

THE 9TH CONGRESS OF THE BRAZILIAN ASSOCIATION OF HANSENOLOGY AND THE 4TH CONGRESS OF THE COLLEGE OF HANSENOLOGY OF THE ENDEMIC COUNTRIES

EDITORIAL

How can we justify the organization of an International Congress devoted to a single disease and taking in consideration that such congresses have been held with some regularity since the last century? Such disease should be a very special one to explain this peculiarity.

Hansen's disease has been afflicting people for a millennia. Already known in India since 500 years BC it has spread out the world. It was brought to Europe by soldiers of Alexander the Great returning from the Indian campaign and was present in many European countries for centuries included in the so called "lepra complex" which included many other skin conditions. Bearing a heavy load of prejudice as other skin diseases, Hansen's disease was regarded as a divine punishment leading to ostracism and social exclusion to their sufferers besides the accompanying deformities and disabilities.

With the clarification of the "lepra complex" due to the identification and characterization of other diseases that were included in this complex, Hansen's disease was the sole disease to remain inside this complex and to bear the burden associated to it, that is, non-curable, highly contagious, deformity, ignorance of its cause and rejection by those considered as healthy people.

In 1855, Danielsen and Boeck (2) described Hansen's disease in scientific terms and in 1873 G.A. Hansen (3) discovered its causative agent, *M. leprae*. This was the very start of a battle that has not reached its end so far.

The first international meeting aiming to congregated all available knowledge on Hansen's disease and settling down strategies to fight it was the First International Conference on Leprosy (4) held in Berlin in the end of the 19th Century. This

meeting as well the following (Strasbourg, 1923) was attended by outstanding dermatologists such as Darier, Neisser, Jadassohn and others. However, after the elimination of Hansen's Disease from Europe, it has remained endemic only in poor regions of our planet. This fact led to the emergence of a new soldier in this battle: the hansenologist! These were those doctors fascinated by the challenge of HD due both to the lack of knowledge about the disease and to an intimate desire to help the afflicted patients. There was a mystic aura on those idealists being, many of them, actually missionaries that moved to faraway places to treat patients. Their medical background were quite variable. Most of them were internist, orthopedic surgeons, general surgeons or dermatologists and, as a matter of fact, regarding Hansen's disease, they acted as generalists. In this condition, they were obliged to conduct many research in the HD area due to the lack of material support in the places they were working and also to the lack of adequate personnel since many professional feared contagion and restrained themselves to join these battle. To many of them, the decision to work with HD patients were took under the same motivation that lead Father Damian when he confined himself in Molokay with his patients.

Even in more advanced places, HD was a peculiar medical specialty and those devoted to it faced many problems in their private practice. Stigmatized by the ignorance that surrounded the disease, aggravated in some places because of a segregational policy regarding the patient. The lack of knowledge about the pathology of HD, its causative agent and the lack of an effective treatment stimulated this situation of isolation. This fact led to an attempt to congregate this

reduced number of doctors in Congresses aiming an exchange of experiences and knowledge. With the progressive introduction of more effective drugs, the advances in experimental HD which lead to a better understanding of *M. leprae*, and the improvement of surgical techniques for rehabilitation, a new phase in the fight to HD took place. This fantastic progresses is a direct result of the work of hansenologists such as Cochrane, Wade, Souza Lima, Souza Campos, Shepard, Binford, Leiker and many others.

Nowadays, the picture has dramatically changed and the result of the fight is tending to our side. Due to the introduction of the new drug regimen the prevalence of HD has decreased from 10-12 million in 1981 to 2,7 million in 1993 (5). Hansenology is no longer a segregated medical specialty. Health personnel from different areas shows an increasing interest in the immunological and microbiological aspects of this disease giving outstanding contributions to the knowledge of HD. Congresses on HD are being held periodically and their new focal point is the elimination of HD. All these aspects contributed to stimulate WHO to establish the of eliminating HD as a public health problem by the year 2000 (less than 1 case per 10.000 inhabitants).

Despite this progress, there are still 600 thousand new cases each year in the world and cured patients are still under the peril of some immunological reaction and to develop disabilities. In this regard, the battle faces a new dimension and, more than ever, all effort must be concentrated not only to achieve the goal proposed by WHO but

also to extinguish this disease for ever.

In this context, dermatologist have an important role to play due to the relevant skin compromise and also because HD has been historically a part of dermatology. For this reason, and moreover when the goal of elimination is attained and a reduced number of patients will probably be treated in the private medical offices, dermatologist should not only treat cases but also act as sentinels to prevent the development of the disease.

Brazil has the second largest load of cases in the world and is the sole responsible for this endemic in Latin America. Two congresses will be held in Brazil next June 1997: the 9th Congress of the Brazilian Association of Hansenology and the 4th Congress of the College of Hansenology of the Endemic Countries. Both events are of particular importance to the elimination goal and all effort should be made to make these events a success. To achieve this, we need the active participation of all colleagues involved in the fight against HD, particularly those from Latin America. Again, these are two more congresses about a single disease but they are fully justified because they reflect an international effort to attain the control of a milenary disease that has been afflicting so many human beings.

We hope that in the near future HD will be included among other common themes in Congresses of Dermatology as a disease like any other.

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