

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's last leprosarium closed and Hansen's disease symposium at Perth.* Australia's last leprosarium, situated in the far north of Western Australia near the town of Derby, was officially closed on 5 September 1986. It had been operating for about 50 years, and the patients were looked after by the Sisters of St. John of God who, in fact, came to Western Australia specifically for this purpose. In the early days the patient population was approximately 300, but in the 1980s there were only a few patients in residence and these were there mostly for social reasons. A special ceremony was held at the leprosarium involving large numbers of former patients and staff. A special commemorative service, including traditional Aboriginal ceremonies since most of those buried there were Aboriginals, was held in the graveyard.

As an adjunct to this, a symposium on Hansen's disease was held on 8 September 1986 in Perth, at the initiative of the Health Department of Western Australia. The keynote speaker was Professor M. F. Lechat, President of the International Leprosy Association and a member of the World Health Organization Expert Committee on Leprosy. The title of his paper was "Future Prospects for the Eradication of Leprosy."

Other speakers included Associate Professor Clement Boughton, Department of Medicine, University of New South Wales; Dr. John Hargrave, Director, Leprosy Control Programme, Northern Territory; Dr. Randolph Spargo, member, Health Department of Western Australia; Dr. Geoff Smith, Medical Director, CIBA-GEIGY Australia Ltd.; and Dr. Grace Warren of The Leprosy Mission—Dr. J. J. Cassidy



India. *Indo-U.S. Symposium on Immunology & Molecular Biology of Leprosy.* The Indo-U.S. Symposium on "Immunology and Molecular Biology of Leprosy" was held

at the All India Institute of Medical Sciences (AIIMS), New Delhi, from 27-30 January 1986. This meeting was an activity of the Indo-U.S. subcommission and finan-

cially supported by the Department of Science and Technology, India, and National Institute of Allergy and Infectious Diseases, Bethesda, Maryland, U.S.A. It was convened by Dr. Indira Nath of AIIMS and Dr. Z. A. Cohn of the Rockefeller University, New York City. One hundred thirty scientists participated officially, of which 30 were from U.S.A. Immunologists, specialists in leprosy, tuberculosis, and young scientists from both countries interacted over a 3-day period in formal and at structured informal discussion sessions. In addition, many medical students, post-graduate and post-doctoral fellows from New Delhi attended the sessions.

The objectives of the meeting were to update the immunology of leprosy, understand the new advances in molecular biology, and focus on those aspects of basic immunobiology that may help in planning newer strategies for the investigation of leprosy.

Dr. S. Bhargava, Director of AIIMS, welcomed the scientists. Dr. V. Ramalingaswami, Director General of Indian Council for Medical Research, gave an overview of the Indian research being currently undertaken in the health sciences. Dr. S. Ramachandran, Secretary, Department of Biotechnology, spoke on the recent thrust being made in India in the field of modern biotechnology. Dr. P. Schambra, Science Attache, U.S. Embassy, while welcoming the participants, explained the genesis and the objectives of the Indo-U.S. collaboration under the Senior Scientist Initiative Programme.

At the concluding session, Dr. Z. A. Cohn of Rockefeller University summarized the thrust areas for future research collaboration in leprosy under three categories:

1) Patient care: At village level this requires early diagnosis of the disease and prompt multidrug chemotherapy. Research aimed at early identification of leprosy would have far reaching implications.

2) Basic research: a) Defining the chemistry of *M. leprae* both by tools of molecular biology and careful chemical analysis would make possible the definition of lipid, carbohydrate and protein moieties of importance for T-cell reactivity and immunogenicity. Recombinant DNA technology alone

may produce polypeptides, but little information would be possible regarding the architecture and display of molecules on the surface and those that traverse cell membrane; b) the properties of human Schwann cells, particularly in relation to receptor ligand interaction, are unknown. The antigens displayed on Schwann cells, the role of phenolic glycolipid in relation to myelin, and the factors that influence the uptake of *M. leprae* or subvert the bacillus from the Schwann cell to macrophages require definition; c) the properties of cells in leprosy lesions, in terms of age-related monocyte/macrophage functions, e.g., production of toxic O₂ radicals and responsiveness to gamma interferon, are areas yet to be explored; d) T-cell defect central to leprosy requires sophisticated methodology. The T-cell dynamics that influence migration into lesions, modify association with local endothelial cells require further investigation; e) more research is required into newer antileprosy and antituberculosis drugs for overcoming emergence of drug resistance to the presently available drugs; f) investigation in tuberculosis from the viewpoint of diagnosis and immunology requires urgent attention as the mortality and morbidity of these diseases affects larger populations.

3) Training of scientists: The collaboration between India and the U.S.A. was best envisaged in this area. It was considered necessary that young Indian scientists spend time in the basic laboratories in the U.S.A. In most cases, proficiency would take several years. However, frequent dialog between both groups of workers would lead to a new coterie of experimental medical researchers with an independent approach to tackling the problems in infectious disease. Such people should be nurtured; the countries should establish situations where they can continue to work effectively.

Dr. Karl Western of NIAID and Dr. Maclyn McCarty of the Heiser Foundation gave information regarding training facilities and fellowships available to foreign scientists. Dr. V. Ramalingaswami, Director General of the Indian Council of Medical Research, and Dr. M. G. K. Menon, Scientific Advisor to the Prime Minister, defined the commitment of India both in principle and in monetary terms to medical research in gen-

eral and to leprosy in particular.—(From the Foreward and the Proceedings)

International Meeting on Voluntary Organizations in Leprosy. The International Meeting of Voluntary Organizations in Leprosy was organized by Rehabilitation Co-ordination, India, Gandhi Memorial Leprosy Foundation, and National Leprosy Organization on 13 and 14 September 1986 in Bombay with the following background and objectives.

In developing countries, rather than remaining exclusive government programs, leprosy control efforts are being transformed into a movement of the people. A number of international organizations, mostly from developed countries, are extending financial and technical support to the developing countries. There has also been an increase in the number of nongovernmental organizations working in the field of leprosy in the developing world. This has brought into focus the need to build a bridge of understanding between government and nongovernmental organizations to support the grass root level local agencies whose needs are neither articulated nor their experiences and experiments recognized or documented. A need, therefore, for a common forum for sharing of these experiences and technical know-how across international borders has been felt at all levels, with following objectives: a) To foster cooperation among voluntary organizations; b) To pave the way for an effective linkage between the voluntary organizations at international, national, and local levels; c) To build a bridge of understanding between government and nongovernment organizations; d) To develop better understanding between international agencies providing funds and technical support; and e) To develop a forum for all types of international voluntary organizations for exchange of ideas and experiences.

Sixty-seven delegates from 11 countries (Switzerland, West Germany, New Zealand, Egypt, Sudan, Pakistan, Singapore, Turkey, Malaysia, Nepal, and India) attended the meeting.

The main theme paper was presented by Shri S. P. Tare, Director, Gandhi Memorial Leprosy Foundation, Wardha, India. Ten

papers were presented in four plenary sessions.

The International Meeting came to the conclusion that there is a need for establishing an international network of voluntary agencies to be named as International Leprosy Union. A small working group of nine members was formed to work out details of formulation of such an international union.—(From materials from S. P. Tare)

Western Regional Leprosy Workers' Conference. The Western Regional Leprosy Workers' Conference was organized at Monte-de-Guirim, Mapusa, Goa, 8–10 November 1985. It was jointly organized by the Directorate of Health Services, Goa, branches of Hind Kusht Nivaran Sangh (Western Region-Goa, Maharashtra, Madhya Pradesh, Gujarat, and Rajasthan) and National Leprosy Organization. It was attended by 199 delegates from Gujarath, Goa, Madhya Pradesh, Maharashtra, and Rajasthan. Since the main objective of this conference was to encourage paramedical workers to present scientific papers based on their experiences, all of the presentations were limited to them, along with three guest lectures by eminent scientists; 29 papers were presented on different sessions such as laboratory aspects of leprosy, operational and clinical aspects, physiotherapy, rehabilitation and social welfare, health education and training and treatment.—(From the Proceedings)

Mexico. *Asociación Mexicana de Acción contra la Lepra, A. C.* La Asociación Mexicana de Acción contra la Lepra, A. C., tiene el honor de informar a usted que en la XXXIX Asamblea General Ordinaria de Socios celebrada el día 24 de abril próximo pasado resultaron electos para el bienio de 1986 a 1988 los siguientes cuerpos directivos:

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—(From correspondence from Dr. Arenas)

Switzerland. *Leprosy sample surveys.* Data on the prevalence of leprosy in most countries where the disease is endemic are suspect and considerably underestimate the true number of cases. In order to redress this situation, reliable prevalence data are required, not only to facilitate formulation of national plans for leprosy control, but also for the evaluation of existing control programs. Suitably designed sample surveys, a valuable source of data of this type, can realistically be undertaken by trained peripheral health staff. Such surveys are cost-effective and rapid.

In order to provide health workers with the information to carry out sample surveys to estimate the prevalence of leprosy, WHO has produced a guide outlining basic sampling techniques and methods for the interpretation of the results produced. [Sample surveys in leprosy—an introductory manual. Unpublished WHO document (CDS/LEP/86.1).] Dealing first with fundamental considerations of sample design, the guide covers methods of sampling, before proceeding to treat statistical techniques that are useful in sample surveys. Subsequent sections describe, inter alia, the use of random numbers in sample selection, organization of a sample survey, and a brief description of suitable criteria for diagnosing leprosy in the field. The manual also includes a section highlighting measures of reducing the extent of nonsampling errors in leprosy sample surveys. Requests for single copies of the manual should be addressed to Division of Communicable Dis-

cases, World Health Organization, 1211 Geneva 27, Switzerland.—(From Bull. WHO 64 [1986] 357)

Training in leprosy; WHO publication. This valuable document (WHO/CDS/LEP/86.2) in English deals with the subject of training in leprosy under the following main headings: Introduction, training health personnel in leprosy, teaching and training considerations, teaching-learning materials on leprosy, references. This is virtually essential reading and study for all concerned with clinical management and leprosy control, and represents the combined experience of Miss P. J. Neville, Education and Training Secretary of The Leprosy Mission International; Dr. Felton Ross, Medical Adviser, American Leprosy Missions, U.S.A., and the Leprosy Unit, Division of Communicable Diseases, World Health Organization, Geneva.—(From Lepr. Rev.)

U.K. *XVI General Assembly of ILEP, Edinburgh, July 1986.* The following press release was issued by LEPROA on the occasion of this meeting in Edinburgh:

“Seventeen major voluntary agencies, all Members of the International Federation of Anti-Leprosy Associations (ILEP), met in Edinburgh from 1 to 6 July 1986 for their XVIth General Assembly.

The meetings were to ensure continuing co-operation between the agencies in leprosy work in more than 100 developing countries, and to enable the best use of resources by avoiding competition and duplication.

1986 is also the 20th anniversary of the founding of the Federation. During this time ILEP Members have spent 350 million U.S. dollars, treating about 1½ million leprosy patients every year; 1 million have been cured and 2–3 million new cases detected ILEP helps at least a third of all those under treatment in the world.

The lion's share of support (70%) goes to treatment projects, but ILEP Members are increasingly turning their attention to research (3.9 million U.S. dollars in 1985). The 20th anniversary has been used as an occasion to launch a series of research projects in areas identified by the ILEP Medical Commission as vital for the future of lep-

rosy control. The first of these, a vaccine trial, is already under way in Malawi under the leadership of LEPROA.

In the realm of treatment, the most important breakthrough in recent years was the introduction of multidrug therapy (MDT), to combat the risk of drug resistance and shorten the length of treatment. The majority of ILEP-supported projects are already implementing MDT in some form.

The General Assembly invested as President, Mr. André Récipon, President of the Raoul Follereau Association in France, for

the period 1986 to 1988, in place of the outgoing President, Mr G. F. Harris of LEPROA (U.K.)."—(From *Lepr. Rev.*)

The Leprosy Mission (TLM) International 1987 changes. Bill Edgar, who has served TLM well as Editor of PARTNERS, will become TLM International Director during 1987. Taking over as Editor of PARTNERS will be Jane Neville, TLM Education and Training Director. We wish them both well in their new responsibilities with TLM.—RCH