Domiciliary and Field Work

OCEAC and OCCGE

We are most grateful to Mr André Recipon, President of the Association Française des Fondations Raoul Follereau, 33 rue de Danzig, 75015, Paris and to Mr Pierre Van den Wijngaert, General Secretary of ILEP in London for the following information on two organizations with well-established interests in leprosy in some of the French-speaking countries of Africa.

OCEAC (Organisation pour la Lutte contre les Endémies en Afrique Centrale)

This is an international organization which was founded in 1963 and currently includes Cameroun, Gabon and Congo-Brazzaville. An administrative council meets every year and it is composed of ministers of health of the above countries. The yearly budget originates approximately two-thirds from the member countries and one-third from France, but over and above this, France finances the services of a general secretary and a number of local doctors. For some years, the Fondations Follereau have supported training in leprosy, especially for the grade of worker called 'infirmier lèpre'. During 1980, however, training was modified and now consists of a course of 24 months for 20 state qualified nurses, selected from the member countries, with a polyvalent curriculum which includes leprosy, trypanosomiasis, malaria and schistosomiasis. It is held in Yaounde, Cameroon.

Every 2 years, OCEAC organizes a 4/5 day technical conference during which specialists in major endemic diseases present papers with emphasis on the current problems in each country. The main point of these conferences is to provide an opportunity for the chief medical officers of each sector to exchange views and take part in discussions. In April 1982, 44 doctors from the member countries attended a conference in which a whole day was given to the new multiple drug regimens for the treatment of leprosy, under the chairmanship of Dr H Sansarricq from WHO in Geneva. Finally OCEAC publishes a regular review, mainly for the medical officers of its member countries, which keeps them up to date with current events and progress on the main diseases they have to combat.

OCCGE (Organisation de Coordination et de Cooperation pour la Lutte contre les Grandes Endémies)

This is an international organization, founded in 1960 and composed of the following members—Benin, Ivory Coast, Upper Volta, Mali, Mauritania, Niger, Senegal and Togo. Fondations Follereau have supported the training of various categories of leprosy workers from the Marchoux Institute in Bamako, Mali and of nurses and laboratory workers from the Tropical Ophthalmology Institute (IOTA), also in Bamako. Financial support has also been given for doctors of the 8 member countries to attend conferences and for various expenses in the running of the secretariat.

Mr Recipon draws attention to the fact that OCCGE and OCEAC actually own the following important centres in the countries concerned; (1) the Marchoux Institute at Bamako, Mali, which

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specializes in leprosy; (2) the Tropical Ophthalmology Institute (IOTA) in Bamako; (3) an organization for research on feeding and nutrition in Africa (ORANA) in Dakar, Senegal; (4) the Institute for Research on Onchocerciasis (IRO) at Bouake in Ivory Coast; (5) a centre for research on cerebro-spinal meningitis in Niamey in Niger; (6) the Centre Muraz which specializes in campaigns against trypanosomiasis, in Bobo-Dioulasso in Upper Volta; (7) a pilot scheme on leprosy-tuberculosis in Nouakchott, Mauritania; and (8) a pilot scheme on nutrition in Lome, Togo.

'Getting Down to Basics'

This is in fact the title of an article by Dr W A M Cutting of the Department of Child Life and Health in the University of Edinburgh, in which he draws attention to the value of 'packaging' essential facts about health care in a manner which will make them acceptable to a wide range of people (*World Health*, April–May 1983, pp. 18–20). He gives examples of brief explanatory texts (on blindness, dental care, diarrhoea and breast feeding), suggesting that they may be modified and illustrated with the help of a local artist, to suit varying conditions in different parts of the world. Particularly for the general public, there is almost certainly a case for including leprosy in this basic approach suggested by Dr Cutting, with appropriate translation into various languages. Although covering a wide range of readership (from lay, non-medical to experienced observers), the following articles and texts have also been brought to our attention as valuable sources of 'basic' information on leprosy:

- 1 Waters MFR. Leprosy. Br Med J, 1981; 283: 1320-2.
- 2 Fine PM. Leprosy: the epidemiology of a slow bacterium. *Epidemiologic Rev*, 1982; 4: 161-88.
- 3 Binford CH, Meyers WM, Walsh GP. Leprosy. J Amer Med Assoc, 1982; 247: 2283-92.
- 4 Programme For Appropriate Technology in Health (PATH). Drug resistance; an urgent problem: leprosy. *Health Technology Directions*, 1983; **3:** 2.

Technical Guide for Smear Examination for Leprosy by Direct Microscopy

Published by the Leprosy Documentation Service (INFOLEP) at the Royal Tropical Institute, Mauritskade 61 a, 1092 AD Amsterdam, the Netherlands, this 34-page paperback booklet covers all main aspects of smear examination. It was produced with the support of the Netherlands Leprosy Relief Association and the Ordre Militaire et Hospitalier de Saint Lazare de Jerusalem in the Netherlands.

The main headings include—introduction; technique of smear-taking; technique of staining; examination by microscopy. Five thousand copies have been printed in English and arrangements are being made for its translation and printing in French, Spanish and Portuguese.

Leprosy in Infants: Enquiry and Study

Dr Wayne Meyers, Chief, Division of Microbiology, Armed Forces Institute of Pathology has written to a number of colleagues in various parts of the world asking for information about leprosy in infants under 1 year of age. His letter reads as follows:

For some time now the leprosy registry has been interested in leprosy in infants. In collaboration with Merlin L Brubaker, MD, former Regional Advisor for Leprosy for The World Health Organization, Region of the Americas (PAHO), we are undertaking an in-depth survey of the

problem. We are aware, from personal experience and from a survey of the files of the Leprosy Registry at the Armed Forces Institute of Pathology, of several infants under one year of age who had leprosy, proven by clinical and histopathologic findings. We believe that a detailed study of leprosy in this age group will provide valuable information on at least two controversial issues: (1) The minimal incubation period of leprosy. (2) Intrauterine infection of the fetus by *Mycobacterium leprae*.

As one who is knowledgeable in leprosy we are inviting your cooperation to provide us with any information you may have on leprosy in infants under one year of age. These may be either infants you have personally diagnosed or treated, or any others you know of in the geographic areas where you have worked.

We need as much information for each patient as can be reasonably supplied on the following: (1) Basis for the diagnosis (e.g. clinical manifestations, bacteriologic findings or histopathologic changes). (2) Classification of leprosy, and any information available on the course of the disease. (3) Suspected source(s) of infection (e.g. parents, siblings, other contacts, or unknown). If the contact is a parent, what was the classification and status of disease at the time of birth of the patient? (4) Have the patients been the subjects of any published report? This will help to reduce duplication in reporting.

Would you also please recommend to us any clinicians, pathologists, epidemiologists, public health officers or others in your geographic area that may be able to supply information of interest to this project.

This study is being conducted under the auspices of the Leprosy Registry at the Armed Forces Institute of Pathology. The Leprosy Registry is sponsored by The American Leprosy Missions, Bloomfield, New Jersey and is further supported by The Leprosy Mission (London), the Damien–Dutton Society (New York), and The Sasakawa Memorial Health Foundation (Tokyo). Currently biopsy speciments from approximately 1500 leprosy patients from many parts of the world are evaluated annually by members of the Leprosy Registry.

Write to Dr Wayne Meyers, Armed Forces Institute of Pathology, Washington DC 20306, USA.

Histopathology Services for Developing Countries

Professor Michael Hutt will be retiring from St Thomas' Hospital in London in September 1983 and has recently issued the following letter concerning histopathology services, which include the examination of biopsies for leprosy:

For the last 15 years the Department of Histopathology at St Thomas' Hospital has provided a free, postal, diagnostic service for a number of hospitals, both government and mission, in developing countries. It was originally envisaged that the need for such services would decrease as they were built up locally. For a variety of reasons, differing from country to country, this has not happened and the need is still there and likely to continue. To meet these problems and to provide histopathological expertise in parasitic, communicable and other tropical diseases in the UK a new consultative histopathologist post has been created jointly with the London School of Hygiene and Tropical Medicine and University College Hospital Medical School. This post has just been filled by the appointment of Dr S B Lucas who has spent 2 of the last 4 years in this unit and 2 in the Pathology Department at Nairobi. My own full-time post will terminate in September when I retire, though I will continue my involvement with developing countries on a part-time basis.

Dr Lucas is keen to maintain or increase the diagnostic services for tropical countries and we hope to raise funds to cover the expenses of such work.

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As from 6 April 1983, I would be grateful if you could re-route your postal specimens to him:

Dr S B Lucas, Department of Morbid Anatomy, School of Medicine, University College London, University Street, London WC1. Telephone 01-387 9300.

I hope to remain in contact with you through my association with Dr Lucas and I am sure that he will provide you with an excellent service.

M S R HUTT, Professor of Geographical Pathology

Health Workers for the Third World

The Bureau for Overseas Medical Service (BOMS) is a charity for health workers who are interested in working in the Third World countries of Asia, Africa, the Caribbean and South America. BOMS offers career advice and information about jobs in hospitals, clinics, missions, primary health care units and teaching establishments. Enquiries from doctors with provisional or full registration in the UK are welcomed. The BOMS register has been enlarged to include all health workers, including paramedical workers with state registration and two years' working experience. Nurses must be SRN with a higher teaching qualification.

Anyone interested in joining the register or knowing of a vacancy for a health worker in the Third World is invited to contact Colin Jacobs, Secretary, Bureau for Overseas Medical Service, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, telephone 01-636 8636 ext. 232.

Atlas of leprosy (revised): Sasakawa Memorial Health Foundation, 1983

One volume of the *Atlas of Leprosy* (revised) will be given *gratis* to all the participants coming from the 'developing' countries to the XIIth International Leprosy Congress in Delhi. Those participants from the 'industrialized' countries may obtain a copy, if there are any spare copies available, with a payment of a small handling charge.

The Paul Laviron Prize for Leprosy

The most recent issue of *Médicine Tropicale* (a French language review of pathology and tropical public health, published from Marseille, France), draws attention to this prize, which is offered annually. Applications for 1984 must be made before 1st March of that year. A prize of 8000 French francs is offered for the submission of a written account, in French of substantial and original work, which has not previously been published. The presentation should not fall below the standard of a university thesis. Preference will be given to work on leprosy accomplished abroad, or suitable for application abroad. The prize money may be allocated to one, or divided between several applicants. Apply to: Monsieur le Médicin général inspecteur, Directeur de l'I.M.T.S.S.A., Parc du Pharo, 13998, Marseille Armées, France.