*Lepr. Rev.* (1974) **45**, 74-77

# News and Notes

## LEPROSY RESEARCH IN OXFORD

Delegates at the recent Congress in Bergen must surely have been heartened to see evidence of continued efforts in leprosy research from Professor A. G. M. Weddell's group in the Department of Human Anatomy, Oxford. This work started over 10 years ago in cooperation with the National Institute for Medical Research in London, when Dr R. J. W. Rees began sending tissues for histopathological examination, with particular reference to the mechanism of nerve damage in leprosy. Tissues from the NIMR itself have come mainly from the mouse model, but the work has expanded to include a wide range of human biopsy material from the Leprosy Research Unit of the Medical Research Council in Sungei Buloh, Malaysia. Numerous publications pay testimony to the value of the mouse model in leprosy research, to useful parallels between the pathology in man and mouse, and to the special place of the mouse in experimental work on drug metabolism, dapsone resistance, BCG, bacillary viability and immunology.

In recent years the work of Dr Elizabeth Palmer and D. G. Jamison has been carried on by Drs Rosa Edwards (microbiologist), Janny Boddingius (electron microscopist) and Colin McDougall (clinician). In association with Professor Weddell their main interests are now (1) the mechanism of nerve damage in leprosy, with special reference to the integrity of the perineurium and its permeability; (2) the ultra-structure of the leprosy bacillus in the treated and untreated patient, the effect of anti-leprosy drugs on the morphology of the bacillus, and the patterns of phagosomes and lysosomes which occur at different stages of lepromatous disease; (3) the physicochemical penetration of anti-leprosy drugs into mammalian peripheral nerves; (4) the histopathological and bacillary changes, as seen on light microscopy, in skin, nerve, muscle and scrotum following various drug regimes; and (5) the histopathology of lepromatous leprosy in the nose.

The opening of an Annexe by Dr R. G. Cochrane on 11 August 1970, made available 6 beds for the admission of leprosy patients at the Slade Hospital in Oxford. Although the total is small, some highly bacilliferous patients have been admitted during the past 3 years for diagnosis, classification and treatment; in the course of this basic service to the patient and referring physician, biopsies have been taken for light- and electron-microscopy, studies have been carried out on the excretion of bacilli from the lepromatous nose, and valuable information obtained on the clinical and histopathological response to drugs, particularly Rifampicin.

The Oxford research workers wish to record their sincere thanks to LEPRA for continuing financial help with salaries and scientific equipment.

## HIND KUSHT NIVARAN SANGH—ANNUAL REPORT FOR 1972

The Annual Report for 1972 of the Sangh is, as usual, interesting and informative. Although much of the Report covers routine activities, factual accounts of courses of training, the preparation of publicity material and the like, an imaginative reading between the lines provides some indication of the significant progress achieved over the years. In matters of health education, radio talks, the dissemination of literature and posters (in railway stations), and the special efforts for World Leprosy Day, the record for 1972 was well up to the standard set in previous years.

*Leprosy in India* is resuming publication under the Editorship of Dr Dharmendra after a regrettable lapse and irregular publication. Data on legislation on leprosy, deriving from the central Government and the states, are being collated and examined with a view to discovering lacunae and inconsistencies. The State Branches of the Sangh have shown commendable initiative and energy.

Much remains to be done in India if the considerable leprosy problem is to be tackled with hope of success. *Leprosy Review* sends to *Hind Kusht Nivaran Sangh* its congratulations and best wishes for the future.

## ELEP MEDICAL COMMISSION

At the meeting of the Medical Commission held in Brussels on 14 December 1973, reference was made to the death on 2 December of Dr L. P. Aujoulat, *ex-Ministre,* and a former Chairman of the Commission. Dr Aujoulat was perhaps the best-known and the best-loved French doctor in African francophone territories. His very extensive knowledge of public health problems in the tropics, based on a lifetime of intimate personal acquaintance with ordinary villagers and political leaders, was of recent years freely placed at the disposal of those concerned especially with leprosy.

More emphasis will in future be given to health education through World Leprosy Day, and the social aspects of leprosy will receive wider publicity. The need for regularity of treatment will be stressed in radio broadcasts in many countries.

The Medical Commission reviewed and assessed several applications for research grants, and evaluated the feasibility of a number of leprosy programmes in many countries. When it is remembered that about a third of leprosy patients receiving treatment are registered in programmes financed by Member-Organizations of ELEP, the responsibility of the Medical Commission in offering advice on these diverse schemes for leprosy treatment and control may be appreciated.

## TROPICAL MEDICINE CONGRESS, ATHENS

At the Ninth International Congress of Tropical Medicine and Malaria, held in Athens from 14 to 20 October 1973, one of the concurrent sessions was devoted to leprosy.

Papers were read by B. Myrvang (Immunological evaluation of the spectral concept of leprosy), A. Bryceson (Leishmaniasis as a model for leprosy), E. Heid (Comparative skin testing), and A. Theodoridis (Cryoglobulins). Cultivation studies were presented by D. G. Jamison and J. Delville, and the preliminary

results in a controlled rifampicin trial were reported by S. R. Pattyn. S. G. Browne (who was the organizer of the Leprosy Session) examined leprosy programmes within the framework of endemic disease control.

The first and last topics particularly evoked lively discussion, and the unorthodox but careful work of Delville on the demonstration of non-acid fast "stages" in a possible complex life-cycle of *Myco. leprae* stimulated much thoughtful comment. The suggestion of Myrvang and his colleagues, working at the Armauer Hansen Research Institute, Addis Ababa, that prolonged exposure to leprosy induces demonstrable changes in lymphocytes and macrophages was received with great interest.

Despite the increasing tempo of research into diseases afflicting people in the medico-geographical tropics, the deeper knowledge of pathogens and vectors, and the development of curative and preventive agents, the actual delivery of services to those in dire need of them appears to make little progress. As in leprosy, so in schistosomiasis, trypanosomiasis, the helminthiases, the rickettsioses and the other major diseases, the gap between the research laboratory and the rural populations of the developing countries is no narrower today than it was 20 years ago. It became apparent during the Congress that *non*-medical factors such as the motivation and conscience of medical workers (including research workers, students and auxiliaries), the inertia and conservatism of village communities, and the self-centred allocation of resources play a greater rôle in community health and sickness than the level of medical knowledge available.

## PAPUA NEW GUINEA MEDICAL JOURNAL—COMMEMORATIVE ISSUE

It was a happy thought to mark the Hansen Centenary by a Commemorative Issue of this *Journal* [16 (2)], and to invite well-known leprologists to add their contributions to those of local workers.

Clezy gives a useful historical study of "Hansen and his bacillus", Browne surveys the world scene in his "Leprosy today—a reappraisal". Local contributions come from Russell ("Leprosy in Papua New Guinea"), Clements and Ramsay ("Leprosy control: five years in the Southern Highlands"). Kerr writes on social factors and Kennedy on "Institutional care". Clezy follows with articles on Footdrop and Plantar ulcers, supplemented by a summary on Physiotherapy by Hamilton.

We are brought up to date with very useful contributions from Waters (Immunology), Shepard (Experimental chemotherapy), Ridley (Histopathology) and Rees (Experimental Leprosy). The rôle of voluntary agencies is emphasized by McKeown. Current medical practice in the specially difficult conditions obtaining in Papua New Guinea receives adequate mention.

Altogether, an excellent collection of articles that should stimulate interest in leprosy and raise the standards of care.

## "KUSHT" OR "LEPROSY"?

The (Indian) State Branches of the Hind Kusht Nivaran Sangh—the lineal descendant of BELRA, the British Empire Leprosy Relief Association in India—are being requested by the National Headquarters to consider a suggestion made by Lieut-General S. N. Chatterjee (Director-General of the Armed Forces Medical Services), that the Hindi word "Kusht" be omitted from the full and

official title of the Sangh. It is felt that the term, which is commonly used for leprosy in Hindi-speaking circles, is rather "repugnant" and that a substitute should be sought. The Tamil Nadu Branch suggests that a non-Hindi name for the Association has much to commend it, and suggests that the title should be "Indian Leprosy Association" and that the State Branches should be free to use a name in the regional language.

## HUMAN RIGHTS AND MEDICAL ADVANCES

A Round Table on the protection of human rights in the light of scientific and technological progress in biology and medicine was held in Geneva in November 1973, under the auspices of the Council for International Organizations of Medical Sciences (CIOMS). A panel of 32 distinguished scientists, theologians, philosophers and jurists opened the discussions on the chosen themes, and participation from the representatives of some of the 87 international scientific member-organizations was welcomed.

Some of the topics considered were only indirectly related to leprosy, such as the social implications of new genetic and medical techniques; the definition of death; euthanasia; abortion and sterilization; the use of food additives; and experiments in psychiatry. Others impinge upon leprosy in a very real way; for instance, the clinical testing of new drugs and procedures, and experimentation on human subjects. The ethical and moral implications of some of the new techniques, like amniocentesis and genetic engineering, were hotly discussed and debated.

The International Leprosy Association (which, incidentally, was elected to the Executive Committee of the CIOMS at the preceding business meeting) was represented at the Round Table by its Secretary-Treasurer, Dr S. G. Browne. He took the opportunity of putting in a plea for the rights of leprosy sufferers who in some countries are being by-passed by the medical and social services, and denied medical treatment, education, employment, privacy, and even freedom. When social, legal and sometimes ecclesiastical disabilities are hallowed by custom, enshrined in legislation and acquiesced in by the medical profession, groups of stigmatized individuals, obviously deformed or apparently healthy, are still suffering discrimination.

In the past, the Council of the Organization has convened Round Tables on such subjects as heart transplantation, drug abuse, and the training of research workers. It has developed into a kind of ethical watchdog or conscience for the medical sciences, and while retaining its links with WHO and UNESCO is able to maintain an independent and objective stance in regard to the moral aspects of medicine.

## PERSONAL

Dr J. MacB. C. Bisset, and Dr E. W. Price, both of whom have given many devoted years to the service of sufferers from leprosy, have been awarded the O.B.E. in the New Year Honours; Dr Bisset for services to the advancement of Leprosy control in Thailand, and Dr Price for services to leprosy control in Ethiopia. We offer to both our very sincere congratulations and best wishes.