

ADDRESS OF INCOMING ILA PRESIDENT

Wayne M. Meyers

President Lechat, Mrs. Veder-Smit, Distinguished Colleagues and Friends,

It is a great honor for me to accept the position of President of the International Leprosy Association (ILA). 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.

The initial objectives of the ILA were: a) to encourage and facilitate mutual acquaintance between persons of all nationalities who are concerned with leprosy work and to coordinate these efforts; b) to facilitate the dissemination of knowledge of the disease of leprosy, and its control; c) to aid in any other practical way the antileprosy campaign throughout the world, and d) 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 XIII 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 paramedical workers and the education of the public have helped to advance the effectiveness of control programs. 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 paramedics, 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 programs and ILEP.

But there is no place for complacency. Less than one third of all leprosy patients and as few as 1 in 10 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. Socioeconomic factors contributing to the transmission and ineffective control of leprosy prevail in vast populations at risk.

There is every hope that by the XIV 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: a) 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.” b) 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. c) 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 good will, while maintaining the integrity and identity of the ILA. d) 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 XIII International Leprosy Congress officially closed.