

News and Notes

TENTH INTERNATIONAL LEPROSY CONGRESS BERGEN, 1973

To judge from the number of participants, the number and quality of the papers given, and the importance and significance of the progress reported, the Tenth International Leprosy Congress must be regarded as the most successful yet. It was a happy thought that prompted the Norwegian Government to invite the International Leprosy Association to hold its Tenth Congress in Bergen to coincide with the centenary of Hansen's discovery of the causative organism of leprosy.

His Majesty King Olav V took a warm personal interest in the Congress, gracing with his presence both the Opening Ceremony and the subsequent gathering at which fitting homage was paid to Hansen and floral tributes laid at his bust.

Eight small committees, each dealing with recent advances in different aspects of leprosy, had been at work by correspondence during many months preceding the Congress, and in Bergen itself for several days before the Congress. Their reports represent a consensus view of groups of experts. Concurrent sessions were held, at which simultaneous translation in English, French and Spanish was provided.

The number of participants exceeded all previous records. Leprosy is indeed proving a fascinating disease to the microbiologists and the immunologists, as the wealth of new work presented in the relevant sessions demonstrated. Member-Organizations of ELEP were well represented, both by leading officials and by sponsored participants from aided leprosy projects in many lands. The Association of French-speaking Leprologists held a meeting during the Congress.

The General Meeting of Members of the International Leprosy Association decided that the 11th Congress should be held in Mexico City five years hence, that is, in the autumn of 1978. Full announcement concerning the exact dates and all other relevant information will be published in *Leprosy Review* as soon as it becomes available. Dr J. Convit was elected as President of the Association for a further 5 years, and Dr S. G. Browne was asked to continue as Secretary-General.

TROPICAL DOCTOR

Each of the 3 (quarterly) issues of *Tropical Doctor* already published this year as part of Volume 3 contains matters of interest to readers of *Leprosy Review*.

No. 1 devoted no fewer than 25 pages to a symposium on leprosy, with articles on recognition and on management (both by S. G. Browne), on the treatment of leprosy and its acute complications (W. H. Jopling), the microscope and leprosy (D. J. Harman), blindness (D. P. Choyce), and surgical management (E. P. Fritschi).

A further article, on drugs for leprosy (by R. J. W. Rees), appeared in the next number, and two articles provoked by the symposium ("Leprosy—an alternative viewpoint", by C. L. Crawford, and "Management of Neuritis in Leprosy", by R. E. Pfaltzgraff), together with an Editorial entitled "Leprosy—a complementary contribution" were published in No. 3. The Editorial concluded with the words "let the debate continue". It may be that future issues of *Tropical Doctor* will contain further informative and stimulating articles on leprosy.

Tropical Doctor has firmly established itself as required reading for anyone concerned with the health problems of tropical countries. The articles are all commissioned, and are written by experts with first-hand knowledge of the real need of doctors working far from medical centres replete with investigative gadgetry and consultant skills.

We commend this publication to readers of *Leprosy Review*. Orders may be sent to: *Tropical Doctor*, International Relations Office, The Royal Society of Medicine, 2 Queen Anne Street, London W1M 0BR, England. The subscription rate is £4 stg. (or U.S. \$10) *per annum*.

DAMIEN-DUTTON AWARD GOES TO DR J. CONVIT

During the closing ceremony of the Tenth International Leprosy Congress in Bergen, Mr Howard E. Crouch (Founder-Director of the Damien-Dutton Society) presented the 1973 award to Dr J. Convit, the President of the International Leprosy Association, for his outstanding work in directing the leprosy control programme in Venezuela. *Leprosy Review* adds its sincere congratulations to those that Dr Convit has already received from many quarters.

ALERT—RURAL AREA SUPERVISORS' COURSE, 1973

ALERT continues to provide much-appreciated courses for many different grades of medical workers, ranging from the high-powered specialists in immunopathology to the humble medical auxiliary involved in the leprosy programme in Ethiopia itself.

Perhaps one of the most difficult courses to organize and carry through is that devoted to "teaching the teachers", the rural area supervisors' course. Previous systematic training and experience, and ability to profit from instruction given in English both vary within a wide range. Of the 28 students who remained throughout the 4 months of the course, 19 came from 10 African countries, and 9 were from 9 different countries outside the continent, only 4 of whom spoke English as their mother tongue.

Profiting from previous experience in organizing such courses, the staff of ALERT this time paid particular attention to the specific needs of practice in the rural areas, with emphasis on the quality and appropriateness of programmes, and supervision of trainees during the course.

A large part of the continually extending effectiveness of such courses lies in the preliminary screening of applicants, preference being given to those who will have teaching responsibility on their return home. It was found that certain desiderata were important: these are (1) previous experience (5 or 6 years) of practical and paramedical work; (2) a real desire to profit from the course, and subsequently to serve with dedication; and (3) the ability to understand and learn

through the medium of English. It was found to be better to have few instructors (each giving more time to the course), and to emphasize the skills and requirements of the actual work the area supervisors will be doing in their respective countries.

Future courses will incorporate lessons learned from participant-evaluation reports and observations by the staff on the practical tasks undertaken by the trainees.

WHO—LEPROSY PUBLICITY

As part of its 25th Anniversary publicity, the World Health Organization (WHO) is producing a series of press releases on major public health problems. Under the heading "Isolation unnecessary", an attractive and readable duplicated "hand-out" giving "25 facts about leprosy" has been prepared.

Nothing but good can come from this effort to get leprosy published in non-specialist journals and discussed at all levels of society. Leprosy is indeed one of the "major public health problems" in over 70 countries, principally in the developing part of the world. As the 25th fact declares: "activities with which WHO has been already concerned have succeeded in taking leprosy and the leprosy patient out of isolation, a situation that had lasted for many centuries. However, much remains to be done and WHO continues to search for better tools against this disease."

NEWS FROM ZAÏRE

Leprosy is said to be on the increase in the two Kasai Provinces of the Republic of Zaïre, there being no concerted effort at case-finding and control. At the Good Shepherd Hospital, Tshikaji, near Kananga, financed by the American Leprosy Missions, Inc., a rehabilitation wing is being built. Here patients whose disabilities are due to leprosy or other causes will be able to receive skilled help and treatment. In an integrated teaching and demonstration programme, leprosy treatment and control will form part of the wide-ranging public health programme consisting of medical services, the training of auxiliary workers, health education, research, and rehabilitation.

IRAN—AN INTERESTING EXPERIMENT

Five years ago Bekhadeh was a desert and deserted wastes extending over 100,000 acres (about 40,500 ha) some 60 miles (96 km) to the north of Bojnourd, not far from the border of the U.S.S.R. It was also a dream in the mind of His Excellency Dr A. H. Radji, the moving spirit behind the *Association d'Assistance aux Lépreux*.

Now, with the financial and technical backing of the French *Compagnie Internationale de Développement*, the desert of Bekhadeh is blossoming as the rose. Over 300 former leprosy patients from the sanatoria at Mashhad and Tabriz, many with their families, have been settled there. Water has been found and tapped. Valleys have been irrigated and planted with cereals, cash-crops, fruit-trees, and grape-vines. Fertilizers, tractors, selected seed, scientific farming methods, sheep farming, bees—together with expert advice, enthusiasm, and sheer hardwork—are transforming the wilderness. A small hospital (a gift of the German

Leprosy Relief Association, D.A.H.W.), a school, cinema, garage and workshops, and a stocking-knitting factory ensure interest and employment in a land where the stigma of leprosy is still a reality. Prejudice is being broken down as merchants and farmers see the quality of the crops, and as astute villagers see the advantage of marrying their daughters into this thriving community. Once a project declares its economic viability, it is taken over by a co-operative of the former patients.

Within its strictly limited aims, Bekhadeh may be regarded as a successful experiment in resettling former leprosy patients who cannot return to their homes or resume their former occupations. "*C'est magnifique, mais ce n'est pas la guerre*" against leprosy.

The leprosy problem in Iran was recently studied by Dr S. G. Browne, at the invitation of the Iranian Association. In addition to visiting the sanatoria at Mashhad and Tabriz, he inspected Bekhadeh, and lectured in the main university centres in Iran, emphasizing the need for early diagnosis, domiciliary treatment, and the examination of contacts of leprosy patients.

MYCOBACTERIUM ULCERANS

A working conference, with time for discussion, brought together interested experts for two days in July, 1973, at the Middlesex Hospital in London. Thanks to the support of the National Fund for Research into Crippling Diseases, several participants were able to travel from the U.S.A. and from various countries in Europe.

Mycobacterium ulcerans is of importance to those working in leprosy, not because the lesions it causes raise practical problems of differential diagnosis for the clinician, but rather because the organism itself has a special predilection for the dermis, and because its mode of transmission and transcutaneous implantation, when eventually worked out, may shed light on leprosy.

Now reported from more than a dozen tropical countries, in an environment characterized by certain types of traumatizing grasses growing in swampy ground near rivers or lakes, the chronic undermined ulcers have a peculiar epidemiological pattern that is becoming clearer as data accumulate from refugee camps in Uganda. Problems of pathology, immunology, skin sensitization and treatment were discussed. Links with swimming-bath granulomata, and tropical fish-tank granulomata were suggested, and indolent skin lesions caused by *Mycobacterium tuberculosis*—now a rarity in the West—rounded off the clinical picture.

THIRD INTERNATIONAL COLLOQUIUM ON THE MYCOBACTERIA— "THE GENUS MYCOBACTERIUM"

This very successful Colloquium, held at the Institut de Médecine Tropicale in Antwerp from 1 to 3 December, 1972, attracted a large number of workers from several Western countries. Since international congresses dealing with leprosy and tuberculosis will be held during 1973, the causative organisms of these diseases and also *Mycobacterium lepraemurium* were excluded from consideration at the Antwerp meeting.

To judge from the new work reported, and the novel investigative techniques now employed in the isolation, identification and culture of the very numerous mycobacteria at present known, this field shows a healthy activity in many respects. Interested readers will find the papers given at the Colloquium (mainly

in English and French, but also in German) published in the *Annales de la Société Belge de Médecine Tropicale*, 1973, 53(4).

MANGHOPIR HOSPITAL GETS MEDICINES FROM AUSTRIA

The Red Cross Society of Austria has recently presented, through the Austrian Ambassador to Pakistan, a gift of medicines valued at about Rs. 30,000 to the Leprosy Hospital at Manghopir, near Karachi, where excellent reconstructive surgery for leprosy patients has been done.

OUT-PATIENT TREATMENT IN OKINAWA

Dr Kazuo Saikawa, who was formerly medical director of the Taiwan Leprosy Relief Association and a World Health Organization Consultant in leprosy, announces that the Japanese Government has given official approval—and that for the first time—of a programme of out-patient treatment for people suffering from leprosy in Okinawa. Compulsory segregation is no longer enforced in Japan itself, but even so about 90% of leprosy sufferers are in institutions.

Dr Saikawa has inaugurated training courses in Okinawa for all nurses engaged in public health and in primary schools. So far, about 1000 leprosy patients are under treatment through the domiciliary programme of “skin clinics”, and about the same number are in-patients in the two leprosaria in the Ryuku Islands.

PROGRESS IN VENEZUELA

An International Centre for Training and Research in Leprosy and Related Diseases was officially inaugurated in Caracas, Venezuela, in June, 1973. Dr J. Convit, President of the International Leprosy Association and Head of the National Institute of Dermatology in Caracas, is the Director of the new Centre. Among the main objects of the Centre is the encouragement of greater uniformity and effectiveness in control methods throughout the hemisphere.