil—a revised nomenclature to replace the word "leprosy" and its cognates:

I have the pleasure of enclosing the Technical Norm No. 3 issued by the Secretary of Health of the State of São Paulo, Brazil, ratified by the State Council of Health, referring to the new terminology headed by the word "hanseniasis".

The inconvenience of the old terminology ("leprosy" and derivatives) and the interest in a substitution were pointed out in the recommendations or conclusions of the XVII Brazilian Congress of Hygiene (Bahia, 1968), of the "Seminar on Leprosy (Hanseniasis)" of the XVIII Brazilian Congress of Hygiene (São Paulo, 1970) and of a group of participants in the Seminar on Administrative Methods for Leprosy Control Programs, of the Pan-American Health Organization (Guadalajara, Mexico, 1968).

This new terminology is also expected to help in eliminating the stigmatizing word "leper", condemned by the Conference of Manila (1931) and the Congresses of Leprosy of Havana (1948) and Madrid (1953), but still widely employed, in great part because of the term "leprosy" and its derivatives, permitted up to date.

Both the new and old terms will be used jointly by the Secretary of Health in correspondence and other documents destined to other states or countries. In São Paulo the same policy may also be adopted for some time, when necessary to establish synonymy.

DR. A. ROTBERG  
Coordenador

A letter from Dr. M. J. Mallac under the heading "It is hanseniasis and not leprosy" appeared in the *Far East Medical Journal* (1971) 7, 108, in which the following passages occur:

I read with great interest in the July issue of your Journal the details under "Australians Help Lepers in South East Asia" and those pertaining to "Hansen's Disease and Hearing". It struck me—as a former WHO hansenologist still committed to this remarkable and challenging disease—that some of your readers are probably unaware of the world-wide movement which, under the aegis of the "Departamento Dermatologia Sanitaria", Brazil (Director: Professor A. Rotberg), is presently underway with a view to relinquishing the word "leprosy" and its linguistic derivatives in favour of hanseniasis, hence correcting a long overdue yet tragic medical mistake and securing—it is hoped—a more rational, if not more enlightened public attitude. The proposed changes are as follows:

#### TERMINOLOGY

<i>New one</i>	<i>Present one</i>
Hanseniasis	Leprosy
Hansenology	Leprology
Hansenologist	Leprologist
Hansenic	Leprotic, Leprouis
Hansenoid	Leproid
Hansenoma	Leproma
Hansenide	Leptide
Virchow's cell	Lepromatous cell
Virchowian infiltration	Lepromatous infiltration
Virchowian Hanseniasis	Lepromatous Leprosy
Tuberculoid (T),	Tuberculoid (T),
Indeterminate (I),	Indeterminate (I),
Dimorphous (D)	Dimorphous (D)
Hanseniasis	Leprosy
Mitsuda's antigen	Lepromin
Hansenian or Hanseniasis patient	Leprosy patient

To this letter from Dr. M. J. Mallac, the Secretary-Treasurer of the International Leprosy Association has sent a reply couched in the following terms:

The letter from Dr. M. J. Mallac in your April issue has been brought to my attention. I have of course been long aware of the activities of the excellent Brazilian doctors concerned with the persistence in many countries of the stigma attached not only to the disease caused by *Mycobacterium leprae*, but also to those who suffer from it. I have yet to learn, however, of any "world-wide movement which is presently underway" to abolish the word "leprosy" in favour of the term "hanseniasis".

While it is undeniable that in languages derived from or related to Latin, the word "leprosy" may have overtones that suggest uncleanness or ritual defilement, the vast majority of persons suffering from the disease live in countries where non-Romance languages are spoken.

By all means, let us strive to do anything that will reduce the hurt and harm caused by prejudice and ignorance, but a mere change of name affecting less than one-twentieth of the sufferers from this disease in the world will have little impact on the disease itself, or the majority of the sufferers.

Even if the international and national nomenclatures of diseases were—at one fell swoop—to replace the accepted terminology by acoustically awkward, linguistically hybrid, and eponymously cumbersome new terms, we should still be left with the vast problem of treating individual patients and controlling the disease throughout the world.

I can assure Dr. Mallac that The International Leprosy Association is among the foremost in trying to remove the stigma still attached to the word, the disease, and the sufferer. It has pioneered attempts to outlaw the word “leper” from scientific and from popular writings. As an association, it continues to include the word “leprosy” in its title, and the Council has made no move to change the title.

I would also remind your correspondent that the World Health Organization still has its *Leprosy* Expert Committee, and a *Leprosy* section in the Division of Communicable Diseases; it still assists governments in their *leprosy* control projects, and sends its *leprosy* consultants far and wide.

All honour to Hansen, Virchow, Mitsuda and the others, ancient and modern, who have contributed to the scientific study of the disease of leprosy; all honour to those—Muir, Cochrane, Follereau, Rotberg and many others—who have done something towards removing the sting and the stigma of leprosy. Let us try to destigmatize the word “leprosy” where this is necessary, and resolutely face both the word and the disease it stands for, with the scientific and humanitarian resources of the twentieth century.

27 April, 1971

SECRETARY-TREASURER

### LEPROSY IN CEYLON

According to the Report of the Director of Health Services in Ceylon for the year 1966-67 (which has just been received), there are 4337 leprosy patients registered in the island. Of these, 783 are treated as in-patients in the two leprosy hospitals, at Hendala and Mantivu, and the rest are treated as ambulatory patients. The cost per head per year is Rupees 2117 for the in-patients, and Rupees 66 for the others; 210 new cases were registered during the year. The average prevalence rate for the whole country is about 0.37 per 1000, the Western Province having the highest rate (of 0.71 per 1000) apart from the Colombo Municipal Area (1.05 per 1000).

According to the World Health Organization figures, the estimated number of sufferers from leprosy in Ceylon is 10,300. Attempts have been made to form a Leprosy Association of Ceylon along the lines of the active Ceylon National Association for the Prevention of Tuberculosis.

### FIRST NATIONAL PAKISTAN LEPROSY CONGRESS

Thanks to the inspiration coming from the very active Karachi Branch of the Pakistan Leprosy Relief Association and the dynamic leadership of Dr. Zarina Fezelbhoy, the First National Pakistan Leprosy Congress was held in Karachi from 12 to 14 February, 1971, on the “Control of Leprosy in Pakistan”.

Representatives of the Central and State Governments, the diplomatic corps, medical and social organizations in Pakistan, the World Health Organization, the university medical schools, together with doctors and paramedical workers, numbering altogether about 500, attended the opening ceremony. Dr. S. G.



Browne, Secretary-Treasurer of the International Leprosy Association, was the invited guest; other visitors from abroad were Dr. Grace Warren (Hong Kong) and Monsieur Pierre van den Wijngaert, the Secretary of ELEP (the Federation of European Leprosy Associations).

Messages of greeting and good wishes were read from the President of Pakistan and leaders in politics and Government, Her Majesty the Queen of Iran, and also from The Leprosy Mission, the British Leprosy Relief Association (LEPRA) and the International Leprosy Association. The official opening speech was made by the Chairman, the Governor of Sind, and the keynote address was given by Dr. Stanley Browne on "Priorities in leprosy control in Pakistan". After the proceedings the Governor of Sind opened the excellent exhibition, to which participants and the public had access.

The two full days of scientific sessions provided some first-class papers, provoking lively discussions. A most gratifying feature was the presence of doctors from the four states of the West Wing of Pakistan and the East Wing. The active participation of leading professors from the medical schools and of specialists in ophthalmology, plastic surgery, infectious diseases, and tuberculosis served to emphasize the scientific interest of leprosy.

Accurate figures of the prevalence of leprosy in Pakistan are not available, but all the indications point to a low rate of between 2 and 5 per 1000, which certainly still constitutes a health hazard. There are probably more leprosy sufferers in the East Wing than in the West, though in areas in Swat and the North-West Frontier Province rates of 30 per 1000 have been reported. So far, only about 1 in 20 of the 250,000 suffering from active disease are able to get treatment. Excellent pioneer work has been done in Karachi itself by Dr. Ruth Pfau and her devoted colleagues, and paramedical workers trained at the Marie Adelaide Leprosy Centre are being seconded to control schemes all over the West Wing.

The Congress ended with the passing of several hard-hitting recommendations, which should not only stir official consciences and influence Government planners, but should also mobilize public opinion in Pakistan for the practical help of the leprosy sufferer.

The surgical and social aspects of leprosy were not neglected. After the Congress, some 60 participants attended an orthopaedic workshop conducted by Dr. Grace Warren and Dr. Kleese at Manghobir Hospital, a few miles from the centre of Karachi.

The voluntary agencies have played a long and honourable part in awakening the public to the problem of leprosy, and it is now time for the Government to assume its rightful rôle of directing an overall plan for leprosy control in the country, of integrating this plan with the attack on other serious endemic diseases, and of continuing to welcome the active collaboration of voluntary agencies—both from within Pakistan itself and beyond its borders—in the campaign. The training of paramedical workers and the diffusion of knowledge of leprosy to the medical profession and the public will be the rôles that the voluntary agencies are, by experience and motivation, most fitted to assume.