

## News and Notes

### ARMAUER HANSEN CENTENARY

Plans are afoot in various countries to commemorate the centenary of Hansen's discovery of *Mycobacterium leprae* and identifying it as the cause of leprosy.

In Norway, the Tenth International Leprosy Congress (to be held in Bergen from 13 to 18 August, 1973) will mark the occasion by special ceremonies both at the Jorgen Hospital (where Hansen worked) and at the commemorative bust displayed in a central park. It is hoped that His Majesty the King of Norway will grace the occasion with his presence. In addition, two postage stamps will be issued (0.80 kr. and 1.20 kr.) bearing the likeness of Hansen and a representation of acid-fast bacilli. These stamps will be issued on first day covers on 28 February, 1973, and a special dated cancellation design will be in use during the Congress for mail posted from the Congress.

In India, a stamp will be issued in July, 1973, and the Hind Kusht Nivaran Sangh will be distributing publicity material at the same time.

In Argentina, thanks to the inspiration and drive of Drs L. M. Balina, J. E. Cordama and J. C. Gatti, the centenary is to be marked by special lectures and seminars on Hansen, and an essay competition open to residents in Argentina: the prize will be announced during the International Leprosy Congress. A bust of Hansen will be unveiled in a prominent place, and a street named after him.

### DR GRACE WARREN, MASTER OF SURGERY

The University of Sydney has accepted the thesis submitted by Dr Grace Warren entitled "Patterns of Tarsal Disintegration in Leprosy" as of sufficient merit to warrant the award of the degree of Master of Surgery.

*Leprosy Review* sends to Dr Warren its hearty congratulations. The thesis embodies research, spread over several years and adequately documented with serial radiographs, into the varieties of tarsal disintegration occurring in leprosy, the factors involved and the management advocated. It is hoped that the essentials of the thesis may find their way into the literature at an early date, so that all those concerned with these problems may profit from the unique experience of Dr Warren. Perhaps in view of the forthcoming closure of the Leprosy Mission's institution on Hay Ling Chau (The Isle of Happy Healing), Hong Kong, founded by Dr Neil Fraser, the specialized services of the newly-appointed Master of Surgery may be made available to other centres in South-east Asia.

### THE BRODEN-RODHAIN PRIZE, 1969-70

We learn with pleasure that the Broden-Rodhain Prize, which is granted on the recommendation of the Belgian Society of Tropical Medicine, has been awarded for the years 1969-70 to Dr J. B. A. Van Droogenbroeck in respect of the work

presented in the article entitled "The surgical treatment of lower facial palsy in leprosy", which appeared in the *Annales de la Société belge de Médecine tropicale* (1970) 50, 653-688 [see abstract in *Leprosy Review* (1971) 42, 2, 140]. This first-class work, ably presented, was done in connection with the Leprosarium at Sorokdo, South Korea.

*Leprosy Review* extends its warm congratulations to Dr Van Droogenbroeck, and is gratified to see that good work done in the field of leprosy does not go unnoticed.

### LEPROSY IN MALTA

The Annual Report for the year 1971 of the Chief Medical Officer of the Department of Health, Malta, provides up-to-date figures for leprosy. In St Bartholomew Hospital, there were 41 in-patients, 24 of them males; one only was admitted during the year, and none discharged. A total of 182 patients (159 males) are receiving out-patient treatment, in Malta (159 patients) and in Gozo (23). Of 223 patients under treatment for active disease, 36 are classified as having lepromatous leprosy, 30 the indeterminate, and 19 the tuberculoid form.

The Report embodies a certain scepticism regarding the possibility of ever eradicating the infection from the patient, and advocates life-long treatment for apparently cured patients who have had lepromatous leprosy. Due emphasis is given to the importance of social factors in the persistence of leprosy on the island.

### LEPROSY IN GUYANA

The Annual Report of the Guyana Leprosy Control Programme for the year 1971 gives evidence of a "new look" advocated with enthusiasm and conviction, and accepted and adopted wholeheartedly. In a population of about 714,000, the estimated prevalence of leprosy may be as high as 2.4 per 1000. Hitherto the difficulties of control in a multi-racial population, unaccustomed to persisting with treatment for a chronic disease and subject to various taboos and misconceptions regarding leprosy, have rendered almost impossible any serious attempt at early diagnosis, the tracing of contacts, and laboratory cover.

Lady (Dr) Patricia Rose has tackled the problem with courage. She has enlisted the help of patients (including the chronically sick inmates of the "Mahaica Community"), volunteers and lay well-wishers. A Public Health Clinic has been built and furnished in the grounds of the Georgetown Hospital. A new spirit has shattered the complacency and fatalism of the 300 patients at Mahaica. The domiciliary treatment programme, with its laboratory confirmatory investigations, contact examination, records, and regular medical control, has got off to an excellent start, and strenuous efforts are being made to trace the numerous defaulters and those "lost to control" over the years.

### LEPROSY IN THE REPUBLIC OF SOUTH AFRICA

According to the Annual Report of the Department of Health of the Republic of South Africa, 749 notifications of leprosy were received during 1970. All occurred in people classed as "Bantu", except for 4 seen in "coloured", 2 in

“whites” and 1 “Asian”. In-patient facilities are provided at the Westfort Leprosarium, near Pretoria, but the majority of patients receive treatment near their homes.

In the Bantu Homelands, we note, “planning was commenced on a comprehensive community-based and hospital-centred health service to provide complete health care for the individual, combining both the preventive and the curative aspects of health”. It is hoped that those suffering from leprosy may profit from the facilities when they are created.

### LEPROSY IN IRAN

Since the publication of the news item in a previous issue of *Leprosy Review* (1971) 42, p. 153, under the above title, word has been received of the death of His Excellency Dr A. H. Radji, Acting Director, *Bureau de l'Association d'Assistance aux Lépreux* in Tehran. The cause of leprosy in Iran owes much to the vision, energy and essential friendliness of Dr Radji, and he will be much missed. Dr N. A. Siyadat has taken over the functions of Executive Director of the *Bureau*.

A contract has recently been signed with the *Compagnie Internationale de Développement Rural* (of France), whereby the services of six expatriate medical workers will be made available for work in the Mehrabkhan Sanatorium at Mashad, their salaries and local expenses being a charge on the Iranian Association.

So far, no leprologist or ophthalmologist has been found to join the team. Any readers, preferably French-speaking, who by their experience and availability might be interested in a two-year contract, are invited to get into touch with

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

### LEPROSY NEWS FROM UGANDA

The first meeting of the newly-appointed Leprosy Advisory Committee, whose duty is to consider and co-ordinate all leprosy measures in the country, took place in March, 1972.

### AN ANTI-LEPROSY SCHEME FOR PAKISTAN

Following the First National Pakistan Leprosy Congress of February, 1971 [*Leprosy Review* (1971) 42(2), 85], Dr Ruth Pfau, Dr Zarina Fazelbhoj and their colleagues at the Marie Adelaide Leprosy Centre in Karachi have drawn up a comprehensive report on the state of leprosy in Pakistan, including estimated prevalence rates, and existing treatment facilities. The gaps in knowledge and in coverage are indicated. The earlier estimates of prevalence in the former “West Wing” of Pakistan were probably too high, and a figure of 40,000 to 50,000 is now considered to be more realistic. Since 48% of patients presenting for treatment in Karachi are immigrants from highly endemic areas of India, the prevalence in the rest of the country—apart from two small endemic foci in the sparsely-populated mountainous northern region—is probably similar to that in neighbouring Punjab.

Tremendous strides have been made to ascertain the real prevalence of leprosy in all the States, and itinerant treatment programmes have been established, but still the coverage is far from complete.

Voluntary agencies have played a significant rôle in fostering and financing the outreach from the Marie Adelaide Centre. There are some indications that both Government and the medical schools are taking an interest in leprosy.

### LEPROSY IN VIETNAM

Despite the overwhelming stresses of war in Vietnam, health officials are making great progress in their efforts to control the serious public health problem of leprosy in that country, according to Dr Oliver W. Hasselblad, President of American Leprosy Missions, Inc., who has just returned from a month spent as leprosy consultant there.

There are more than 25,000 registered cases of leprosy in the country. The prevalence rate varies widely: in some areas it is as high as 50 per 1000.

One of the encouraging advances in the Vietnam control programme is the trend towards integrating leprosy into the public health services. The official leprosy programme of the Health Plan calls for this integration, initially at the provincial hospitals and later extending to the district health services. Regional health inspectors, province medicine chiefs, and hospital directors are co-operating with the new leprosy programme, and a number of provincial hospitals have already set up leprosy out-patient clinics.

In Saigon the large Government institution, Cho-Quon Hospital, has transformed its leprosy out-patient department into a skin clinic in which all diseases affecting the skin, including leprosy, are diagnosed and treated. Some 6000 cases of leprosy are registered at the clinic. The trend toward accepting leprosy as an integral part of medical science is also apparent in teaching institutions. Both the University of Saigon School of Medicine and the National Institute of Public Health will include leprosy in their curricula.

In May, 1972, Dr Olaf K. Skinsnes gave the second of an annual lecture series on all aspects of leprosy at the Saigon Medical School. He also lectured and led seminars and clinical demonstrations for a specially chosen group of regional, provincial, and military personnel. Nurses and health technicians in hospitals and clinics in the provinces are also getting instruction about leprosy at the Cho-Quon Hospital.

One of the gravest problems of the civilian health services, and especially of the leprosy control programme, is the shortage of qualified personnel. To help provide the needed additional man-power, a plan to train former leprosy patients as auxiliary workers is being considered in some areas. Such training would not only fill an urgent need, but would help to rehabilitate unemployed ex-patients.

In addition to working with the Health Ministry on plans to implement the recommendations he made after his 1970 survey, Dr Hasselblad visited many major leprosy centres, government hospitals and clinics, despite the difficulties, and saw a large number of patients in their homes. A pilot project of leprosy control is to be initiated in Ba-Xuyen Province as a result.

Another encouraging development in leprosy control is the increasing co-operation of voluntary and mission agencies with the Government's control programme. American Leprosy Mission Inc., besides providing Dr Hasselblad's services to the government programme, has helped in many other ways.