

NEWS & VIEWS

A Proposal for the Control of Leprosy

Dr. L. Hermans, Léoooldville, has sent us the following comments on the problem of leprosy treatment :

"The treatment of leprosy patients—particularly lepromatous cases—with sulphones involves a variety of difficulties. These include resistance to therapy with constantly positive bacterioscopic findings, even where medication has been continued for several years, and also frequent lepra reactions, especially erythema nodosum, polyneuritis, etc.

The results obtained with the thiourea derivative Ciba-1906, as published in the literature, prompted us to give the drug a trial in 9 patients with lepromatous leprosy—2 fresh and 7 old cases. The cases of long-standing had previously received sulphones (D.D.S. by mouth) for 4-6 years without recovery being achieved. 4 patients had repeatedly developed erythema nodosum during sulphone treatment.

The table overleaf summarises the observations we made in 7 of the cases during more or less extensive treatment with sulphones and during the 8 months of therapy with Ciba-1906. Where the dosage was increased to 500 mg. 4 times daily, the skin lesions disappeared entirely in 3 of the 5 old cases, while the 2 others showed considerable improvement. It should also be emphasised that the patients tolerated the drug excellently, as could be seen from their body weight, haemoglobin, erythrocyte count, and, in short, from the improvement in their general condition. This improvement, moreover, was obtained without a special diet and without the administration of iron preparations or anti-anaemic agents. No pathological signs were found in the urine, nor did leucocytosis develop. Neither clinical nor psychiatric examination revealed any evidence of hypothyroidism. The results were equally remarkable in the 2 fresh cases of leprosy which we treated with Ciba-1906 during the same period : the lesions regressed almost entirely, the patients became free of bacteria, and their condition appeared to be substantially improved. Unfortunately, erythema nodosum occurred once again in 3 of the old cases. In 2 patients the reaction was so violent that we had to interrupt treatment. One of these cases showed a spectacular response to A.C.T.H. therapy.

The clinical and bacteriological results that we have so far obtained with Ciba-1906 in 5 old cases of lepromatous leprosy confirm therefore that speakers at the International Leprosy Conference in Brazzaville (1959) were right to recommend the drug for cases resistant to D.D.S. Ciba-1906 also proved very useful in certain fresh cases of leprosy. It should, however, always be used with the same precautions as the sulphones."

Note : Ciba-1906 is not available in India.

American Social Health Association, New York, 19, N.Y.

This is a brief report of our stewardship, presented to you in the name of our officers and board of directors.

The Problems: VD, promiscuity, prostitution, inadequate preparation of young people for marriage and family life, and the failure of both home and community to foster emotional and spiritual maturity in youth — are inseparable and worldwide. We believe, as you do, that these problems can be prevented or, in varying degrees, lessened.

Our Programme: Education for personal and family living, demonstrations in schools and colleges, dissemination of public information, community organisation, research, investigation of prostitution and allied vice conditions — coupled with constant liaison with the Armed Forces, the Public Health Service, and countless voluntary and official agencies, here and abroad—is time-tested and, generally, effective.

You have encouraged us in our Programme. With your continued encouragement, we shall expand and improve it.

“Yes” is our slogan. “Yes” will remain our response. —*Frank H. Heller.*

Education for Personal and Family Living . . .

Truly great educators and clear-thinking community leaders the world over recognize today that education for personal and family living is as vital to human progress as space flight or higher mathematics.

During the past eight years, aided by foundation funds and by matching funds from the National Congress of Parents and Teachers, immeasurably assisted by hundreds of volunteers—ASHA's staff has initiated, guided and developed family life education programmes in 23 states and the District of Columbia.

Some of these programmes were beamed at teachers and the faculties of teacher education institutions; others involved both educators and members of numerous professions, as well as PTA leaders—thus providing an ever-broadening base of community involvement.

Since 1953, Asha directly sponsored, participated in or subsidized seventy workshops, institutes and seminars. These provided training opportunities for more than 3,200 teachers and professional workers.

IN 1960 ASHA STAFF GUIDED OR PARTICIPATED IN 26 PILOT PROJECTS IN 10 STATES AND . . .

Participated in 9 workshops in 5 states,

Published 5 new education booklets and distributed more than 50,000 copies of staff-written articles throughout the United States and other countries,

Conducted 5 family life education conferences in 5 states, and
 Made 50 public addresses and gave consultant services and
 demonstrations in 50 cities in 20 states.

Community Services . . .

Asha's community services cover a broad range . . . *consultations* with affiliates, staffs of many other health, welfare and education agencies; *discussions* with civic leaders of problems in the local social environment which, unless brought under control, may give rise to social disorders; liaison with the Armed Forces through Joint Armed Forces Disciplinary Control Boards on matters relating to the health and moral welfare of service personnel. *development* of city, state and regional conferences on educational aspects of social health programming, and *public addresses* before civic and professional groups.

Health, moral and social problems are national in scope, but action designed to solve these problems must be initiated in local communities. Although ASHA is a national agency, its work in this area is done in co-operation with local groups and individuals.

Providing adequate and effective community services demands a high degree of creativity, imagination, experience and skill. Communities differ. So do their inhabitants. So do their needs. And so do their requests for ASHA's services.

Members of ASHA's field and headquarters staffs made 358 visits in 1960 to communities in 43 states and the District of Columbia. Total impact cannot be precisely measured, but the consistent rise in the number of calls for ASHA's services strongly suggests their value.

International Activities . . .

ASHA is the Office for the Americas of the International Union Against the Venereal Diseases and Treponematoses; it has official standing with the United Nations as a Non-Governmental Agency; the Chairman of ASHA's Executive Committee is President of the IUVD.

Community Studies . . .

Prostitution doesn't "just go away"—it merely changes character. Hotel call-girls and streetwalkers today replace yesterday's brothel inmates.

VD Prevention and Control

Experience has proved that, although the venereal diseases can be cured by antibiotics, VD control cannot rest on cure alone. The venereal diseases are, in effect, behaviour disorders and can be prevented and controlled only as such.

For 8 years, ASHA has — in conjunction with the Association of State and Territorial Officers and the American VD Association — studied the national VD situation, published an annual statement defining the problems encountered by state and local health authorities, and brought the findings to the attention of the public and of Congressional appropriations bodies: As a result, funds made available to states and localities for VD control have been increased.

As anticipated, VD rates have risen dramatically. If the trend established in 1960 continues, infectious syphilis will have increased 192% from 1957 to mid-1961. Nearly half of the reported cases occurred in the 15 to 24 year age group, involved both whites and non-whites and members of all socio-economic groups.

These are only the *reported* cases. The Public Health Service incidence of 60,000 new cases of syphilis and 1,000,000 cases of gonorrhoea yearly. VD prevention and control effort must continue to hold high priority in ASHA's programme.

Research into the behavioural causes of the problems with which ASHA deals is the bedrock of programme. Of four research projects initiated by ASHA, two are now completed and the others are nearing completion. The study made at the University of California at Los Angeles is about to be published, as is the study of 600 teen-agers attending New York City VD clinics.

Readers of ASHA's publications will find that both reports confirm some and challenge other stereotyped ideas long promulgated in the professions concerned with adolescent behaviour.

The Pfizer Antibiotic Plant at Chandigarh, Punjab, the first to make tetracycline from Indian basic raw materials is now complete and production has started.

At the request of the Surgeon General, Government of Maharashtra, Bombay, PFIZER-DUMEX has rushed a supply of Chloramex Capsules (Chloramphenicol with vitamins) to the Dean of Sassoon Hospitals, Poona, as a donation. It is feared that as a result of the floods, an epidemic of cholera and gastro-enteritis may develop amongst the victims. The Chloramex Capsules will be of very good use in similar cases.

PFIZER-DUMEX has also made another donation (in cash) to the Prime Minister's National Relief Fund for flood victims all over the country.

The International Society of Tropical Dermatology, New York: will publish a quarterly Journal, *Dermatologia Tropica*, of which the editorial staff will be composed of the following individuals:

Prof. Aldo Castellani, M.D., Editor-in-Chief, Lisbon, Portugal.
Vincent J. Derbes, M.D., Executive-Editor, Tulane University Medical School, New Orleans, Louisiana.
Rodney Clifton Jung, M.D., Assistant Executive Editor, Tulane University Medical School, New Orleans, Louisiana.

Associate Editors : Prof. Roberto Nunez Andrada, Mexico 5, D.F. Mexico. Rudolf L. Baer, M.D., New York, N.Y., U.S.A. Orlando Canizares, M.D., New York, N.Y., U.S.A. Prof. Dr. Olympio da Fonseca, Rio de Janeiro, Brazil. Prof. Dr. Juvenal Esteves, Lisbon, Portugal. Manuel Fernandez, M.D., Manila, Philippines. Prof. Dr. J. Gay Prieto, Madrid, Spain. Thorstein Guthe, M.D., Geneva, Switzerland. Donald Pillsbury, M.D., Philadelphia, Pa. Prof. Dr. Werner Jadassohn, Geneva, Switzerland. K. C. Kandari, M.D., New Delhi 16, India. Prof. Dr. Pavel Kashkin, Leningrad, USSR. T. D. Majumdar, M.D., Calcutta 14, India. Prof. Dr. Shin-ichi Matsumoto, Osaka, Japan. Prof. Dr. Hans Schuermann, Bonn-Venusberg, Germany. Prof. Dr. H. Storch, Zurich, Switzerland. M. J. Woerdeman, M.D., Amsterdam, Holland.

Frederick Reiss, M.D., Chairman, Editorial Advisory Board.

The Editorial Board is composed of 62 outstanding dermatologists; India being represented by the following: Major Valai Lal Chuckerbutty; Dr. H. H. Gass; Ceylon being represented by Dr. K. Nityananda and Pakistan by Dr. Ali Shaikh.

Articles will be published relating to tropical dermatology or related basic sciences.

Further enquiries to Secretary-General: Frederick Reiss, 870, Fifth Avenue, New York 21, N.Y.

International Seminar on Arteriosclerosis (Bombay, 3rd, 4th and 5th February, 1962):— Papers are invited for the above Seminar which will cover all aspects of arteriosclerosis. Special Sessions will be devoted to the following subjects: 1. Cardiovascular Arteriosclerosis; 2. Neurological Arteriosclerosis; 3. Peripheral Vascular Arteriosclerosis; 4. Experimental Arteriosclerosis; 5. Panel Discussion on Arteriosclerosis, which will be of special interest to general physicians.

It may be possible to arrange for return air/first class rail fares for those whose papers are selected for presentation at the Seminar. In addition, they will stay in Bombay for the duration of the Seminar as guests of the Organising Committee. The last date for receiving summaries is December 1st 1961. They should be sent to:—

Jt. Organising Secretaries,

International Seminar on Arteriosclerosis,

K.E.M. Hospital, Bombay-12.

The last date for registration of delegates is December 1st, 1961. There is no registration fee, but early registration is advisable as otherwise it may be difficult for the Organising Committee to arrange for accommodation. As international celebrities are expected, the Seminar will be widely attended.