

## News and Notes

### THE EYE IN LEPROSY (ABSTRACTS FROM THE LITERATURE), SECOND EDITION, 1933–1960 LEONARD WOOD MEMORIAL (AMERICAN LEPROSY FOUNDATION), SCIENTIFIC RESEARCH PROGRAM, 1832 M STREET, NW, WASHINGTON 6, DC, USA

This interesting collection of references, two decades out of date but still valuable, has been on the shelves of the Editorial office, first in London and now in Oxford, for some years. In view of the articles on the eye in leprosy in this number of *Leprosy Review*, it is interesting to turn the pages once again and to read the excellent summaries. The introduction, dated 15 July, 1960, from the Leonard Wood Memorial office in Washington reads as follows:

*The Eye in Leprosy (Abstracts from the Literature)* was originally prepared in June 1954, and has been revised as part of the Scientific Research Program of the Leonard Wood Memorial. The abstracts have been collected and arranged by the Medical Director, Dr James A Doull, assisted by Miss Delta Derrom, Miss Pamela Millett and Mrs Patricia Scorgie.

The abstracts are intended to be a guide to the publications from which they are derived. No matter how able a reviewer may be, it is impossible in most instances to present satisfactorily an author's method and findings. It is hoped, therefore, that the circulation of the collection will lead to careful study of valuable original papers and to further research on one of the most distressing complications of leprosy.

Among the points of interest and importance that have been emphasized in discussions with the Medical Director are: (1) the peculiar geographic (climatic or racial?), differences in incidence and severity of lepromatous eye lesions; (2) the need for controlled studies of the value of the sulfones and/or cortisone in treating these lesions; and (3) the urgent need for ophthalmological training of leprologists. Earlier and more accurate diagnosis should be the primary goal.

The collection has been revised primarily for use by the participants in the Scientific Meeting on Rehabilitation in Leprosy, scheduled to be held at Vellore, India, 21–29 November 1960, under the sponsorship of the World Health Organization, the International Society for the Welfare of Cripples and the Memorial.

C I Crowther  
*President*

To those with a special interest in leprosy in the eye this collection may be of interest, and also difficult to obtain. We are prepared to loan it to *bona fide* applicants, preferably in the UK; an application for its lodgement with a medical or scientific library could be considered by the Editorial Board.

*Editor*

## RECOMMENDED SAFETY REQUIREMENTS FOR THE PREPARATION OF LEPROMIN: A WHO MEMORANDUM

We are grateful to WHO for permission to reprint the following summary from the *Bulletin of the World Health Organization*, 57 (6), 921–3 (1979):

The need for standardizing the preparation of Lepromin and establishing safety requirements for it was recognized by the Scientific Working Group on the Immunology of Leprosy (IMMLEP) and its Steering Committee in 1978. It has now recommended the preparation of standard integral (Mitsuda-type) Lepromin and, in collaboration with the WHO Biologicals unit, has drafted requirements for its preparation and testing. These direct that the source material should be *Mycobacterium leprae* from biopsy specimens of skin obtained from human (lepromatous) tissues or from the tissues of armadillos infected with *M. leprae*. The procedures to be followed for processing and testing the source material and for the preparation of Lepromin from it are described. Requirements are laid down for the safety testing and labelling of the final product. In future, IMMLEP will consider supporting only those projects involving the use of Lepromin prepared in accordance with these regulations.

## 1980: THE YEAR OF LEPROSY GLOBAL RELIEF

At the occasion of '1980: The Year of Leprosy Global Relief', created by Mr Ryoichi Sasakawa, a session on 'Health and Peace' was organized in Tokyo on 25 September 1980, under the joint sponsorship of the Sasakawa Memorial Health Foundation, Leprosy Relief Conference, and the Japan Science Society. Guest speakers included Dr Halfdan Mahler, Director-General of WHO, and Professor M F Lechat, President of ILA. In his address, the Director-General of WHO outlined the place of leprosy as an essential component of primary health care in the context of 'Health for all in the Year 2000'. Dr Mahler stressed that:

... one of the essential components of primary health care is the prevention and control of locally endemic diseases. Leprosy is one such disease that is endemic in many countries of the developing world. However, it is only one of many; it can only be effectively controlled together with the control of other diseases and with the improvement of economic and social conditions. The economic and social implications of leprosy are far-reaching and profound. Think of the terrible burden it places on communities. Not only are those afflicted by the disease incapable of exploiting their potential economic energy; they are also nearly always unable to derive the social satisfaction of being able to realize their latent intellectual, cultural and spiritual talents.

Dr Lechat in his talk 'The Way towards Eradication of Hansen's Disease' reviewed the scientific and human approach to the social and health aspects of leprosy, considering leprosy as part and parcel of total community development:

Control of the disease, cure of patients, protection of future generations, these cannot be dissociated from history, cultural patterns, economics, aspiration of the people, and political choices. Whatever the amount of dedication, science, and human solidarity, Hansen's disease will only be overpowered if this means a better life for the people. We must try to integrate our control effort with the development of primary health care, in so far as it is possible, practicable, and does not jeopardize prospects of success. In countries where control is well organized while general health care is rudimentary;

specialized services for Hansen's disease should serve as a model and be used as a spearhead to develop basic health services for the population in general. In such conditions, the motto should be: 'through leprosy to better health care for all'. Time is not with us. Control of this disease, if not its eradication, requires urgent and concerted efforts if the achievements of the last thirty years are not to be lost.

This meeting, which was attended by a large audience, was one more illustration of the considerable efforts developed by the Sasakawa Memorial Health Foundation to help leprosy patients and promote leprosy control and research.

#### **SIXTH SCIENTIFIC MEETING OF ADELFF, November 1980**

The Sixth Scientific Meeting of ADELFF, the French-speaking Association of Epidemiologists ('Association des Epidémiologistes de Langue Française') took place at the Institut Pasteur in Paris, 24–25 November 1980. The general topic selected for the presentation and discussion was the 'Evaluation of Preventive Intervention in Public Health'. Leprosy was taken as a key example of the application of epidemiological methods for the development and evaluation of preventive measures; Dr Sansarricq, Chief, Leprosy Unit, WHO, presented the problem encountered, the design of vaccine trials for the leprosy vaccine presently being developed in the context of the IMMLEP project, which is part of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases.

#### **SIXTH INTERNATIONAL CONFERENCE ON GLOBAL IMPACTS OF APPLIED MICROBIOLOGY, August–September 1980**

The Sixth International Conference on the Global Impacts of Applied Microbiology (GIAM VI), was held at the University of Lagos, 30 August to 7 September 1980. A special session was dedicated to leprosy, under the Chairmanship of Professor M F Lechat. Presentations were made on *M. bovis* (I Alhaji); Leprosy Cases in India (S Goyle and V Virmani); Epidemiology (M F Lechat); Recent Problems in Chemotherapy (L Levy); Primary prevention (S K Nordeen); N Cardiosis (O U Osoaybakadna and A N U Njoku Obi); Leprosy Control in Nigeria (E R Pfaltzgraff); Problems and Trends in Leprosy Research (H Sansarricq); and Cell-mediated immunity (S N C Wemambu).

#### **CONSENSUS CONFERENCE ON CLASSIFICATION OF LEPROSY, November 1980**

The consensus conference on 'Classification of Leprosy' was jointly organized by the Indian Association of Leprologists (IAL) and the Acworth Leprosy Hospital Society for Research, Rehabilitation and Education in Leprosy (RRE Society), Wadala, Bombay-400 031, India on 29 November 1980 during its 10th year celebration.

The confusion arising principally out of different nomenclatures used by the existing Indian system of classification was attempted to be cleared at this conference and evolve a simple classification based on clinical and bacteriological features, uniformly acceptable to paramedical workers, medical officers and scientists. This was organized by Dr R Ganapati, Director of the Bombay Leprosy Project and Vice-President of the RRE Society; Dr P Kapoor, President of the IAL was the President of the conference.

Comments received from 36 expert members of the IAL over a working paper prepared

by Dr K V Desikan, Director, Central JALMA Institute for Leprosy, Agra, were discussed and a give-group system including a place for early (indeterminate) lesions was arrived at. This system would be nearer the international classification.

The features of indeterminate leprosy as well as other types of leprosy were discussed. However, this modified Indian classification needs to be accepted by the general body of the IAL.

Among the prominent leprologists who participated in the session were Dr C G S Iyer, Dr B R Chatterjee, Dr K C Das, Dr M S Nilakanta Rao, Dr R Ganapati, Dr D S Choudhary, Dr M Christian, Dr C J Chacko, Dr A J Selvapandian, Dr H Srinivasan and Dr K K Koticha.

**FILM. A NEW PRODUCTION BY THE KATHARINA KASPER LEPROSY CONTROL SCHEME, BANGALORE, INDIA: 'LEPROSY – THE MISUNDERSTOOD DISEASE'**

Dr D S Choudhary has supplied the following description:

The above colour film has been produced by the Katharina Kasper Leprosy Control Scheme, Bangalore. The film was screened for the delegates of the recent Workshop held on Leprosy at Bangalore from 2–8 October 1980 by WHO (Regional office, New Delhi) in collaboration with the Directorate General of Health Services and Indian Council of Medical Research.

The film has been directed by Mr T S Ranga. It runs for 21 mins. The medical expertise in the production of this film has been provided by Dr M S Nilakanta Rao (who has also written the script), Dr E Vomstein and Mr H Meermeier. At present the film is available in three languages: English, Kannada and Tamil. Production in other languages, e.g. Telegu, Urdu, Hindi and Marathi are also contemplated.

Essentially the film is meant for the lay people who, even those who are otherwise well informed, often do not have factual information about leprosy. Many, in fact, labour under wrong ideas about the disease and the problem it poses. Extreme fear and out-moded notions of incurability of leprosy and the spread of the disease retard unfortunately the popular participation of the Community in leprosy work, which is a *sine qua non* to achieve success in leprosy control. The value of the film happily lies in this respect. It will promote public education about leprosy in a rational and scientific manner and this in turn will contribute to increased community involvement in our leprosy control activities in various fields.

For details of cost and posting, apply to Project Officer, Katharina Kasper Leprosy Control Scheme, 38/4 Davis Road, Bangalore 560 005, India.

**ACWORTH LEPROSY HOSPITAL SOCIETY FOR RESEARCH, REHABILITATION AND EDUCATION IN LEPROSY, WADALA, BOMBAY 400 031. PROCEEDINGS OF THE 'IXth WORKSHOP ON LEPROSY' (Xth ANNIVERSARY CELEBRATION OF RRE SOCIETY)**

The IXth workshop on leprosy was conducted by the Acworth Leprosy Hospital Society for Research, Rehabilitation and Education in Leprosy (RRE Society) on 9 June 1980 at the Hospital premises under the Chairmanship of Dr K D Sharma, Director, Haffkine Institute, Bombay. This function also marked the 10th year of the inception of the society.

Mr S S Naik, Hon. Secretary of the Society, summarized the highlights of the decade of the activities and achievements which included: (1) the series of epidemiological investigations based on surveys of schools and slums in the city of Bombay; (2) studies on rehabilitation of leprosy patients and the establishment of a sheltered carpentry workshop for infectious patients; and (3) health education involving programmes directed towards the

medical profession and students. Dr V V Dongre, Jt. Hon. Secretary, gave an outline of future activities to be undertaken by the society.

The RRE Society presented the following papers:

1. Integration of leprosy into general health service in an urban area – a feasibility study. (Sponsored by the Indian Council of Medical Research.) Revankar CR, Jha SS, Dongre VV and R Ganapati.
2. Prevalence of leprosy in slums in Bombay including a Leprosy Colony. Ganapati R, Revankar CR and Khot Sunanda M.

## CHINA. THE CHINESE MEDICAL JOURNAL, 1980

The following items are extracted from the 'News and Notes' section of recent issues of this journal, one of many we receive on an exchange basis with *Leprosy Review*. The address is *Chinese Medical Journal*, 42 Dongsixidajie, Beijing, People's Republic of China.

### First National Epidemiology Conference

The First National Epidemiology Conference was held during July 1980 in Harbin. One hundred and ninety-five representatives from various parts of the country attended. Of the over 450 papers received, 33 were read at plenary sessions and 131 at smaller discussion groups.

Experience was exchanged on research in infectious disease epidemiology, e.g., epidemiologic characteristics and control of hepatitis, dysentery, typhoid fever and leptospirosis, serologic diagnosis and preparation of vaccine. Shanghai and Beijing representatives reported on disease monitoring during recent years and detection of influenza, encephalitis B and epidemic meningitis, demonstrating new techniques in epidemiologic study.

Epidemiologic research in non-infectious diseases as cancer, cardiovascular diseases, diabetes mellitus, psychiatry, Keshan disease, Kaschin-Beck's disease and endemic goiter was also covered. *The Atlas of Chinese Cancer Mortality* edited by the Cancer Institute of the Chinese Academy of Medical Sciences depicts the cancer distribution in the country, providing scientific grounds for cancer control.

At the conference, the Chinese Epidemiology Society was set up with Professor Su Delong as chairman.

### Eleven Chinese Medical Research Institutes Appointed WHO Collaboration Centres

Eleven Chinese research institutes have been designated centres for collaboration with the World Health Organization (WHO), under an agreement between WHO and China's Ministry of Health.

These institutes and the fields in which they will collaborate with WHO are: Institute of Medical Biology, Chinese Academy of Medical Sciences (CAMS), enteroviruses; Institute of Virology, CAMS, viral diseases; Institute of Parasitic Diseases, CAMS, malaria, schistosomiasis and filariasis; Beijing Institute of Tropical Medicine, paragonimiasis, clonorchiasis and Leishmaniasis; Shanghai Institute of Entomology, Chinese Academy of Sciences, insect toxicology and physiology; Cancer Institute, CAMS; Shanghai Cancer Institute, Cancer Research Institute, Zhongshan Medical College; Institute of Cardiovascular Diseases, CAMS; Institute of Cardiovascular Diseases, Shanghai First Medical College and Institute of Cardiovascular Diseases, Guangdong province, cardiovascular diseases.

### Higher Medical Education in China

China now has 113 medical colleges with more than 126,000 students and 2,731 post-graduates, it was revealed at a recent National Working Conference on Higher Medical Education.

Medical colleges made up one-sixth of China's institutions of higher learning and their students, one-tenth the annual college enrolment. They have a teaching staff of 30,000 including 1,400 professors and 9,600 lecturers.

The country had only about 50 medical colleges at the time of liberation in 1949 and 92 in 1965.

Border and other regions inhabited by minority nationalities, where modern medical facilities were almost non-existent before liberation, now boast 17 medical colleges.

Most of China's medical colleges give 4–6 years' schooling. They have trained more than 380,000 senior medical workers during the past 30 years. A considerable number of them now work in county hospitals all over the country.

Medical colleges integrate teaching with research. Notable are the research in acupuncture anaesthesia and urology at Beijing Medical College; research in intrauterine fetal development and physiology and pharmacology at the Shanghai First Medical College; treatment of burns and hand surgery at the Shanghai Second Medical College and research in clinical endocrinology at Tianjin Medical College.

The country has established 24 institutes to train practitioners of traditional Chinese medicine as well as Uygur (uighur), Mongolian and Tibetan medicine with a total enrolment of 20,000 and a small number of post-graduates.

Preventive medicine departments in medical colleges take in 1,500 students annually.

One hundred medical teachers are sent for advanced studies abroad yearly.

A 10 year (1981–1990) programme for the development of higher medical education was discussed at the conference.

### ILEP. INFORMATION ON SIDE-EFFECTS FROM CLOFAZIMINE (LAMPRENE; B663)

Dr Harold Wheate, Secretary to the Medical Commission has passed the following notice for insertion in this number of the journal:

The Medical Commission of ILEP would be grateful to receive information concerning the frequency and severity of the side effects of the drug Clofazimine (Lamprene). It is generally agreed that severe gastro-intestinal disturbances are encountered only when large doses (300 mg per day or more) are given for periods exceeding 3 months. It is not yet certain whether minor disturbances are dose-related or time-related or both. May we ask readers who are interested to send information concerning:

1. Numbers of cases treated with Lamprene during the past 12 months.
2. Number and nature of gastro-intestinal side effects and the dose and duration of therapy in each case.
3. Number and nature of any other side effects of note and the dose and duration of therapy in each case.

Although an attempt has already been made to obtain similar information through a questionnaire devised by CIBA–GEIGY, the response was far from satisfactory. *All those with experience of this important drug are earnestly requested to send in information as requested above.*

**ILEP. SPECIAL MEETING OF THE MEDICAL COMMISSION ON DRUG THERAPY FOR LEPROSY, ROME, 9 December 1980**

Members of the Medical Commission had previously been invited to submit their own views in writing on suitable regimens of drug therapy for use in the field. These were circulated and discussed in detail, with the following main conclusions:

1. In many programmes priority needs to be given to improving the quality of service, particularly the laboratory control – skin smears and tests for patient compliance. This is particularly necessary in integrated programmes.
2. Patient compliance is of great importance. It is unlikely that if a patient takes one drug (Dapsone) irregularly, he will take two or three drugs more regularly.
3. The relative merits of each of the drugs available and their advantages and disadvantages were appraised. There are difficulties and dangers in the use of the newer drugs and it is important to emphasize how to avoid these. Advice on what *not* to do is a matter of priority, especially as concerns Rifampicin which should be described only by a medical practitioner, should never be given as monotherapy and should never be given unsupervised for self-treatment at home. It is already being given, indiscriminately in some areas, with potentially much harm.

From discussion of these points, it was concluded that the Commission was too large a group to distil, from the very many alternatives which had been suggested, practical recommendations which will take all the factors of importance into account. A sub-group was therefore appointed to formulate these recommendations. Their preliminary document is currently (February 1981) under assessment.

**ILEP. 35th MEETING OF THE MEDICAL COMMISSION, ROME 10 December 1980**

The Commission covered a wide range of subjects during its all-day session in Rome. These included: new ILEP guidelines; ILEP strategy; Clofazimine (tolerability); research projects; career structure for leprosy workers; the International Leprosy Congress, New Delhi, 1983; training; the writing of a technical guide for slit skin smear examination by direct microscopy; the vaccine for leprosy; International Year of the Disabled; an ILEP centre for the production of *Mycobacterium leprae*; conference on Leprosy in Europe (see below); and the 35th World Health Assembly.

The variety and depth of the matters discussed underlined the desire of members of the Medical Commission to identify those matters in leprosy which are of prime importance, especially to leprosy control and to the management of the patient in the field. Their attempts to do this, and to produce advice and information of practical value are already benefiting from the appointment of Dr Harold Wheate as Secretary to the Medical Commission whose office is at the ILEP headquarters, 234 Blythe Road, London W14 0HJ. (Telephone 01-602-6925.)

**EDITORIAL NOTE**

*Special Number of Leprosy Review, 52, 1981: 'Leprosy and Primary Health Care'*

Subject to the receipt of an adequate number of original contributions, it is planned to devote Number 4, 52 (1981) to the subject of 'Leprosy and Primary Health Care'. Invitations

have already been sent out to experts in various parts of the world asking for suitable contributions and we would also welcome letters or comments on any aspect of this important subject for possible publication. These should be sent to Oxford as soon as possible, since we are now actively planning the content of this special number.

*Vancouver style*

We apologize for having failed to establish this decisively in 1980, but take this opportunity to emphasize that it will be used in all original articles and editorials from now on. Authors are asked to follow this format, which can easily be seen in any issue of the *Lancet*, *British Medical Journal* or the *New England Journal of Medicine*.

Items for printing in 'Leprosy and the Community', 'News and Notes' and other sections of the journal can usually be included in the next number with virtually no delay if they are in the Vancouver style and written in a brief form.

*Editor*