

## NEWS and NOTES

*This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.*

### The American Leprosy Missions Receives the 1981 Damien Dutton Award



Howard E. Crouch, left; Roger K. Ackley, right.

The 1981 Damien-Dutton Award has been given to the American Leprosy Missions in recognition of its 75 years of service to leprosy victims. Presentation of the

award was made on 16 May 1981 at the American Leprosy Missions headquarters in Bloomfield, New Jersey, U.S.A., on the occasion of the ALM's 75th Anniversary.

Mr. Howard Crouch, President of the Damien-Dutton Society, presented the 1981 award to Mr. Roger Ackley, President of the ALM, with the following words:

"The God of the Israelites commanded them to celebrate anniversaries. As founder and president of the Damien-Dutton Society, I am honored to be here to join with you in this great celebration of 75 years of service to those who suffer from leprosy. My own organization is but a mere 37 years old and I shall never live to see our 75th, so I am grateful to be able to steal a little of your glory for my own."

"It was shortly after Dr. Oliver Hasselblad was installed as your president that he called me and asked to arrange for an appointment. I was an administrator of Memorial Sloan-Kettering Cancer Center in New York at the time, also teaching college biology, and trying to run the Damien-Dutton Society—an almost impossible task. And yet we met, and I was astounded that someone from an organization so august as American Leprosy Missions would suggest that we join hands in a common effort. At the time, we were operating under the Catholic Church. Since then we have become a separate corporation with members of all faiths on our Board. Dr. Hasselblad said to me, 'You know, Howard, there is no Catholic leprosy; there is no Protestant leprosy; there is no Jewish leprosy; there is just leprosy, and we should work together.' And so we have for almost two decades."

"When Oliver left ALM, a new man took over the helm, Roger Ackley, and I wondered what our relationship would be like. Would he be a man whose main interest would be in the field of research, or would he be concerned with the care of the patient, or would he be concerned with both. It didn't take long after our first meeting for all of the fears to be dispelled. Here was a friend, a man of deep compassion for the care of the patient **now** as well as concern for the researcher who seeks answers to the baffling questions that this disease presents. As St. Luke tells us, Christ healed

the 10 lepers **now**. He didn't promise a vaccine in the future. He took care of them **now**."

"Roger joined our Board and he has given unstintingly of his advice, his time, his friendship. And we are most grateful to him. Our Damien-Dutton Award is given each year to an individual or group of individuals who have made a significant contribution either through research, medical care, education, rehabilitation, or philanthropy towards the conquest of leprosy."

"The Award is named after two men so different in background—one a Belgian priest, the other an American layman—both of whom were concerned and had deep compassion for a people whose government wanted to get them off its back. You've heard the phrase so often, 'get the government off the people's back,' but I hope it does not mean to get the people off the government's back. When this happens, and we are tired of carrying our brothers, a society turns inward and the result is exactly what Damien found on the bleak and desolate shores of Molokai—lawlessness, drunkenness, debauchery, rape, and murder—crimes of every despicable sort. Damien faced this lawless society with compassion. He understood their needs and he gave them love which gave them hope. Dutton went to Molokai for another purpose—to do penance for a life he considered sinful. Despite their motives, and who among us has a right to question motives, each gave of himself to the fullest, in the best way he knew how. Each put himself in the hands of God who told us, 'Stop trying to be, and let me make you what I want. You are to love yourself and love others simply because I love you.'"

"This seems to be the one great motivation behind the work of the American Leprosy Missions and its people, and it is for this reason that I am honored and pleased to present the 1981 Damien-Dutton Award to ALM for its 75 years of dedicated and selfless service to the victims of leprosy around the world."—(Adapted from materials provided by Wendy Littman)

#### Previous Recipients of the Damien-Dutton Award

1953 Stanley Stein, U.S.A.

1954 Rev. Joseph Sweeney, KOREA

1955 Sister Marie Suzanne, FRANCE

1956 Perry Burgess, U.S.A.

- 1957 John Farrow, U.S.A.  
 1958 Sister Hilary Ross, U.S.A.  
 1959 Dr. H. Windsor Wade, PHILIPPINES  
 1960 Mgr. Louis Joseph Mendelis, U.S.A.  
 1961 Dr. Kensuke Mitsuda, JAPAN  
 1962 Rev. Pierre de Orgeval, FRANCE  
 1963 Eunice Weaver, BRAZIL  
 1964 Dr. Robert G. Cochrane, GREAT BRITAIN  
 1965 John F. Kennedy, U.S.A. (Posthumous)  
 1966 Peace Corps, U.S.A.  
 1967 Dr. Howard A. Rusk, U.S.A.  
 1968 Dr. Franz Hemerijckx, BELGIUM
- 1969 Dr. Victor George Heiser, U.S.A.  
 1970 Dr. Dharmendra, INDIA  
 1971 Dr. Chapman H. Binford, U.S.A.  
 1972 Dr. Patricia Smith, VIETNAM  
 1973 Dr. Jacinto Convit, VENEZUELA  
 1974 Dr. José N. Rodriguez, PHILIPPINES  
 1975 Dr. Oliver Hasselblad, U.S.A.  
 1976 Dr. Yoshio Yoshie, JAPAN  
 1977 Drs. Paul and Margaret Brand, U.S.A.  
 1978 Dr. Fernando Latapí, MEXICO  
 1979 Dr. Stanley G. Browne, U.K.  
 1980 Mr. Robert Watelet, ZAIRE

**Canada.** *Secours aux Lépreux (SLC)*, the Canadian association, accepted as a Full Member of the International Federation of Anti-Leprosy Associations (ILEP). *Secours aux Lépreux* was founded in Montreal (Quebec) in 1961 by Pierre E. Théorêt, who ran it entirely on his own until his death in 1979. Today, after 20 years of existence, SLC supports more than 80 leprosy projects in 27 countries throughout Africa, Asia, and Latin America. In 1980 alone aid to leprosy sufferers amounted to the sum of 1,709,382 Canadian dollars. SLC's work includes not only leprosy control but also social and economic rehabilitation, as well as scientific research. The President is Mr. Joncas; Mr. Legault is Director General; and Mrs. Théorêt, widow of the association's founder, is responsible for editing the periodical *Secours aux Lépreux*. Professor Lechat acts as Medical Adviser to SLC. ILEP now has three Member-Associations operating in Canada: L'Institut Fame Pe-roo, the Canadian branch of The Leprosy Mission, and now *Secours aux Lépreux*.—(Adapted from ILEP "Flash")

**Ethiopia.** *ALERT* designated as a WHO Collaborating Centre for Training. The WHO Regional Office for Africa has designated *ALERT* a WHO Collaborating Centre for Training in Leprosy for a period of three years. This decision is clear recognition of *ALERT*'s high standard of training and the importance of its work in leprosy control.—(Adapted from ILEP "Flash")

**Germany.** *New manager for the German Leprosy Relief Association (DAHW)*. The Board of the German Leprosy Relief Association (DAHW) recently appointed Wilhelm Dewald as its General Manager. Mr. Dewald has been working in DAHW since 1970 as head of the Section of Organization, Personnel, and Supplies. In the past he was European Secretary for the International Construction Group in Belgium.—(Adapted from ILEP "Flash")

**India.** *Second Seminar on Leprosy, 20–22 September 1980*. A three day seminar, the second of its kind (at the state level), on leprosy was sponsored by Hind Kusht Nivaran Sangh, Andhra Pradesh Branch, and A.M.G. India International. It was held at Osmania Medical College, Koti, Hyderabad. The seminar was inaugurated by Dr. M. Venkata Rao, Director of Health and Family Welfare, Andhra Pradesh, who stressed that more attention should be given to health education while giving treatment. He assured that the government was willing to listen to and solve any problem faced by the leprosy workers of the state. Dr. D. Braskar, Director of Medical Education, Andhra Pradesh, presided over the inaugural function and stated that the time had come for every medical student to become acquainted with the diagnosis, treatment, and modern concept of prevention and control of leprosy.

Dr. S. N. Mathur, Honorary Secretary, Hind Kusht Nivaran Sangh, welcomed the gathering, saying that Hind Kusht Nivaran

Sangh believes in extensive health education.

In the scientific program, three guest lectures were given by Dr. A. J. Selvapandian, Dr. J. M. H. Pearson, and Dr. R. Ganapati. There was also a panel discussion on "Transmission of Leprosy," with participants including L. M. Hogerzeil, Dr. J. M. H. Pearson, Dr. A. J. Selvapandian, and Dr. R. Ganapati. Dr. S. N. Mathur served as moderator. A symposium on "Leprosy Control as a Part of Primary Health Care" was also arranged to give the delegates an opportunity to hear various viewpoints regarding the integration of leprosy with general health services.

The scientific program culminated in the concluding session in which Dr. J. R. W. Rees spoke on the research in immunology of leprosy. Dr. Rees discussed the possibilities of an effective vaccination against leprosy by combining B.C.G. with a vaccine prepared from the leprosy bacilli grown in the armadillo.—(*Adapted from the report by S. N. Mathur, Honorary Secretary*)

*All India Leprosy Workers' Conference.* The All India Leprosy Workers' Conference, which has been held biennially, will henceforward be held only once in 5 years. Regional Leprosy Conferences will be held annually, as decided by the Standing Organizing Committee appointed by the Governing Body of the Hind Kusht Nivaran Sangh.

The following five regions have been formed for holding the Regional Leprosy Conferences: 1) Kerala, Karnataka, Goa, Tamil Nadu, and Pondicherry; 2) Andhra Pradesh, Orissa, West Bengal, and North Eastern States; and 3) Madhya Pradesh, Uttar Pradesh and Bihar 4) Maharashtra, Gujarat and Rajasthan; and 5) Delhi, Punjab, Haryana, Himachal Pradesh and Jammu and Kashmir. The first Regional Leprosy Conference is to be held in 1981. A circular letter has been issued to all State Branches of the Sangh for planning the 1981 Regional Leprosy Conference.—(*Adapted from Bulletin of the Indian Leprosy Association 3 [1981] 18*)

*The Leprosy Mission moves into the 1980s.* One of the main points of emphasis

on 1980 for the Leprosy Mission was outreach. The total number of centers operated by the Leprosy Mission in Southern Asia now stands at 39. Twenty-seven control programs are covering just over 5.7 million population. The number of persons these teams have contacted in their surveys continues to increase, and more and more patients have been brought under treatment. All centers are reporting a decrease in incidence, in deformities, and in reactionary cases. At the same time there is a growing community acceptance of the work and a favorable response toward it. While stigma dies hard, persistent efforts are creating more wholesome community attitudes toward leprosy patients and the leprosy problem in general.

The process of upgrading plant facilities has continued again this year. All control units now have adequate base hospital facilities. A very major face-lifting project at Purulia (West Bengal) was initiated in January 1980, which will provide a completely new hospital unit. This is being underwritten largely by the Swedish International Development Agency. Plans for a new unit at Nuzvid have been approved, and it is hoped that during the next year this can be completed. Twelve centers now provide reconstructive surgery facilities for leprosy patients in the Southern Asia region. The physiotherapy departments of all centers have been upgraded.

This year, at the invitation of the government of West Bengal, a leprosy program has been implemented in the city of Calcutta. Plans have been finalized to start a new center in central Bhutan. A new research center has been opened this year at Anandban Leprosy Hospital, Kathmandu, Nepal, where investigations are being carried on in the area of dapsone resistance in Nepal and chemotherapy regimens.

The Leprosy Mission now operates in six training centers, offering state and central government recognition for the training they give. These centers provide training in all aspects of leprosy management and control and for all cadres of workers. During the year more than 300 trainees were admitted to courses. A new training unit is currently under construction at Salur and is due to be completed in 1981. A new training center at Karigiri was also officially

opened in 1981.—(*Adapted from Monthly News Release of the Indian Leprosy Association 3 [1981] 11–13, by R. H. Thangaraj, Secretary for Southern Asia, The Leprosy Mission*)

*Tamil Nadu State Branch convenes State Council Meeting.* A meeting of the State Council of the Hind Kusht Nivaran Sangh (Tamil Nadu State Branch) was held recently after a lapse of 6 years. The meeting was presided over by Dr. H. V. Hande, Minister of Health and Family Welfare, who is also Chairman of the Tamil Nadu State Branch. A few members from the Department of Health, Government of Tamil Nadu, and voluntary agencies working in the State also attended the meeting. Dr. Hande said that he would look forward to voluntary institutions working in close cooperation and collaboration with the Government of Tamil Nadu. He also said that besides medical aspects, the socio-economic needs of the leprosy patients and their families should be taken care of.—(*From Monthly News Bulletin of the Indian Leprosy Association 3 [1981] 22*)

*Schieffelin Leprosy Research and Training Centre's Silver Jubilee.* Schieffelin Leprosy Research and Training Centre, Karigiri, celebrated its Silver Jubilee in March 1981 on completion of 25 years of its service in the field of leprosy. To mark its Silver Jubilee celebrations, various functions were organized by the Centre at Karigiri. On the morning of 12 March an exhibition showing a photographic illustration of the growth and work done by the hospital was thrown open to visitors by Dr. Paul Brand. In the evening, a new outpatient block, funded by the American Leprosy Missions, was dedicated by Rev. Roger Ackley, President of the American Leprosy Missions. On 13 March 1981, a public meeting was held in which the chief guest was Dr. H. V. Hande, Honorable Minister for Health and Family Welfare, Tamil Nadu. The meeting was presided over by Shri D. Gangappa, Collector of North Arcot. Among others present at the function were Mr. A. D. Askew, Sir Eric Richardson, and Dr. R. H. Thangaraj of The Leprosy Missions, and Dr. C. K. Job of Christian Medical College and Hospital, Vellore.—(*From Monthly*

*News Bulletin of the Indian Leprosy Association 3 [1981] 17*)

*Workshop on Leprosy at Acworth Leprosy Hospital.* The Tenth Workshop on Leprosy was held 9 June 1981 at the Acworth Leprosy Hospital, Wadala, Bombay, India. The following papers were to be presented: "Immunological implications of the pathology of nerve and muscle in leprosy" by Dr. K. Dastur; "Role of macrophages in CMI of leprosy" by P. R. Mahadevan, *et al.*; "Effect of ICRC-vaccine against leprosy, in leprosy patient, on lepromin reactivity," by C. V. Bapat, *et al.*; "Use of radiometry in tuberculosis" by M. N. Deodhar, *et al.*; "Epoxy-resin moulds as aids for leprosy patients with deformities" by R. Ganapati, *et al.*; and "Effect of prothionamide in leprosy—a preliminary clinico-bacteriological observation" by C. R. Revankar and R. Ganapati.—(*Adapted from correspondence from Dr. V. V. Dongre*)

*Annual General Meeting of the Hind Kusht Nivaran Sangh.* The Annual General Meeting of the Hind Kusht Nivaran Sangh was held at Rashtrapati Bhavan, New Delhi, on 11 June 1981. The meeting was attended by 69 members including some special invitees.

Presiding over the meeting, Shri N. R. Laskar, Chairman of the Sangh, said: ". . . It is a privilege to have Shri Neelan Sanjiva Reddy, President of India, as our President, who has taken a keen interest in the problem of leprosy all along. He has given us guidance and encouragement to go ahead and be more action oriented."

"Leprosy is a national health problem affecting directly about 3.2 million people, while about 400 million are living in endemic areas. The efforts of the government for the past 25 years, supplemented by that of the voluntary agencies, have been tremendous. Yet there is a lurking suspicion that leprosy is spreading. Whether this is true or not, we have to make greater efforts of wipe it out from our country by the turn of the century."—(*Adapted from Monthly News Bulletin of the Hind Kusht Nivaran Sangh [Indian Leprosy Association] 3 [1981] 8–10*)

*Prime Minister calls for war on leprosy.* Inaugurating the Seventh Joint Conference of the Central Council of Health and the Central Family Welfare Council held in New Delhi on 15 June 1981, the Prime Minister SMT. Indira Gandhi suggested to States and the medical profession to chalk out a 20 year Leprosy Eradication Program to wipe out leprosy from India. She said that after the success of the Small Pox Eradication Program, the country was in a position to launch a Leprosy Eradication Program. She stressed that "We must rid the country of this dreaded affliction in 20 years."

The Union Minister for Health, Shri B. Shankaranand, said that his Ministry had evolved a national strategy for securing the objective of "Health for All" and for identifying specific programs for the Sixth Plan.—(From Monthly News Bulletin of the Indian Leprosy Association 3 [1981] 20)

*Asian Seminar on Vocational Rehabilitation of Leprosy Patients to be held in Bombay, India.* This seminar will be held 26 October–7 November 1981 in Bombay. It is organized by the International Labour Organization as part of the International Year of Disabled Persons. For further information, contact Mr. M. Farine, Aide aux Lepreux Emmaus-Suisse, Bern, Switzerland, who is ILEP's liaison officer for the International Labour Organization.—(Adapted from ILEP Calendar)

*XII International Leprosy Congress to be held 21–26 November 1983.* The XII International Leprosy Congress will be held in New Delhi, India, 21–26 November 1983. The Chairman, Mr. N. R. Laskar (Minister of State for Health), and members of the Organising Committee (Working Chairman, Dr. Dharmendra, Organising Secretary, Dr. R. H. Thangaraj, look forward to welcoming delegates from all over the world. Exciting tours and cultural programs have been planned in addition to the scientific sessions, workshops, and programs. Abstracts from contributors should be sent to: Dr. S. G. Browne, Secretary-General, at 16, Bridgefield Road, Sutton, Surrey SM1 2DG, England, by 31 January 1983. More information will be given in the second information brochure and in news bul-

letins. Correspondence should go to: The Organising Secretary, XII International Leprosy Congress, 1, Red Cross Road, New Delhi 110 001 India.—(Adapted from the "First Information" brochure)

*Mexico. XVI Meeting of the Mexican Leprosy Society.* The annual meeting of the Mexican Leprosy Society was held in Cuicliacan, capital of the northwestern state of Sinaloa, Mexico, from 4–6 May 1981. The theme of the meet was "Leprosy in the Year 2000." It is organized by the Mexican Leprosy Society each year, in different states of Mexico, especially for people working with leprosy in the countryside. Several international leprologists from the U.S.A., Spain, and England were invited to attend, joining about 300 Mexican participants, during the three-day meeting to review some of the controversial aspects of leprosy.

The President of the Society was Dr. Diego Fernández de Castro and the local committee was headed by Dr. Moisés Bernal. Three symposia were held, dealing with "Immunological Diagnosis," "Treatment," and "Epidemiology and Control."

The next meeting will probably be in the state of Guanajuato in 1982 under the presidency of Dr. Gilberto Jara.—(Adapted from report sent by Dr. Amado Saul)

*Leprosy workshop held in Mexicali.* A workshop on leprosy was held in Mexicali, 7–8 April 1981, organized by the State Health Services of Baja California Norte in cooperation with the PAHO Field Office U.S.-Mexico Border. Its objective was to enable personnel in charge of controlling this disease in Baja California Norte and Sonora in Mexico and in California, U.S.A., to update their knowledge about clinical and therapeutical aspects, immunology, research, and epidemiological surveillance of leprosy, its spread and characteristics in the world, in the two countries, and in the area. As a secondary but also important objective, personnel in charge of controlling this disease in each country were given the opportunity to meet each other to facilitate the coordination of control activities in the area.

Participants in the workshop were from the Mexican Bureau of Epidemiology, from

the Public Health Service, the Institute of Skin Disease of Guadalajara; the Health and Tropical Diseases Institute, and the Public Health Services of Sonora and Baja, California. The U.S.A. participants were from the National Medical Audio-Visual Center in Bethesda, Maryland; from the Carville, Louisiana, USPHS; the State of California and County of San Diego Department of Health Services. PAHO sent representatives from the Division of Disease Control from their head office in Washington, D.C. and from the El Paso, Texas, field office.

Discussions during the workshop were summarized in the form of conclusions and recommendations in the areas of 1) control, contacts, and health education; 2) binational coordination; and 3) research.—(*Adapted from materials provided by Dr. I. Guillermino Gossett*)

**The Netherlands.** *Vacancies for doctors, Netherlands Leprosy Relief Association.* Urgently required: In **Nigeria**, various Medical officers for Zaria, Katsina, Garkida, and some other parts in northern Nigeria. Leprosy work in hospitals, field clinics, and training. In **Tanzania**, Regional TB/Leprosy Control Officers in various regions. In **Uganda**, Medical Officer, experienced in hospital management, with interest in medical and social aspects of leprosy, leprosy control, and training of staff (Kumi). In **Indonesia**, Medical Officer, Leprosy Control, North Sulawesi-Manado. Job descriptions available at NSL office.—(List provided by Dr. H. Wheate)

**People's Republic of China.** *WHO Technical Visiting Group visits The People's Republic of China.* WHO Technical Visiting Group on Leprosy, consisting of Drs. H. Sansarricq, C. C. Shepard, and S. Endo, visited the People's Republic of China from 22 February to 6 March 1981. At the start of their visit, a discussion on the control of leprosy in China was held in the Ministry of Public Health, Peking. The group then visited several institutes, hospitals, and colleges connected with leprosy work in Peking, Jiangsu, Shanghai, and Guangdong. Scientific reports were given in the Institute of Dermatology, Chinese Academy of Medical Sciences, Taizhou, Jiangsu and Zunyi

Hospital, Shanghai. Before leaving China, the group negotiated with the representative of the Ministry of Public Health, Shao Yi, and Drs. Ma Haide and Ye Gan-yun concerning further cooperation on leprosy control programs between WHO and China.—Dr. Ye Gan-yun

**Switzerland.** *Report of the IMMLEP Subcommittee Meeting on the planning of leprosy vaccine trials, Geneva, 12-14 February 1980.* The second meeting of the IMMLEP Subcommittee on the Planning of Leprosy Vaccine Trials was held in Geneva on 12-14 February 1980. The epidemiological and immunological background to the development and testing of a leprosy vaccine was reviewed. Killed *M. leprae* has previously been shown to be an inducer of cell-mediated and protective immunity in guinea pigs and mice. In addition it has been used extensively as a skin test (lepromin) in leprosy with predictive value for identification of subjects at high risk of developing multibacillary leprosy. Further evidence on the usefulness of lepromin in this respect was presented. Studies were also presented which suggested that killed *M. leprae* in combination with BCG may have the capacity to induce cell-mediated immunity in lepromin negative contacts and patients with early (indeterminate) leprosy (i.e., acting as an immunotherapeutic agent). These findings raise the possibility that a leprosy vaccine may serve several purposes, each of which has to be carefully considered in relation to the design of field trials. Discussion of a future field trial began by reviewing the latest BCG trial against tuberculosis in South India. Several possible designs for leprosy vaccine field trials were discussed. Protocols were prepared concerning criteria for selection of trial areas and pre-trial studies, toxicity, and potency testing of an antileprosy vaccine, and studies to establish optimum doses for sensitization in man.—(From the WHO report)

*Report of the Fifth Meeting of the Scientific Working Group on the Immunology of Leprosy (IMMLEP). Geneva, 24-26 June 1980.* The Fifth Meeting of the Scientific Working Group (SWG) on the Immunology of Leprosy (IMMLEP), held in

Geneva from 23–25 June 1980, reviewed progress in three areas: (i) purification of *M. leprae* and the search for *M. leprae*-specific antigens; (ii) new approaches to understanding mechanisms underlying the immunological unresponsiveness in lepromatous leprosy; and (iii) mechanisms involved in nerve damage in different forms of leprosy.

Further refinements, in high yields, high purity and antigenicity, have been made in the general method for purification of *M. leprae* from infected armadillo tissue. Preliminary evidence suggested that flow cytometry could provide a unique method for standardization of different preparations of purified *M. leprae* since the distribution of size, DNA content, and antigen expression of bacillary preparations could be simultaneously ascertained.

Fractionation of purified *M. leprae* by a variety of approaches and antigenic characterization have progressed rapidly, and a number of antigenic determinants which may be unique to *M. leprae* or shared with a restricted number of mycobacteria were described. Some are polypeptides of defined molecular weight (MW), others are complex lipids, and still others may represent cell wall compounds. One component of high molecular weight which has been isolated is of interest as it was found to elicit strong delayed-type hypersensitivity responses in tuberculoid patients but not in lepromatous patients. When skin reactions to this antigen are compared with those in simultaneous PPD tests, it is possible to formulate an index of specific reactivity that may prove useful for the detection of subclinical infections. Further studies on purification of individual antigenic components were recommended as well as exchanges of materials among the laboratories involved. A protocol was formulated for future assessment of the usefulness of such purified antigens as specific skin test reagents.

Known immunological mechanisms which could be involved in inducing or sustaining the state of specific unresponsiveness to antigens of the leprosy bacillus in patients with lepromatous disease were reviewed. Particular emphasis was placed on the possible roles of suppressor mechanisms. A model system for chronic mycobacterial

infection in mice was described in which unresponsiveness to *M. simiae* was associated with the presence of suppressor T-cells. Recent observations in leprosy patients indicated that lepromin-induced suppression of *in vitro* mitogenic responses of lymphocytes could be produced by a subpopulation of T-cells and/or monocytes from lepromatous and borderline but not tuberculoid patients. It has not been possible to demonstrate suppression *in vitro* of *M. leprae* responses by cells obtained from HLA-identical lepromatous siblings. It was suggested that currently available monoclonal antibodies specific for T-cell subsets or monocytes be used to define the cells and mechanisms involved.

Further studies on the role of immune complexes, particularly in affected tissues, and their relation to unresponsiveness or suppression were encouraged.

Several mechanisms of possible relevance to the pathogenesis of nerve damage were discussed, including increased pressure within nerve bundles, cellular reactivity to different antigenic components of the bacilli in patients with nerve damage, and bystander demyelination, i.e., demyelination produced as a non-specific consequence of cell-mediated reactions to *M. leprae* antigens occurring in the vicinity of nerves. A simple model for studying demyelination of central nervous tissue was discussed. Results were presented which suggested that inhibitors of neutral proteases or agents that inactivated macrophages blocked the demyelinator *in vitro* and *in vivo*. It was urged that this model be extended to the study of immunologically mediated damage to peripheral nerves, and that pharmacological agents which might reduce such damage be tested.—(From the WHO report)

*Report of the Eighth Meeting of the Steering Committee of the Scientific Working Group on Chemotherapy of Leprosy. Geneva, 23–24 October 1980.* Because it appeared that the widespread nature of the problem of dapsone resistance had been conclusively demonstrated, the decision was taken not to undertake formal surveys of the prevalence of secondary dapsone resistance in addition to those already in progress. Rather, THELEP will promote the



establishment of regional and national mouse foot pad laboratories and encourage continuing surveillance of primary drug resistance in leprosy control programs. Two large-scale field trials of chemotherapy of lepromatous leprosy are to be undertaken, employing one multi-drug regimen. A revised draft protocol for short-term trials of chemotherapy of lepromatous leprosy was adopted, and a search for a suitable trial site launched. Preparation of a protocol for trials of chemotherapy of non-lepromatous leprosy was commissioned. Fifteen applications for research support were reviewed; four were new, and eleven were for continued support. Twelve were approved for a total of US\$256,026.—(From the WHO report)

*IMMLEP report issued.* The Sixth Report of Steering Committee Meetings of the IMMLEP Scientific Working Group (SWG), Special Programme for Research and Training in Tropical Diseases, World Health Organization, summarizes matters discussed during four meetings of the Steering Committee of IMMLEP (February, June, and October 1980 and February 1981). Members of the Steering Committee are: Drs. B. R. Bloom, T. Godal, J. Convit, A. Belehu, P. E. M. Fine, R. J. W. Rees, C. C. Shepard, H. Sansarricq, S. K. Noordeen, and G. Torrigiani.

Purification of *M. leprae* appears to be optimal utilizing the so-called IMMLEP 1/79 purification procedure. Final preparations are thought to contain no more than 0.1% armadillo protein by dry weight. Autoclaving apparently destroys any immunizing or sensitizing capacity of the armadillo contaminating protein in these *M. leprae* preparations.

The Wellcome Research Laboratories have agreed to produce purified *M. leprae* based on the IMMLEP 1/79 procedure, which will be used for sensitization studies in humans subject to the necessary safety and ethical clearances.

As of January 1980 the *M. leprae* bank at the National Institute for Medical Research in London had a total balance of 7620 g of infected tissues, most of them containing  $10^9$  or more acid-fast bacilli per gram of tissue.

Eleven new research proposals were re-

viewed during the year (three approved) and 30 research proposals were considered for renewal during the year (25 approved). The total budget of IMMLEP for 1980 was US\$1,051,895.—(Adapted from the report)

*Report of the Ninth Meeting of the Steering Committee of the Scientific Working Group on the Chemotherapy of Leprosy (THELEP).* Geneva, 8–10 April 1981. Progress in three ongoing prevalence surveys of dapsone resistance was reviewed and a new survey in Cuba was approved. The THELEP Field Trial regimen was reconsidered and once again found to be cost-effective. Progress in the two formal controlled clinical centers was initiated. Proposals for two short-term trials of ethionamide and prothionamide were approved. A search for new compounds possibly active against *Mycobacterium leprae* was initiated, and a workshop on the Ridley-Jopling classification of leprosy was re-scheduled. Twenty-one applications for research support were reviewed and 20 approved for a total of US\$326,353. Finally, plans were made for the next Steering Committee meeting, to be held in Rangoon in November 1981, in conjunction with a scientific meeting to be jointly co-sponsored by the Southeast Asia (SEARO) and Western Pacific (WPRO) Regional Offices of WHO and IMMLEP.—(From the report)

*Geneva. Address by Mrs. Indira Gandhi, Prime Minister of India, to the 34th World Health Assembly.* Mrs. Indira Gandhi, when addressing the Thirty-Fourth World Health Assembly in Geneva on 6 May 1981, said "The health of the individual, as of nations, is of primary concern to us all. Health is not the absence of illness, but a glowing vitality, a feeling of wholeness with a capacity for continuous intellectual and spiritual growth." She stressed the need for health care to be within the reach of all people.

Mrs. Gandhi mentioned India's successful participation in certain health programs and, in particular, the smallpox eradication program, and stated that "focusing on special diseases and making all-out efforts to end them is a rewarding exercise." She then went on to say:

"I wish we could do the same for leprosy

which is such a dread disease but now well within the powers of contemporary medicine to control. I pay tribute to the dedicated persons who, in my country and elsewhere, have devoted their entire lives to this demanding work. Obviously, such voluntary work, however good, can have only limited reach. Leprosy is prevalent in some 53 countries. If this problem is not scientifically and vigorously attacked right now, it will spread and be with us for long. The time has come to utilize better health education, better health technology and immunological advances to launch a global campaign to eradicate leprosy from the earth within the next 20 years. A major obstacle is the general public's ignorance and superstition regarding leprosy. People tend to evade investigation and hesitate to admit to the disease at the early stages when a cure could be complete and easier. This sense of shame is outdated and dangerous."

Such a call from the Prime Minister of a country which has about one-fourth of the leprosy problem in the world could be the right stimulus needed to increase the momentum of the existing leprosy programs.

Mrs. Gandhi ended her address by saying "Life is, and perhaps always will be, a struggle, although the nature of it keeps changing. To meet it we need vision, faith, courage and dogged perseverance."—(Adapted from material provided by Dr. H. Sansarricq)

**U.S.A. American Leprosy Missions Celebrates 75th Anniversary.** Nearly 400 people, from as far away as Great Britain, Burma, and Thailand, attended the 75th anniversary celebration on 16 May 1981. Dr. Paul Brand, renowned reconstructive surgeon in leprosy, began the day's activities by conducting a devotional service. He spoke of past and present contributors to the work of the American Leprosy Missions and pointed out the need to continue the vigorous pursuit of measures to overcome the disease and to continue ministering to those who suffer from it. Dr. Howard Crouch, President of the Damien-Dutton Society, presented the 1981 Damien-Dutton Award to the American Leprosy Missions for its 75 years of service to leprosy victims. Mr. Roger Ackley, President of the

ALM from 1974 to 1981, was presented with an electric wall clock from the Board of Directors in recognition of his 7 years of leadership. Mr. Ackley will retire 31 August 1981. The major address of the day was made by Dr. J. Harry Haines, Chairperson of Church World Service and Chief Executive of United Methodist Committee on Relief.—(Adapted from materials provided by Wendy Littman)

**International Conference on Training and Support of Primary Health Care Workers.** More than 500 health professionals gathered in Washington, D.C., 14–17 June 1981, for the annual conference of the National Council for International Health. The conference theme, "The Training and Support of Primary Health Care Workers," provided participants with a unique opportunity to gain experience in the policy and implementation of training, managing, and supporting health care workers.

One of the highlights was a presentation by Richard S. Sweiker, Secretary of Health and Human Services, on the subject of "U.S. Involvement in International Health in the 1980s: Mobilizing Our Resources and Leadership." An assembly of 80 other speakers also addressed the participants, who came from across the nation and from many foreign countries.

The National Council for International Health, which sponsored the conference in cooperation with George Washington University and Johns Hopkins University, is a national organization of individuals and organizations working together in international health programs.—(Adapted from News Release of the National Council for International Health)

**Fellowships in International Health.** The Inter-American Foundation, which in the past decade has made grants totaling more than \$100 million for about 900 projects in 27 countries, would like to receive more health applicants in their fellowship programs for field research in Latin America and the Caribbean. The foundation awards approximately 35 fellowships annually for masters, doctoral, and post-doctoral study. Their objective is to encourage increased professional and scholarly attention to developmental issues affecting poor and dis-

advantaged groups in the region. Fellowship applications are due by November 1 for the fall selection and by March 1 for the spring selection. For complete information contact the Inter-American Foundation, 1515 Wilson Blvd., Rosslyn, Virginia 22209.—(From National Council for International Health Newsletter 2 (June 1981) p. 6.)

*The Heiser Program for Research in Leprosy, 1982 opportunities.* Dr. Victor George Heiser, a physician who devoted his life to the study and treatment of tropical diseases, provided in his will a multi-million dollar bequest for basic biomedical research on leprosy. The following awards were established and are available:

1) Postdoctoral Research Fellowships. To support young biomedical scientists in beginning postdoctoral training for leprosy research. Applicants should have M.D. or Ph.D. or equivalent. While there is no age limit, applicants should be at an early stage of postdoctoral research training. There are no citizenship requirements. Candidates should be interested in obtaining research training directly related to leprosy study.

2) Research Grants. To provide limited support to laboratories involved in leprosy research training. Applicants should be senior investigators who are experienced in leprosy research and associated with a laboratory providing training opportunities in this field. Grants are limited in duration to one year.

3) Visiting Research Awards. To pro-

mote collaborative research in studies of leprosy and to encourage clinical experience with leprosy by facilitating access to centers in which clinical manifestations of the disease are being correlated with laboratory findings. Candidates should be established investigators in leprosy who wish to conduct specific research objectives in a distant or foreign institution. There are no citizenship requirements. Up to 6 months of support for travel and subsistence costs will be awarded successful candidates.

Deadlines for all applications is 1 February 1982. All applications must be in English. There are no application forms. For further information inquire to: Mrs. Barbara M. Hugonnet, Director, Heiser Program for Research in Leprosy, 450 East 63rd Street, New York, New York 10021, U.S.A.—(Adapted from Heiser Program brochure)

**United Kingdom.** *A Silver Medal for Dr. Stanley Browne.* At the St. George's-tide Reunion of the Order of St. Lazarus of Jerusalem, held in London on 28 April 1981, the Silver Medal of the Order was conferred on Dr. Stanley Browne in recognition of his distinguished services on behalf of leprosy sufferers. This medal, which is a replica of that instituted in 1672 by King Louis XIV of France, is seldom awarded to those who are not Officers of the Order.

After the presentation, Dr. Browne gave a paper entitled "Prospects for the control of leprosy in the world."—RCH