

CHAIRMAN'S INTRODUCTION

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The Second International Leprosy Colloquium, Borstel

CONCEPT AND AIMS

As Chairman of this Second International Colloquium to be held in the Institut at Borstel, I would add my word of welcome to those just expressed by Professor Freerksen, and to wish all the participants a strenuous and satisfying meeting. We have come together from the four corners of the earth, to pool our knowledge, to debate and discuss our findings, and to stimulate further research on the chemotherapy of leprosy. In the words of the invitation sent to you over the names of Professor Freerksen and myself, the aims of this Colloquium are: "to compare the results of the relatively large number of studies recently made, to evaluate these studies, and to make recommendations and suggestions for future work".

I would stress that this is no tourist excursion to Hamburg; we have come here with the object of working together in order to thrash out some of the problems confronting us in the treatment of patients suffering from leprosy.

It may not be out of place, at this juncture, to indicate briefly the concept behind this Colloquium and the aims of the organizers.

Time was when the various branches of leprosy research could be embraced within the bounds of a single Congress, and when the "general practitioners" in leprosy could at least understand the great bulk of new findings and recent advances in the different fields. Not only so, but those actively pursuing the growing points in any one field could have more than a nodding acquaintance with, if not an intimate knowledge of, the general trends of such research. Now, such international congresses as the quinquennial meetings of the International Leprosy Association, however valuable as a forum where immunopathologists and microbiologists rub shoulders with reconstructive surgeons and epidemiologists, and where chemotherapy is discussed alongside the ophthalmological complications of leprosy, such congresses tend to become unwieldy and fragmented. This is especially noticeable when the needs and wishes of the majority of field workers have to be set in stark juxtaposition with the interesting and significant researches into, say, the serum immunoglobulins and the microbiology of the *Mycobacteriaceae*.

Hence the idea that a colloquium should be convened to follow up and amplify one of the most important subjects dealt with at Bergen last year. Any one of several possible subjects might have been chosen for such a colloquium, and interesting discussions would doubtless have ensued. However, to the patient suffering from leprosy, the overriding concern is to obtain an effective treatment that will "cure" him of his leprosy and prevent the sequelae that he so much dreads. To this end, the moving spirits in the Borstel Institute have invited individuals whose special knowledge and activities are related to the chemotherapy of leprosy. The catchment area might have been much wider, for in the last resort—to adapt Terence—nothing that is of

interest to the treatment of leprosy can be alien to our purpose. But the delimitations have been set, and the participants chosen.

You will have observed from the draft programme the grouped subjects that will serve as the basis for our deliberations. I need hardly remind you that our time is inexorably determined by the clock and the calendar. Everything need not be said; in such a meeting, much may be taken for granted—you know it already, or you would not have been invited. I would request you to be brief and to the point. We desire succinct reports of germane recent work, and a submission of personal findings to the independent arbitrament of objective scientific standards. Now that we have some yardsticks to measure the success of therapy, let us use them. And let us derive from our discussions some necessary deductions from the principles and methods already applied with success—deductions that will point the way to greater and more lasting success as we sympathetically view the patient infected with this unique micro-organism.

Just as *Myco. leprae* is no respecter of persons, of official decrees or of barbed wire, so our discussions will transcend national boundaries and partisan considerations. Some countries are faced with an intractable leprosy problem, well-nigh insurmountable at present; others have a plethora of highly skilled scientific investigators and financial resources beyond the dreams of Midas. The “haves” have an inescapable moral obligation—one compounded of economic components and scientific challenge—towards the “have-nots”, and to utilize all possible means to help rid the leprosy patient of his trouble and rid a third of the world’s peoples of the threatening spectre of leprosy.

We have purposely left out of consideration many facets of leprosy—not that these latter are unimportant, but simply because they are outside the purview of this meeting. In particular, I would mention the problems raised nowadays by the epidemiological discussions on transmission and susceptibility, and of the role of genetics and immunology in the patterns and persistence of leprosy in the countries where the disease presents a great and, indeed, a growing problem. However, I need hardly remind you that this knowledge—and this ignorance—will form the unexpressed basis of much of our debate during the next two days.

At the back of our thinking, too, must always lie the vexed question of prevention—of primary prevention by means of some enhancement or stimulation of the natural defences of the body, or the initiation of such mechanisms by modification of lymphocytic activity. Such discussions are outside the immediate scope of our meeting; they deserve a full and frank examination in the light of the discordant results reported from different countries. But one aspect of our discussions here in Borstel will impinge upon this question of prevention—the secondary prevention of infection among susceptible contacts by reason of the variably rapid reduction in infectivity of the index case by means of effective mycobactericidal or mycobacteriostatic therapy. At present, this course appears to be the best and the most certain, but its application ideally depends on the existence of an efficient health care system that embraces everybody and is adequately financed and staffed, well-organized and well supervised. An integral part of this desirable goal is the question of comparable cost of the various drugs at present available and their most economical deployment in the leprosy

campaign. We hope tomorrow to touch upon this very practical aspect of leprosy control in poor developing countries faced with other and more urgent and more amenable problems.

Another vast area of concern will also be at the back of our minds though not perhaps fully or explicitly adumbrated, during these days. I refer to the "public relations" aspect of leprosy treatment. Whatever we say or recommend at this meeting, the social components of any leprosy treatment programme is in the last resort of overriding and determinative importance. Acceptability of treatment, regularity of attendance at clinics, perseverance till the bitter end, case-holding, disclosure of early suspicions of leprosy infection, good public relations between staff and patients and potential patients, persuasion and demonstration that treatment is not only available—but is effective, especially when leprosy is diagnosed early—these factors in the long run determine the success or failure of any anti-leprosy campaign. Although they are outside our immediate purview as we discuss the chemotherapy of leprosy, they must never be absent from our thinking, for without the co-operation of patients, the community and the political leaders, any scheme for the treatment and control of leprosy is foredoomed to failure. The "real" questions in the minds of the sufferers from leprosy are not concerned with the morphology of the organism, or the biochemical composition of its cell walls, or the acetylation of the sulphones—but simply "How can I be made better?" and "How can my children be protected against this disease, a disease that I have inherited, or merited, or contracted by the 'evil eye of an enemy'?"

A word about the organization of this Colloquium may not be amiss. In conformity with the Borstel tradition, though admittedly at the risk of some compression and mental surfeit, it has been decided to have most of the papers today, and most of the discussion tomorrow. This system will make demands on the ready co-operation of participants and on their patience. It is hoped that you will make notes as you listen, so that you will be able to raise points in the discussion tomorrow as the various aspects of the chemotherapy of leprosy under review are debated. Please respect the time limits set, and concentrate on personal findings relevant to the theme.

The individual papers and the groups of papers will not be open for immediate discussion. The aim of the organizers is rather that these should form the basis of our wide-ranging discussions tomorrow. We, as practical field workers and fairly widely read practitioners, accept the basis of experimental observations and the new knowledge derived therefrom; in this meeting, we go from that *datum*, that starting point.

Tomorrow, we hope to devote most of the time to discussions under the various headings of today's papers, and come to definite conclusions and recommendations that could be published. These would not only concern the criteria that should determine the methodology of investigation of therapy, and the pros and cons of mono- *versus* poly-therapy, and matters like the duration of therapy in the various forms of leprosy and the choice of drug, but may also point the way to research workers and synthetic biochemists to possible lines of advance in the future.

As you see, these proceedings are being taped. The papers will be published in *Leprosy Review*, with an edited résumé of our discussions. And then, it is hoped, a considered summary of conclusions and recommendations will round off not

only our two-day Colloquium, but also the published proceedings. Indebted as we all are to the Borstel Institute for bringing us here, we and leprosy workers generally will be further indebted to the Institute when the relevant issue of *Leprosy Review* is read and digested and put into practice—to the lasting good of the patient suffering from leprosy and to the lasting benefit of the leprosy campaign throughout the world.

To this end, ladies and gentlemen, colleagues in the struggle against leprosy in the laboratory as in the field, in the administrator's office as in the immunological investigation unit, I beg you now to address yourselves, and I wish you well in all your deliberations and discussions.