Lepr. Rev. (1972) **42**, 237-251

News and Notes

TENTH INTERNATIONAL LEPROSY CONGRESS, 1973

DATES: From Monday, 13 August to Saturday, 18 August, 1973, both dates inclusive.

PLACE: Bergen, Norway

CHAIRMAN OF LOCAL COMMITTEE: Professor Erik Waaler
Address: Gade Pathological Institute,
University of Bergen,
Bergen 5000,
Norway

OFFICIAL CARRIERS: S.A.S. (Scandinavian Air Lines)

LANGUAGES: The official languages of the Congress are those of the International Leprosy Association, viz., English, French and Spanish.

SIMULTANEOUS TRANSLATION: At the Scientific Sessions of the Congress, main and concurrent, simultaneous translation will be provided in English, French and Spanish.

If a participant wishes to present a paper in, or to speak in, Portuguese or Japanese, he shall not be precluded from so doing. It is hoped that Portuguese and Japanese participants will themselves be responsible for the provision of facilities for simultaneous translation should there be a need.

ABSTRACTS

Language: Abstracts of all papers submitted should be in English, French or Spanish.

Length: The maximum length of abstracts is 200 words.

Date of submission: All abstracts must be in the hands of Dr S. G. Browne, Secretary-Treasurer of the International Leprosy Association, *before 1 December, 1972,* and should be sent to him at the following address:

57a Wimpole Street,
LONDON, W1M 7DF,
England.

Number of copies, etc.: Abstracts must be submitted in *four* typed copies, double-spaced.

Submission of abstracts and papers: Authors may submit, personally or conjointly, more than one paper, but the Selection Committee reserves the right not to accept any paper (and hence any abstract) submitted.

Papers may be submitted on any aspect of leprosy.

Publication: Abstracts accepted will be published in English, French and Spanish.

SCIENTIFIC SESSIONS

The titles of the Sessions proposed are as follows:

(1) Advances in experimental leprosy.
(2) Advances in the microbiology of *Myco. leprae.*
(3) Advances in experimental chemotherapeutics.
(4) Advances in immunopathology.
(5) Advances in epidemiology.
(6) Therapy.
(7) Control.
(8) Rehabilitation.

The time allotted to the individual sessions will be determined by the number of papers accepted on the above topics. The form of the programme will therefore not be known until the final apportionment of time has been made. Papers will be selected on the basis of the abstracts submitted, by a group of Councillors nominated by the Special Advisory Committee appointed by the President, together with co-opted members.

SUBMISSION OF PAPERS

Four copies of each paper in its final form, typed in double spacing, must be delivered to the Organizing Secretary of the Congress in Bergen so as to reach him before 13 June, 1973. They should be addressed to:

The Organizing Secretary,
10th International Leprosy Congress,
c/o Professor Erik Waaler,
Gade Pathological Institute,
University of Bergen,
Bergen 5000,
Norway.

POST-CONGRESS SEMINAR IN COPENHAGEN

It is proposed to hold a short seminar on medico-historical aspects of leprosy in Copenhagen, immediately following the Congress. The Organizer is Professor Wilhelm Møller-Christensen,

The Medical Historical Museum,
University of Copenhagen,
62 Belgrade,
1260 Copenhagen K,
Denmark

to whom all enquiries should be addressed. Further particulars will be made available at a later date.

COMMITTEES

Small groups of nominated members, chosen solely by reason of their expert knowledge, will meet before the Opening Session of the Congress. The named members will be hearing personally from the respective Chairmen in the near future.

The Committees will meet in Bergen on the day or days appointed by their respective Chairmen, on Thursday 9, Friday 10, and Saturday 11 August, 1973. The main language of these Committees will probably be English, but it is hoped

to provide facilities for translation from and into the three official languages of the Congress.

The Committee Chairmen are empowered to co-opt, to invite a co-opted member to attend meetings of the Committee, and to invite or to receive written contributions on the topic. Each Chairman will draw up a Report, of a maximum length of 2000 words, on the work of his Committee, and will prepare a résumé of this Report, of about 300 words, to be read at the Closing Session of the Congress. The full report will be prepared in time to be translated, and duplicated, before the end of the Congress, so that each participant may have a copy before he leaves Bergen.

J. CONVIT
President
STANLEY G. BROWNE
Secretary-Treasurer

PRE-CONGRESS TOURS

Tours of Norway and Scandinavia, of various lengths and itineraries, to take place before the opening date of the Congress, will be organized by the Bergen Committee. Full particulars of these will be available at a later date.

LEPRA—CHANGES AT HEADQUARTERS

Sir George Seel, KCMG, has relinquished the office of Chairman of the Executive Committee of LEPRA, the British Leprosy Relief Association. During the period of reappraisal of LEPRA's activities and its expansion into Malawi his wise leadership and urbane counsel have been much appreciated. *Leprosy Review* gives a warm welcome to his successor, Sir Gawain Bell, KCMG, CBE.

At a luncheon party given by the Rt Hon. Viscount Boyd of Merton, CH, LEPRA's President, at the Royal Commonwealth Society on 9 November, sincere greetings were voiced to both Sir George Seel and Sir Gawain Bell. Leave was taken of Air Vice-Marshal W. J. Crisham, CB, CBE, who has, by his initiative and dynamism, changed the face of LEPRA during his tenure of office as General Secretary.

As Mr G. Francis Harris, MC, now assumes the responsibilities of General Secretary, he brings to his task both wide administrative experience in West Africa, and a detailed knowledge of the many leprosy programmes supported by LEPRA. Facing new opportunities and changing emphases, the new General Secretary is assured of the good wishes of *Leprosy Review* and all its readers.

THE WORLD HEALTH SITUATION, 1965-1968
LEPROSY TAKES ITS PLACE IN THE QUEUE

The Fourth Report of the World Health Organization on the world health situation makes heavy and exciting reading. It should be required reading for those leprosy workers whose vision is oft-times so limited by the trees that they fail even to suspect the existence of the wood.

There are facts here, objectively reported by the governments of member-countries, as well as statistics and tables, shrewd comment and salutary warnings. Leprosy is scarcely mentioned; with tuberculosis, it continues "to cause concern"—an understatement that may either disturb us or challenge us. But the threat posed in the developing countries by communicable diseases in general is well recognized and well documented. Notwithstanding continuing economic growth during the period under review, the relative neglect by many governments of social considerations and matters of health and well-being is unfortunately all too obvious.

Much of the increase registered in health man-power and material facilities has been more than swallowed up by the spectacular rise in population—as is apparent in many rural leprosy-control programmes. However fast we run, we appear unable to do more than remain in the same place.

The report rightly stresses the part that can be played by the trained health auxiliary, in both the developed and the developing countries; "the balanced health team, composed of professional health personnel and their auxiliaries, provides a pattern of health care to be followed wherever and whenever this is possible". Leprosy campaigns have both pioneered and profited from this development, now recognized as providing the only possible means for mediating health care to the millions who need it.

Cause for satisfaction is registered in the partial success of the global smallpox eradication campaign and of malaria control schemes. Poliomyelitis is no longer a threat in the developed countries, but it is still so in countries of the Third World where immunization procedures are at best sporadically and patchily undertaken. Schistosomiasis, venereal diseases, infective hepatitis and measles are frequently mentioned by member-governments as major health problems. In addition, and particularly among children, the helminthiases and protein-calorie malnutrition continue to cause concern, if not alarm.

The section on medical man-power, education and training contains statements of fact and inference that will evoke regretful agreement among leprosy workers in under-doctored rural populations that are still denied even the rudimentary medical benefits available to their brethren in the burgeoning urban conglomerations.

We note with satisfaction that in several countries a critical review has been undertaken of the health services on the basis of criteria of "efficiency and productivity". More germane to our immediate interests are the comments concerning the integration of diseases in a comprehensive medical service. In the past, each disease was regarded as a distinct and separate problem, demanding its own organization and staff for investigation and control. Now, governments are devoting more attention to the planning of health services, and, in their laudable desire to bring the greatest good to the greatest number, they are organizing their immunization and control programmes in the light of such general factors as adverse environmental conditions, widespread undernutrition (especially among children), accelerating population pressures, lack of pure water, and unhygienic disposal of wastes.

This is all to the good. The whole "wood" should by now be glaringly obvious, even frighteningly and inescapably evident. Perhaps the time has come to suggest that such important and hardy "trees" as leprosy, often overlooked and ignored amid the sheer dimensions of the killers, the epidemic and the acute diseases, may be accorded their rightful place in the conscience and resources of individuals and governments.

REHABILITATION OF THE DISABLED

The United Nations convened in Geneva from 27 September to 6 October, 1971, a meeting of experts on the planning, organization and administration of national programmes for rehabilitation of the disabled in developing countries. The voluntary organizations were represented by a delegation from the Council of World Organizations interested in the Handicapped, of which the International Leprosy Association is a member.

The meeting saw little evidence of systematic planning for rehabilitation services in the developing countries, and advised the creation of national boards or councils, which would be officially responsible for planning and co-ordinating, for recommending any necessary legislative measures, and for establishing where indicated a pilot demonstration project, preferably in an urban centre and attached to a university. It was agreed that rehabilitation of the disabled was ultimately the concern of the state: voluntary bodies, however, still have an important rôle to play in many countries. Education of professional staff in all aspects of rehabilitation, and particularly the training of medical auxiliaries should be the first priority in any national campaign.

Those especially concerned with the medical and social rehabilitation of leprosy patients will doubtless maintain a watching brief in their own countries to ensure that, in any proposed scheme, the needs of the sizeable proportion of the handicapped whose disabilities are due to leprosy will not be overlooked among the more obvious and more publicized sections of the underprivileged community.

ALERT POST-GRADUATE COURSE FOR DOCTORS

We are indebted to Dr W. Felton Ross for the following report:

From 13 September to 9 October, 1971, 27 doctors attended a full-time course in clinical leprology at ALERT (the All African Leprosy Rehabilitation and Training Centre), Addis Ababa, and of this number, 17 stayed for further studies, for periods of up to 2 months, in leprosy control, surgery, ophthalmology, pathology, and the principles of administration. The course covered all the main facets of clinical leprology, including relevant aspects of the basic sciences, such as functional anatomy and immunology. In addition to the permanent staff of ALERT, lectures and demonstrations were given by Dr John Pearson on reaction and neuritis, Dr Dick L. Leiker on leprosy control, and Dr Margaret Brand on ophthalmology. Professor Charles Leithead, Chairman of the Board of Directors of ALERT, spoke on the rôle of medical educational institutions in developing countries, and Dr Chasles of WHO and Dr Meyer-Lie, Ministry of Public Health, participated in discussions.

Nine of the participants were citizens of the African continent; with the exception of one citizen from Pakistan, one expatriate working in India and another working in New Guinea, the remainder were expatriates working in Africa. The African doctors included three senior registrars from teaching schools.

All the participants were accommodated in the ALERT Guest House, and the hospital and teaching facilities, recently completed, proved more than adequate. Most of the comments from participants were favourable. The following are typical:

"For me the course was extremely important as I was just starting to work in a

leprosy control scheme. I should like to recommend the course to every doctor starting in this field."

"The duration of the course is too short as it hardly gives much time for us to learn everything in leprosy in detail. There are so many different aspects and one must get more ample knowledge of the whole subject . . . For newcomers, I think three to six months should be spent in this leprosy training centre."

It is probable that a course of this type will become an annual event for ALERT and certainly there will be such a course during 1972, beginning on Monday, 2 October, and continuing until 28 November. The first week of the course will introduce doctors without previous experience in this field, to clinical leprology, and the remainder of the course will cover the more advanced teaching that was included this year.

LEPROSY JOINS "HAND"

A combined international meeting, sponsored jointly by G.E.M. (*Groupe d'Etude de la Main*), which is an association comprising mainly French surgeons interested in the hand, and the *Association de Léprologues de Langue française* (A.L.L.F.), was held in the Val de Grâce Hospital, Paris, on 6 and 7 June, 1971. For the orthopaedic surgeons from many countries, this meeting formed part of a series that began with a course on hand surgery organized in Paris by Dr R. Tubiana, and ended in a Congress on Hand Surgery in Gothenburg, Sweden. The guests of honour were Drs Paul Brand (now at Carville, Louisiana) and Stanley Browne, representing The International Leprosy Association (who is also *Conseiller Technique* to the A.L.L.F.). The dynamic leadership of Général A. Carayon was everywhere evident: his contributions in papers and discussions were particularly appreciated. Although the two days were very full and many papers were presented, time for discussion—both at the sessions and between them—was not lacking.

The main themes centred around "trophic" lesions (considered in the widest and perhaps inaccurate sense), and lesions of nerve trunks. The foot and face came in for study and comment, as well as the hand. To an audience composed in the main of orthopaedic surgeons working in the affluent West and interested in traumatology, rheumatology, and other common conditions of importance in Europe and North America, the extent and variety and sheer pathological interest of the hand deformities seen by the thousand in countries where leprosy is rife, must have come somewhat as a surprise—even as a shock. However, the presentations of the clinical findings, the histological and immunological basis, and accounts of the therapeutic and surgical possibilities available in some few highly favoured centres all evoked lively interest. Attention was more than once focussed on simple operative interventions that could be applied in mass treatment campaigns.

For too long, there has been insufficient cross-fertilization of ideas and exchange of knowledge between French- and English-speaking doctors, leprologists as well as surgeons. This happy meeting on common ground revealed an unexpected overlapping of professional interests and activities, and opened the way to further contacts that should prove helpful to the cause of leprosy.

In his concluding remarks Dr Paul Brand stressed the point that experienced hand surgeons wishing to devote themselves for a time to helping developing countries with their skill and expert knowledge, should first learn about leprosy;

its pathology and clinical manifestations; the indications for (and contra-indications to) operative interference; the frequency of almost painless low-grade cellulitis; and the relentless progress of nerve damage in some forms of leprosy. Education, propaganda, the co-operation of auxiliary workers recruited and trained locally, the supreme value of *prevention* of deformities, the importance of accurate records, the provision of simple and cheap protective footwear and appliances—all formed part of the combined attack on the results of nerve damage in leprosy. Orthopaedic surgeons were forcefully made aware of "the million sufferers from leprosy, needing some kind of hand surgery", and the untold numbers who would—unless something more was done than is being done—inevitably develop some deformity of face, feet or hands in the coming years.

24th WORLD HEALTH ASSEMBLY

Another World Health Assembly has come and gone. From 4 to 20 May, 1971, representatives of Member-states, the United Nations and related organizations, and intergovernmental and non-governmental organizations met to discuss and deliberate. The account of their plenary meetings and subcommittees is embodied in a 600-page compendious document—Official Records of the World Health Organization (WHO), No. 194. The International Leprosy Association is one of the non-governmental bodies having a special relation with WHO.

As might be expected, leprosy figures but incidentally in the addresses made by the offical representatives to the Assembly, but the following references would indicate that the disease that concerns the readers of *Leprosy Review* was not entirely forgotten.

In *Sierra Leone* (pp. 48 and 49) the Endemic Diseases Control Unit, which was established primarily to combat trypanosomiasis, has more recently included smallpox, measles, and leprosy within its purview, and will shortly be transformed into a comprehensive service to deal with all types of communicable disease. For the time being, however, vaccination against cholera, smallpox and measles, and leprosy control measures will absorb all available resources. Satisfaction is expressed that the target of 11,000 patients under treatment for leprosy has been exceeded by 4000, and deep appreciation is voiced at the considerable help afforded by various voluntary agencies, the British Leprosy Relief Association (LEPRA) among others. The results so far achieved should be viewed against the background of the considerable number of leprosy sufferers still without treatment.

Nepal (pp. 80 and 81) registers some success in its malaria eradication campaign and in the efforts to eradicate smallpox by vaccination; control programmes for tuberculosis and leprosy are receiving governmental encouragement. Survey, education and treatment programmes, on the Indian pattern, are being implemented in the Kathmandu Valley and some other districts. Case-finding is mainly through school surveys, and treatment and follow-up are the responsibility of local health institutions. (The deep-seated prejudice against leprosy is a major factor in the slow progress of the best laid plans). Nepal is drawing up a master plan for its health services (p. 383), with help from WHO and UNICEF.

The representative from *Malawi* (pp. 85-86) confessed that the limited financial resources of his country were insufficient to give more than "rather a low

priority" to the social services. For some years, his government had felt "the need for a comprehensive health plan", and with advice and financial help from WHO in the development of basic health services, the control of communicable diseases, and the provision of technical assistance, he hoped that the present rather sombre picture would brighten. Meanwhile, he quoted with some feeling Professor Abel-Smith's comment: "ascertaining the cost of health services and relating them to national resources is only a modest beginning in the growing field of international health economics",

The *Central African Republic* (pp. 87 and 88) is achieving "very interesting results" in the matter of leprosy control: "26,749 patients were on the books at the end of 1970, including 5579 arrested cases and 8260 under observation without treatment. Since 1 January, 1970, 831 new leprosy cases have been detected while 3116 have been cleared from supervision, which brings the total number of patients released from supervision since the start of the campaign to nearly 30,000".

Zambia (p. 91) confessed that the communicable diseases (tuberculosis, leprosy, malaria and viral infections) still posed the greatest threat to the health of its people, together with undernutrition. However, the national health development plan was due to be inaugurated in January,1972, and a serious attempt would be made during its first 5 years of operation to solve the more pressing health problems of the country.

Togo (p. 99) mentions leprosy specifically as the first of the major endemic diseases to warrant a special control programme. Over 10,000 leprosy patients are at present receiving treatment, either under the domiciliary scheme or at the 4 residential leprosaria. At the same time, a network of health establishments is being developed, based on a central national hospital and 3 new regional hospital centres. Primary and secondary health centres are being equipped and modernized in an attempt to bring some kind of medical service within the reach of all, but chronic staff shortage and slow economic growth seem to hamper the implementation of official plans.

Gabon (pp. 155 to 157) considers itself favourably situated as regards its campaigns against smallpox, yellow fever and cholera. Malaria remains the major endemic disease. In 1970, considerable attention was given to the problem of leprosy in an effort to clarify the situation: some 7640 sufferers were under treatment at the end of the year, and tribute is paid to the preventive medicine services, which are accorded priority in government health planning.

In *Mauritius* (p. 178) the leprosy endemic is considered no longer to pose any threat. In 1925, the incidence was 12.5 per million, but in the years 1968-70 it had fallen to less than 1 per million.

The Assistant Director-General of WHO (p. 365), referring to the suggestion made by Tanzania that WHO should set an example to the world by integrating the tuberculosis and leprosy units, considered that the experience gained in tuberculosis and leprosy control was indeed being exchanged and that the control programmes that had been successful in tuberculosis might be applied in the case of leprosy.

In *Ceylon* (p. 383) leprosy control was being undertaken with much-appreciated help from WHO.

The differences between the affluent countries of the West and the developing countries of the Third World were stressed by the representative from *Hungary* (p. 553)—"malnutrition, morbidity caused by environmental pollution, malaria,

smallpox, syphilis, tuberculosis and leprosy were paramount" in precisely those countries beset by chronic shortages of specialized technical and auxiliary health staff, inadequate health institutions, and lack of funds. Here in a nutshell is the problem stated. It is to be hoped that amid the depressing weight of platitudes the plight of the forgotten millions of leprosy sufferers may receive increasing attention from those who plan the health services of the world and who channel the resources for their implementation.

TEN YEARS OF LEPROSY CONTROL AROUND BUSOGA, UGANDA

This bright, 28-page report, well-written and well illustrated, summarizes interestingly the main features of the control programme operating around the leprosy hospital at Busoga, Uganda, under the auspices of a Franciscan Order, among a population of about 1 million persons scattered over a land area of approximately 3500 square miles (8000 sq km).

There are 49 treatment centres caring for a total of 15,000 leprosy patients, some 9% of whom have lepromatous leprosy and 30% borderline disease. Case-finding whole-population surveys, contact examinations and BCG vaccination for child contacts under 5 years of age are all part of the programme. Treatment is, for the most part, oral once-weekly dapsone, but some patients are having fortnightly injections with a suspension of dapsone.

A happy co-operation exists between the Uganda Government (which pays the salaries of the district leprosy staff) and the voluntary agency responsible for the programme, with much-appreciated financial assistance from the German Leprosy Association (DAHW), LEPRA, OXFAM, St. Francis Leprosy Guild, and other bodies.

In accordance with recommendations of the World Health Organization, the emphasis has been on ambulatory care of leprosy patients in the rural areas; every opportunity is taken to offer general medical care both to leprosy patients and to those not suffering from leprosy, to facilitate the gradual and desirable integration of leprosy in the general health services of the region.

A 2-year course of training is offered at Buluba (the Control Headquarters) for intending leprosy assistants. Final-year medical students from Makerere Medical School spend some time at Buluba in order to become acquainted with clinical leprosy and the principles of leprosy control. Small district leprosy dispensaries, each with a small ward for 8 leprosy in-patients, have been erected in each of the 8 counties. From these centres the control work radiates into the surrounding villages and hamlets.

NOT ONLY THE MOUSE

Another animal has been found to be susceptible to experimental infection with *Myco. leprae, viz.* the armadillo. This is reported by Dr W. F. Kirchheimer, the well-known pathologist of the United States Public Service Hospital at Carville, Louisiana, who has been collaborating with Dr Eleanor E. Storrs, Director of the Department of Biochemistry at the nearby Gulf South Research Institute, New Iberia.

One of the 44 armadillos inoculated with material obtained from patients in South America, the Philippines and Africa, suffering from lepromatous leprosy

and untreated, developed widespread progressive "lepromatous" leprosy after 16 months, and subsequently died, presumably as the result of generalized mycobacteriosis. Post-mortem examination revealed the presence of highly bacilliferous granulation tissue throughout the body. Significant factors in the production of this infection may be the low body temperature of the armadillo and its life-span (some 15 years). The successful clinical and histological reproduction of the human disease in a small proportion of animals raises many questions and invites further investigations.

"PARAMEDICAL"–TO THOSE WHOM IT MAY CONCERN . . .

A recent press release informs the public that the World Health Organization will not in future use the term "paramedical" for the various university level health professions allied with medicine. In the past, the term has been used in some countries to designate such professional workers as nurses, physiotherapists, radiographers, laboratory technologists, etc., who have been regarded as people duly qualified in their own special branch of the health service and working alongside, or with, registered doctors. In other countries, and especially in the field of leprosy, the word as commonly used embraces the auxiliary and "middle level personnel".

VOLUNTARY AGENCIES FINANCE LEPROSY RESEARCH

LEPRA (the British Leprosy Relief Association) has, since its inception (as BELRA) in 1924, actively encouraged and sponsored leprosy research in the field and in the laboratory. At a recent meeting of its Executive Committee, grants were approved for covering the cost of transport of tissue recovered from leprosy patients at Dichpalli, India, to the National Institute for Medical Research at Mill Hill, London. At the same meeting, a travel grant to Dr Ralph Abrahams was approved to enable him to investigate the occurrence of amyloidosis in patients with lepromatous leprosy in Papua and New Guinea.

The Federation of European Anti-leprosy Organizations (ELEP) recommends from time to time that an increasing proportion of funds raised by voluntary organizations in Western Europe should be devoted to research in leprosy. The Medical Commission of ELEP, through its Secretary (Monsieur Pierre Van den Wijngaert, 4 rue Saint-Geoffroy, F 80 Amiens, France) is issuing a *Memorandum on Leprosy Research* in English, French, German, and Spanish. Copies will soon be available from the Secretariat.

The electronmicroscope now being used by Professor C. K. Job at the Christian Medical College, Vellore, South India, was purchased with money subscribed to commemorate the 90th anniversary of The Leprosy Mission.

ZAMBIA

The Permanent Secretary of the Ministry of Health, Zambia, and the Government leprologist (Dr B. Jogan) have expressed their gratitude for LEPRA's help in the provision of motor transport for the leprosy control scheme in the Eastern Province, and for the services of a Leprosy Control Officer (Mr Iorworth Rogers, S.R.N.) in the Luapula Province.

Since the population density in the country as a whole (including the denser concentrations of Lusaka and the Copper Belt), is less than 20 per square mile, with 46% of the population under the age of 15 years, the estimated leprosy prevalence of 2 per 1000 (in children) and 5 per 1000 (in adults) is considered to be a problem in finance and logistics rather than one of overriding medical priority.

UNICEF AND LEPROSY

As UNICEF celebrated on 11 December, 1971, the 25th anniversary of its foundation, *Leprosy Review* extends its congratulations, expresses its thanks, and dares to hope for a continuation of its beneficent activities.

From the beginning, leprosy control has figured among UNICEF's priorities. Many Government-sponsored schemes have been assisted by the joint UNICEF-WHO programme and have received drugs, transport and expert advice. In the past 25 years, no fewer than 415,000 children have been discharged as cured of leprosy in the schemes aided by UNICEF. In some instances, as is the case with tuberculosis, the facilities established for leprosy, the staff trained and the transport provided have formed the nucleus of a basic health service for the deprived rural populations of developing countries.

The task is by no means finished: leprosy is but one of the endemic threats to the 800 million children under 15 years of age in the countries assisted by UNICEF, but of these, there may be as many as 2 or 3 million needing treatment for leprosy.

NOVEL MEANS OF RAISING FUNDS

Many voluntary organizations are discovering novel means of raising funds. In addition to the conventional methods, sponsored walks have, of recent years, brought in many thousands of pounds for specific projects.

One that has captured a great deal of publicity has been the sponsored climb up to the summit of Snowdon, the highest mountain in England and Wales, by a group of Scout Cubs. The intriguing feature was not the age of these boys, or their affiliation to the Boy Scout Movement, but the fact that they were all blind.

No less a sum than £8250 was raised for the funds of LEPRA, the British Leprosy Relief Association. Other countries have higher peaks: can they too not be climbed to the benefit of leprosy?

RESEARCH IN DISEASES OF THE TROPICS

From time to time, the *British Medical Bulletin* publishes a quarterly issue that appeals to a wider audience than specialists engaged in a restricted field of medical activity. Such an issue has recently appeared: it is the first number, 1972, of Volume 28, and it is entitled "Research in Diseases of the Tropics". Under the able editorship of Dr C. E. Gordon Smith a notable team of contributors provide accounts of recent advances in many of the branches of medicine that daily impinge upon those whose chief concern is leprosy. Malaria, schistosomiasis, leishmaniasis, filariasis, onchocerciasis, sprue—all are embraced in this symposium. The changing pattern of disease, the problems of protein-calorie malnutrition,

diseases of the heart and anaemias, and arbovirus disease also come in for detailed consideration.

Of special interest to readers of *Leprosy Review* is the chapter entitled "Recent trends in leprosy research", which is contributed by R. J. W. Rees and M. F. R. Waters. This chapter provides a useful summary of recent work, bringing the fascinating story up to date with references to research in immunology and to treatment with clofazimine and rifampicin.

Copies of this "exhilarating and stimulating number" are obtainable from the Medical Department, The British Council, 97 and 99 Park Street, London, W1Y 4HQ, at a cost of £2.50.

LEPROSY IN NORWAY

Only 4 leprosy patients remain in Norway—the sole representatives of the last bastion of the disease in continental north-western Europe. Three of them live in Bergen and work in the State Rehabilitation Institute for the Handicapped, while the oldest patient, now aged 85, actually lives in the Institute. It was on 28 February, 1873, that Dr G. H. Armauer Hansen saw the brownish rods that he suspected of being the cause of leprosy. Some Scandinavian emigrants to the United States of America took leprosy with them to the New World; it is thought that only one of their descendants living today has the disease.

LEPRA's LEPROSY CONTROL PROJECT IN MALAWI

The total number of leprosy patients registered for treatment under the aegis of this Project is now 11,774. New patients are still being discovered by the case-finding teams during whole-population examinations, at the skin clinics in Blantyre and Zomba, while some present themselves voluntarily as the result of press or radio publicity. Dr S. G. Browne, in his capacity as Medical Secretary of LEPRA, visited Malawi in January, 1972, to observe the working of the Project and review its progress. Now that the Project has entered on the 7th year of its 10-year course, the rhythm of discharges should accelerate.

The Central and Northern Provinces of the country still lack an effective leprosy control service, but there are hopes that a recent report by a World Health Organization team may provide the practical basis for a programme of control of endemic disease (including leprosy) through a network of dispensaries, and a concerted attack on malnutrition and infantile morbidity and mortality.

The fact that bench space is available in the laboratory of the Project Hospital in the grounds of the Queen Elizabeth Hospital, Blantyre, should be more widely known. Anyone wishing to make use of these investigative facilities is invited to write direct to: Dr B. David Molesworth, LEPRA Control Project, P.O. Box 496, Blantyre, Malawi.

GANDHI MEMORIAL LEPROSY FOUNDATION ANNUAL REPORT, 1970-71

The Report provides a useful summary of the activities of the Foundation during its 20th year. In addition to research and teaching at Wardha (Maharashtra, India) itself, the Foundation is responsible for several leprosy control programmes and a valuable chemoprophylaxis investigation. Methods of control that are proving

successful in rural areas are being adapted to the more difficult urban conglomerations, where the co-operation of private medical practitioners is encouraged. Health-education units are active in all areas, making contact with schools, teacher training colleges, and groups of doctors as well as the general public. They reach out beyond Maharashtra State and into West Bengal, Orissa, Kerala, Mysore and Gujarat. The provision of training for paramedical workers and refresher courses for medical officers has been increased during the year.

The chemoprophylaxis project continues to evoke interest beyond the borders of India, and statistically significant results are becoming available as the period of investigation increases. During the year, the Foundation organized a Conference for leprosy workers within the State of Maharashtra, and a three-day Leprosy Workshop for the study of the medical, social and administrative aspects of the leprosy problems of India.

Under the vigorous leadership of the new Director, Dr M. S. Nilakanta Rao, the Gandhi Memorial Leprosy Foundation enters another decade of fruitful and useful activity, the results of which will be seen beyond the immediate area of its operations.

HIND KUSHT NIVARAN SANGH

The Annual Report for 1970 of the Indian Leprosy Association provides an encouraging and sober review of the activities of government and voluntary agencies in the campaign against one of the major scourges of the subcontinent. The estimate of the total number of leprosy sufferers still stands at 2.5 million, notwithstanding the increase in population, and of these just over 800,000 are at present receiving treatment, mainly through the S.E.T. (Survey, Education and Treatment) programmes.

The Report stresses the advances made in our knowledge of leprosy and its treatment, the need for training of doctors and auxiliary workers, the gaps in medical curricula, the value of the courses provided at various institutions (notably Chingleput, Wardha, and Vellore, among others), and the diverse investigations being pursued. It also includes an account of work being done by non-government agencies.

KUMI LEPROSY CENTRE ANNUAL REPORT, 1970

The dynamic medical superintendent of the Kumi Leprosy Centre, Uganda, summarizes in his Annual Report for 1970 the new emphases on domiciliary treatment for leprosy covering 7 districts with a total population of just under 3 million. Out of the estimated number of sufferers (42,768—based on a probable prevalence rate of 1½%) 11,112 were under more or less regular treatment. There were 298 discharges during the year.

Appreciative reference is made to the early whole-population surveys by Dr J. A. Kinnear Brown of representative samples of the area now covered, and the opinion is expressed that such surveys should be repeated in the near future so as to provide an objective basis for the evaluation of the efficacy of present methods of leprosy control. The training and supervision of the leprosy assistants attached to the programme are an important part of the activities of the medical and expatriate staff. More facilities are being provided in district hospitals for the

in-patient treatment of leprosy patients needing special care—surely a most desirable development.

Reference is made to the much-appreciated work of Dr Kinnear Brown and Miss M. M. Stone in connection with the BCG trial in the Teso District, which was supported by the Uganda Government, the Ministry of Overseas Development and the (British) Medical Research Council.

The Kumi-Ongino Leprosy Service owed its origin largely to the Church Missionary Society, its early development to the British Leprosy Relief Association (LEPRA) and The Leprosy Mission, and now obtains over 43% of its running costs from voluntary agencies overseas. Considerable sums for capital expenditure were received during 1970 from Holland and West Germany. The cost of the service in 1970 was near 712,000 shillings (East Africa).

LEPROSY IN TANZANIA
ANNUAL REPORT OF THE GOVERNOR CONSULTANT LEPROLOGIST FOR 1970

Dr Harold W. Wheate surveys the progress of the leprosy control scheme in Tanzania during the year, where co-operation between the government and the voluntary agency hospitals continues. In addition to routine activities, special mention is made of 2 new leprosy control schemes, in Tanga and Kasulu. A health campaign conducted in Mafia Island has resulted in the registration for treatment of probably 90% of those suffering from leprosy. Dr Wheate concludes that if future immigrants to the island can be routinely checked and treated for leprosy where necessary, "the eradication of leprosy from Mafia is eminently feasible".

Future co-operation with Professor Johs Andersen in the Orthopaedic Department of the Kilimanjaro Christian Medical Centre will assure leprosy patients suffering from deformity of the services of an experienced expert.

The Save the Children Fund Leprosy Campaign in the West Lake Region reports a definite downward trend in the number of new leprosy infections, the result of 10 years of intensive work. More generally, it is noted with satisfaction that the number of newly-diagnosed leprosy patients presenting with deformity is practically *nil,* and that there is a steady decline in the lepromatous: tuberculoid ratio among them.

LEPROSY IN THE BRITISH SOLOMON ISLANDS PROTECTORATE

The Annual Report for the year 1969 of the Director of Medical Services of the British Solomon Islands Protectorate expresses general satisfaction with the leprosy control programme. The numbers of annual notifications show a progressive decline from 110 in 1965 to 33 in 1969, giving a total on the register of 612 cases. Patients are presenting themselves for diagnosis and treatment at a much earlier stage of the disease. The real and dramatic reduction in the size of the leprosy problem in the Protectorate is attributed to the widespread BCG vaccination campaign conducted during the 1960's, together with the treatment of all known cases. Tribute is paid to the value of the surgical rehabilitation of leprosy sufferers, the co-operation of the voluntary agency medical services, and the drugs supplied by UNICEF.

LEPROSY IN RHODESIA

The Annual Report of the Secretary for Health for the year 1970 mentions that 411 cases of leprosy were notified during the year, compared with 287 in 1969. The increase is thought to be due to greater case-finding activities in all provinces, both by medical staff and by leprosy scouts from the "Friends of Ntemwa", a voluntary organization concerned with the discovery of people suffering from leprosy and with their welfare. The availability and popularization of the domiciliary treatment of leprosy are having a beneficial effect on the leprosy campaign, and the Secretary for Health (Dr M. H. Webster) considers that the present trends point to an acceleration of the process of leprosy eradication in Rhodesia.