

NEWS ITEMS

Afghanistan.—The following items received through official channels from C. Van H. Engert has come to the attention of the Acting Editor through the United States Department of State.

"It has been observed that the majority of lepers in Afghanistan are Hazaras. The Hazaras are Mongolians by race, although they are now Shiah and speak a corrupt form of Persian. They inhabit the central portion of Afghanistan *i.e.* the highlands around the upper Helmand river in the Hindu Kush, known as the Hazarajat, and are believed to be descendants of the hordes of Genghis Khan.

"In order, therefore, to make a study of the incidence of leprosy in the Hazarajat, the Afghan Government has sent Dr. Humayun Khan (an Afghan graduate of the University of Edinburgh) to the province. He is to collect information necessary to undertake anti-leprosy work among the Hazaras, with special reference to the possibility of isolating infectious cases in the Hazarajat itself before they can carry the disease to other parts of the country. With that end in view Dr. Humayun is to investigate also a project to establish a leper colony in the Yak Waland area, about 65 miles west of the historic site of Bamian."

Brazil.—On May 8, 1944 the President of the Republic of Brazil issued a Decree (no. 15,484) approving an extensive set of regulations for the National Leprosy Service of the National Department of Health.

The aim of the Leprosy Service is to organize and coördinate leprosy control efforts through the whole country, to initiate studies, and to render assistance to public and private agencies in this field. The service has three sections: Epidemiology, Organization and Control, and Administration, each with its duties specified in detail.

The Decree is another indication of Brazil's determination to eradicate leprosy. Unfortunately, it is of too great length to publish in full. Persons desiring to secure copies should communicate with Dr. Ernani Agricola, Director, Serviço Nacional de Lepra, Departamento Nacional de Saude, Rio de Janeiro, Brasil.

India.—The following is an excerpt of a letter from Dr. Edwin C. Cort of the Presbyterian Board of Foreign Missions: "You will be interested to know that Dr. M. Oberdörffer, the German doctor who spent a year in Chieng Mai Leprosarium, and who sponsored the idea that the toxins from various forms of colocalia were the etiological factors in the spread of leprosy, was shot on the northwest frontier of India, near the Kyber Pass, while running guns to the Fakir of Ipi. He had established leper research institutions in Teheran, Iran, Kabul, Afghanistan, and perhaps others; and it was discovered that these leper institutions were camouflage for stores of arms — machine guns, rifles, etc."

New Guinea.—The following news item has been received from the office of the Surgeon General of the United States Army. It is contained in a letter from Brigadier General Bayne-Jones to Mr. Perry Burgess. It is quoted from a manuscript submitted by Dr. Nathan Shlimovitz, M.C., A.U.S., entitled "Leprosy. A report of nine cases among natives of the Mount Hagen area in New Guinea." Dr. Shlimovitz states that the nine cases were of various types of leprosy in fairly advanced stages, with diagnoses confirmed by demonstration of *M. leprae* in tissue removed at biopsy and in smears from lesions. In discussion he says, "The existence of leprosy among the natives of the coastal regions of New Guinea has been known for some time and a leprosarium was maintained at Madang for their treatment. Very little was known

medically about the natives that lived in the interior highlands of the country. The writer had the opportunity of studying these people over a period of two months, June to August 1944 at an Australian Station in the Mount Hagen Area. This area is over 5,000 feet above sea level and is believed to be free of malaria. As far as can be determined by investigating the literature, and discussions with Australian Medical Officers, who had worked in the mandated territories, leprosy had not been reported as existing in the interior of New Guinea. Upon receiving a skin biopsy from a leper patient, Major T. C. Baekhouse, pathologist for the Second Seventh Australian General Hospital, who had been in Rabaul before the war, stated in a letter to the writer: 'I am rather surprised if the case is of local origin, as I had not expected leprosy to have found its way into Mount Hagen, for although it is relatively common in the Madang and Aitape Coasts, the chief focus in the mandated territory is in New Hanover and in New Ireland.'

"The first cases of leprosy were observed in the Native Hospital, where they came to have treatment for their open sores. Later others were seen throughout the area, but no attempt was made at census taking or isolation of these cases."