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LETTER FROM GENEVA

Leprosy attacked on many fronts

Few diseases frighten more than lep-
rosy. From ancient, still primitive peo-
ples to modern societies, it conjures up
the thought of a fellow human being
with terminal symptoms of rotting limbs
and a nightmarish face—the classic
images that provoke panic. The picture
may be overdrawn.

Leprosy does, indeed, mysteriously
infect people of every race and skin
pigment. But the truth, so difficult for a
skeptical world to learn, is that the
disease is not extraordinarily contagious,
and somehow, most people have little-
understood, built-in defenses. Even
most mates of victims are safe. More-
over, prompt drug treatment prevents
deformity and disability even in the in-
fected.

The World Health Organization is
therefore focusing not only on extensive
research to discover the mode of trans-
mission—and possibly a vaccine—for
leprosy, but on the cultural aspects as
well.

"Horrorified communities must end the
age-old isolation of lepers," says Dr.
L. M. Bechelli, chief WHO medical
officer for this disease. "There is no
longer any justification for special hos-
pitals and leprosarria."

Dr. Bechelli and his colleagues, in
Geneva and throughout the world,
are now vociferously propagandizing
against leper colonies and against con-
gregation of patients after treatment.
"Discharged patients must be assimila-
ted into the general population and
discouraged from gathering in villages,"
he urges.

WHO estimates that about 11 mil-
lion cases exist; some 3 million have
been registered. Still almost 2 billion
people live in areas, usually marked by
unsanitary environments and malnutri-
tion, where prevalence rates of one per
1,000 indicate the magnitude of the risk.

In Africa, up to 10 percent of some
peoples are infected. Brazil knows of
tens of thousands of cases. China,
Korea, Burma and India are other
troubled countries.

More than half of the cases are now
believed to be registered in Africa, the
Americas and Asia, and about a fourth
of these are under treatment, except in
Asia where only about 12 percent are
being treated.

India has the highest rate, with about
2.5 million cases estimated. Mongolia
seems remarkably free of endemic
infection.

Recently medical journals in the
United States and elsewhere have re-

ported on the use of BCG vaccine, a
tuberculosis weapon, against leprosy
(SN: 7/29/67, p. 110).

But WHO scientists, among others find
that, "So far no significant difference in
BCG-vaccinated and control groups has
been established after two years of
follow-up examinations."

The UN medical teams at work in
Burma (SN: 1/27, p. 100) have been ex-
haustively pursuing the potential pro-
phylactic value of BCG. They have ex-
amined the 45,150 inhabitants in Singu
Township and are extending their activi-
ties to Shwebo, Wetlet and Kin-u town-
ships along the west bank of the Irra-
waddy River.

The rate of previous leprosy in the
population examined was found to be
31.58 per 1,000, and the current lepro-
matous rate 4.61 per 1,000. By year
end, 18,131 children had been included
in the trial, and 9,074 in the control
group.

Among them 106 cases have been de-
tected in the first, second and third an-
nual examination. The incidence per
1,000 is 6.08 in the first and 7.22 in the
second re-examination—statistically in-
significant.

Attempts to find chemicals that will
confer immunity are receiving high
WHO priority. In one trial with Dap-
sone (diphenyl sulfone) now progress-
ing in India, after 42 months of ob-
servation, the incidence is running
about 13 percent in the untreated group
and 6 percent in the prophylaxis
treated group. The differential has been
entirely due to good results among
case contacts up to 10 years of age. The
incidence of leprosy among contacts of
bacteriologically negative cases has been
similar in both control and Dapsone
treated groups, in contrast to results
achieved in contacts exposed to bacil-
lary cases.

Another trial is being organized to
compare the conventional dose with a
lower dose. In one of the centers,
in Venezuela, doctors have compared
the usual dose of Dapsone tablets with
monthly drug injections; results appear
similar in both groups.

WHO-directed projects are also prog-
ressing in serology and genetics. In-
direct immunofluorescent techniques
show cross immunity reactions between
M. leprae and *M. lepraemurium*. This
allows a quantitative estimation of cir-
culating antibodies in the sera of pa-
tients by indirect fluorescent antibody
methods.

David Alan Ehrlich

