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# Reports, News and Notes

## LEPRA's contribution to the fight against leprosy. A talk given at the 1984 Annual General Meeting of LEPRA by S G Browne, Vice-President of LEPRA

It may sound presumptuous to entitle this talk 'LEPRA's contribution to the fight against leprosy', as if a relatively small voluntary organization without vast financial resources or massive political pull could make any significant contribution towards the continuing struggle against an entrenched foe. The whole idea may at first sight seem rather absurd, yet I am daring to suggest that LEPRA has over the years in many respects been able to play a key role in this battle, complementing and supplementing the efforts of larger and better-funded organizations, and of governments and supranational bodies like the WHO. We are not suggesting that all LEPRA's geese are swans, but we do have a number of genuine swans in the activities of the organization whose 60th Anniversary we celebrate today.

To me personally, the preparation of this rapid historical review has been a fascinating and nostalgic journey into the past, since at several points I have had the privilege of acquaintance with some of the principal protagonists in LEPRA's unfolding story.

Let me remind you briefly of the situation 60 years ago. Leprosy was slowly emerging from the unscientific mists of the previous centuries. Although the young Norwegian doctor, Hansen, had demonstrated the causative organism some 50 years previously, and although Christian Missions were doing their best to alert the conscience of Christendom to the plight of leprosy sufferers, governments on the whole had done little to contain the scourge or alleviate the lot of leprosy's victims except enact repressive and coercive legislation. After all, what can you do with a condition that was still half-disease, half-myth, whose victims were despised and shunned, regarded as being especially guilty or especially dirty, useless encumbrances in society?

According to some few people, the time was ripe to enlist the support of influential figures outside the Churches, to encourage research into leprosy, and to organize treatment on a wide scale with remedies then available. A meeting was called at the Mansion House on 31 January 1924, when the British Empire Leprosy Relief Association was publicly inaugurated. I was not present, but I did have contact with two of the illustrious founders of BELRA. I met the Rev Frank Oldrieve at a meeting in London that same year, when he had been appointed as BELRA's first Secretary, and afterwards I was in touch with Sir Leonard Rogers of the Indian Medical Service, a man already renowned for his researches in malaria, cholera, kala-azar and plague. The third member of that famous trio was Sir Frank Carter, an eminent Calcutta philanthropist. All three were highly motivated Christian gentlemen who wanted desperately to eradicate leprosy from the countries coloured red on the world-maps of those days—the British Empire.

The Mansion House appeal met with a most disappointing financial response. Nothing daunted, the triumvirate decided to attempt to enlist the support of the Viceroy of India, Lord Reading. He made his appeal, simply, and with conviction; he said: 'Contributions are urgently needed for the extension and support of institutions . . . and for further research.'

The parent body in Britain may have got off to a shaky and uncertain start, despite the interest and advocacy of HRH the Prince of Wales, but its Indian offspring—afterwards (in 1950), under the inspiring leadership of Professor Jagadisan, to merge into the Hind Kusht Nivaran Sangh—became a strong infant in the most populous (and most leprous) of the countries comprising the British

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Empire. Frank Oldrieve was the indefatigable midwife in India and elsewhere. He had a simple message, 'Rid the Empire of leprosy', and he advocated a simple remedy, chaulmoogra oil, either pure, or chemically modified. Sir Leonard Rogers supplied seeds of *Hydnocarpus wightiana* to leprosy hospitals in India and Africa, and instructed doctors and auxiliaries in the preparation and administration of the pure oil and its diverse derivatives. He bludgeoned medical workers into acceptance of his medical products and his ideas. Just before his death at the ripe old age of 94, he was in enthusiastic correspondence with me at Uzuakoli about drug trials with a combination of his pet chaulmoogra oil and the sulphones. He considered that the sulphones alone would never eradicate leprosy.

To bring this part of LEPRA's story right up to date, I should mention that I gave to Professor Stumpf of the University of Los Angeles, California, some fruits from chaulmoogra trees grown at Oji River (Nigeria) from seeds supplied by Sir Leonard Rogers; the seeds germinated in the USA, and oil expressed from the ripe fruits provided Professor Louis Levy with hydnocarpic acid: he investigated the mycobacteriostatic and lymphotactic properties of various derivatives of the acid in an attempt to synthesize compounds that would attack the multiplying organism at a novel and vulnerable point. Sir Leonard, being dead, is thus still speaking to research workers today.

Although BELRA had begun with such high objectives and expectations, its early days were hampered by shortage of funds and a blunting of ideals. Then something happened. Tubby Clayton was the agent of change. Having seen for himself the human tragedies of neglected leprosy sufferers in West Africa, he returned to this country on fire with two ideas; enlisting laymen in the fight against leprosy, and ensuring adequate financial support for BELRA. As Padre of Toc H, he was in touch with idealistic young men whom he pressed into service. They went to Itu in Nigeria, to Sierra Leone, to The Gambia, to India. And their enthusiasm revivified the organization. At last, BELRA was getting on the map, and its finances were being put on a sounder basis. Its serious medical aims were becoming recognized, with men like Ernest Muir and Robert Cochrane ensuring its scientific respectability. Somewhat later, James Ross Innes joined the medical team, as Medical Secretary. As a voluntary agency, BELRA could also emphasize the human and humanitarian aspects of the problem of leprosy—and it did so.

Another major contribution of BELRA to the fight against leprosy was in the provision of literature. Frank Oldrieve began it, with the regular production and distribution of five thousand copies of his *Leprosy Notes*, which merged into *Leprosy Review*—a much respected journal, still going strong, under the able editorship of Dr Colin McDougall. In the early days, BELRA published small scientific monographs from time to time—a practice that continues today.

Two events mark the sixties: the first, on 1 January 1964, as an acknowledgement that the 'E' in BELRA (representing the Empire) was slowly disintegrating and disappearing, LEPRA rose Phoenix-like from the anachronistic ashes of BELRA; the second event, the Medical Advisory Committee of LEPRA, through its Chairman, Dr Dick Rees, recommended that a Project for the control of leprosy over a wide area in Malaŵi should be inaugurated. This imaginative proposal would demonstrate that by utilizing jeeps and bicycles, and trained and supervised medical auxiliaries, it would be possible within a delimited area to control, and eventually even to eradicate, leprosy. When Medical Secretary of LEPRA, I visited the Project more than once to advise and encourage. Very impressed with the standard and coverage of these activities, the Malaŵi Government authorities requested LEPRA to incorporate an additional area into the scheme. Today, with the implementation of the fashionable multidrug therapy in the Project, LEPRA will once again be in the news: in collaboration with the WHO, the LEPRA records will be extracted and analysed for critical report. There is talk, too, of Malaŵi being chosen for the initial field trials of a protective vaccine against leprosy when this becomes available. Still in the forefront, and still making a strategically valuable contribution to the fight against leprosy.

In many other ways, too, LEPRA is making its presence felt. Gone are the days when a charitable body such as ours could be ruggedly independent. When the International Leprosy

Association was founded in Manila in 1931, BELRA was closely involved through Ernest Muir and Robert Cochrane—both in the administrative set-up and in the editing and publication of the *International Journal of Leprosy*. This complementary and cooperative activity was also shown with the Mission to Lepers, which was renamed The Leprosy Mission in 1966.

Another organization with which LEPRA was to have close links was the Leprosy Research Unit, later to be called The Leprosy Study Centre. Doing 'good by stealth', as ever, Sir Frank Carter helped supply the finance to ensure the survival of this brain-child of Robert Cochrane, and LEPRA was represented on its Governing Body until its sad demise in 1980. I was its Director from 1966.

Pursuing still further its cooperative links with outside bodies, LEPRA became in 1976 a full member of ILEP, the International Federation of Anti-Leprosy Associations: before that year, I had had the honour of representing LEPRA on ILEP as an observer.

In two directions LEPRA has shown commendable initiative: I refer, first, to the encouragement of medical students to interest themselves in leprosy by organizing an Essay Competition; and second, to helping medical students financially when they wish to spend an elective period at a Leprosy Centre overseas.

Another activity with which BELRA, and later LEPRA, has especially identified itself is research in leprosy. As one of its original objectives, research has always figured largely in the projects sponsored and the sums earmarked every year for this purpose. From the early encouragements of Sir Leonard Rogers, to the support of the Leprosy Research Unit at Uzuakoli in Eastern Nigeria (of which I had the privilege of being Director from 1959 to 1965), and the subsidizing of research at the (British) Medical Research Council (Dr Dick Rees), the Department of Anatomy at Oxford (Dr Colin McDougall) and the Immunology Unit at the Royal College of Surgeons here in London (Professor John Turk and Dr Jill Curtis) LEPRA has over the years sought to identify and support medical research likely to prove of original or seminal significance—a magnificent record for a relatively small organization.

LEPRA's links with Buckingham Palace are among its most treasured connections. The very active help of its first Patron, HRH the Prince of Wales, assured the imprimatur of royal approval, and the continued genuine personal interest of Her Majesty the Queen as our present Patron is a much-appreciated token of the concern of the Monarchy for the well-being of the unfortunate victims of leprosy in the countries of the British Commonwealth and beyond.

If progress is to be reckoned by distance travelled, and not by point attained, then this brief and superficial excursus into 'LEPRA's contribution to the fight against leprosy' indicates that real advances have been made in the understanding and control of this scourge, and summarizes the honourable and by no means insignificant role that LEPRA has been able to play in these advances.

Crystal-gazing is admittedly a hazardous pursuit, but we must ask ourselves the question, What of the future? Will LEPRA be celebrating its Centenary in 40 years' time, or will leprosy have been banished for ever by then from God's earth? Who knows? Its control and eventual eradication will prove much more difficult than smallpox, or even tuberculosis. Meanwhile, there is much to learn, and much to do, as we face the future challenges with confidence and hope.

### *British National Formulary* No. 7, 1984

This compact and valuable source of information on drugs and prescribing, published jointly by the British Medical Association and the Pharmaceutical Society of Great Britain, now runs to 484 pages, including a detailed index. The main text consists of classified notes on drugs and preparations used in the treatment of diseases and conditions. These notes are split into 15 chapters, each of which is related to a particular system of the human body or to another main subject (infections, vaccines, etc.). Each chapter is divided into sections which begin with appropriate *notes for prescribers*. These notes are intended to provide information to doctors, pharmacists, nurses,

etc., to facilitate the selection of suitable treatment. The notes are followed by details of relevant drugs and preparations.

The opening pages of general information, including sections on prescribing for children, prescribing during pregnancy, adverse reactions to drugs, are extremely well written. (Leprologists will be interested to see that pregnancy is given as a contraindication to the use of dapsone and that the advised dose of this drug in leprosy is '. . . 25–50 mg weekly, gradually increasing to 400 mg twice weekly or 100 mg daily'.) Obtainable from the British Medical Association, Tavistock Square, London WC1H 9JP.

**WHO: Advertisement for the post of scientist (Education Specialist) in malaria, 1984**

Although the title does not in fact specify malaria, the duties of the post include: assessment of existing training facilities and future training needs of malaria control and related vector-borne disease control programmes in Member Countries of Asia; promotion of national training programmes through cooperation in the preparation of learning objectives and curricula for different types of training courses, developing the training of national teachers, and coordinating and providing technical support for the organization of regular courses, seminars and workshops; organization and provision of technical and administrative support to national training programmes by (a) coordination of consultant services and exchange of teaching personnel (b) cooperation in the monitoring of training activities, whenever advisable, including budgetary and financial aspects, selection of trainees, recruitment of lecturers, preparation of course curricula, timetables and lecturing (c) evaluation of training activities; collection and distribution of information on malaria and related vector-borne disease training activities in Asian countries; promotion of applied field research; assistance in the management and administration of the project as necessary; assistance in the preparation, implementation and evaluation of the Project Plans of Action; assistance in the preparation of the project technical and administrative reports.'

[With slight changes, the wording of this advertisement could be modified for tuberculosis, leprosy and many other diseases, most of which call for a similar approach to the subjects of education and training. In the case of leprosy, where it is now abundantly clear that the safe and effective implementation of multiple drug therapy depends crucially on the quality of the medical staff, a systematic and professional approach of the type outlined above would surely be of considerable value. *Editor.*]

**UNESCO coupons in place of foreign currency**

In many countries the shortage of foreign currency hinders the importation of books, publications and scientific material.

In some of these countries, Unesco Coupons, whose value is expressed in United States dollars, are sold for national currency to educators, research workers and students who use them to pay for their foreign purchases. The Coupons are issued in the following values: $1000, $100, $30, $10, $3, $1; 'blank' Coupons, which can be made out by the distributing body for amounts from 1 to 99 US cents, are also available.

Here are some examples of material that can be purchased with Unesco Coupons. As a general rule, all publications, films and material intended for educational, scientific or cultural purposes can be purchased with Unesco Coupons:

*Publications* books, school textbooks, periodicals, medical or scientific journals, maps, copies of courses, reproductions of works of art, sheet music.
*Materials: audio-visual material* films and prints, filmstrips, colour slides, movie projectors, raw

film, screens, records, record-players, tape-recorders, tapes, photographic material, developing material, film, radio and television sets.
*School material* exercise books, paper, ink, pencils, india-rubbers, rulers, paints, typewriters, demonstration apparatus, drawing tables, musical instruments.
*Scientific material* optical instruments and equipment, laboratory equipment and instruments, chemical products, electrical and acoustical measuring instruments, analytical and clinical testing apparatus, electrical and electrotechnical equipment, hand and machine tools, meteorological geodetical and topographical instruments.

Unesco Coupons can also be used to pay subscriptions to educational, scientific or cultural institutions, and university registration fees and copyright dues.

The list of 'Distributing Bodies for UNESCO Coupons' covers most of the countries or major areas in which leprosy is endemic. This system should be invaluable to many of those who have difficulty in obtaining the foreign currency for the items noted above. Further information from the United Nations Educational, Scientific and Cultural Organisation, 7 Place de Fontenoy, 75700, Paris, France.

**English for foreign students; English for medicine; University of Edinburgh**

We have received information from the Institute of Applied Language Studies, 21 Hill Place, Edinburgh EH8 9DP on various courses in English, several of which may be of value to students from abroad. Short courses (days to weeks) are held on Elementary Medical English; English for Medical Students; English for Medical Practice in Great Britain; English for Clinical Medicine; English for Biomedical Sciences. Long courses (weeks to a few months) are on General and Medical English. Further details and brochure from the above address.

**English Language Book Society (ELBS); 1984 catalogue**

The ELBS Student Editions are low-priced editions of British publishers' books, chosen by an advisory committee for their value to students in developing countries. They are priced at between one third and a half of the price of the cheapest publishers' editions and are made available to students by a subsidy from the British Government in approximately 80 countries:

*Africa* Benin, Botswana, Burundi, Cameroon, Chad, Congo (Brazzaville), Djibouti, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Ivory Coast, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mauritius, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Somalia, Swaziland, Tanzania, Togo, Uganda, Upper Volta, Zaire, Zambia, Zimbabwe.
*Asia* Bangladesh, Brunei, Burma, Hong Kong, India, Indonesia, Laos, The Maldives, Malaysia, Nepal, Pakistan, Singapore, Sri Lanka, Thailand.
*Pacific* Fiji, Kiribati, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu, Western Samoa.
*West Indies and Atlantic* Antigua, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Dominica, Guyana, Jamaica, Monserrat, St Kitts-Nevis, Anguilla, St Lucia, St Vincent, Surinam, Trinidad and Tobago, Turks and Caicos Islands, St Helena.
*Middle-East* Egypt, Jordan, Sudan.

The main subjects covered are: social sciences, pure sciences and applied sciences. Under medical sciences (p 25) and medical microbiology (pp 27/28) alone, there are numerous entries of considerable interest. Many important books, including several on laboratory work in developing countries, etc., are either available or under development or revision. In countries where there is a

British Council Library, an exhibition set of these ELBS books is usually kept for consultation. Books cannot be supplied free: they should be purchased direct from local booksellers. Source: ELBS, The British Council, 11 Portland Place, London W1N 4EJ.

***Revista Argentina de Dermatologia (Spanish), Buenos Aires, Argentina***

We have recently received the latest issue of this journal from the Editorial Office, Hospital Ramos Mejía, Gral. Urquiza 609, 1221 Buenos Aires, Argentina. As usual, quite a number of the original articles and other sections refer to leprosy, or the use of drugs such as thalidomide and colchicine in various dermatological disorders. Like other journals from South America and from Mexico, this journal in Spanish is full of good illustrations and interesting observations, including many on 'tropical dermatology'.

**International Symposium on Mycobacteria of Clinical Interest, Cordoba, Spain, 1985**

Professor M Casal has written to inform us of this symposium, to be held from 27 to 28 September 1985, in Cordoba. The themes to be discussed include the following: immunopathology of leprosy and tuberculosis; modern methods for the rapid diagnosis of tuberculosis; human mycobacterioses; therapy of tuberculosis and leprosy; experimental chemotherapy of new anti-microbial agents; modern automatized systems in mycobacteriology; new knowledge about *Mycobacterium leprae.*

Further details from; Secretariat, International Symposium on Mycobacteria of Clinical Interest, Department of Microbiology, School of Medicine, Avda, Menéndez Pidal, s/n, Cordoba-4, Spain.

**XVII World Congress of Dermatology, Berlin, 1987**

We have received preliminary information about this Congress which will be held in Berlin from 20 to 25 September 1987. The main headings of the programme are: special lectures; advances in dermatology; symposia; workshops; courses; free communications; case presentations; informal discussion groups; poster communications; scientific exhibitions; audio-visual communications; scientific film sessions; update educational sessions; question and answer sessions. Further information from Professor Dr C E Orfanos, General Secretary, Department of Dermatology, University Medical Centre, Steglitz, Hindenburgdamm 30, D-1000, Berlin 45, Germany.

***Partners in Portuguese: 'Companheiros'***

It is a pleasure to report that *Partners*, a magazine produced by the Leprosy Mission International (50 Portland Place, London W1N 3DG), is now available in Portuguese. In Brazil, where its value should presumably be very considerable, enquiries may be addressed to: CERPHA, Rua Conde de Bonfim, 232, sala 613, CEP 20520 - Caixa Postal 24046, Rio de Janeiro, Brazil.

***Revista Goiana de Medicina*; a medical journal from Brazil (Portuguese)**

We are grateful to the Editorial Office of this journal (Associação Medica de Goiás, Av. Portugal, Es. Av Mutirão Setor Bueno, Caixa Postal 254, 74000 - Goiânia, Goiás-Brazil), for vol. 28, nos. 1/2,

January/June, 1982—which in fact includes an interesting article on lymphadenitis in lepromatous leprosy. The contents list is entirely in English and there is a good English summary of each article. The journal may well be of value and interest to those working in Portuguese-speaking areas of Africa.

**Histopathology Services for Developing Countries**

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 consultant histopathologist post has been created jointly with the London School of Hygiene and Tropical Medicine and University College Hospital Medical School. This post has been filled by the appointment of Dr S B Lucas who has spent 2 of the last 4 years in this unit and who is keen to maintain or increase diagnostic services, including leprosy histopathology. Specimens should be sent to Dr S B Lucas, Department of Morbid Anatomy, School of Medicine, University College London, University Street, London WC1. (Tel: 01-387-9300.)

***Technical Guide for Smear Examination for Leprosy by Direct Microscopy***

Published by the Leprosy Documentation Service (INFOLEP) at the Royal Tropical Institute, Mauritskade 61a 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.

**BIREME and the Index Medicus Latino-Americano**

We are indebted to Kioko Shiraishi, Publication Section, in BIREME; Centro Latino-Americano de Informação em Ciencias da Saude, Rua Botucatu, 862, Caixa Postal 20381, Vila Clementino, São Paulo, Brazil for the following information:

> In 1968, the Pan American Health Organization set up the Regional Library of Medicine and Health Sciences (BIREME) in the Paulista Medical School in São Paulo under an agreement with the Government of Brazil.
>
> BIREME is doing an outstanding job not only of searching for and disseminating scientific information and training specialized staff, but also of promoting the establishment of national biomedical information subcenters (there are already 18 in Brazil). It is also the hub of the Latin American network of biomedical and health information. With the help of the National Library of Medicine of the United States, BIREME has succeeded in developing into a center of high prestige in its field. Its most notable accomplishments include the compilation of the *Index Medicus Latinoamericano*, which is published semiannually since 1979 and embraces the output of 250 scientific publications, thereby filling the major gap that had existed in this field.

**Medical Student Electives in the Third World; Action Health 2000, Cambridge, UK**

We are most grateful to the Director, Dr M Kapila, Action Health 2000, for the following information about his organization and more specifically about the 'Scheme for Medical Student Electives'. This is a voluntary, charitable society concerned with health care issues in the Third World; the general purpose is to work towards the WHO target of making basic health care accessible to the world's poorest peoples. The main lines of work may be summarized as follows: (1) *Practical support* (financial, technical, personnel) for appropriate health and development programmes in the Third World. (2) *Study and research* into issues related to health care in the Third World. (3) *Information and education.* Action Health is committed to creating greater awareness about the inequitable distribution of health care resources in the world, especially amongst health professionals here. (4) *Training and service.* Opportunities are being created for short-term and long-term placements in selected overseas health programmes for nurses, doctors and other health workers. This is valuable experience for individuals as well as a contribution to health care in the Third World. One such scheme is for 'Medical Students Electives in the Third World'.

A 6-page document is available describing these electives under the following headings: background, placement, orientation course, organization, follow-up and support.

Action Health 2000 organizes comprehensive Orientation Courses in conjunction with the Department of Infectious and Tropical Diseases, Addenbrooke's Hospital, Cambridge. The Course is usually over a weekend (Friday to Sunday) and consists of an intensive programme of seminars, films, slide-shows and simulation games. There is the opportunity to meet returned elective students and doctors/nurses who have worked in developing countries.

Chairman: Dr A Rubenstein, Cambridge. Advisers: Professor D Morley, Drs J Yudkin and D McLaren. Further information is available from Dr M Kapila, Action Health 2000, 35 Bird Farm Road, Fulbourn, Cambridge CB1 5DP.

**Video-tape: 'Chemotherapy of Leprosy for Control Programmes'**

The Department of Medical Illustration in Oxford has produced a 14-minute video-tape describing recent regimens of drug treatment for leprosy, based on the Report of a World Health Organization Study Group entitled *'Chemotherapy of Leprosy for Control Programmes'*, published by WHO in Geneva in 1982 in the Technical Report Series, Number 675. The system used is VHS PAL 625. English language. 14 min. The intended audience includes—medical students, medically qualified doctors, senior personnel in ministries of health in leprosy-endemic countries, tutors and teachers in medical and para-medical schools, programme planners, leprosy control officers and supervisors, senior staff in pharmacies, drug supply and distribution.

The subject matter covers the classification of leprosy according to both Madrid and Ridley-Jopling systems; definition of pauci- and multi-bacillary leprosy; unit dosage and regimens of dapsone, rifampicin, clofazimine and the thioamides for the treatment of both pauci- and multi-bacillary cases. In order to ensure the safe and effective implementation of multiple drug therapy for as many patients as possible and with the minimum of delay, repeated emphasis is given to the importance of the training, retraining and supervision of the health personnel concerned. Cost £12 sterling ($16 US dollars), plus Value Added Tax (VAT), but inclusive of postage. Apply directly to—Department of Medical Illustration, the John Radcliffe Hospital, Headington, Oxford OX3 9DU, England.