

News and Notes

DAMIEN–DUTTON AWARD TO DR S G BROWNE

One of the more prestigious distinctions in the world of leprosy is the annual Damien–Dutton Award, presented by the Damien–Dutton Society of New York – a 15,000 member leprosy research and rehabilitation organization named for Father Damien and Brother Dutton who worked together on the island of Molokai a hundred years ago.

This year the award went to Dr Stanley G Browne, CMG, OBE, the former BMS missionary and Medical Consultant to the Leprosy Mission, who now directs the Leprosy Study Centre in London, serves as Secretary to the International Leprosy Association, and is due to become President of the Baptist Union in 1980–81. The presentation was made at Carville, Louisiana, USA, at the end of September.

SASAKAWA FOUNDATION FELLOWSHIP; 1978

This 99-page paperback booklet is a collection of selected reports submitted by recipients of Fellowships granted by this organization in the past three years, since the beginning of the programme. The reasons and aims of the Fellowship programme are described in the Forward by the Chairman of the Board, Professor Ishidate, as also in a ‘Memorandum on Sasakawa Foundation Fellowships,’ and in a ‘Postscript’ by Dr Yo Yuasa, Medical Director. These excellently presented Reports are a tribute to efforts being made by this Foundation in the vital matter of training and encouraging more people to work in leprosy.

BOMBAY LEPROSY PROJECT

Annual Report, 1978 (with a brief account of activities during January–July, 1979).

Dr R Ganapati, Bombay Leprosy Project, 6/27 Amar Bhuvan, Sion (East), Bombay 400-022, India has kindly drawn attention to this up-dated version of

a report on activities to July, 1979. The Project is sponsored by the German Leprosy Relief Association and covers all aspects of control work including case detection, treatment, mass health education campaigns, research and the teaching of field work to undergraduate and post-graduate medical students. Results are actively published in the medical press. Current research activities include:

- (i) 'Integration of Leprosy into General Health Services – A feasibility study in an urban area' has been sanctioned and is under operation in collaboration with the RRE Society and TN Medical College.
- (ii) Prof J L Stanford of the Middlesex Hospital Medical School, London, has approached the authorities of the German Leprosy Relief Association Wurzburg, regarding our collaborative study based on skin testing of slum children with myobacterial antigens. During his recent visit to Bombay a pilot skin testing was successfully carried out in two slums.
- (iii) Prof Dr Med M Dietrich, Tropeninstitut Hamburg, has selected Bombay Leprosy Project as one of the centres for carrying out drug trials based on Rifampicin and Clofazimine on the pattern of THELEP.
- (iv) Prevalence of leprosy in a leprosy colony as well as an adjoining normal slum is being studied to assess the influence if any of the colony over the normal population. This investigation is carried out in collaboration with the RRE Society.
- (v) Basic data on the prevalence rates in a few slums have been worked out and presented in a recent conference at Madras.
- (vi) Routine follow up (with BI and MI) of patients on different drugs like Rifampicin, Clofazimine, etc is, being done to assess the long-term effects of these drugs.
- (vii) Dapsone/Creatinine ratio in urine of smear-positive patients is being carried out with the help of RRE Society to assess the regularity of intake of the drug dispensed at the clinics.
- (viii) Surveys of general hospitals for leprosy has been carried out in collaboration with the RRE Society and the figures presented in a recent conference.
- (ix) Figures of leprosy among preschool children have been worked out and an article based on these is shortly to be published.
- (x) A study based on DADDS in non-leprosy patients has been submitted to the ICMR for grants.

SCHISTO UPDATE

This is a paper-bound, rapid communication quarterly, published with the cooperation of the National Library of Medicine, Bethesda, Maryland, USA, through the use of MEDLARS (Medical Literature Analysis and Retrieval

System). One of the larger issues recently issued, *Schisto Update* July 1977–December 1978, lists articles concerned with schistosomiasis in approximately 2,300 journals published throughout the world which were indexed in MEDLARS during this period. The quarterly is mailed free of charge to all persons expressing interest in receiving it. Requests should be addressed to: The Edna McConnell Clark Foundation, 250 Park Avenue, New York, New York 10017, USA.

Whilst much of this may appear peripheral to leprosy interests, those in parasite, and other branches, of immunology will have little to lose by browsing through the very clearly presented material in these pages. There are in fact occasional reports of direct relevance to leprosy, though it is unlikely that they will escape the eagle eye of *Excerpta Medica*. The January–March 1979 issue contains the following announcement:

International Tropical Diseases Research Fellowships

The National Institute of Allergy and Infectious Diseases (NIAID) and the Fogarty International Center (FIC) of the United States National Institute of Health, in cooperation with the UNDP/World Bank-WHO Special Programme for Research and Training in Tropical Diseases, have made available a limited number of postdoctoral fellowships for advanced training in tropical diseases research in the United States of America.

The initial programme emphasis will be placed on the following six diseases: malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy. The fellowships are for junior and mid-career professionals, who should have a doctoral degree in medicine and/or biomedical sciences and are not United States citizens. Good knowledge of and ability to communicate in the English Language are essential. Applicants must give an undertaking to return to their own countries to take up a public health or academic position immediately upon completion of the training.

Fellowships will normally be for a period of one year but, if necessary, they could be for shorter periods of no less than six months. Fellowships may, in special circumstances, be extended for an additional year.

Application forms and relevant documentation may be obtained on request from the WHO Regional Offices.

EXCERPTA MEDICA**Leprosy and related subjects. Section 51.**

Excerpta Medica, 305, Keizersgracht, 1016 ED, Amsterdam, the Netherlands. Published for the Leprosy Documentation Service, Royal Tropical Institute, Mauritskade 63, 1092, AD Amsterdam, the Netherlands, and with the aid of the Netherlands Leprosy Relief Association, Amsterdam; member of ILEP.

1979, Vol 1, Issue 7, has already appeared, true to the remarkably rapid and prompt standards already established by this abstracting service, which is obviously unique. Readers may have been interested to note the number of tuberculosis entries which are included, and the Executive Chief Director has very kindly written to confirm that a decision has in fact been taken to include most of the mycobacterial literature (including tuberculosis) in this journal – but omitting many articles which deal purely with aspects such as the X-ray diagnosis of tuberculosis, which would be irrelevant to leprosy.

Tuberculosis is also represented in part in Section 15; Chest diseases, Thoracic surgery and Tuberculosis, but it selects for publication only about 50% of the articles on tuberculosis appearing in the literature, whereas Section 51 probably publishes more than that.

We congratulate Excerpta Medica, the Royal Tropical Institute and ILEP on the very high quality of this service:

SCHIEFFELIN LEPROSY RESEARCH & TRAINING CENTRE, KARIGIRI, SOUTH,INDIA, SCHEDULE OF TRAINING COURSES FOR THE YEAR 1980

Courses	Qualification	Duration	Commencing date	No of Seats	Fees (Rs)
FOR DOCTORS:					
(a) Condensed course for doctors	MBBS., or equivalent from any recog. University	1 week	Jan.14 Sep. 8	20	25
(b) Medical students course	Undergraduates	1 week	Pooja Holidays	20	—
(c) Medical officers course	Medical personnel engaged in leprosy work	6 weeks	Jan. 28 July 14	16	50
(d) Ophthalmic aspects in leprosy	Qualified medical personnel (included in 6 weeks course)	3 days	Feb. 4–6 Jul. 21–23		10
FOR NON-MEDICAL PERSONNEL:					
(a) Non-medical supervisors course	Fully qualified paramedical workers with a minimum of 3 years experience	4 months	June 9	12	200
(b) Orientation Course in Leprosy (Personnel not requiring any Government recog certificate)	For paramedical personnel (Nurses, Physios, OT and Administrators) 1 week Doctors' Course & 3 weeks inservice training	1 month	Jan. 14 Sep. 8	6	—

(c) Paramedical Workers course	SSLC passed, graduates preferred	6 months	Sep. 1	20	200
(d) Refresher Course	Qualified PMWs	3 weeks	June 9	20	50
(e) Leprosy for general health workers	Persons now working or trained general health workers	3 weeks	Mar. 31 Nov. 17	20	30
(f) Physiotherapy Tech. Course	SSLC passed, graduates preferred	9 months	June 16	8	200
(g) Laboratory Technician	SSLC passed, PUC preferred	12 months	July 7	4	150

INSERVICE TRAINING

(a) Inservice training in Medicine, Surgery, Pathology, Control & Laboratory Technology	For suitably qualified personnel by previous arrangement	9 months	by	by arrangement	
(b) Prosthetic Technicians	SSLC passed, PUC preferred	18 months	Jan. & July	3	
(c) Shoe-makers' Course	V standard with knowledge of English preferred (by previous arrangement)	6 months		by arrangement	
(d) Smear Technicians	SSLC passed, qualified Laboratory Technicians	3 months 1 month		by arrangement	50
(e) Medical Record-keepers	Inservice by previous arrangement – SSLC with proficiency in typing and good English	2 months		by arrangement	50

Note:

These courses are recognized both by the Government of Tamil Nadu and the Government of India. Candidates will be awarded Government recognized certificates.

Inservice Training for Doctors: In the case of inservice training, medical personnel are expected to carry out routine regular duties in the concerned departments like any other member of staff in that particular department.

All courses for non-medical personnel are open only for sponsored candidates. Private candidates will not be accepted for any of them.

Food and accommodation will be provided either in the Guest House in the case of medical and overseas personnel, or in the Hostel for non-medical personnel. Family accommodation *will not be* provided unless previously arranged, subject to availability.

Please note that in view of the very limited number of rooms available in the Guest House, Guest House accommodation is *not guaranteed*. This is allotted only on a 'first come, first serve' basis. However, alternative accommodation can be arranged either in one of the lodges in the town Vellore (at approximately Rs. 5/-—Rs. 10/- per day) or in the CMCH-Annexe (at Rs. 15/- per day) according to preference of candidates. Non resident trainees can utilise the services of the Staff Bus that leaves the CMC Hospital compound at 7.15 a.m. sharp.

Application forms will not be considered if they are not accompanied by a postal order for Rs. 10/- towards registration fee.

For prescribed forms and other details, please contact: *The Training Officer, S L R & T Centre, SLRS P.O., via. Katpadi 632 106, North Arcot Dist., S. India.*

**THIRD WEST AFRICA LEPROSY CONFERENCE; MONROVIA, LIBERIA,
10–14 SEPTEMBER 1979**

This Conference was jointly sponsored by the Government of Liberia and the German Leprosy Relief Association (DAHWA), ILEP coordinator for the National Leprosy Control Programme in Liberia, and it was organized by the National Leprosy Control Board of Liberia and the West African Leprosy Secretariat (Administrative Director, Fr Rocco Serra, sx, PO Box 673, Free-town, Sierra Leone). Following the official opening in the Monrovia City Hall, the main sessions were held in the J F Kennedy Memorial Hospital, and attended by members of the medical and nursing staff, including trainee physician-assistants. The earlier presentations were devoted to accounts of national leprosy control programmes in Liberia, Sierra Leone, Ghana, Nigeria, Cape Verde, Gambia, Senegal, Ivory Coast and Guinea. Dr S J Nkinda described progress in the combined leprosy–tuberculosis programme in Tanzania, and the formal and informal discussions of this subject covered the pro's and con's of attempting to deal with both diseases in one programme (some delegates considering that integration meant that either one or other of them would not be well handled, whilst others thought that the time had come to include them routinely in the general health services, or primary health care). The training and functions required by leprosy staff for integration into Primary Health Care were described by Miss Jane Neville (The Leprosy Mission, London) and experiences of PHC in Liberia and Sierra Leone were discussed fully in the closing session.

Final recommendations and resolutions will be presented fully at a future date, but at this stage it may be recorded that a number of important practical points concerning leprosy control in West Africa was raised, and they included the following:

1. STANDARDIZED RECORDING AND REPORTING SYSTEM (OMSLEP)

Virtually no one had heard of this system, although it was fully discussed at the last meeting of the Medical Commission of ILEP in Madrid (June, 1979) and is advised in the WHO document LEP/79.1; 'The use of formulated plans of action for national leprosy control programmes (a hypothetical plan for uniform strategy)'. During most of this Third Conference in Monrovia, it was repeatedly apparent that there is, in this area of Africa, continued confusion over terms such as tuberculoid, borderline, lepromatous (does this include Borderline-Lepromatous (BL) cases on the Ridley-Jopling classification, or not?), indeterminate inactive, released from control, etc.

2. PREVALENCE RATES

With one possible exception, no country was able to report that more than about 50% of their estimated cases had been registered, and in several instances

this was despite many years of well-organized leprosy control over large areas. The general feeling was that some form of integration, or the eventual use of primary health care services, was likely to be the best way to find more cases and maintain them under regular treatment for long enough – but that this must be backed by experienced supervisory personnel, and adequate referral centres.

3. SUPPLIES OF ESSENTIAL ANTI-LEPROSY DRUGS

It was noted with concern that some areas are still having difficulty in obtaining basic supplies of drugs, notably dapsone; one of these had had no dapsone for approximately 6 months. Despite the grave implications for relapse and drug resistance, it was nevertheless concluded that non-governmental agencies cannot be expected to make good the deficiencies on a regular basis.

4. DAPSONE RESISTANCE

No systematic attempt to submit material for mouse foot-pad inoculation to centres in Europe or America has yet been made from West Africa. Dr Roy Pfaltzgraff (Nigeria) reviewed the clinical signs and treatment of dapsone resistance, and the ensuing discussion covered the considerable costs of the drugs involved – and other reasons for caution in making a diagnosis of dapsone resistance except on very good evidence. It was thought that every support should be given to WHO or other agencies who might undertake mouse foot pad inoculation studies, perhaps from a representative area, where dapsone has been in use for many years.

4. TEACHING/TRAINING MATERIAL FOR LEPROSY; BASIC INFORMATION

A collection of over 30 different books, booklets, WHO publications, transparency teaching sets, etc. were on display during the Conference, and it was clear that many delegates had neither seen nor heard of them before. Readily available publications of undoubted value to those engaged in leprosy control are still not being offered, and regularly circulated, to those who need them. There were requests that ILEP, perhaps through the West Africa Leprosy Secretariat, should put money into the wider delivery of relevant material.

6. FUTURE OF THE WEST AFRICA LEPROSY SECRETARIAT

Those attending were asked, at the conclusion of the Conference, to record their views on the continued existence and future role of this Secretariat. There was unanimous agreement that it should indeed continue, preferably

under the administrative direction of Father Rocco Serra, who has already contributed so much towards the control of leprosy in West Africa. Amongst the many suggestions submitted, there was frequent reference to the need to cooperate much more fully with colleagues in the French-speaking areas of West Africa.

A C McDOUGALL

KATHMANDU WORKSHOP ON LEPROSY

The second International Workshop on Leprosy Control on Asia, with special reference to community involvement and participation, was held in Kathmandu, Nepal, from 11 to 14 October 1979, under the joint sponsorship of the Ministry of Health of the Royal Government of Nepal, the World Health Organization and the Sasakawa Memorial Health Foundation. The Workshop brought together 18 participants from 11 Asian countries, together with 14 participants from 11 international agencies. In view of the special theme of the Workshop, invitations had been extended to individuals who could contribute their expertise and knowledge in fields (such as sociology and anthropology) not usually represented in the discussions on leprosy control, as well as those concerned with community health, primary health care and health education.

The International Leprosy Association was represented by both its President (Professor M F Lechat) and its secretary (Dr S G Browne), who acted as Resource Persons, presenting papers and being generally available. Ample time was allowed for group discussions, at which the problems of community involvement in leprosy control programmes were identified and their underlying causes explored; then, in final sessions, various approaches were suggested for the solution of these problems.

The full and frank exchange of news between the participants and the experts from such diverse fields proved both lively and rewarding. Thanks to the generosity of the Sasakawa Health Foundation, the recommendations of the Workshop will be published in full in a Report of the Proceedings.

It remains for the governments of the countries of Asia and the voluntary agencies working therein to study these recommendations, adapt them to the local situation, medical and social, and put them into practice.

The first country to have the opportunity to do so is Nepal itself.

A National Seminar in Leprosy Control in Nepal followed hard on the heels of the International Workshop. From 16 to 18 October, about 150 national workers, not all from the health service, gathered in Kathmandu to discuss the recommendations and study their local application.

S G BROWNE