

## News and Notes

### INDIA; ANNUAL REPORTS FROM THREE CENTRES

We are extremely grateful to have received reports from our colleagues in India as follows:

**(1) Hind Kusht Nivaran Sangh. The Indian Leprosy Association**

Annual Report for 1979, including detailed accounts of activities in the various state branches.

**(2) Central Jalma Institute for Leprosy, Tajganj, Agra (Indian Council of Medical Research)**

Annual Report for 1979, under the headings – Treatment and Service Facilities, Clinical and Therapeutic Studies, Immunology, Microbiology, Morphological Studies, Biochemistry, Animal Experimentation, Field Study Unit, Training and Publications.

**(3) Bombay Leprosy Project. 6/27 Amar Bhuvan, Sion East, Bombay 400 022**

Annual Report for 1979, describing Methodology, Staff, Activities, Prevalence Rates in Slums, Treatment, Lectures, Health, Education, Public Relation Activities, Rehabilitation and Research.

These excellent accounts of the continuing fight against formidable odds in India should be studied in the originals, which are available on request from the appropriate directors.

**ARMAUER HANSEN RESEARCH INSTITUTE, PO BOX 1005, ADDIS ABABA, ETHIOPIA. CONFERENCE ON IMMUNOLOGICAL ASPECTS OF LEPROSY, TUBERCULOSIS AND LEISHMANIASIS, 27–30 OCTOBER 1980, ADDIS ABABA HILTON HOTEL**

This conference, which was attended by a highly representative number of world experts, included the following papers on leprosy:

- (1) JK Seydel, West Germany. Drug Development for Therapy of Leprosy Studies in Cell-Free and Whole Cell System of Mycobacteria.
- (2) E Freersken, West Germany. Eradication of Leprosy and Tuberculosis Using Inoprodian and Rifampicin (Background and Findings).
- (3) ABG Laing, Malaysia. Thalidomide in the Treatment of Erythema Nodosum Leprosum in Malaysia.
- (4) WF Kirchheimer, USA. Advances in Leprosy Research.
- (5) BR Chatterjee, India. Leprosy Endemicity in India – A Changing Profile.
- (6) E Van Praag, Tanzania. A Screening Survey on Leprosy and the Possible Role of Village Ten Cell Leaders in Case Detection in Shuheza District, Tanzania.
- (7) JK Nsimbambi, Ethiopia. All Africa Leprosy and Rehabilitation Training Centre (ALERT), Goals and Activities.

- (8) F Portaels, Belgium, Parameters influencing the *In Vitro* Cultivation of *Mycobacterium lepraemurium*.  
(9) R Sher, South Africa. Trace Elements and Vitamin A Metabolism in the Various Leprosy Sub-Types.  
(10) M Nuti, Italy. Lymphocytotoxic Antibodies in Leprosy. Preliminary Data..

**ILEP; 35th MEETING OF THE MEDICAL COMMISSION, HOTEL DEI PRINCIPI, ROME, 10 DECEMBER 1980**

In a following number, if space permits, it is intended to give an account of some of the interesting matters discussed at this meeting. Meanwhile we are grateful to Dr H Wheate for the following information:

The ILEP Medical Commission met recently in Rome and issued two important recommendations concerning the use of Rifampicin and Clofazimine:

*Rifampicin*

Should be prescribed only by a medical practitioner, should never be given as monotherapy, and should never be given unsupervised for self-treatment at home.

*Clofazimine*

Because of the numerous reports of toxic phenomena following the prolonged administration of Clofazimine (Lamprene/CIBA-GEIGY) in doses exceeding 300 mg daily, as treatment for ENL, the ILEP Medical Commission is of the opinion that clinicians using this valuable drug should exercise considerable caution in giving it in doses of 300 mg or more for periods exceeding 3 months.

**LEPROSY SYMPOSIUM**

A Symposium in leprosy with emphasis on leprosy in Europe will be held from 1 to 3 May 1981 in Santa Margherita Ligure, near Genoa, Italy. Further details may be obtained from the Italian leprosy relief organization: Amici di Raoul Follereau, Via Borselli 4, 40135 Bologna, Italy.