

# News and Notes

## DAMIEN-DUTTON AWARD FOR 1971

The 1971 Damien-Dutton Award has been presented to Dr Chapman H. Binford at a ceremony at the Capitol, Washington, U.S.A. Many distinguished guests, representing the worlds of medicine, scientific research, and voluntary agencies, attended the ceremony itself and the Cosmos Club luncheon that followed.

The congratulations of all workers in leprosy go to Dr Binford on this well-deserved tribute to his outstanding contributions to leprosy research. As pathologist and Registrar of Leprosy to the Armed Forces Institute of Pathology in Washington, as an indefatigable worker and organizer in connection with the Leonard Wood Memorial and the International Leprosy Association, Dr. Binford has exerted a most commendable scientific and humanitarian influence on the direction of leprosy research over several decades.

## AWARD TO DR C. K. JOB

The first award of the Dr Chandra Sahu Gold Medal has been made by the Hind Kusht Nivaran Sangh to Dr C. K. Job, Professor of Pathology at the Christian Medical College, Vellore, S. India, in recognition of his outstanding contributions to leprosy research in India. Dr Job's record of writing, teaching, and laboratory investigations in microbiology, histopathology, and electronmicroscopy have earned him the admiration of a wide circle of friends.

## THE STAR, CARVILLE

With its issue of September-October, 1971, *The Star* attains its 30th anniversary. This attractive and well-illustrated magazine, published by the patients in the United States Public Service Hospital at Carville, Louisiana, now has a circulation of 37,000 and reaches 105 countries as well as every State in the U.S.A.

Over the years, Carville patients have through their magazine done much to promote knowledge and understanding of the disease from which they suffer. *Leprosy Review* sends its greetings and best wishes for the future.

## ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE

Dr S. G. Browne, Chairman of the Editorial Board of *Leprosy Review*, was elected a Vice-President of the Royal Society of Tropical Medicine and Hygiene at the Annual General Meeting of the Society held on 17 June, 1971.

### NATIONAL HEALTH COUNCIL, BRAZIL

Dr. Ernani Agricola, who is well known for his long service to leprosy, has been nominated by the Ministry of Health of Brazil to be the Vice-President of the National Health Council.

### LEPROSY IN HONG KONG

For some little time past, it has been evident that leprosy was being tackled successfully in Hong Kong through a co-operative effort of Government and a voluntary agency, each supplementing the work of the other. The control of leprosy in this rather special and rather privileged and circumscribed area is now considered to be sufficiently advanced for the Government to issue a press release, on 16 June, 1971, in the following terms:

“Leprosy under control in Hong Kong—Government plans to phase out leprosarium”.

Plans for phasing out and eventually closing the leprosarium at Hay Ling Chau are now being considered by the Government.

Leprosy has now been brought under control in Hong Kong, thanks to well-planned care and control programmes conducted by the Leprosy Mission (Hong Kong Auxiliary) and the Medical and Health Department.

The general pattern throughout the world is to integrate leprosy treatment into normal medical services, as it is thought that the admission of patients into a leprosarium, as distinct from a general hospital, makes subsequent rehabilitation and integration into the community more difficult. For many years the Social Hygiene Services of the Medical and Health Department have been providing out-patient treatment for leprosy patients through their special “skin” clinics, and leprosy patients suffering from other diseases are already being treated in the public wards of Government hospitals.

The number of patients in Hay Ling Chau has been decreasing each year. Once there were 540 patients, today there are only 215, including 118 non-contagious patients who are admitted only for follow-up, observation, convalescence, etc.

By 1974, when the change is contemplated, it is estimated that there will be fewer than 80 patients needing continued institutional care while others can be treated on an out-patient basis.

For these 80 patients the Government plans to make available a special unit in the infectious disease block of the Lai Chi Kok Hospital now under construction on a promontory to the west of Lai Chi Kok bay. In this block there will be ample facilities for separating patients with different infectious diseases.

So far, more than 1000 people have been treated and discharged from Hay Ling Chau, and referred back to Government out-patient clinics for follow-up by Government.

“There is no danger to people who visit or live near a leprosy patient, as the disease is spread only by direct and continuous contact between one person and another over a long period of time, and modern and effective treatment renders the patient non-infectious within a short period of time,” a spokesman for the Medical and Health Department reiterated today. “The vast majority of people

have a natural resistance to the disease and are able to destroy the invading germs."

"The interest and concern shown by members of the community towards leprosy patients has been most encouraging," he said.

Since the opening of the leprosarium in 1951, about 40,000 local and overseas people, an average of 2000 a year, have visited Hay Ling Chau to meet and talk to patients. Students from a well-known local co-educational secondary school go to Hay Ling Chau each Saturday to help the younger patients with their lessons or join them in an afternoon of entertainment.

### LEPROSY IN IRAN

While leprosy may not constitute a major health problem in Iran, energetic action must be taken if the disease is ever to be controlled. In a population of some 25 million, sparsely scattered for the most part in rural areas, the official estimate of the number of leprosy patients is about 6000, of whom 4456 are registered. The real prevalence, however, may be considerably higher if suspicions are confirmed that high rates are to be found among the nomadic tribes of Mongolian extraction in the north and west of the Caspian Sea, and among the settled villagers of Azerbaidjan to the east. The total figure may well prove to be over 20,000.

Family and village foci are apparently common, especially in those areas where roads and communications are poor and where medical facilities are minimal. The male/female ratio is said to be 3 : 1.

The attitude to leprosy varies from district to district; in some areas it is not unknown for victims to be driven from their villages, but in others the principle of domiciliary treatment is accepted.

There is a central dispensary in Tehran in the Nedjat Hospital where about 400 leprosy patients receive regular treatment (out of 1681 registered). The 2 main sanatoria are situated at Meched, about 1000 km east of Tehran, in which there are about 556 patients, and at Tabriz (with about 620 patients). In addition, an agricultural centre at Behkadeh provides ex-patients with the opportunity of living away from a hostile society that has rejected them.

One of the happier features of the health situation is the army hygiene teams, which attempt to control endemic diseases in the most out-of-the-way villages; plans are afoot for the inclusion of leprosy among the diseases they tackle.

An attempt to promote legislation for the compulsory segregation of all patients discovered to be suffering from lepromatous leprosy has proved abortive, there being insufficient accommodation in the two leprosaria to make such a procedure possible.

An active Leprosy Relief Association is in existence, in which Her Imperial Majesty the Queen of Iran takes a genuine interest. A French-Canadian team is shortly to begin work in Iran; Dr R. G. D. Garrigue (of the *Compagnie Internationale de Développement Rural*) has carried out a comprehensive survey of the leprosy problem in Iran and made recommendations.

Dr S. G. Browne recently visited Iran to lecture in Tehran and offer advice. The interest of the medical schools and their staff in Tehran, Meched and Tabriz should be enlisted in the investigation and control of the leprosy endemic in Iran, and medical students should be challenged with the need to do more for the sufferers from leprosy in the context of the developing health services.

Any doctor (English- or French-speaking) experienced in leprosy and wishing to co-operate in the Iran programme, is invited to write to:

His Excellency Dr A. H. Radji, Acting Director, *Bureau de l'Association d'Assistance aux Lépreux*, Avenue Derakhti, Koutche Naraghi 104, Tehran, Iran.

Or to:

Dr R. G. D. Garrigue, Maison Médicale de l'Ermitage, 60 Autrechés, France.

### LEPRA AND THE EAST CENTRAL STATE, NIGERIA

The British Leprosy Relief Association (LEPRA), co-sponsor of the *ad hoc* Committee that has been meeting from time to time in London to consider how best to help co-operatively in meeting the leprosy situation in the East Central State of Nigeria, recently received a report from Mr Brian Wheatley, F.R.C.S., who had been conducting an on-the-spot enquiry into the situation on behalf of LEPRA and the *ad hoc* Committee. Mr Wheatley, whose services are underwritten by LEPRA, has been given the official position of Adviser in Leprosy to the East Central State Government. In this capacity, he has been able to secure a gift of vehicles from UNICEF for use in the State, and is currently reorganizing the leprosy control service, continuing and hastening the process of integration which was begun some years ago.

### TRAINING IN OPHTHALMOLOGY FOR LEPROSY WORKERS

Two distinguished eye specialists, both experienced in the ocular manifestations and complications of leprosy, would like to place their expertise at the disposal of doctors and medical auxiliaries working in leprosy. Their offer was made, and accepted, at a recent meeting of the Executive Committee of LEPRA. Two principal ways of helping are suggested.

First, the specialists would welcome at their ordinary hospital clinics (in London and in Southend-on-Sea, Essex) any doctors from abroad who are interested in leprosy and who happen to be passing through Britain, or staying near London. They would be pleased to instruct these doctors in the recognition and management of the ocular complications of leprosy, including the use of the corneal microscope, the indications for medical dilatation of the pupil and for the local and systemic administration of corticosteroids, the operative technique of sector iridectomy, etc.

Second, where suitable financial arrangements can be made to cover travelling and other expenses, they would be willing to visit leprosy centres abroad with the object of instructing the medical and nursing staffs as mentioned above. In addition, reliable statistics on the prevalence and nature of ocular complications in leprosy could be collated during such visits. Contact should be made direct with either of these specialists:

Mr H. E. Hobbs, F.R.C.S., 46 Wimpole Street, London W.1,

or

Mr D. P. Choyce, F.R.C.S., 45 Wimpole Street, London W.1.

## SECOND CONGRESS OF THE ASSOCIATION DE LEPROLOGUES DE LANGUE FRANÇAISE

This young and very lively Association held its Second Congress in the historic St. Louis Hospital in Paris from 8-10 September, 1971. The 76 participants came from a score of countries. Understandably, Metropolitan France was well represented, as well as Belgium, Switzerland, Italy, Israel, and Great Britain, while the happy professional relations persisting between France and French-speaking overseas countries were made evident by the presence of doctors from the West Indies, several African countries, and the Far East. The French Ministry of Health, the Order of Malta, ELEP, and the World Health Organization also took part in the proceedings. The International Leprosy Association was represented by its Secretary-Treasurer, who also is a *Conseiller Technique* to the French Association. The principal papers presented at the Congress and summaries of the discussions will be published in 2 issues of *Acta Leprologica*, by kind collaboration of the publishers, the Order of Malta.

After the opening ceremony the participants immediately began the scientific business of the meeting, with wide-ranging papers by Lechat and Labusquière, and detailed consideration of the state of the leprosy campaigns in Senegal, the Ivory Coast, Morocco, Guadeloupe, Vietnam, South India (Polambakkam), Tunis, Algeria, French Guiana and Syria. A long and useful session on therapy provided up-to-date information on clofazimine (Lamprene, Geigy), rifampicin and ethionamide, as well as summaries of recent work on dapsone and the long-acting sulphonamides. In the treatment of reaction in leprosy, thalidomide and the immuno-suppressive drugs were discussed, in addition to clofazimine.

A special session on Leprosy in Europe disclosed a far from reassuring picture of the disease in Italy and the Iberian Peninsula, and a changing pattern in Britain, France and Switzerland consequent on recent importations of leprosy. Recent work on attempts at cultivation of *Myco. leprae*, on skin reactions to different allergens, and on cell-mediated immunity was given prominence. The excellent surgical investigations of the French surgical teams in France itself and in Africa, and good operative results were reported by Metropolitan orthopaedic surgeons, ophthalmologists and rhinologists.

Receptions for the participants were given by the Order of Malta, both in Paris and at the Prieurie d'Osmoy. Professor Merklen, the President, was ably assisted in the organization of the Congress by Professor Cottenot, and by the Secretary General of the Association, Professor Basset. A general meeting of the Association was held during the Congress.