

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.

Australia. *Australia-wide Leprosy Seminar held in Darwin.* On 1–3 July 1981 a seminar was held in Darwin to foster interstate and intra-territory cooperation, understanding, and to increase the general awareness of the public towards leprosy and its problems. Approximately 150 persons attended this seminar, which was sponsored by the Northern Territory Department of Health and the Leprosy Mission in Australia. At this first Australia-wide meeting on leprosy, the main speakers were: Professor Clem. R. Boughton of the University of South Wales; Dr. Douglas A. Russell of the State Department of Health, Queensland; and Dr. Ken Clezy from South Australia. Dr. Trevor Smith from Chengmai, Thailand, and Dr. Ma Haide from The People's Republic of China also participated.—(Adapted from materials provided by Dr. J. C. Hargrave)

Belgium. *Revised atlas prepared.* The Damien Foundation has prepared a revised Atlas of Leprosy Distribution in the World.—Dr. Harold Wheate

Denmark. *Joint WHO-ILA meeting.* A joint meeting was held in the WHO Regional Office for Europe, Copenhagen, 15–16 June 1981, between representatives of the World Health Organization and the International Leprosy Association. The purpose of the meeting was to develop further a joint framework of collaboration between ILA and WHO in the light of past experience and of the currently available mechanisms for promoting relations between WHO and nongovernmental organizations in official relations with WHO. Participants from WHO were: Dr. H. Sansarricq, Chief Medical Officer, Leprosy, WHO, Geneva, Dr. S. K. Noordeen, Dr. B. Velimirovic, and Dr. N. K. Shah. Representatives of the

International Leprosy Association were Dr. M. F. Lechat, President, International Leprosy Association, Dr. W. F. Ross, Dr. R. C. Hastings, and Dr. K. F. Schaller. The meeting made recommendations, particularly in two areas: teaching of leprosy in medical schools and primary health care as it relates to leprosy control. Further recommendations were made in areas of cooperation in publications and in future joint meetings. The meeting emphasized the importance of strengthening relations between the International Leprosy Association and various national leprosy organizations.—RCH

India. *XII International Leprosy Congress to be held 21–26 November 1983.* The first intimation has appeared regarding the twelfth international leprosy congress, which will be held in New Delhi, India, 21–26 November 1983. The venue of the Congress will be Vigyan Bhawan, and the Congress will be held under the aegis of the Hind Kusht Nivaran Sangh. The chairman of the local organizing committee is Mr. N. R. Laskar, Minister of State for Health. The working chairman of the local organizing committee is Dr. Dharmendra, and the organizing secretary is Dr. R. H. Thangaraj. Preliminary Congress and social programs include registration on Sunday, 20 November, and scientific sessions daily through Saturday, 26 November. A dinner hosted by the local organizing committee and the president of the International Leprosy Association is planned for the evening of Monday, 21 November. A cultural show is planned for the evening of Tuesday, 22 November; a city tour for the evening of 23 November; and a banquet for the evening of Thursday, 24 November. Fees for the Congress will be 1000 Indian rs. before 31 July 1983 and 1200 Indian rs. after that

date. Associates' fees will be half those amounts and "intention to register" is requested by the 30th of September 1981. Languages of the Congress will be English, French, Spanish, and Hindi, with documentation in English, French, and Spanish. Abstracts from contributors should be sent to Dr. S. G. Browne, 16 Bridgefield Road, Sutton, Surrey, SM1 2DG, England, by 31 January 1983. Pre-Congress workshops on various aspects of leprosy will be held on the 18th and 19th of November. Further correspondence should be sent to: Dr. R. H. Thangaraj, The Organizing Secretary, XII International Leprosy Congress, 1, Red Cross Road, New Delhi 110 001, India.—(Adapted from the "First Intimation" brochure)

XII International Leprosy Congress, New Delhi, India, Call for Abstracts. Abstracts of papers submitted for this Congress will be accepted only from authors who fully intend to attend the Congress.

Authors should observe the following instructions:

1. No author may appear as the sole, first, or principal author of more than one paper.
2. Abstracts may be submitted in any of the three official languages of the Congress, i.e., English, French or Spanish.
3. Abstracts should not exceed 200 words in length.
4. No tables or graphs should be included.
5. Abstracts should be submitted in four copies, typed in double-spacing, with adequate margins left and right.
6. The session at which the paper would be appropriate should be indicated at the top of the abstract.
7. The name and initials of the author(s) should be given; and the institution where the first or principal author works. Degrees and titles are not required.
8. Abstracts should be sent to: Dr. S. G. BROWNE, 16 Bridgefield Road, Sutton, Surrey SM1 2DG, ENGLAND, so as to reach the Secretary-General at the latest by 31 January 1983.

Sessions to be included in the Congress are provisionally the same as those in the Mexico City Congress, namely: I. Epide-

miology and Control; II. Experimental Leprosy; III. Clinical Aspects; IV. Microbiology; V. Immunology; VI. Social Aspects; VII. Experimental Chemotherapy; VIII. A. Clinico-Pathological Aspects, B. Clinico-Pathological Aspects: Nerve Damage; and X. Rehabilitation.—(Adapted from materials provided by S. G. Browne, Secretary-General.)

Note: All abstracts received before 31 January 1983 from intending participants will be translated into the other two official languages and published in the Books of Abstracts.

They will be considered by the President's Advisory Committee, which reserves the right to decide which papers shall be read in full, which read by title only, and which recommended for poster presentation.

International Leprosy Congress, 1983. ILEP is collaborating with the International Leprosy Association in the planning and financing of the International Leprosy Congress to be held in New Delhi in November 1983.—Dr. Harold Wheate

Schieffelin Leprosy Research & Training Centre lists training course schedule for 1982. A variety of training courses are available for 1982. Four courses are available for physicians, some of which are offered several times in the course of the year. Seven courses are available for non-medical personnel, including a non-medical supervisors' course, an orientation course in leprosy for paramedical personnel, which will be offered on three occasions. There is a 6-month course for paramedicals, a 1-month paramedical worker refresher course, and a 1-week course for general health workers. There are additionally 9-month courses for physiotherapy and 12-month courses for laboratory technicians. Inservice training is available for prosthetic technicians, shoemakers, smear technicians, and medical record keepers. Inservice training in medicine, surgery, pathology, etc. are available for qualified medical personnel by arrangement and of 9 months' duration.

These courses are recognized by the government of Tamil Nadu and the government of India. Candidates will be awarded government recognized certificates. In the case

of inservice training, medical personnel are expected to carry out routine regular duties in the concerned departments. All courses for non-medical personnel are open only for sponsored candidates. Food and accommodations will be provided.

All correspondence concerning these courses may be addressed to: The Training Officer, S.L.R. & T. Centre P.O., via KATPADI 632 106, North Arcot District, South India.—(Adapted from materials provided by Dr. K. George William)

Honors given by the government of India to three outstanding leprologists. Dr. (Miss) C. Vellut of the Hemerijckx Government Leprosy Centre, Polambakkam village, Chingleput District (Tamil Nadu) received "Padma Shri" from the president of the India at Rastrapathi Bhavan, New Delhi. The Hemerijckx Government Leprosy Centre has made remarkable progress and rendered invaluable service to thousands of leprosy patients under the dynamic leadership of Dr. Vellut.

Dr. K. V. Desikan, Director, Centra Jalma Institute for Leprosy, Agra, received the JALMA Trust Fund Oration Award for 1980 for his work on experimental leprosy. His outstanding achievements were related to morphologic studies in leprosy and studies in experimental leprosy using the mouse foot pad model.

Dr. C. K. Job, Principal and Professor of Pathology, Christian Medical College and Hospital, Vellore, also received the JALMA Trust Fund Oration Award for 1980 for his notable contributions in pathology and pathogenesis of deformities in leprosy. In recognition of his many achievements, Dr. Job has also been appointed as Honorary Physician to the President of India, effective 15 January 1981.—(Adapted from Leprosy in India 53 [1981] 494-496)

Italy. *ILEP 35th meeting of the Medical Commission, Rome, 10 December 1980.* The Commission covered a wide range of subjects during its all-day session in Rome. These included: new ILEP guidelines; ILEP strategy; clofazimine (tolerability); research projects; career structure for leprosy workers; the International Leprosy Congress, New Delhi, 1983; training; the writing of a technical guide for slit skin

smear examination by direct microscopy; the vaccine for leprosy; International Year of the Disabled; an ILEP center for the production of *Mycobacterium leprae*; conference on Leprosy in Europe; and the 35th World Health Assembly.

The variety and depth of the matters discussed underlined the desire of members of the Medical Commission to identify those matters in leprosy which are of prime importance, especially to leprosy control and to the management of the patient in the field. Their attempts to do this, and to produce advice and information of practical value, are already benefiting from the appointment of Dr. Harold Wheate as Secretary to the Medical Commission, whose office is at the ILEP headquarters, 234 Blythe Road, London @14 OHJ. (Telephone 01-602-6925)—Lepr. Rev. 52 [1981] 191)

European Leprosy Symposium, 1-3 May 1981. Under the auspices of the Italian Leprosy Relief Organization "Amici di R Follereau," and with the participation of WHO and ILEP, a symposium on leprosy in light-skinned people was held in Santa Margherita Ligure, near Genoa, Italy, on 1-3 May 1981. The objectives of the symposium were two-fold: first, to give up-to-date information about the most important aspects of leprosy, with emphasis on clinical presentation as seen in Europe, and secondly, to publish the proceedings together with an atlas of clinical manifestations of leprosy in patients with light skins. Five thousand copies of these proceedings are to be sent to dermatology and infectious disease departments of hospitals in Europe and the USA.

During the first two days of the symposium papers were given by F. Cottenot (France) on symptomatology and clinical diagnosis. K. F. Schaller (ILEP Medical Commission) on differential diagnosis, J. Terencio de las Aguas (Spain) on laboratory procedures, S. R. Pattyn (Belgium) on culture of *Mycobacteria leprae*, M. F. Lechat (Belgium) on epidemiology, A. D. M. Bryceson (Kenya) on immunology, R. H. Cormane (Netherlands) on immune complexes and auto-antibodies, J. Convit (Venezuela) on immunotherapy and immunoprophylaxis, W. H. Jopling (UK) on clinical classification, J. Boddingsius (Netherlands)

on mechanisms of nerve damage, M. F. R. Waters (UK) on leprosy reactions and their management, P. Brand (USA) on neuropathic ulceration, Margaret Brand (USA) on eye problems, H. N. Krenzien (W Germany) on chemotherapy of mycobacterial diseases, S. R. Pattyn (Belgium) on resistance and persistence of *M. leprae*, G. Acocella (Lepetit Research Laboratories) on rifampin, R. Mohareb (Egypt) on preliminary results of Abu Zaabal trial, D. L. Leiker (Netherlands) on clofazimine, H. Huikeshoven (Netherlands) on patient compliance with treatment, and S. K. Noordeen (WHO, Geneva) on chemoprophylaxis. The third day was devoted to short case histories, illustrated by color transparencies, in which 20 speakers took part; a selection of these will be reproduced in an atlas.

The organizers are to be congratulated on the success of this well attended symposium held in one of Italy's beauty spots, and a debt of gratitude is owed to Lepetit Pharmaceuticals Ltd. for financial backing and for providing a memorable dinner on 2 May for participants and guests.—W. H. Jopling (*Lepr. Rev.* 52 [1981] 276)

Morocco. *Fifth Meeting of the Association des Leprologues de Langue Française.* Promoted by the Association of the French Speaking Leprologists, this meeting was to be held in Casablanca (Morocco) 1–4 November 1981. Epidemiology, Bacteriology, Immunology, Clinical Aspects, and Therapy were to be the subjects of the main sessions. The program was to be 3 full days. Epidemiologic considerations were to be covered the first day, including the themes of "Leprosy in the Maghreb" and "The Evolution of Epidemiologic Concepts," by Professor Lechat. On the second day the theme of "Bacteriology" was to be moderated by Dr. Pattyn, with Dr. Grosset as the rapporteur. "Therapy" was to be moderated by Dr. Bechelli, with discussions of antibiotics by Dr. Grosset, chemotherapy by Dr. Languillon, immunotherapy by Dr. Wallach, and visceral lesions by Dr. Rollier. Transitional lesions and histopathology were also to be discussed. On the third day, the theme of "Neuritis" was to be moderated by Dr. Courbil. Following free communications, social problems of internation-

al organization were to be discussed by Dr. Sansarricq. The meetings were to be held at the Faculty of Medicine of Casablanca.—(*Adapted from materials provided by Dr. L. M. Bechelli*)

The Netherlands. *Leprosy documentation service established in Amsterdam.* In concern over the shortage of teaching materials appropriate for the use of health personnel in the Third World, many ILEP Member-Associations are devoting substantial funds to the publication of teaching booklets on leprosy, the provision of audiovisual equipment and material, and regular subsidies to the various leprosy journals. Probably, however, other teaching material is being produced outside ILEP and, in order to provide information about what is available in various languages worldwide, a leprosy documentation service has been established in Amsterdam. At its recent meeting in Copenhagen, on 12 June 1981, the ILEP Medical Commission requested that copies of all teaching material in whatever language be sent to this center. The address is: The Leprosy Documentation Service, Royal Tropical Institute, 63 Mauritskade, 1092 Ad Amsterdam.—(*Adapted from materials provided by Dr. Harold Wheate*)

Request for back issues of the IJL. Dr. J. Boddin-gius requests information as to the availability of Volumes 1–14 (1933–1946) of the INTERNATIONAL JOURNAL OF LEPROSY. These back issues are not available in official libraries in The Netherlands and are not available in printed form from the business office of the JOURNAL. Dr. Boddin-gius requests that any reader who might be willing to sell or donate these issues of the JOURNAL to Erasmus Universiteit Rotterdam Medical Library please contact:

Dr. G. A. J. S. van Marle
Hoofd Medische Bibliotheek
Erasmus Universiteit Rotterdam
Postbus 1738, 3000 DR, Rotterdam
THE NETHERLANDS

—RCH

Norway. *Symposium on epidemiology held.* An International Symposium on the

Epidemiology of Leprosy was held at the Bardøla Hotel in Geilo, Norway, 1–3 September 1981. It was arranged by Redd Barna (Norwegian Save the Children) in cooperation with the Sasakawa Memorial Health Foundation with participation from the World Health Organization. Morten Harboe and Otto Closs from Oslo were co-chairmen of the symposium, which included 52 participants from 18 countries and 6 continents. Following the opening of the symposium by Mr. Ryoichi Sasakawa and a general introduction by Dr. Harboe, sessions were held dealing with 1) the geographic distribution of leprosy, 2) the mechanism(s) of spread, 3) the identification of high-risk groups through analysis of factors contributing to resistance/susceptibility, 4) patterns of epidemiologic change, 5) problems in models of population studies, and 6) immunologic tools in epidemiology. The proceedings of the symposium, including full texts of the papers presented, will be published as a supplement to volume 52 of *LEPROSY REVIEW* and should be available in December 1981.—RCH

Paraguay. *Dr. W. F. Kirchheimer receives plaque of appreciation.* In Asuncion, Paraguay, 12 August 1981, Dr. Kirchheimer was given a plaque of appreciation from Mr. Ryoichi Sasakawa, President, Nihon Ken-sho-Kai Foundation in Japan, which awards outstanding contributions in different fields significant to human progress. The award reads:

“You have been devoting your time and energy for the research activities in leprosy for many years, and your scientific acumen and accumulated experience have enabled you to detect hitherto unsuspected possibility of using armadillo for *in vivo* production of *M. leprae* and also as an animal model for study of human leprosy. This discovery opened wide the existing constraint for leprosy research by making it possible to supply a large quantity of *M. leprae* from which it is no longer a mere dream to expect powerful tools, including a possible preventive vaccine, to fight against the disease for its eventual eradication.”

“It is a great privilege and honour for our foundation to offer you this ‘Plaque of Appreciation’ as an expression of our pro-

found gratitude and admiration for your devotion in your research in leprosy.” The award presentation honoring Dr. Kirchheimer was held on September 1981 in Asuncion by Dr. A. Alvarega, Director of the Department of Leprosy, Ministry of Public Health and Social Welfare in the Republic of Paraguay, in the presence of persons concerned with leprosy. The Plaque of Appreciation and Certificate of Gratitude were presented to Dr. Kirchheimer by Dr. M. Nishiura, Prof. of Kyoto University, Japan, as the representative of the organization.

A similar award was presented to Dr. S. G. Browne in 1979.—RCH

Switzerland. *Report of the Third Meeting of the Scientific Working Group (SWG) on the Chemotherapy of Leprosy (THELEP), Geneva, 20–22 October 1980.* The third meeting of the Scientific Working Group (SWG) on the Chemotherapy of Leprosy (THELEP) was held in Geneva, 20–22 October 1980, to review progress made in several THELEP activities. Ongoing formal surveys of dapsone resistance were judged to have demonstrated the widespread nature of this phenomenon so convincingly that it was not necessary further to enlarge the program. On the other hand, the establishment of mouse foot pad laboratories in many leprosy-endemic countries and regions is to be promoted, and leprosy control programs are to be encouraged to make use of these laboratories in programs of continuing surveillance. Development of a protocol for the conduct of trials of chemotherapy of non-lepromatous leprosy was decided upon, as was promotion of the development of new screens for anti-*M. leprae* activity.—From the WHO report

WHO experts recommend continued use of BCG vaccination against tuberculosis. Despite findings of a trial in the South of India that called into question the effectiveness of BCG vaccine, it should still be used to immunize children against tuberculosis. Such is the key recommendation of two groups of experts, brought together by the World Health Organization, that examined the trial's implications for immunization

programs now underway throughout the world.

The trial was launched in 1968. As planned, a first "intake" phase of tuberculin tests, X-ray examinations, and BCG vaccinations ran for over 2 years. A follow-up phase of case finding began in 1971 and is scheduled to go through 1981. However, 7½ years into the latter phase, public health authorities found that BCG vaccine afforded no protection against pulmonary tuberculosis, the most common form of the disease.

These findings, published over a year ago, led WHO to sponsor two meetings last year, a Scientific Group on Vaccines against Tuberculosis and a Study Group on BCG Vaccination Policies, to study the issues that the trial raised.

While admitting that "the lack of protection from BCG in the study population was a complete surprise," in separate reports recently released, both groups urged the continued use of BCG vaccine, particularly in mass immunization programs aimed at infants and children. The experts convened to advise on vaccination policies agreed that "it is sensible and wise to do so," taking into account the safety of the vaccine, its low cost, and the results of other scientifically validated studies.

In another key recommendation, the experts called for new studies, after noting that there is, particularly, a lack of recent scientific data on the effect of BCG in tropical climates. Virtually all that is now known of the vaccine's protective effect is derived from experience gained in temperate countries, notably from trials carried out in Europe and North America.

There have been no large-scale field trials, except for India's, the experts point out, that have taken place under "conditions mainly encountered in developing countries." Even "the south Indian trial has not provided sufficient information on the effect of BCG in infants and young children."

The recommendation that BCG vaccination should continue bears directly on WHO's new Expanded Programme on Immunization, aimed at protecting children against six major killers, including tuberculosis.—WHO Chronicle 35 (1981) 96.

U.S.A. Department of Health and Human Services Honor Awards. Two members of the National Hansen's Disease Center at Carville, Louisiana, were honored by the federal government at the Department of Health and Human Services Honor Awards Ceremony held on 22 July 1981 in Washington, D.C. Dr. Paul W. Brand, Chief of the Rehabilitation Branch, received the Distinguished Service Award in recognition of multiple clinical, research, consultative, and teaching activities that have vastly enhanced the care of Hansen's disease patients throughout the world. Mr. Philip P. Pepper, Associate Director for Administration and Acting Deputy Director, was the recipient of the Award for Exceptional Achievement for his outstanding service and effective leadership in abolishing social, psychological, and physical barriers to handicapped citizens in their home, communities, and in the federal work force.—The Star 40 (1981) 15.

Leonard Wood Memorial announces new leadership. The Leonard Wood Memorial (American Leprosy Foundation) has recently elected Mr. John Whitmore as its new President and Chairman of the Board. Mr. Whitmore, who is President of Bessemer Trust in New York and a long time active Board Member of the Memorial, announces the appointment of Dr. Jay Sanford, Dean of the School of Medicine, Uniformed Services University of the Health Sciences in Washington, D.C., as the new Chairman of the Leonard Wood Scientific Advisory Board.

Mr. Whitmore in his announcement said, "the Leonard Wood Memorial is embarking on an enhanced scientific effort to find the ultimate solution to Hansen's Disease. Under Dr. Sanford's leadership, the Scientific Advisory Board will carefully develop and maintain an outstanding program in leprosy research." Additional new members of the Board include: Baruch S. Blumberg, M.D., Ph.D., Kenneth S. Warren, M.D., John P. Utz, M.D., Philip K. Russell, M.D., Wayne Myers, M.D., Ph.D., Ward E. Bullock, M.D., David J. Drutz, M.D., and Michael M. Frank, M.D. A working symposium is planned for early Summer, 1982.

Additional new staff members are Mr. Michael Delaney, Executive Director, and Dr. James Kvach, Associate Microbiologist, who was formerly active in leprosy research at Johns Hopkins University in Baltimore, Maryland.

The Leonard Wood is intensifying its overall research efforts at its active laboratory facility at the George Washington University School of Medicine in Washington, D.C., and at the laboratory facility at the Eversley Childs Sanitarium in Cebu, Philippines. The offices of the Leonard Wood are newly located at 11600 Nebel Street, Suite 210, Rockville, Maryland 20852.—Michael W. Delaney

USSR. *International Conference on Primary Health Care (PHC) held at Alma-Ata, USSR, in 1978.* The absence of organized health care in many parts of the developing world has focused attention on the inadequacy of their health systems. These have concentrated on the construction of new hospitals and the extension of old ones which serve mainly the urban population and take up most of the national health care budget. There is, thus, little to "spare" for the vast underserved populations. Besides, the way the hospitals function, with their emphasis on curative rather than preventive care, could not make much impact on the major causes of ill health in the developing countries such as malnutrition and communicable diseases.

The alternative to these health systems, which cannot possibly cope with the increasing health problems of the world, is the approach of primary health care (PHC).

What is primary health care? The International Conference on PHC, held at Alma-Ata, USSR, in 1978, defined PHC as essential health care with at least the following eight components: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs. Services in all these areas are to be provided, the Declaration of Alma-Ata underlines, "to individuals and families in the community through their full participation . . . in the spirit of self-reliance and self-determination."

It is this approach, based on practical considerations and on the potential energy of self-reliant people mobilized to participate in an activity in which they believe, that has been found to be the key to realizing the goal of "Health for All by the Year 2000." With PHC as its principal instrument, "Health for All" becomes a practical proposition and not merely a pious hope.—WHO Chronicle 35 (1981) 82.