

News and Notes

DR J WALTER, WHO, GENEVA

Dr J Walter MD, Medical Officer in the Leprosy Unit of the Division of Communicable Diseases, World Health Organization, Geneva, retired on 31 May 1980 after 10 years service in the unit which seeks to co-ordinate leprosy control efforts in the world and to provide, through its Regional Offices, technical co-operation with member states in their leprosy control activities.

Dr Walter's interest in leprosy arose out of his studies at the London School of Hygiene and Tropical Medicine. Proceeding to Paraguay in 1952 he was initially engaged in general medical duties but in 1954 entered upon full-time leprosy control work, firstly with one of the voluntary agencies and latterly as Government Regional Leprologist. He joined the Ghana Medical Service in January 1960 as leprologist in charge of the N Ghana Leprosy Service. Then followed two appointments as a WHO Field Adviser on Leprosy, in Indonesia (1964–67) and Thailand (1967–80) before his selection for the post in Geneva. His zealous interest and wide experience in three continents made him a wise choice for a unit which is pursuing the Organization's purposes of making the benefits of research widely available and guiding health administrations in developing rational strategies for their leprosy control.

A person of strong convictions and vision, he has during a decade of unprecedented activity both in research and in the development of national leprosy programmes, worked strenuously to ensure that leprosy activities are given their rightful place within national health plans.

In wishing him a happy retirement, we shall hope that it will still be possible in the future to draw on his fund of knowledge of leprosy control and management and not least of his understanding of patients' needs.

HEISER PROGRAM FOR RESEARCH IN LEPROSY

Beginning post-doctoral research fellowships, research grants, and visiting research awards available in amounts up to \$15,000 per year, plus other allowances depending on type of award applied for. Applicants should have MD, PhD, or equivalent degree. Applications by 1 February, 1981, for awards to be activated June–December 1981. For information write to: Heiser Program for Research in Leprosy, 450 East 63rd Street, New York, NY 10021, USA.

PRELIMINARY ANNOUNCEMENT

The 12th International Leprosy Congress of the International Leprosy Association will be held in New Delhi, India, from Monday 21 November till Saturday 26 November 1983.

Papers will be invited from intending participants dealing with any aspect of leprosy on which the authors have original work to report.

Detailed information will be published shortly.

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MARIE ADELAIDE LEPROSY CENTRE, KARACHI, PAKISTAN: TRAINING COURSES

Marie Adelaide Leprosy Centre has been conducting training courses for leprosy technicians, recognized by the Medical Faculty, since 1965. A total of 127 candidates have been trained, of whom 93 are still working in the Leprosy Control Scheme (August 1980).

The particular situation in Pakistan – scattered population and poor communication, poor medical infrastructure in the rural areas where leprosy is common and lack of medical officers willing to join rural health programmes – has created the need for a rather extensive training of 1 year, during which general medical principles (community hygiene, management of common illnesses, nursing procedures, basic laboratory tests, etc.) are likewise taught. In recent years, increasing stress has been laid on the teaching of tuberculosis control as well, since some of the rural control schemes are operating already as combined leprosy–tuberculosis control programmes. After 2 years work in the field, a Senior Course of 4 months duration is offered, admissions to which are on merit case, taking into consideration the needs of the particular control programme in which the applicant is working. During this course, special attention is paid to control methods, and to the health problems peculiar to the respective area (trachoma, goitre, basic health care, immunization).

Recognizing the contribution of the leprosy technicians towards the control of the disease, the government has established a service structure which provides for promotion to Senior Leprosy Technician, District Leprosy Controller, and Provincial Leprosy Field Officer.

CLOSURE OF THE LEPROSY STUDY CENTRE IN LONDON, JUNE 1980

It is with a sense of profound regret that we record the closure of the Leprosy Study Centre, 57a Wimpole Street, London, in June this year. The idea of a centre in London was originally conceived by Dr R G Cochrane, following his return to the United Kingdom in 1951 after many years' service abroad in the field of leprosy. His intention was to establish a centre for study and teaching, while at the same time setting up a registry of histopathology. The Leprosy Research Unit, as it was originally called, was started in Weymouth Street; in 1961 it moved to its present address, and in the same year Dr H J Smyly came to assist with the histopathological examination of biopsies and also to deputize for Dr Cochrane in the following year; the position of Director was taken by Dr S G Browne OBE, CMG, and the name changed to Leprosy Study Centre in 1966. In the period of nearly 3 decades from 1952 to 1980, medical, para-medical and non-medical visitors came to the Centre in large numbers, some for an hour or a few days, others to study histopathology and other aspects of leprosy for several weeks or months. A library was formed and a large number of journals on leprosy and related subjects constantly available. Dr D J Harman arrived in 1961 and soon became increasingly involved in the interpretation and reporting of biopsies from many parts of the world, each report eventually going out by airmail, accompanied by stained

slides, to the doctor who had submitted the material. Dr Harman in co-operation with colleagues who have been privileged to study, learn and work at this remarkable centre, contributed to the medical literature in the field of biopsy and staining techniques; transmission of leprosy; nerve damage; dermal microfilariasis; ocular leprosy; and Clofazimine treatment.

In recent years it became clear that the task of finding a histopathologist with the necessary enthusiasm and expertise to continue the work of examining and reporting biopsies, together with the alarming rise in the rental and running expenses of such a centre in London, would make it impossible to keep the doors open. We thank Dr Browne and Dr Harman for the many years they have devoted to this centre and wish them all possible happiness in retirement. The collection of over 16,000 slides, together with the reports and clinical data, now go to the Hospital for Tropical Diseases in London, and in the near future it is hoped to discuss the most advantageous future use of this material, which is of exceptional quality, for teaching and research.