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News and Notes

HANSEN'S CENTENARY–COMMEMORATIVE POSTAGE STAMPS

Several countries will be issuing, during 1973, special commemorative postage stamps to mark the centenary of Armauer Hansen's discovery of *Mycobacterium leprae* and his associating the rod-shaped organisms with the human disease.

Norway and Argentina were the first to announce the issue of such stamps. Among other countries which have now decided to do so are France, Burundi, Cameroun, Chad, India, The Ivory Coast, Niger, Laos, and Peru. The Order of Malta will also be issuing a special stamp.

DAMIEN-DUTTON AWARD 1972

Leprosy Review extends its congratulations to Dr Patricia Smith of Seattle, Washington, U.S.A., on receiving the Damien-Dutton Award for the year 1972. The presentation was made to Dr Smith by the Rev. John G. Furniss, the President of the Damien-Dutton Society. Dr Smith has been working among leprosy sufferers in the primitive tribes living in the highlands of South Vietnam.

BELGIAN KING AND QUEEN VISIT A L E R T

The well-known interest of Their Majesties King Baudouin and Queen Fabiola of Belgium in social questions, including leprosy, was demonstrated in November 1972, when they made an extensive tour of the installations at the Princess Zenebe Work Hospital, Addis Ababa, now available for the All-Africa Leprosy and Rehabilitation Training Centre (A L E R T).

Two nursing sisters, Andrée de Jongh and Thérèse de Wael, who are together responsible for the "Gate Clinic", and Dr J. Cap—all Belgian nationals—play a prominent part in the service and teaching commitments of the Centre. King Baudouin announced a generous grant from the Belgian Government, and *Les Amis du Père Damien* also presented a much-appreciated gift.

A L E R T–POSTGRADUATE COURSE

Twenty-one doctors, 2 directors of national leprosy control programmes, and a volunteer educational training assistant registered for the postgraduate course organized by A L E R T and held from 3 to 27 October, 1972.

Countries of origin and basic training (one representative from each country unless otherwise indicated) were Austria, Denmark, Ghana, Holland, India (2), Ireland, Italy, Libya, Norway, Pakistan, Philippines, Poland, Spain, Sudan,

Fig. 1. King Baudouin of the Belgians and Queen Fabiola during their visit to A L E R T. Photograph by courtesy of Tegegn Gebre.

Tanzania, United States of America (3), and West Germany (4). Following their study at A L E R T , these participants are assuming, or returning to, their leprosy service assignments in Ethiopia (6, including 4 on temporary assignment at A L E R T), Ghana, India, Libya, Nepal, Nigeria, Pakistan, Sierra Leone (2), Sudan, Tanzania (2), Trinidad, Uganda (2), United States of America, Upper Volta, and Zaire. One participant returned to Austria for further study.

Course Treatment

The course content included lectures, profusely augmented by lantern slides and other visual aids, extensive out-patient clinic demonstrations, hospital ward rounds as well as demonstration sessions in the physical therapy department, orthopaedic workshop, and occupational and health education departments; there were also field trips to rural school clinics and rural leprosy control stations.

SEMINAR ON TROPICAL MEDICINE— SEOUL, KOREA

The 12th South-east Asian Regional Seminar on Tropical Medicine and Public Health and the 4th Seminar on Tropical Medicine, Seoul, will be held in Seoul, Korea, from 29 May to 2 June, 1973. The seminar will be divided into five main groups as follows: Biology, Immunology and Epidemiology, Treatment, Immunodiagnosis of helminth diseases in the laboratory and in the field, and a Laboratory Demonstration.

In the section on "Treatment", opportunity will be afforded for contributions on the treatment of bacterial infections, including leprosy. The time allotted for individual presentations is 15 minutes, to be followed by 5 to 10 minutes of

discussion. Abstracts should be in the hands of the Chairman of the Organizing Committee, Professor Chin-Thack Soh, before 31 March, 1973. His address is:

Institute of Tropical Medicine,
Yonsei University,
International P.O. Box 1010,
Seoul, Korea.

CELLULAR IMMUNITY–SEMINAR IN ETHIOPIA

A seminar on "Cellular Immunity and resistance to leishmaniasis, leprosy and tuberculosis" was held in Addis Ababa, Ethiopia, from 25 to 30 September, 1972. It was financed by the World Health Organization, the Wellcome Trust of Britain, the Norwegian Agency for International Development, and the Norwegian and Swedish Save the Children Organizations, and the arrangements were made by the Armauer Hansen Research Institute (AHRI), which is affiliated to A L E R T (All-Africa Leprosy and Rehabilitation Training Centre).

A total of 42 delegates from 7 African countries and 3 from Europe took part; all were medical doctors or students, or research experts.

The guest consultants were: Dr D. C. Dumonde from the Mathilda and Terrance Kennedy Institute of Rheumatology, London; Prof. Morten Harboe from the Institute for Experimental Medical Research, Oslo; Dr G. B. Mackaness from the Trudeau Institute, Saranae Lake, U.S.A.; Dr R. J. W. Rees from the National Institute for Medical Research, London; and Prof. J. L. Turk from the Royal College of Surgeons, London. Prof. R. S. Bray, of the Wellcome Parasitology Unit in Addis Ababa and the staff of AHRI–Dr T. Godal its Director, Dr B. Myrvang, and Dr Dorothy Samuel–also presented papers. The seminar studied recent findings in immunological research, especially those emanating from projects in Africa itself.

In the words of Professor Morten Harboe, "this seminar is another step forward in bringing African research centres closer to their advanced counterparts in other countries".

MEXICAN SOCIETY OF LEPROSY

The 8th Annual Meetings of the Mexican Society of Leprosy were held from 13 to 15 September, 1972, at Mazatlán, Sinaloa, Mexico. A happy variety of papers presented laboratory findings, reports on control measures, and a review of the leprosy endemic in Mexico over the past 12 years.

The President of the Society is Dr M. M. Ramírez (Julián de los Reyes No. 315, San Louis Potosi, S.L.P., Mexico). The next annual meetings will take place in Leon, Guanajuato, from 29 to 31 August, 1973.

EDUCATING THE EDUCATORS

Leprosy is often the poor "country cousin" in medical curricula, even in schools set in the midst of highly endemic areas. Five serious obstacles to any innovation in teaching programmes were listed by Dr John Bryant at the recent World Conference on Medical Education held in Copenhagen in September, 1972. (His book, *Health and the Developing World,* was the subject of a review in a previous issue of *Leprosy Review* (1971) **42**, 224-5).

Among these obstacles Dr Bryant mentioned the following: innate conservatism; bureaucracy; the complexity of present curricula; lack of available resources; and the paucity of models on which suggested changes could be based. Perhaps the time is propitious to medical students and graduates for attempting to introduce leprosy as a clinical and pathological entity of great importance and increasing interest.

LEPROSY IN THE SOUTH PACIFIC

As in most areas of the world, the exact prevalence and distribution of leprosy in the islands of the South Pacific are unknown. Little indication is provided by either the numbers of self-reported cases or the numbers of crippled ex-patients. The total number of patients registered in all the Islands would be about 9000, of whom about 4300 are at present receiving treatment. The real total of leprosy sufferers, however, might well be as high as 33,000, to judge from limited population surveys, the advanced clinical state of self-reporting patients, and the lack of complete medical coverage of areas where leprosy constitutes a real public health problem.

The largest island, Fiji, with its total population of about half-a-million people, has under treatment about half the estimated total of 1400 sufferers, but systematic case-finding and determined contact examinations would almost certainly bring to light many patients whose leprosy is unsuspected by both themselves and their families. While the suggested over-all prevalence rate of 10 per 1000 is certainly too low, in some island groups (for example, Western Samoa, Tonga, and New Caledonia), a regrettably low proportion of the estimated total number of sufferers is receiving treatment. That the situation has international repercussions is to be deduced from the fact that Island immigrants into New Zealand—particularly from the Cook Islands, Samoa, and the Gilbert and Ellice Islands—account for an average of about 4 new cases of leprosy per year in Auckland, which now has the greatest Polynesian concentration in the world.

In Fiji, the Tuomey Memorial Hospital undertakes the care of in-patients from the island itself, and beyond. The hospital was erected with funds supplied equally by the Leper Trust Board, the Government of Fiji and the British Government. It replaced the historic Mopagai/Mokonai Leprosy Institution. The difficulties of diagnosis, treatment, and control in the islands indicate that some modification in modern concepts of domiciliary care should be evolved to cope with the need of a few leprosy patients in small villages separated by long distances of sea.

LEPROSY IN THAILAND

On the advice of the WHO Consultant based in Bangkok, the Thailand Government has completed a programme of leprosy case-finding and treatment in 43 of the 71 Provinces. In a total of nearly 25 million people examined (representing a 68 % coverage of the population), over 88,000 cases of leprosy were detected. During the past 17 years over 49,000 of these patients have received sufficient treatment to be released from control.

The Thai Department of Health now wishes to rapidly extend the leprosy programme to the remaining Provinces, but cannot do so because of the shortage of trained medical and paramedical staff. Partly for this reason, and partly

because it is theoretically desirable, a policy of integration of the leprosy programme into the general health services has been adopted. To this end, short "orientation courses" have in 1971 been given to 2300 auxiliary health workers in 21 Provinces, and a seminar was organized to bring together leprosy workers in both voluntary agencies and government. The omens appear propitious for continued collaboration in the leprosy campaign.

Government plans at present look forward to the extension of the integrated leprosy programme into a further 28 Provinces in the next 4 years, enlisting the co-operation of existing voluntary-agency hospitals. At the same time, the leprosy service already in operation in 43 Provinces will be intensified. The methodology of both operations is that approved by WHO. It is expected officially that the number of leprosy patients under treatment might reach 120,000 by 1976, occurring in a population of over 33 million, and that the number of patients released from control might well, by that time, reach over 65,000.

The bottleneck in this ambitious plan is trained staff, and no special budgetary provision has been made for training staff beyond the ordinary rhythm. It would appear that valuable and strategic help could be afforded by voluntary agencies providing financial help for training staff for the leprosy programme. Doctors are needed, and also senior auxiliary staff.

A further report on possible government budgetary provision for this purpose, and the precise size of the help requested of voluntary agencies, has been requested.

LEPROSY IN AUSTRALIA, 1971-72

The Annual Report of the Director-General of Health of the Commonwealth of Australia shows that 32 cases of leprosy were notified during the year 1971-72, as against an average of 67 for each of the 4 preceding years. Western Australia and the Northern Territory each accounted for 13 cases; there were 4 cases in Queensland, one in Victoria, and one in South Australia.

The Report discloses that rehabilitation and training of Aborigines in paramedical work were the main emphases during the year. The Leprosy Service now has a full-time physiotherapist.

The great majority of patients under medical care are not suffering from active, contagious disease. Instances of suspected relapse are fully investigated.

The School of Public Health and Tropical Medicine in Sydney continues its study of the efficacy of BCG vaccination in the Karimui Valley, Papua, and New Guinea. A further study on the use of Acedapsone (DADDS) confirms the earlier good reports, but 2 cases of suspected drug resistance have been detected.

LEPROSY IN KOREA

The Korean Leprosy Association held its 16th Annual Meeting on 26 and 27 October, 1972, in the commodious premises of the World Mission Centre in Seoul. Several guests from outside Korea attended: namely, Dr J. Rodriguez (Vice-President of the International Leprosy Association, from the Philippines), Dr F. Noussitou (World Health Organization Consultant to the Government of Korea), Prof. Masahiro Nakamura (Chairman of the Department of Microbiology,

Kanuma University School of Medicine, Japan), and Dr S. G. Browne (Secretary-Treasurer of the International Leprosy Association).

Under the vigorous Chairmanship of Prof. Lew Joon, Professor of Microbiology in the University of Seoul and for many years a leader in the struggle against leprosy in Korea, the Conference took the novel form of a short introductory talk on various chosen aspects of leprosy, followed by commentary and discussion. Dr Browne led a discussion on treatment, Dr Rodriguez spoke of non-lepromatous forms of leprosy in epidemiology, while Prof. Nakamura shared with the participants his recent work on the cultivation of *Myco. lepraemurium* in artificial media.

In the light of the leprosy situation in Korea and the low prevalence rates found in the few pilot surveys done, it was considered that far more emphasis should be given to education. Most people equate leprosy with advanced deformity, and hence early leprosy is unrecognized. The accepted estimate of 70,000 leprosy patients in a population of 25 million must be viewed in the light of these findings. The Korean Leprosy Association works closely with the various voluntary organizations, both indigenous and expatriate.

THE KOREAN RESETTLEMENT VILLAGES

During the meetings reported above, Dr Youn K. Cha, President of the Korean Leprosy Association and Director of the Korean Institute for Family Planning, gave a most interesting and informative paper on the Resettlement Villages which have recently become a feature of the leprosy programme in Korea. On the suggestion of Prof. Lew Joon, these villages were created in an attempt to tackle the social problems of a considerable population that had lived for years in the government-sponsored and Government-financed settlements. Many of these patients were no longer suffering from active disease, but repeated attempts to get them accepted by their families and villages had proved unsuccessful.

With grants from the central Government over 12,000 of these ex-patients, most of them with some physical deformity—often obvious and stigmatizing—had been transferred to areas of unoccupied but fertile land and had there constituted "Resettlement Villages". There are at present some 78 of these villages, and their population has increased to 24,420 souls in the past 10 years.

Dr Cha considered that the experiment had proved very successful. The people had a strong motivation to work, and self-support had in most cases been already achieved. In fact, many of these villages are now regarded as "rich" by the neighbouring communities. They are able to sell farm produce through the usual channels. He emphasized that medical rehabilitation should continue while the patients lived in the villages, and medical supervision and facilities should be provided.

A recent development is that patients who are still under treatment for multibacillary forms of leprosy have, on their own volition and at their own request, been admitted directly to such villages, without causing any disruption or antagonism.

Dr Cha thought that patients in these villages should qualify for social allocations and other financial benefits as if they lived in ordinary communities. Family planning advice should be made available to them on the same grounds, in the light of the fact that 60 % of the total village population is now in the

category of dependants, mostly children. (Vasectomy, which was first offered to leprosy patients, is now generally accepted by the non-leprous population as a means of family limitation.) He recommended that Government loans should be made available for the inhabitants of these villages so that they may develop to the full their economic potential.

One indication of the power of the past is that the children of ex-leprosy patients are not yet accepted in ordinary schools. The speaker advocated persistent educational propaganda to remedy this state of affairs, and the award of Government grants to promising students in the Resettlement Village Schools.

While the programme of Resettlement Villages was really a temporary expedient to meet a specific social problem within the context of a deep fear of leprosy, the undoubted success of the scheme should go far to help rehabilitate present sufferers from the social stigma of leprosy.

INDIAN ASSOCIATION OF LEPROLOGISTS: SEMINAR ON LEPROSY

On 28 and 29 October, 1972, the Indian Association of Leprologists conducted a week-end seminar on leprosy at the Gandhi Memorial Leprosy Foundation, Wardha. The theme of the seminar, "The critical assessment of leprosy control, with special reference to early diagnosis, management, case-holding, and criteria for discharge of patients from control", involved many matters of practical importance, and attracted a large and representative attendance of leprosy workers.

The National Leprosy Control Programme in India, which has been in operation for the past 15 years, has faced the special difficulties inherent in a very severe prejudice against leprosy. The mood of the seminar was established in its first session by Dr Kapoor, Special Leprosy Officer, Maharashtra State, when, in reviewing progress during the past 17 years in this advanced State, he concluded that while the programme has helped large numbers of patients, protected an equally large number of people against leprosy, and helped to promote understanding of the leprosy problem and the study of its epidemiology, no evidence is forthcoming that the disease is being controlled. This statement put into words an anxiety that was shared by those present.

The seminar was concerned first with the need to evaluate objectively the National Leprosy Control Programme and examine its successes and its failures. The principles that should govern such an evaluation have been laid down by the Government of India, but they have not yet been applied. The seminar addressed a memorandum to the Government urging the speedy implementation of these principles and offering the services of the Indian Association of Leprologists to this end.

Other papers presented at the seminar were concerned with ways and means to improve the technical side of the leprosy control programme. Throughout the territories so far covered, the lynchpin of the programme is the paramedical worker. Large numbers of such workers, supervized by relatively few medical officers, provide the setting to which the technical aspects of leprosy control have to be related and their limits determined. Absenteeism from treatment—a widespread and difficult problem in the cultural and economic situation of rural India—was analyzed by Dr Ekambaram, who made some useful suggestions.

"Action is based on knowledge" was the theme of Dr Nilakanta Rao in stressing the importance of health education among all concerned.

A series of papers discussed the problems of early detection and diagnosis in field conditions, dealing with such subjects as: the better training of personnel; the problem of masked lepromatous leprosy; the need for more thorough clinical examinations and recording and follow-up of all doubtful cases and contacts; more widespread and careful bacteriological examinations; and lastly, the co-operation of dermatologists and neurologists.

Suggestions for the future planning and organization of a control unit to incorporate a base hospital, were made by Prof. Antia and Drs Noordeen and Macaden. Problems of discharge, relapse, and drug resistance were the subjects of papers by Drs Parikh, Ramu, and Job; surgical aspects were dealt with by Drs Selvapandian and Gangadhar Sharma.

A fascinating analysis of leprosy among school-children in Greater Bombay by Dr Ganapathy repeated the principal preoccupation of the seminar with those factors in the transmission of leprosy that are not yet fully appreciated or covered by existing leprosy control measures. The presence of Dr Sushila Nayar as an honoured guest, the benign Presidency of Dr Job, and the perfect hospitality of Dr Nilakanta Rao and his staff made the seminar a memorable occasion.

LEPROSY SEMINAR IN FIJI

For some years the Leper Trust Board of New Zealand (Christchurch) has been actively concerned with the leprosy problem in the islands of the South Pacific, and has annually raised considerable funds for the support of Mission- or Government-sponsored activities related directly or indirectly to the treatment of leprosy. The Board broke new ground recently by generously financing the expenses for travel (by air, necessarily) and hotel accommodation of about a score of medical officers from 9 of the Islands to enable them to attend a 2-day seminar on leprosy conducted by Dr Stanley Browne. In addition, final-year medical students from the Fijian School of Medicine, local doctors and doctors from New Zealand and Australia brought the total number of participants to about 50. The Secretary for Health, Dr E. M. Salato, opened the Seminar at the invitation of the Dean of the Medical School, Dr T. G. Hawley.

For some of the participants, this seminar was their first systematic acquaintance with leprosy as a diagnosable and treatable disease. A clinical demonstration at the nearby Tuomey Memorial Hospital was arranged by Dr E. Karuru, its Medical Superintendent, and gave the opportunity to demonstrate the varied presentations of the disease and the problems of differential diagnosis.

In view of the lack of knowledge of the precise prevalence of leprosy in the Islands, the probable wide range of prevalence rates, the back-log of serious deformity, and the ignorance and prejudice concerning the disease, a more determined effort should be made both to ascertain the dimensions of the problem and to take steps to integrate leprosy as far as possible into the rather rudimentary health services at present available in the widely scattered island communities.

LEPROSY PROJECT FOR INDONESIA

The Danish Save the Children Organization has just concluded an Agreement with the Indonesian Government for a leprosy programme for the Maluku Islands,

Soluwesi, based on Macassar. The Agreement will run for 4 years (i.e. till the end of 1976).

With the technical guidance of the World Health Organization which will make available to the Project the services of a full-time leprologist, a leprosy control programme will be established in the area, consonant with the Government "Master Plan of Operation for strengthening the National Health Services". It will not only provide facilities for the diagnosis and treatment of leprosy, but will organize in-service training courses for Indonesian doctors and paramedical staff.

The actual plan of operation will be drawn up after full study and consultations between the Government, the WHO, and the Danish Organization. The total cost to be borne by the last named–excluding salaries, etc. for the expatriate staff–is limited to $500,000 spread over the 4-years' term of the Agreement. Salaries will probably amount to about $300,000.

The hope was expressed that German, Italian, and Dutch Member-Associations of ELEP might wish to share in the financial implications of the Project. For administrative reasons, the Danish Save the Children Organization has assumed prime responsibility for initiating and organizing the Project, but the other Scandinavian countries have signified their readiness to participate in the cost. Member-Associations of ELEP that have taken a much-appreciated share in the Pogiri and Aska Projects in India (now administered by the Indian Government) may wish to have a similar interest in the present Project in Indonesia. By mid-1973 a Dutch leprologist, at present engaged as WHO consultant in Burma, will be available for Indonesia.