

## News and Notes

### ***World Leprosy Reports***

*World Leprosy Reports* is a new publication presented in brochure style and is prepared by the staff of the Gillis W Long Hansen's Disease Center, Carville, Louisiana, USA. It summarizes current educational, treatment and research activities world-wide. John C Duffy, the Editor writes:

'Information reported on here is not always available at our Center. Whenever possible, we will include ordering information. This is a limited distribution publication, duplication is encouraged.

Intended as a resource list and information exchange, *WLR* strives to disseminate recent and relevant information about all aspects of the disease (prevention, control, treatment, research, rehabilitation, training and education) and other areas with direct or indirect application.

We plan on a quarterly publication schedule. Colleagues in all fields are encouraged to communicate with us about new or innovative programmes or publications so that current developments in the field can be reported quickly. Please understand. Our intention is not to produce a Carville publication. *WLR* is a place to share information for all. This first issue was made possible by a grant from the Hansen's Disease Foundation. Future support will depend upon the degree of interest.

Your letters and comments are always welcomed and appreciated. The Center has language capabilities in Spanish, French, German, Portuguese, Hindi, Punjabi, Tamil, Farsi, Estonian, Amharic, Chinese and Japanese. While we are unable to publish articles in those languages at present, we can translate your letters and respond.

Only you can tell us if you find "Reports" helpful. Without your interest, this initiative will fail. We look forward to hearing from you.'

If you wish to receive *WLR* send your name, address and profession to: Gillis W Long Hansen's Disease Center, Training and Education Branch, Carville, Louisiana 70721, USA, requesting to be added to the mailing list.

### **TDR: Field research in leprosy. H D Engers and Ji Baohong**

The following is taken from *TDR Newsletter* No. 26, Summer 1988.

The TDR Components on the Chemotherapy (THELEP) and Immunology (IMMLEP) of Leprosy have established a new joint subcommittee on field research in leprosy. The objective of the first meeting, held in Geneva in April 1988, was to promote leprosy-related field research in the following areas: field-testing of new tools—drug regimens, vaccines and diagnostic assays—for leprosy control; development and evaluation of the delivery of leprosy control measures in endemic countries.

The subcommittee's role will be to identify and promote promising areas for field research in leprosy and to support areas of research which need to be strengthened, including the role of social and economic factors in leprosy, studies of effectiveness (including cost-effectiveness) of current control programmes, and the management and, more importantly, prevention of disabilities.

The subcommittee identified specific field research topics for the short to medium term, which fell under 5 broad headings: methodological research concerned with diagnosis and related problems; aetiological studies on the epidemiology and natural history of leprosy; studies on secondary prevention and the efficacy of such treatment(s); and operational studies aimed at measuring and improving the effectiveness of leprosy control programmes.

Scientists wishing further information, including indications of possible study methods and protocols, and/or research proposal forms should write, as appropriate, to Dr Ji Baohong, Secretary, THELEP Steering Committee, or to Dr H D Engers, Secretary, IMMLEP Steering Committee, at the following address: World Health Organization, 1211 Geneva 27, Switzerland.

### **Netherlands Leprosy Relief Association (NSL)**

The following is a profile of the Netherlands Leprosy Relief Association:

*Objective and policy:* the NSL is the national Dutch organization for the campaign against leprosy. It assists its partners in developing countries, generally speaking the local governments, in their activities to control the poverty disease leprosy and does so irrespective of race, politics or religion. The aim of the NSL is to integrate

leprosy control activities into the general health system; it operates as an organization of medical development cooperation.

Education and training of local personnel are important aims of the organization, which cooperates closely with leprologists of the Royal Tropical Institute, who play an advisory role in NSL projects. NSL promotes and finances leprosy research. This includes medical laboratory research in the Netherlands and in developing countries as well as sociomedical field research. Health education in the supported projects is also included.

*Organization and finance:* the Association is a private foundation with a Board and a Supervisory and Advisory Council. The members of these bodies are appointed on the basis of their functional qualities. It cooperates with 23 sister organizations in the International Federation of Anti-Leprosy Associations (ILEP) and maintains contact with the WHO and makes use of WHO-guidelines. The NSL cooperates with the Dutch government, which has contributed to the funding of certain NSL projects since 1978.

The NSL sends out experts. In 1987 there were 32 (mainly doctors and physiotherapists, and 2 NSL-representatives in Nigeria and Kenya) working for the NSL in developing countries. The NSL supports projects in Africa, South America and Asia. Most of these experts work in Africa, e.g. Tanzania, Kenya, Nigeria and Ethiopia). Recently the Association has increased its activities in Asia, e.g. in Nepal, Indonesia, Thailand, Vietnam and China. The NSL is responsible for the organizing of the World Leprosy Day in the Netherlands (the last Sunday of January).

The NSL publicly accounts for the execution of its activities and the expenditure of its funds. The income of the NSL mainly consists of private donations, legacies and interest.

*Projects:* in 1987, the NSL supported 55 leprosy control projects in South America, Asia and Africa as well as several scientific research projects. Nearly 8 million Dutch guilders a year are spent on these projects.

## **Leprosy histopathology**

At the recent XIIIth International Leprosy Congress in The Hague, Dr J M Broekman kindly indicated that he would be glad to receive biopsies of skin and other tissues from leprosy patients (or from patients with other conditions if there is diagnostic difficulty), and to send out a written report. Specimens should be full depth in the case of skin, of adequate size and without evidence of squeezing (for instance by forceps during removal). The fixative preferred is 10% buffered formalin, which should be prepared at fairly frequent intervals, so that batches are fresh. Please send specimens, with full clinical details, including any treatment given to: Dr J M Broekman, Department of Pathology, Grootziekgasthuis, Nieuwstraat 34, 5211NL, 's-Hertogenbosch, Netherlands.

## **2nd Asian Dermatological Congress, Singapore, November 1989**

The Dermatological Society of Singapore, in conjunction with the Asian Dermatological Association, is organizing the 2nd Asian Dermatological Congress to be held in Singapore from 23–26 November 1989. The Congress will serve as a forum for scientists, research workers and clinicians, involved or interested in the latest advances in dermatology. The topics to be covered include: new strategies in management; microbiology, including AIDS; immunology and allergy; update in psoriasis; contact and industrial dermatitis; pigmentary disorders; cosmetic surgery; skin cancers; and dermatopathology. There will also be plenary lectures, symposia, pre- and post-Congress workshops.

For further information write to: 2nd Asian Dermatological Congress, c/o Communication Consultants, 20 Kramat Lane, #03-07 United House, Singapore 0922.

## ***Mycobacterial disease: developments in serodiagnosis and therapy***

This volume of approximately 100 pp is the Proceedings of a symposium of the same title and is No. 313 in the series *Bulletins of the Royal Tropical Institute*. The Institute's press release states:

The Proceedings are of interest to lung physicians, specialists in infectious diseases, dermatologists, medical microbiologists, and newcomers to the research field of mycobacterial diseases.

The first chapter is an introduction to the epidemiology of tuberculosis, leprosy and diseases caused by atypical (opportunistic) mycobacteria. The increase in tuberculosis and atypical mycobacterial disease in AIDS patients and the increase of atypical mycobacterial disease in the general population are detailed here.

The laboratory contribution (Chapters 2 and 3) deals with new developments in the detection of mycobacteria, questions such as the antigens relevant to protective immunity, the use of recombinant DNA clones for serodiagnosis and skin tests and the prospects for vaccines obtained by recombinant DNA techniques.

The manifestation and treatment of tuberculosis in AIDS patients are discussed in Chapter 4.

Diseases caused by *M. avium*, *M. intercellulare* and *M. scrofulaceum* (MAIS) complex, the various manifestations and the treatment of these infections are outlined in Chapter 5.

An extensive review of the treatment of leprosy from the late 19th century to modern multidrug treatment, immunotherapy and immunoprophylaxis is presented in the last chapter.

Orders together with Dfl. 17.50 should be sent to: Royal Tropical Institute, Publications Department, Mauritskade 63, 1092 AD Amsterdam, The Netherlands.

## Dr Wayne Meyers, Presidential Closing Address to the 13th International Leprosy Association Congress, The Hague, 17 September 1988

President Lechat, Mrs Veder-Smit, Distinguished colleagues and friends. It is a great honour for me to accept the position of President of the International Leprosy Association. This is indeed a humbling experience, especially when we consider the renowned men who brought the ILA into existence on the occasion of the Leonard Wood Memorial Conference on Leprosy in Manila in January 1931. One year later, the first General Council of the organization was named, and representatives were included from the following countries: Argentina, Brazil, China, France, Germany, Great Britain, Holland, Japan, Norway, the Philippines, Switzerland and the United States of America.

The initial objectives of the ILA were:

- 1 To encourage and facilitate mutual acquaintance between persons of all nationalities who are concerned with leprosy work and to coordinate these efforts;
- 2 to facilitate the dissemination of knowledge of the disease of leprosy, and its control;
- 3 to aid in any other practical way the antileprosy campaign throughout the world; and
- 4 to this end, to publish a scientific journal, known as the *International Journal of Leprosy*.

These objectives have been realized and continue to be developed in the work of the organization.

Professor Lechat, I pay tribute to you for your untiring efforts during the past 10 years of dedicated service as President, carrying the spirit and objectives of the organization into new geographic, social, and scientific realms. Michel, we thank you; we depend on your counsel during the challenging days ahead.

I also most gratefully acknowledge the dedicated service given by the other officers of the ILA to an almost unending number of details: Dr Thangaraj as Secretary, Dr Ross as Treasurer, Dr Hastings as Editor of the Journal, and to the entire body of councillors. To those of you officers who are leaving this governing body, I give you my heartfelt thanks, and know that you will not forget us, nor the great cause which we serve.

I look forward with keen anticipation to working together with the Council established today. It is good to know that Dr Bob Hastings will continue as Editor of the Journal and Dr Felton Ross as Treasurer, and we welcome as General Secretary, Dr Yo Yuasa, who brings to this work his global experience as a physician and administrator.

This 13th International Congress has revealed the great strides that have been made in the understanding of leprosy and appreciating the situation of the leprosy patient. Pathogenesis and the immunologic responses are better understood. Dissection of the leprosy bacillus continues. Multidrug therapy is being fine-tuned. Training of physicians and para-medical workers, and the education of the public have helped to advance the effectiveness of control programmes. The plight of many leprosy patients has greatly improved since the last Congress, and in some geographic areas there is a marked reduction in the risk of leprosy in the general population. For this, that great body of dedicated leprosy workers can take some pleasure—the para-medics, primary care physicians, national government officials, administrators, personnel in the network of voluntary agencies, research scientists and laboratory technicians, and finally the granting agencies that support them. Many of these efforts are being effectively enabled and coordinated by WHO programmes and ILEP.

But, there is no place for complacency. Less than one-third of all leprosy patients and as few as one in ten in some major endemic areas, receive multidrug therapy. One in every four patients has disabling deformities. The diagnostic methods of leprosy, although continually being refined, remain unchanged from those dating back to the era of Armauer Hansen, i.e. clinical and histopathologic findings. Worldwide, the public understanding of leprosy and the social stigma of the disease has only fractionally improved. Socio-economic factors contributing to the transmission and ineffective control of leprosy prevail in vast populations at risk.

There is every hope that by the 14th international Congress, in Florida, the redoubtable leprosy bacillus will be nearer to surrendering its more important secrets for survival, that modes of transmission will be firmly established, that mechanisms of nerve damage will be better understood and more effectively prevented, that shorter term and less expensive chemotherapy will be available, and that the early reports on an effective much needed vaccine will prove promising.

What is the ILA's role in serving these causes? There are a few points that may be emphasized:

- 1 We must strive to increase our membership. The membership of the ILA in 1932 was 394. Today it is only between 500 and 600. This is astonishing. Remember that membership is open not only to physicians and laboratory scientists but 'to persons who are or have been actively connected with leprosy work'.
- 2 We must improve our attempts, through the *International Journal of Leprosy* and other means, to provide continuing education in the medical and social aspects of leprosy, while not neglecting the reporting of original basic scientific findings.
- 3 We must enhance the collaboration of the ILA with national governments, the World Health Organization and its regional offices, ILEP, and all other bodies of goodwill, while maintaining the integrity and identity of the ILA.
- 4 We must ensure that the Council be sensitive to the desires of the membership, so that an atmosphere of cooperation and collegiality may be effected.

And so, as we leave The Hague, let us be encouraged by the breadth and depth of the developments reported here, and challenged by the great task before us.

Ladies and gentlemen, with profound appreciation to all who have organized and participated in this great meeting, I hereby and finally declare the 13th International Leprosy Congress officially closed.

### Conference on Dermatology in the Developing World, Oxford 1988

The combined Conference of the International Society of Dermatology with the International Society of Dermatopathology was held in Oxford on 4–8 September 1988. The purpose of this Conference was to sensitize dermatologists to the needs of the developing world. Apart from concentrating on subject matter such as leprosy, leishmaniasis, schistosomiasis and AIDS, there were also review lectures on the problems of pyoderma and the epidemiology of fungus infections. This was a conference full of ideas, introducing debates on the needs of immigrants in the Western Community, a discussion on dermatology in a besieged community based on experiences in Lebanon; there were important symposia on the management of elephantiasis, nutrition and hair, and a symposium on the management of blistering diseases world-wide. Two breakfast sessions were given by audiovisual aids' expert Bob Linney and chaired by Colin McDougall, the sessions being devoted to the content and production of posters for an illiterate community. Lunch-time sessions included workshops on the pathology of leprosy in which the lucky participants were able to take away a complete set of histology slides, illustrating the spectrum of pathology in leprosy.

Following the Conference, the feedback suggests that it has indeed been a success and the slides are being used for teaching. The International Society of Dermatopathology has appointed Gerald Pierard from the Department of Dermatology, University of Liege, Belgium to facilitate the Society's interest in the developing world. Much of the content of the Conference will be published in the *Journal of the International Society of Dermatology*. A few copies of the book of abstracts are still available and can be obtained from the Department of Dermatology, Slade Hospital, Oxford, England.

One of the main social events where there were presentations of awards by the two Societies was at Blenheim Palace. The recipients were: The Merck Foundation for their benevolence with respect to river blindness; George Hatem for his life-long contribution to the elimination of disease in China, and the Wellcome Trust for their continued support of tropical medicine.

### International Foundation of Dermatology

The aims of the International League of Dermatological Societies, according to its rules and regulations, is to encourage the advancement of Dermatology; to promote personal relations among the Dermatologists of the world; to represent dermatological interests in other international organizations and to hold international congresses on Dermatology. For several decades the International Congress of Dermatology has occupied most of the attention of the members of the International Committee, and it has been an anxiety for successive members of the committee to realize that they are perhaps doing too little for the developing world. Stimulated by Dr Darrell Wilkinson, UK, the idea of an International Foundation for Dermatology, came to its fruition when the International League of Dermatological Societies at their International Congress in Berlin in May 1987 agreed that there should be such a Foundation to further and develop Dermatology throughout the world. The Foundation is a subsidiary of the International League of Dermatological Societies, and knowing of its existence, several national societies and many individuals have already contributed finance to support its objectives. All such donations will be used for the furtherance of its aims. The cost of setting up the Foundation will be covered by donations from a sum donated specifically for that purpose by the members of the International Committee of Dermatology. The Board of Directors of the Foundation, chaired by Dr Alfred W Kopf, USA, and supported by regular members of the International Committee, Dr Terence Ryan, Great Britain, Dr Ramon Ruiz-Maldonado, Mexico, Dr Jean Thivolet, Lyons, France together with the President of the International League of Dermatological Societies, Professor Klaus Wolff, Vienna, and the Secretary General, Professor Stuart Maddin, Vancouver, Canada, and two co-opted members, Dr Henning Grossman, Berlin, and Professor Francisco Kerdel-Vegas, Venezuela, agreed at a meeting in December 1988 on the following primary aims and missions for the International Foundation for Dermatology.

#### Primary Aims

The International Foundation for Dermatology, which serves under the aegis of the International Committee of Dermatology of the International League of Dermatological Societies, has as its primary aim to: *Improve Dermatologic Health in Developing Countries Through the Promotion of Service, Training and Science*. These aims are to be carried out on all levels with emphasis on primary health care by assisting in preventive, curative, and rehabilitative activities.

*Mission 1.* Facilitate dermatologic education and training at all health-care levels.

*Mission 2.* Assist in the establishment and continued support of Regional Dermatology Training Centres.

*Mission 3.* Aid in the delivery of dermatologic care in developing countries.

*Mission 4.* Develop a cadre of experienced dermato-venereologists willing to serve on a short-term or long-term basis as visiting teachers, lecturers, advisers, or practitioners of dermatology.

*Mission 5.* Document the burden of dermatologic disease and the current status and future needs of dermatologic manpower and technical resources.

*Mission 6.* Promulgate collaborative programmes between institutions from developed and developing countries of the world.

*Mission 7.* Promote dermatologic education and communication needs in the developing countries at national and international meetings.

*Mission 8.* Support the establishment of fully-fledged Departments of Dermatology in at least one medical school in each developing country.

*Mission 9.* Assist in the development of model lists of essential dermatologic therapeutic agents for all health care levels.

*Mission 10.* Strengthen research orientated to the dermatologic priority.

Since its inception, bye-laws have been written and approved and incorporation was accomplished in the State of Illinois, USA. Bank accounts have been established in Sweden and the USA. The priority mission to establish Regional Dermatology Training Centres in Africa has been identified and the magnitude of dermatologic diseases in developing countries, particularly in rural areas, has been reported on. A delegation has met with the Directors or their representatives of various Divisions of the World Health Organisation in Geneva, Switzerland. The IFD was encouraged to proceed along its lines of taking steps to improve dermatology and dermatologic care in developing countries.

### **Errata: Leprosy Review, 59, No. 4 – Pre-congress workshops**

p. 289, penultimate line: for 'prevention of management' read 'management of prevention'.

p. 303, lines 6 and 15: for 'ILA' read 'ILEP'.

### **Back issues of *International Journal of Leprosy*: wanted and for sale**

Dr T J Ryan of the Department of Dermatology, The Slade Hospital, Oxford OX3 7JH, England wishes to purchase the following issues of the *International Journal of Leprosy* 1962: Volume 30, Nos 1–3; 1963: Volume 31, Nos 1–3, 1964; Volume 32, Nos 1–3, 1965: Volume 33, Nos 1–4; 1966: Volume 34, No. 4; 1974: Volume 42, Nos 2–4; 1975: Volume 43, Nos 3 and 4; 1976–1982: Volumes 44–50, all issues are required. 1983: Volume 51, Nos 1, 3, 4; 1984–88; Volumes 52–6, all issues are required.

The following issues of the *International Journal of Leprosy* are available from: Assistant Editor, LEPR, c/o 94 Church Road, Wheatley, Oxon OX9 1LZ, England. Please send payment to cover postage and packing. 1962: Volume 30, No 3; 1967: Volume 35, No 1, No 2, Part 1 and 2, No 3, No 4, Part 1 and 2; 1968: Volume 36, Nos 1–3, No 4, Part 2; 1969: Volume 37, No 1; 1970: Volume 38, Nos 1–3; 1971: Volume 39, No. 2 Part 1, No. 3; 1972: Volume 40, Nos 1 and 2; 1974: Volume 42, No. 1.

### **Back issues of *Leprosy Review*: wanted and for sale**

Dr T J Ryan of the Department of Dermatology, The Slade Hospital, Oxford OX3 7JH, England would very much like to complete his library of *Leprosy Review*. If you have any of the following issues available Dr Ryan would be delighted to reimburse you.

1951: Volume XXII, Nos 3–4, 1952 Volume XXIII, No. 2; 1954: XXV, Nos 2–4; 1955 Volume XXVI, Nos 1, 3; 1956 Volume XXVII, No 4; 1957: Volume XXVIII, Nos 1, 2; 1958; Volume XXIX Nos 1 and 2; 1959: Volume XXX, No 3; 1960: Volume XXXI, No. 3; 1971: Volume 42, No 3; 1974: Volume 45, No. 2; 1977: Volume 48, No 2; 1979: Volume 50, No 2; 1980: Volume 51 Nos 1 and 2.

The following issues of *Leprosy Review* are available from: Assistant Editor, LEPR, c/o 94 Church Road, Wheatley, Oxon OX9 1LZ, England. Please send payment to cover postage and packing. 1953: Volume XXIV, Nos 1–3; 1954: Volume XXV, No 1; 1955: Volume XXVI, No 4; 1956: Volume XXVII, No 1; 1959: Volume XXX, No 4; 1961: Volume XXXII, Nos 1, 3, 4; 1962: Volume XXXIII, Nos 1–4; 1963: Volume XXXIV, Nos 1–4; 1964: Volume XXXV, Nos 1–4; 1965: Volume XXXVI, Nos 1–3; 1966: Volume XXXVII, Nos 1–4; 1967: Volume XXXVIII, Nos 1–4; 1968: Volume XXXIX, Nos 2–4; 1969: Volume 40, No 1; 1970: Volume 41, Nos 1–4; 1971: Volume 42, No. 1; 1972: Volume 43, No 3 and 4; 1973: Volume 44, No 1; 1974: Volume 45, Nos 3 and 4; 1975: Volume 46, No 2; 1976: Volume 47, Nos 1–4; 1977: Volume 48, No 1; 1981: Volume 52, No 4.

UNIVERSITY OF WALES COLLEGE OF MEDICINE

## **Certificate in Advanced Dermatological Diagnosis**

Practical training in the techniques routinely used in the diagnosis of skin disorders will be given in a full-time course at the University of Wales College of Medicine, with instruction by leading experts. There will be tutorial and practical teaching on the full range of techniques essential for dermatology diagnosis including methods in immunology, mycology, virology, patch testing and photobiology. Emphasis will be laid on histological techniques in diagnosis. On successful completion, the candidates should understand how to set up and interpret a comprehensive range of tests for the diagnosis of skin disorders, and organize the provision of such a diagnostic service. Starting on 19 June 1989, this course will last a total of 14 weeks and will lead to the Certificate in Advanced Dermatological Diagnosis of the University of Wales College of Medicine. The course will be suitable for dermatologists in training and others who need up-to-date information on diagnostic techniques.

For further information please write to: Professor R Marks, Professor of Dermatology, Department of Medicine, University of Wales College of Medicine, Heath Park, Cardiff CF4 4XN, UK.