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News and Notes

MORE NEWS FROM LAMBARENE

Following the news item entitled "Lambarene–a new look", which appeared in a recent issue of *Leprosy Review* (1972, **43**, 8), the Executive Committee of the International Association for the Albert Schweitzer Hospital at Lambarene met for the first time in Libreville, capital of the Republic of Gabon, in August of this year. The Committee decided to establish a Foundation with headquarters in Gabon, and with the full participation of Gabonese interests.

A delegation of the Executive Committee was received by His Excellency President Albert Bongo, who expressed his deep appreciation of, and wholehearted support for, the Project as presented to him for the creation of a Rehabilitation Centre at Lambarene. Madame Rhéna Schweitzer-Miller (daughter of the late Dr Schweitzer) introduced to the President the members of the delegation–Mr Larry Gussman (the President of the International Association), Dr Walter Munz and Dr S. G. Browne.

After Dr Munz explained to President Bongo and his advisers the details of the proposed buildings, Dr Browne was asked to give an exposé of the need for such a Centre in the Gabonese Republic, and its functions. Dr Browne said that Gabon could not at present, without help from abroad, look forward to the creation of a Rehabilitation Centre in view of the prior claims of widespread endemic disease and malnutrition. However, the problem of deformity would become increasingly important in the future. The paralyses and mutilations of old and untreated leprosy provided an obvious example of the backlog of preventable conditions that had not been prevented, but tuberculosis, poliomyelitis, congenital deformities and accidents of all kinds (road, mines, lumbering and domestic) accounted for a heavy load of handicapping conditions.

The Rehabilitation Centre would attempt to deal with this problem by providing the specialist or referral services necessary–reconstructive (orthopaedic and plastic) surgery, physiotherapy, occupational therapy, and shoe and splint prosthesis making. The whole would be geared to the needs of a people primarily agricultural, and the object would be not only to restore to human dignity and economic usefulness those who are handicapped in some way, but also to prevent deformity by teaching and training at all levels. The influence of the Centre would thus extend throughout Gabon and to the neighbouring French-speaking countries.

Dr Browne assured the President that, in the spirit of Dr Schweitzer, no patient needing urgent surgical or medical care would ever be turned away, but he did foresee a diminution of the general patient load–a diminution indeed already noticeable in out-patient attendances, major surgery work, and maternity work. In accordance with Government plans for upgrading district hospitals, the hospital at Lambarene *poste* would assume an increasing proportion of the surgical work, and if plans for the creation of a network of rural dispensaries came to fruition,

then the majority of the villagers needing primary medical care for ordinary conditions would be able to obtain it without crowding out the new Centre and the old hospital with patients who could obtain adequate help elsewhere.

Dr Browne then referred to the necessary links to be forged with the *Service contre les Grandes Endémies* and other Government medical services, so that the Centre could function to full capacity. He could forsee a gradual "Gabonization" of the staff, and the eventual complete integration of the Centre into the developing health programme of the Government. The Committee's idea was to create such a hospital complex that this proposed integration would meet with no major difficulty. In conclusion, Dr Browne assured the President of the sense of gratitude and pleasure that the medical staff and Executive Committee experienced as they provided a new Lambarene that would fulfil a real need in Gabon.

The President replied at length, stressing his appreciation of what Lambarene had contributed to the welfare of the country in the past, and welcoming wholeheartedly the present proposals. He hoped that money would be forthcoming, and promised the support of his Government in such matters as the provision of a letter publicly supporting this initiative and emphasizing that it could be part of the Gabonese medical services; approaching the embassies established in Libreville with the object of acquainting them with the attitude and support of the Government; and finally the exemption of import duties on all material to be used in the construction and equipment of the hospital.

NEWS FROM ARGENTINA

Dr L. M. Baliña is President of the Argentinian Society for the Scientific Investigation of Leprosy. The aims of this Society are to publicize the modern outlook on leprosy, and to promote research into the medical, sociological, and psychological aspects of the disease.

Recently, the Society organized a seminar in Buenos Aires, attended by leprologists and social workers, and invited the participants to submit for adjudication a novel having as its central theme the new approach to leprosy.

The Society suggests that special efforts be made in Argentina and other countries to make World Leprosy Week (February, 1973) the occasion for a publicity campaign stressing the scientific advances achieved during the past 100 years in leprosy research, and the challenges remaining for the future.

PUBLIC RELATIONS IN REHABILITATION

Leprosy was adequately represented at the Second International Symposium on Public Relations in Rehabilitation, which was held in Athens from 4 to 8 September, 1972. Dr S. D. Gokhale of Bombay (Assistant Secretary General of the International Council on Social Welfare), Dr A. J. Selvapandian (Professor of Orthopaedic Surgery, Vellore), Dr Ernest P. Fritschi (Chief of Rehabilitation and Surgery, ALERT, Addis Ababa), and Dr S. G. Browne (Member of the International Committee on Public Relations in Rehabilitation) presented papers and took an active part in the discussions.

The Symposium, under the patronage of His Excellency the Minister of Social Services, and held in the magnificent new buildings housing the (Greek) National Foundation for Rehabilitation of the Disabled, brought together some 60

participants from 20 countries. While their common interest was rehabilitation, speakers and listeners represented a wide range of professional activities–from orthopaedic surgeons and audiologists, to organizers of community social services and voluntary agencies. A similarly wide geographical representation was apparent, ranging from North America to India. Poland, Bulgaria, and Jugoslavia were represented, as well as Scandinavia and other European countries.

The papers on leprosy were concerned with "Stigma as an impediment to rehabilitation" (Browne), "Rehabilitation of those afflicted by leprosy" (Selvapandian), "The handicapped, and social stigma in the context of rehabilitation" (Gokhale), and "Community responsibility in rehabilitation of the discharged leprosy patient" (Fritschi).

In the matter of "selling" the idea of rehabilitation, the problems posed by leprosy were frequently cited as providing examples applicable to other handicapping conditions and diseases. The necessity to "educate the educators" was stressed in the context of undergraduate teaching and teacher training colleges. Although the wide diversity of medical and financial resources available in the countries represented might at first sight appear to preclude the emergence of anything like a common mind on the problems of rehabilitation and public relations, the participants showed by their enthusiastic concern for the handicapped and "disadvantaged" that ignorance, indifference, and inertia could be tackled successfully whatever the context.

XII WORLD CONGRESS ON REHABILITATION OF THE DISABLED

From 27 August to 1 September, 1972, over 2000 delegates and associates gathered in Sydney, Australia, for the 12th World Congress on Rehabilitation of the Disabled–the "Golden Jubilee Congress". Converging on Sydney from many countries and representing many branches of medical science concerned with deformities of all kinds and from all causes, the participants were offered plenary sessions and sectional meetings to suit their varied interests.

A "special interest" meeting for leprosy was organized by Dr Grace Warren, of The Leprosy Mission, Hay Ling Chau, Hong Kong. A panel of leprosy workers from Africa, India, Australia, New Guinea, USA, and Hong Kong discussed techniques aimed at minimizing the deformities caused by leprosy. Special emphasis was placed on the necessity for education of the leprosy sufferer, so that he could prevent damage to his anaesthetic tissues. It was pointed out that, because of the diminution of pain perception, many patients became psychologically detached from an anaesthetic part of their body and consequently misused, or even abused, it. This problem, which leprosy shares with other peripheral neuropathies, should be tackled in the light of the conviction that an anaesthetic limb becomes deformed only as the result of neglect.

Another session of particular interest to leprosy workers was on Orthotics and Prosthetics, at which Dr Paul Brand presented a résumé of his recent research activities. He stressed the importance of the summation of repetitive stress in the production of so-called "traumatic" lesions of the anaesthetic extremities, and referred to his work on the use of microcapsules containing dye which ruptured when known pressures were applied. The use of these capsules indicates sites of under or damaging pressure occurring in shoes and prostheses, as well as those sustained during the stresses of walking or standing. Dr Brand also referred to recent work on thermistors, which shows that high temperatures occur in limbs

after use. These "hot spots" give warning of sites of incipient or impending damage, and call for rest and for removal of the causative traumatizing factor. The surgeon's percipient finger-pulp should be able to detect such "hot spots" without the help of sophisticated apparatus, and thus to forestall damage and eventual disability.

XIV INTERNATIONAL CONGRESS OF DERMATOLOGY

Leprosy provided some interesting contributions to the 14th International Congress of Dermatology, which was held in Padua and Venice from 22 to 27 May, 1972.

Dr R. D. Azulay (Brazil) was the co-ordinator of the leprosy symposium which had as its title: "Progress in Leprology". He gave a paper on "Clinical, bacteriological and histopathological results in the treatment of lepromatous leprosy with G 20.320" [B663, Lamprene (Geigy) or clofazimine]. Other speakers were Drs Paul Fasal ("The rôle of laboratory methods in drug trials in lepromatous leprosy"), C. Bhakta Viziam ("Erythema nodosum leprosum—changing aspects"), A. Saul ("Therapy of leprosy"), and L. M. Bechelli ("Controlled field trials on the effect of BCG in the prevention of leprosy").

By general consent the leprosy sessions were among the liveliest and best attended, and once again the interest and importance of leprosy in the world were brought to the attention of many doctors unaware of the progress being recorded in the bacteriology and therapy of leprosy.

TUBERCULOSIS AND LEPROSY—AND MORE ABOUT THE ARMADILLO

The programme of the 25th Congress of the German Society for Tuberculosis and Chest Diseases, held in Hamburg from 19 to 23 September, 1972, reflected not only the great progress registered in the Western World in the control of tuberculosis, but also the growing importance of pulmonary diseases other than tuberculosis and the interest to phthisiologists of non-tuberculous mycobacterial diseases.

About 600 participants gathered from all over Germany, with guests from Great Britain, Switzerland, Holland, USA, and Uganda. Under the dynamic presidency of Professor E. Freerksen of the Borstel Institute for Experimental Biology, and at his suggestion, leprosy was included in the programme, with papers by Dr S. G. Browne ("The epidemiology of leprosy") and a joint contribution by Professor Freerksen and Drs M. Rosenfeld, W. Blenska and E. Kalakowska, M. Chambers, D. L. Leiker, and R. Rhode on their recent experiences with rifampicin, either alone or in combination with other drugs. Dr A. B. Verhagen added a paper on his experiences with a small series of patients treated with rifampicin and other drugs.

Other contributions of interest to those working in the field of leprosy were made by Prof. S. R. Pattyn on "The bacteriology and pathology of mycobacterioses (other than tuberculosis and leprosy)", by Drs R. J. W. Rees and D. N. Mitchell on "The aetiology of sarcoidosis—a reappraisal", and Dr J. L. Stanford on "Burulin—a skin test antigen for the investigation of *M. ulcerans* infection". Some matters touched on in other papers brought to leprologists reminders that erythema nodosum occurs in various fungal infections, both cutaneous and

systemic, and that opportunist mycotic infections might develop in patients under prolonged treatment with antibiotics and corticosteroids.

This interchange of experiences and insights between leprologists and those working in related fields can do nothing but good. Each side can learn from the other as they discuss common problems. To adapt a phrase of George Bernard Shaw's referring to the American and English people as "separated by a common language", we must confess that leprologists have been separated from phthisiologists by a common interest in a different but related mycobacteriosis. Leprosy has certainly been indebted—in microbiology, pathology, therapy, and immunology—to tuberculosis, and now may begin to repay the debt by providing vast opportunities for research, to the lasting benefit of those suffering from either disease.

MORE ABOUT THE ARMADILLO

Dr Eleanor E. Storrs gave a report to the Congress on her research in Louisiana on the production of leprosy in the armadillo. This animal is proving of especial value: it has a low body temperature and a long life-span, and it produces litters of 4 identical young. The number of animals inoculated with *Myco. leprae* in the soft skin of the abdomen and ears has now reached 58, of which 23 show signs of leprosy, 6 of them with disseminated disease. One animal, inoculated with material obtained from the mouse footpad, is showing generalized lepromatous disease, and experiments are in progress for transferring bacilliferous material from one armadillo to another.

Dr Storrs projected some very convincing histopathological slides showing highly bacilliferous tissue and giant globi filled with acid-fast organisms. In certain respects, notwithstanding these resemblances to human disease, the pathological picture showed some interesting divergences. For instance, cellular infiltration in the nerve tissue was less dense, and the concentration of bacilli less intense, than in human disease. In the liver, on the other hand, bacilli were present in great numbers, and massive destruction of liver cells was obvious; the meninges were heavily infected; and in the lungs, consolidation of the tissues with a pneumonia-like exudate was a feature.

Perhaps the most important immediate dividend of this research has been the availability of some 243 g of highly bacilliferous lepromatous material (containing 10×10^{10} organisms per g) from two animals. This vast quantity will allow biochemical and other analyses of *Myco. leprae*—a procedure hitherto impossible.

The essential factors most probably determining the suitability of the armadillo are its low body temperature and some, as yet undetermined, immune mechanism. Dr Storrs pointed out that a disseminated infection resembling human lepromatous leprosy has been noted within a period as short as 10 months after inoculation.

Since some 40% of animals inoculated have so far responded by developing a disseminated mycobacteriosis, and since lepromatous leprosy in the armadillo is a fatal disease, it is interesting to speculate that leprosy might have proved to be the world's most serious disease had the human immunological climate been more propitious to *Myco. leprae* than it actually is.