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News and Notes

11TH BIENNIAL CONFERENCE OF THE INDIAN ASSOCIATION OF LEPROLOGISTS

The XI Biennial Conference of the Indian Association of Leprologists, held at Madras from 5–8 April, 1979, brought together 275 doctors, research scientists and senior leprosy workers from all over India for three days of intensive association during which 93 scientific papers were presented. Although taking place less than six months after the International Congress at Mexico City, this was no mere repetition of the scientific side of that event; indeed no visitor to this Conference can have failed to be impressed by the scale and sophistication of the research in leprosy now being undertaken in India, and the fertility of thought that lay behind many of the papers presented at this Conference. The fact that the Conference was inaugurated by His Excellency the Governor of Tamil Nadu in the presence of the Director General of Health Services is an indication of the importance now being given to leprosy in India, where the estimated prevalence of the disease now gives a total of 3.6 million people as suffering from it.

For the writer the most outstanding sessions of the Conference were those concerned with laboratory aspects and with modern trends in the treatment of leprosy. The session on treatment was concerned in the first instance with rifampicin. Following a most distinguished introduction by Professor E. J. Saerens of Geneva on the risk–benefit ratio of rifampicin in its clinical use, and experience of rifampicin in India in the treatment of tuberculosis by Professor C. V. Ramakrishnan, several papers had as their primary concern the most economical use of this drug in combined therapy in lepromatous leprosy. Among several regimens tried at the central JALMA Institute for Leprosy at Agra, B. K. Girdhar, Sreevatsa and K. V. Desikan found intermittent therapy using 900 mg rifampicin once monthly for 3 months, backed by continuous dapsone therapy the most promising. On other matters, V. G. Kothandapani, V. Ekambaran and T. D. Pandian reported 6 cases of sulphone resistance arising after only 6 years of monotherapy with dapsone.

Some very important and fascinating advances in knowledge were presented at the session on Laboratory Aspects. K. V. Desikan and Sreevasta reported on extended studies on the viability of *Mycobacterium leprae* outside the human body at different seasons of the year. They found that viability was maintained for 28 days in moist tropical conditions with a maximum humidity of 78% and a maximum temperature of 32°C, but only for 14 days during the dry season when the humidity fell to 30%. Kept at room temperature in moist pre-sterilized soil, the bacilli were found to retain viability for 46 days. It thus appears that under humid conditions *M. leprae* can remain viable outside the human body for long periods.

Equally important are the biopsy studies of the nasal mucosa reported from more than one centre. C. J. G. Chacko, M. Mohan, K. Jesudasan, C. K. Job and E. P. Fritschi found inflammation of nerves in the nasal mucosa of 35 apparently healthy contacts of lepromatous patients and also in 15 contacts of tuberculoid patients. Inflammation of smooth muscle bundles was also encountered. Acid-fast bacilli morphologically resembling *M. leprae* were found in these biopsies in 3 lepromatous contacts, and 1 tuberculoid contact who subsequently developed clinical leprosy. These findings suggest that the nasal mucosa could be a primary site of involvement in leprosy. L. Mehta, V. Kasbekar, N. H. Apte and N. H. Antia, undertaking similar studies in clinical tuberculoid leprosy, were also able histologically to diagnose leprosy as the cause of atrophic rhinitis in 8 out of 30 patients referred with that condition.

In the Clinical Session, A. Mukherjee, B. K. Girdhar and K. V. Desikan drew attention to leprous phlebitis as a clinical entity easily confused with a thickened cutaneous nerve, and a contributing element to recurrent bacillaemia. The concentration and persistence of *M. leprae* in the fingers and toes of patients with lepromatous leprosy was documented by S. Hiramalini, N. A. Joseph and C. J. G. Chacko. The Immunological Session concentrated on (a) the immunosuppressive action of dapsone in high dosage, reported by workers at the JALMA Institute; (b) the demonstration of Suppressor T cells in the peripheral blood of leprosy patients (both L and T) by Indira Nath; (c) Immuno-fluorescence studies; and (d) 9 years' experience of immunotherapy by Kunai Saha, M. M. Mittal and H. B. Maheswari.

The 20 papers in the Session on Epidemiology and Control included a report by S. K. Noordeen, P. N. Neelan and A. Munaf of a double blind trial of acedapsone, 225 mg at 10 week intervals, used for chemoprophylaxis in children over a period of 2 years. A 47% success rate was achieved, most pronounced in younger children. C. Vellut, M. F. Lechat and C. B. Mission in a major longitudinal study of non-lepromatous leprosy stressed the importance of establishing norms for maintenance chemotherapy following inactivity, and the subsequent declaration of the patient as cured. S. Balakrishnan and M. Christian, screening the self-administration of dapsone by patients attending field clinics, using DDS/creatinine ratios in urine, found in 400 samples less irregularity (15–25%) than has been reported elsewhere. C. Vellut, Leo Alex and T. Ethirajan, studying reasons for absenteeism among 1200 out-patients, found loss of wages as the main reason for non-attendance in 50%, but lack of communication regarding leprosy and the duration and dates of treatment affected 92% of patients. Here was ample evidence of the importance of health education in leprosy, a subject which received prominence in this session.

The closing session of the Conference was devoted to deformities in leprosy, and emphasized the importance and feasibility of reducing the incidence of disability. The use of nerve conduction velocities of involved peripheral nerves for diagnostic and management purposes was expounded by N. M. Prickett. A comparative study of surgical decompression by medial epicondylectomy and medical decompression by steroids in the management of ulnar neuritis and early paralysis by A. Alexander Thomas, A. J. Selvapandian, Rebecca Alexander, S. D. Joseph and P. Chellan suggested that a combination of steroid with early decompression using medical epicondylectomy will prevent

deterioration and provide maximal chances of recovery. A retrospective study over 25 years at the Sevagram Unit by M. D. Gupte, M. G. Ranade, R. Mahadevan and G. Y. Joshi revealed that both reactions and deformities were more common in patients with L and B type leprosy who were regular in treatment than they were in those who were irregular, but that patients detected at an early stage were least prone to deformity.

The writer had been invited to deliver a "Guest Lecture" at the inaugural Session of the Conference, and devoted this to a review of recent evidence regarding the transmission of *M. leprae*, and the influence of this on leprosy control procedures. It was stressed that the unique complexity of Indian village social life demanded a solution to the leprosy problem which was inspired from within India and not from sources outside the sub-continent. There already exist in India community development projects which could well hold the key to the solution of the immense problems involved, in which leprosy is integrated into general health care, not by administrative procedures imposed from above, but from below, by the will and cooperation of the people themselves. At one such project the proportion of leprosy patients on regular treatment has risen over 2 years from 50% to 90% and simultaneously other aspects of health have shown remarkable improvement.

India may have more sufferers from leprosy than any other nation, but India is fortunate to have now a rapidly growing army of sophisticated scientists and field workers devoting themselves to the fight against the disease. This Conference bore witness to this in the simple fact that sheer weight of numbers has necessitated the separation of the Indian Association of Leprologists Conference from the Indian Leprosy Workers Conference organized by the Hind Kusht Nivaran Sangh. There was much at this Conference to instruct and encourage the foreign observer. There can be no doubt that the contribution and experience of leprosy workers in India is destined, more than ever before, to affect the fight against leprosy far beyond the confines of their own great country.

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