

## News and Notes

### PRELIMINARY NOTICE

Tropical Medicine and Malaria—9th International Congress, to be held in Athens, October, 1973.

In view of the growing interest in the scientific aspects of leprosy, and the important recent advances in research, the Organizing Committee of the above Congress has decided to include two sessions on leprosy in the programme. The section on Leprosy, Division A, will begin on Monday, 15 October, 1973.

The General Secretary of the Congress is:

Professor J. Papavassiliou,  
P.O. Box 1373,  
Athens,  
Greece,

and the Organizer of the Leprosy Section is:

Dr S. G. Browne,  
57a Wimpole Street,  
London W1M 7DF,  
England.

Further information will be published as soon as available.

Meanwhile, intending participants—and especially those who would wish to submit scientific communications—are invited to make contact with Dr Browne at the above address.

### COURSE IN LEPROLOGY AT FONTILLES

Dr José Terencio de las Aguas, the Medical Director of the Fontilles Leprosarium (Alicante, Spain) is organizing courses of lectures and clinical demonstrations in leprosy, to be held at Fontilles from 2 to 28 October, 1972. The Order of Malta is again helping to finance the venture.

Intending applicants should write in the first instance to the Medical Adviser to the Order of Malta, Dr M. Gilbert, at 3 Place Claparède, Geneva, Switzerland.

### MEDICAL STUDENTS—ELECTIVE PERIODS

From time to time medical students request particulars of places where they might profitably spend their elective period. Few leprosy control projects lend themselves to this type of service. The A.L.E.R.T. project in Addis Ababa, however, would from several points of view appear to be admirably suited for receiving final-year medical students or postgraduate students, for short periods. A full range of services is in operation, from district leprosy control to all aspects of rehabilitation. Highly sophisticated immunological research is being conducted at the Armauer Hansen Leprosy Research Institute which is incorporated into the

complex of the Princess Zenebework Hospital in Addis Ababa. Unfortunately, no funds are available to cover travelling expenses to and from Ethiopia.

Further information is obtainable from:

Dr W. Felton Ross,  
A.L.E.R.T.,  
P.O. Box 165,  
Addis Ababa,  
Ethiopia.

### LEPROSY IN EUROPE

The prevalence of leprosy in Europe and the risk run by Europeans and North Americans in their mother countries and when serving in various capacities overseas in lands where endemic leprosy poses greater problems, were discussed at the Third Meeting of the International Association of Physicians for the Overseas Services, held in Paris on 4 May, 1972. The subject was introduced by a member, Dr S. G. Browne. Despite the existence of 50,000 suspected cases of leprosy in Europe and an annual importation rate of unknown dimensions, leprosy is an insignificant threat to the great majority of residents in north-western Europe or America. The risk is greater in those who stay for long periods in Africa and Asia, particularly people such as nurses, physiotherapists, young volunteer teachers, and in fact anybody whose work brings him or her into close proximity to leprosy sufferers. A small but definite number of expatriates returning to their homelands after service in the armed forces, with missionary societies, or as engineers or agriculturalists, contract leprosy and show early signs of the disease within 2 to 5 years of their arrival home.

The Association at present consists of about 25 physicians concerned with the health of staff who are at risk from exotic disease. The number includes advisers to governments, the United Nations, air lines, oil companies and banks. The joint Secretaries are Dr Peter Janetos and Dr Cornelius Medvei (69 Wigmore Street, London, W.1.).

### LEPROSY IN MOROCCO

On the invitation of Dr René Rollier, Dermatologist at the Jeanselme Dermatology Clinic and Chief of the Leprosy Service at the Ain-Chock Hospital in Casablanca, Dr S. G. Browne recently visited Morocco to advise on certain aspects of the leprosy endemic.

Leprosy is present in all the provinces of Morocco, though the prevalence varies, even in adjacent villages. All races are affected. An overall prevalence rate of between 1 and 3 per 1000 would not be unrealistic, with small pockets where the prevalence is of the order of 30 per 1000.

In 1971, 223 new cases were diagnosed, and 3469 patients seen (at Casablanca, Fez, Agadir, Marrakech and Rabat). A total of 582 patients (348 men, 98 women and 136 children) were admitted to the Ain-Chock Hospital, the average length of stay being 97.2 days. No fewer than 1081 specimens of skin were taken for processing and microscopical examination.

Of the patients reporting with suspicious signs or symptoms, about 60% have lepromatous or near-lepromatous forms of the disease. Diffuse lepromatous leprosy, characterized by ruddiness and tumefaction of the cheeks and absence of discrete or raised lesions, makes early recognition difficult. Precocious symptoms

of generalized formication appear to be quite common. Early and widespread nerve damage is seen in all types of leprosy, particularly in association with multiple macular hypopigmented lesions.

Among interesting features of leprosy in Morocco, the following may be mentioned: of patients with lepromatous leprosy, some 8% also have pulmonary tuberculosis; the figure for those with tuberculoid leprosy is 5%. Erythema nodosum leprosum characteristically appears in the spring; it is frequently spontaneous, and not drug-precipitated. Gynaecomastia is said to be almost as common in patients with lepromatous leprosy as in those with tuberculoid leprosy. In 7 out of 460 patients examined the nasal mucosa contained acid-fast organisms when none were found in the skin. Ophthalmological examination revealed a low incidence of iridocyclitis. Cicatrization of palatal ulcers is taken to be a good indication of the effectiveness of treatment.

Most patients are admitted for a few weeks to the Ain-Chock Hospital, where full investigations are made and treatment instituted and stabilized. Opportunity is taken to give instruction in the protection of anaesthetic extremities. Meanwhile, full social enquiries are made. The patient returns home, with a six-months' supply of anti-leprosy treatment, and instructions to report if any complications develop. In the first instance, he is directed towards the provincial hospital.

The highly centralized leprosy service needs to be decentralized, and made available to the majority of leprosy sufferers not yet under treatment. Physiotherapy and reconstructive surgery could be provided. The Government make considerable financial provision in the way of support for patients and their families, and for transport to and from the central hospital.

### **LEPROSY CAMPAIGN IN THE WEST LAKE REGION, TANZANIA**

The Swedish-Norwegian Save the Children Fund Campaign against leprosy in the West Lake Region of Tanzania, in its Annual Report for 1971, records that since 1961, a total of 6226 cases of leprosy have been registered and treated in a population of 714,600. During 1971, 242 new cases were diagnosed, of which 21 were lepromatous leprosy. The great majority of the patients are being treated at 85 dispensaries and 59 "road stations". Plans are being implemented to merge the leprosy campaign into a scheme for continued control, integrated into the general health services under government supervision.

### **KATPADI INDUSTRIAL COLONY**

The Annual Report for 1971 of the Swedish Red Cross Rehabilitation Industries refers to the Industrial Colony, Katpadi Extension, near Vellore, South India. This, the 8th Annual Report, shows that out of a total of 225 persons who have benefited from training in the institution, some 64 were ex-leprosy patients: of these, 36 had less than 6 months' training, and the remaining 28 completed the training course of 6 months or more. Of those at present at Katpadi no fewer than 31 have had leprosy and suffer from resultant deformities. It is noted with some surprise and regret that 3 trainees "were found to be positive, when smears were tested in the course of the year. They were all discharged immediately with the assurance that they will be taken back when three consecutive smears show

negative results". No mention is made of the morphology of the organisms found, of the contagiousness of the patients, or of any measure suggested that would enable trainees with some acid-fast dust in their routine smears to continue working at the institution.

### DR BECHELLI RETIRES FROM WHO

Dr L. M. Bechelli is retiring from his position as Chief Medical Officer, Leprosy, in the Division of Communicable Diseases, World Health Organization, after a useful and fruitful decade of service in the cause of leprosy. *Leprosy Review* adds its good wishes to those of his many friends and colleagues.

### NEW LEPROSY CHIEF, WHO

We give a warm welcome to Dr H. Sansarricq, the new Chief Medical Officer, Leprosy, Division of Communicable Diseases, World Health Organization. He comes back to his work in Geneva after a professional postgraduate training in microbiology and wide experience in Algiers (where he was Assistant Professor of Preventive Medicine) and several countries in Africa. He was Director of the Service for Endemic Disease Control in Upper Volta from 1964 to 1968.

He has been working in leprosy for some 15 years, having taken postgraduate training in Caracas (Venezuela). He has taught leprosy and preventive medicine, and has been on three assignments for the World Health Organization as short-time consultant or adviser.

Dr Sansarricq takes up office at a time of considerable heart-searching among practising leprologists, and of great expectation among microbiologists and immunologists concerned with leprosy.

### THE WORK OF WHO, 1971

The Annual Report for 1971 of the Director-General of the World Health Organization, submitted to the World Health Assembly and the United Nations (Official Records, WHO, No. 197), is a weighty tome of over 400 double-column quarto pages. The section on leprosy in the chapter on communicable diseases occupies 5 of these pages (paragraphs 1.115 to 1.158), and gives a useful summary of the present situation throughout the world.

A sober—even sombre—note is early struck, in the confession that despite active case-finding programmes and treatment schemes resulting in reduction in "the level of infectiousness", the "epidemiological impact of the control programme has not been spectacular".

Contributions to the WHO special account for the Leprosy Programme are acknowledged from several voluntary agencies, notably Emmaüs-Suisse, the Order of Malta, Deutsches Aussätzigen Hilfswerk e.V., Fondation Raoul Follereau (Luxembourg), and the Junta a Favor de los Leprosos (Venezuela).

The various research projects receiving financial assistance from WHO are briefly reviewed. Considerable progress in the laboratory has so far made little impact on the incidence of leprosy in the world, the official number of leprosy sufferers (which may be substantially below the true prevalence) still standing at about 11 million, a figure that excludes mainland China and several other countries. The co-ordination of research programmes and the friendly

co-operation between research groups in Europe, the Americas, Asia and Africa—both under the aegis of WHO, and also through professional, intergovernmental and personal contacts—are a feature of today's activities.

Progress is reported especially on microbiological and immunological investigations, on attempts at animal inoculation, on the standardization of lepromin and the isolation of two antigens from a crude extract of lepromatous nodules, on the investigation of sera from patients with various forms of leprosy, on the *in vitro* reactions of macrophages against killed leprosy bacilli, on the possible genetic basis of refractoriness and susceptibility to leprosy, etc. A WHO International Reference Centre for Histological Identification and Classification of Leprosy was designated in 1971 at the Division of Dermatology, Ministry of Health and Social Welfare, Caracas, Venezuela.

All those wishing to keep abreast of the progress in leprosy research in WHO-sponsored programmes will read and refer to this useful report.

### HAMBURG CONGRESS ON THE MYCOBACTERIOSES

The German Association for Tuberculosis and Allied Diseases is arranging a Congress in Hamburg from 20 to 23 September, 1972.

Some of the sessions will be of direct interest to workers in leprosy, such as those on the epidemiology, treatment and investigation of leprosy and Buruli ulcer.

Full particulars may be obtained from Professor Dr D. E. Freerksen, 2061 Borstel, Forschungsinstitut, Germany.

### LAMBARENE—A NEW LOOK

Important decisions regarding the future rôle of the Albert Schweitzer Hospital in Lambarene, Republic of Gabon, were taken at a meeting of representatives of the various member-countries of the international association held in Strasbourg on 18 and 19 March, 1972. The principle was accepted that a Leprosy Rehabilitation Centre be created in proximity to the existing hospital, and that funds be raised for the financing of this eminently desirable and practical object.

The prevalence of leprosy in the Gabonese Republic is probably of the order of 30 per 1000 of the population, giving a total of about 15,000 sufferers needing treatment. Of this number, some 3 to 5000 are probably requiring some kind of reconstructive surgery or rehabilitation. So far, the *Service des Grandes Endémies*, faced with other serious infections and parasitic diseases, has not been able to tackle the deformities caused by leprosy. The proposed service will therefore fill a gap in the Gabonese health services, and hence has the full approbation of the authorities. Conscious of the need to avoid creating an expensive installation out of keeping with the needs of the country and impossible of eventual incorporation into a comprehensive health service, the international council will plan the buildings on a modest scale. The facilities will include rooms for clinical examination, a small laboratory, and an operating theatre for "dirty" surgery. In addition, there will be a shoemaking shop, a workshop for prostheses, adequate room for physiotherapy, a theatre for "clean" surgery, and small wards for both male and female patients.

Given close collaboration with the administrative and health authorities, the proposed Leprosy Rehabilitation Centre could make a decisive impact on the

backlog of deformity due to leprosy in the whole of Gabon, and play a significant rôle in training medical auxiliaries in the prevention of deformity. Consonant with modern views on the integration of leprosy services and the avoidance of any suggestion of segregation, the Centre will also, it is hoped, help patients whose deformities are due to conditions other than leprosy, such as poliomyelitis, tuberculosis, trauma, etc. Neighbouring countries, especially French-speaking, might well look to the new Lambarene for training of their own nationals in the different aspects of rehabilitation.

The other medical services which have hitherto been provided in the "old" Lambarene will continue as long as they fulfil a need.

### THE RÔLE OF VOLUNTARY AGENCIES

A joint consultation on the rôle of voluntary agencies in leprosy during the coming decade, organized by the British Leprosy Relief Association (LEPRA), The Leprosy Mission, and the St Francis Leprosy Guild, was held in London on 24 and 25 March, 1972. The meeting was essentially a small working-party, composed of a dozen people—medical and lay—representing the three sponsoring bodies. A broad field was covered. Introductory papers were given on "The integration of leprosy into general medical services: theory and practice, and the rôle of voluntary agencies" (Dr S. G. Browne); "Leprosy control schemes: public health and the individual patient" (Dr T. W. Meade); "The place of specialized services in leprosy work" (Dr R. G. Riedel); "The rôle of specialized independent voluntary agencies in leprosy work" (Dr J. C. McDougall).

The participants met in an atmosphere of sober realism, conscious not only of the serious delays between the acquisition of new knowledge and its application in the field, but also of the probability that, despite all efforts, leprosy is not being controlled in the world as a whole. Such problems as cultivation of the causative organism on artificial media, transmission, inapparent infections, and slow response to treatment were briefly reviewed for their bearing on programmes for leprosy control—as opposed to schemes for leprosy treatment.

It was agreed that the eventual integration of leprosy diagnosis and treatment into the general medical services was a desirable target, but that meanwhile it was the duty of voluntary organizations to do all in their power to ensure that the individual suffering from leprosy had the chance of treatment. Leprosy specialists will still be needed—and indeed are needed in increasing numbers—to advise governments and health planners, and to see that in any developing health service facilities for diagnosis, treatment and rehabilitation should be included from the outset.

The need for education was stressed again and again, education in leprosy at all stages of medical training, and for the general population. In fact, more money might with advantage be diverted to this object with the purpose of making people aware of leprosy, and directing those needing treatment to general clinics, dispensaries and skin departments of general hospitals where such treatment should be provided.

A plea was made for the encouragement of schemes of leprosy treatment that could be statistically supervised so as to produce valid data concerning their efficacy in controlling the disease. Voluntary agencies, with their insistence that the individual sufferer and his needs should take precedence over theoretical control measures, might well continue to subsidize treatment programmes in the

hope that the reservoir of bacilliferous patients might thereby be reduced, with demonstrable results in the decline of the endemic and reduction in the annual incidence of new infections.

While whole-population surveys are usually inadvisable and impracticable (except for specially planned epidemiological studies with objectives additional to the detection and treatment of established cases), family and contact surveys may well disclose many patients with early, perhaps unrecognized, leprosy infection.

The continuing tension between mass-treatment schemes and treatment to prevent deformity, on the one hand, and the desire to meet the felt need of the individual—for relief of his “leprosy”, his neuropathic ulcerations, and his deformity—on the other, was considered to be less acute than formerly and it was recognized that limited funds must be expended in the most conscientious way for the greatest good of the greatest number. Salutory warnings were expressed that fund-raisers and propagandists should not make unrealistic claims for the success of leprosy treatment in the individual or in the community.

Training of staff should occupy an increasingly important place in the thinking of voluntary agencies. The recruitment, and the retention in leprosy service, of suitable people—especially doctors—called for continuous effort.

The need for research was not forgotten. Voluntary agencies could perhaps devote a larger proportion of their budget to financing potential research workers and encourage them by giving special grants for approved projects. In view of the need for better drugs to treat leprosy, further attempts should be made to enlist the resources of the research departments of pharmaceutical houses, though here the difficulties in the way were not minimized. Other fruitful fields for research included epidemiological surveys, the problem of the transmission of leprosy, and the production of an effective vaccine. All these could be encouraged by voluntary agencies by the judicious employment of their resources, but the crucial matter of cultivation of *Myco. leprae* on artificial media was considered to attract, at present, sufficient workers and funds in various laboratories throughout the world.

The voluntary agencies have in the past played a most decisive pioneer rôle in the fight against leprosy—in the recognition of the problem, in therapy in reconstructive surgery, and in rehabilitation. They do not all need to cover the same ground; there is room for several different and complementary approaches, but they should agree upon the principal basic medical assumptions about leprosy in their fund-raising activities. They are still responsible for a considerable proportion of the world's efforts to relieve the individual leprosy sufferer and control the disease. They are helping to tackle an inherently and almost intractable medical and human problem, and should see in the present situation a continuing challenge rather than a daunting prospect.

The voluntary organizations that are members of ELEP will doubtless find in the report of this joint consultation much food for thought as they continue to raise and dispose of considerable funds for leprosy.

#### NEWS OF ELEP

The European Federation of Anti-Leprosy Associations (ELEP) met in Brussels from 7 to 9 April, 1972. Reviewing the first 5 years, the Secretary-General reported an impressive list of achievements: 629 leprosy centres in 72 countries are being supported wholly or substantially by Member-Associations; nearly

one million leprosy sufferers are receiving treatment from Member-Associations—probably about 1 in 3 of all those being treated in the world; the number of staff subsidized is 7069, of whom perhaps one-third are para-medical workers. About £2½ million (stg) is raised annually in Europe by Member-Associations. About one-third of the centres supported claim to be engaged in case-finding, public health, or physiotherapy. A total of 52 centres have facilities for reconstructive surgery, and a third of them are also engaged in farming, stock-breeding, etc., and enjoy certain welfare activities and social amenities; about a third of the centres limit themselves to the care of leprosy patients; another third are general medical centres that also take care of leprosy patients, while the remainder have other medical or social activities besides leprosy.

During the year 1971, over 320,000 dollars (U.S.), which represents about 5% of the gross income, was devoted to research, the projects having already passed the scrutiny of the Medical Commission, not only before their initiation but also during the period of running. A commendable degree of co-ordination of field activities has been achieved, with the purpose of ensuring good collaboration and a minimum of overlapping. Many leprosy programmes are at present being integrated into the general medical services of the countries concerned, but the pattern varies enormously from country to country. Certain large schemes have been initiated co-operatively by Member-Organizations of ELEP, employing funds from several sources. These ventures are pointing the way forward, and represent a form of service through which Member-Organizations may play a significant rôle in tackling the leprosy endemic in countries where the disease is prevalent.

The publication by ELEP, or by Member-Associations, of booklets and brochures not only serves to guide the thinking and activities of the voluntary agencies themselves, but also provides useful basic material for teaching para-medical workers.

### CITY OF BRUSSELS HONOURS LEPROSY WORKERS

During the meetings of the General Assembly of ELEP in Brussels a reception was held on 7 April, 1972, in the historic Town Hall for representatives of Member-Organizations. The delegates were received by the Deputy Mayor, who, in the name of the City of Brussels, paid tribute to the wide ranging activities in the field of leprosy of the constituent bodies, their significant contributions in leprosy control schemes in various countries, and their encouragement of leprosy research. He subsequently presented pewter plates, embossed with the arms of the City and suitably inscribed, to Monsieur Raoul Follereau (*Président d'Honneur* and Founder of ELEP), Monsieur René Henrion, President of ELEP (1971-2) and Chief Administrator of the *Amis du Père Damien*, and Dr S. G. Browne, Chairman of the Medical Commission.

### A.L.E.R.T.

The 6th Annual General Meeting of members of the All-Africa Leprosy Rehabilitation and Training Centre (A.L.E.R.T.) was held in Addis Ababa on 10 March, 1972. Preceded by very practical and helpful "workshops", which determined the priorities to be attempted over the next 5 years and examined the relations between A.L.E.R.T. and its sponsoring organizations, the General



Meeting expressed sober satisfaction at the progress made and agreed to ensure a "reasonable degree of financial stability" for the next half-decade.

Courses of instruction have been provided for doctors, nurses, physiotherapists, leprosy control officers, etc. The district leprosy control service has been developed and intensified. Prostheses and protective footwear have been made in increasing numbers. In all departments, teaching materials have been collected, and greater use is being made of the facilities offered. A gratifying feature of the past year has been the increasing number of African countries availing themselves of the teaching courses at A.L.E.R.T., some of the students being sponsored by the World Health Organization.

Some degree of integration is being attempted in the Princess Zenebework Hospital, patients with skin diseases that provide a diagnostic challenge to leprosy workers are admitted to the wards, while out-patients in increasing numbers are being treated in all-purpose clinics. The standards of reconstructive surgery, physiotherapy and patient care leave nothing to be desired. With its enthusiastic and competent staff and its excellent facilities, A.L.E.R.T. should prove of greater usefulness to African countries requiring inspiration for their leprosy programmes and practical training for their staff.

Associated with A.L.E.R.T. is the Armauer Hansen Research Institute, financed by Scandinavian countries. The Institute is already making its mark in fundamental immunological research, and some of its findings are already appearing in the international scientific press.

### TEACHING AIDS

The Institute of Child Health (Director: Dr David Morley, 30 Guildford Street, London, WC1 1EH) has prepared a set of 24 colour slides (transparencies) to illustrate leprosy in childhood. The accompanying text has been written by Dr Colin McDougall.

The price (£0.75) includes the printed descriptive material, the mounts, packing, and postage by surface mail. A special concessionary price of £0.60 is charged for those working in tropical or sub-tropical areas. Sets already mounted cost an extra £0.30p. The extra charge for air mail is £0.25p and for registration £0.25p.

This series of transparencies should form a most useful supplement to the set of 48 colour slides under the title "Diagnosis of Leprosy in the Tropics" prepared by Medical Recordings (Kitts Croft, Writtle, Chelmsford, Essex) and accompanied by an explanatory tape recording.

### "AN OCCASIONAL ODDITY"

At a symposium on "The surgery of some strictures and stenoses", held at the London headquarters of the Royal College of Surgeons of England in December, 1971, several contributions of interest to leprosy workers were presented. A session on "Some Tunnel Syndromes" produced a number of stimulating papers on compression problems in the hand and at the thoracic outlet, and on tunnel syndromes at the elbow (ulnar nerve) and ankle (posterior tibial nerve). Summaries of the papers are contained in the *Annals of the Royal College of Surgeons of England* (1972, 50, 301-329). The papers of particular interest to those working in leprosy are by L. Kessel ("Tunnel syndromes at the elbow"),

and S. L. Lam ("The tarsal tunnel syndrome"). These compression syndromes have a bearing not only on the differential diagnosis of peripheral nerve damage occurring in patients suffering from leprosy, but also on the pathogenesis of nerve damage in leprosy.

One cannot refrain from quoting a sentence that indicates the relative infrequency of ulnar palsy due to leprosy in surgical practice in England. It was stated that "an occasional oddity such as an abnormal subanconeus muscle or a leprotic lesion may also cause tardy ulnar palsy". In the discussion that followed this paper, Dr S. G. Browne cited the estimated numbers of patients in the world and in Great Britain respectively whose ulnar palsy could be attributed to leprosy.

**CONFERENCE OF THE HEALTH MINISTERS  
OF FRENCH-SPEAKING COUNTRIES  
PARIS: 2-6 MAY, 1972**

Leprosy was given a prominent place on the full agenda prepared for the First Technical Conference of the Ministers of Health and their professional advisers from French-speaking African countries, including Madagascar, Mauritius and Zaïre. The Conference, sponsored by the French Government and held in Paris, provided a forum for discussing endemic diseases common to these countries—leprosy, tuberculosis and trypanosomiasis—and for reviewing the results of vaccination campaigns against cholera, yellow fever, smallpox, tuberculosis and measles. The use of French as the common language not only obviated the need for cumbersome simultaneous translation, but facilitated fruitful exchange during discussions.

A whole afternoon's session of the full conference was devoted to leprosy. After a useful bird's-eye view of the present position regarding leprosy in the French-speaking countries of West and Central Africa by Dr R. Labusquière (Secretary-General of O.C.E.A.C.), the Conference listened to and participated in a debate on the temporary in-patient treatment of patients with lepromatous leprosy. The position adopted by the Medical Commission of ELEP was ably presented by Professor M. F. Lechat, who based his thesis on the report presented by the Commission in response to suggestions that the only way to control leprosy was the voluntary segregation of patients with lepromatous leprosy.

Dr M. Nebout was of the opinion that existing leprosaria should be transformed from old-type asylums concerned mainly with giving custodial care, for social reasons, to ex-leprosy patients. Professor Lechat emphasized that in the light of the present epidemiological knowledge, early diagnosis and adequate treatment of all patients with leprosy (especially those with lepromatous leprosy) was the most practicable method for controlling the disease. This conclusion did not, of course, preclude the temporary admission to hospital of any patients requiring, on medical grounds, in-patient care. The debate will doubtless continue.

The other important matter raised by Minister L. P. Aujoulat had also been considered at some length by the Medical Commission of ELEP, and at the Joint Consultation of voluntary agencies in England concerned with leprosy (reported on page 9 of this issue). In view of the widespread disquiet and disillusionment at the failure of modern methods of treatment of the individual patient materially to reduce the incidence of leprosy in most countries, a salutary warning had been given to Member-Organizations of ELEP that the control of leprosy was still a far-off ideal, and that one or all of several desirable but attainable goals must first

be achieved: culture of *Myc. leprae* on artificial media, better drugs, a specific vaccine, more precise epidemiological data, and particularly the elucidation of the mode of transmission.

Dr S. G. Browne, as Chairman of the Medical Commission of ELEP (whose members had been graciously invited by the French Government to participate in the leprosy sessions of the Conference) addressed the full assembly at some length on "*La crise actuelle de la bataille contre la lèpre*" (The present crisis in the struggle against leprosy). He emphasized that leprosy was a more serious disease outside Africa, and that the legitimate satisfactions of those in charge of "control" schemes in Africa should be counterbalanced by the far less optimistic reports emanating from Asia and South America. Even in Africa certain disquieting occurrences had recently been noted, and the apparent reduction in the *réservoir de virus* had not succeeded in eradicating leprosy. Whole population surveys were now unfashionable and impracticable; people were less co-operative than formerly, and did not attend for treatment regularly or continue it until discharged. In most countries early diagnosis was an illusory ideal, and in some the whole medical "infrastructure" had been disorganized by war. The world picture of leprosy could by no stretch of the imagination be regarded as reassuring.

More precise knowledge was needed to fill important lacunae, particularly in the fields of epidemiology and transmission. Those responsible for health planning and the organization of medical services had a responsibility to take leprosy more seriously, to encourage research (e.g., in microbiology, immunology, epidemiology, therapy, etc.), to stimulate investigations that might lead to the production of a specific vaccine, and to facilitate the integration of leprosy into the general health services. Otherwise, Dr Browne warned his distinguished audience in conclusion, the size of the leprosy problem—with all its human and economic wastage and all its tragedy and frustration—would probably double in the next twenty years. In all schemes and plans and projects, to omit the non-material factors was to court ultimate failure.

A Technical Commission on leprosy occupied a full concurrent session, considering such matters as: genetics in relation to leprosy, and the drugs clofazimine, rifampicin, and an immuno-suppressive agent (chlorambucil).

Confronted by varied and urgent demands on their time and budgets, the Health Ministers of the French-speaking countries of Africa, like their counterparts elsewhere, will continue to be subjected to social and economic pressures to do nothing more about leprosy than is being done at present. It is to be hoped that the Conference will help them to keep leprosy and its victims in the forefront of their thinking and planning.