

LEPROSY NEWS AND NOTES

Information concerning institutions, organizations, and individuals connected with leprosy work, scientific or other meetings, legislative enactments, and other matters of interest.

ANTILEPROSY ORGANIZATION IN COLOMBIA

It is generally known that in recent years the government of Colombia has undertaken active measures to combat leprosy, which presents a serious problem in important sections of the country, notably the central mountainous area. Isolation of known cases has long been practised, one of the three leprosaria—Agua de Dios—being the second largest in the world. It has been stated that at one time 80 per cent of the health budget of 2,000,000 pesos was expended in the support of these institutions. The government, however, apparently took little active interest in them and their organization, and their administration was lax and in some respects peculiar; a considerable proportion of the people in them were non-lepers, there for commercial or other reasons and for drawing rations. More important, there was no real effort to attack the scourge at its source prior to 1935, when a new plan of activity was adopted.

With the creation of a special leprosy department in a new Ministry of Labor, Hygiene and Social Welfare, changes in the management of the leprosaria, appointment of numerous special workers, establishment of clinics and other field activities, and the creation of a special research laboratory, the situation has been changed radically. The leprosy workers have organized as the Sociedad Colombiana de Leprologia; and that body, with the patronage of the ministry mentioned and that of National Education, publishes the *Revista Colombiana de Leprologia*, now in its second year. Two experienced workers from Brazil, Drs. H. C. de Souza-Araujo and Dr. H. T. Cardoso, visited the country on invitation of the government to advise with regard to the general situation and the production of antileprosy drugs.

Various items regarding the developments and the activities now under way, in the institutions and in the field, including pro-

visions that are being made for some of the healthy children of lepers, have appeared from time to time in THE JOURNAL.

The leprosy law of 1932 was reproduced *in toto*, 3 (1935) 232. Regarding the statistics for 1934, the peculiar situation that existed in the past and plans for improvement, see 5 (1937) 373 and 6 (1938) 258; for the new organization, see 7 (1939) 415, 561; and 8 (1940) 107 (two items). A note on the second annual conference of the antileprosy service appeared in 9 (1941) 109; also minor items on p. 115. For the official report for 1938, see 9 (1941) 122 (a long abstract); notes based on 1939 data appeared on p. 372. In the past three years numerous other abstracts of articles of general or special nature, including the study and care of children of lepers, have been published: 7 (1939) 122, 430, 439; 8 (1940) 237, 238, 239 (two items), 240; 9 (1941) 124 (2 items), 141, 373.

From this material an idea of the extent of the current activity can be gained, but not a comprehensive picture of the entire set-up. That is given, however, in a graph published by Dr. L. Patiño Camargo, in an article on the Federico Lleras Acosta Institute of Medical Research (*Rev. Colombiana Leprol.* 1 (1939-40) 261-266). This graph shows the various units of the antileprosy department itself, and other entities of the same ministry which collaborate in the work. Besides the three leprosaria there are indicated seven institutions for the care of children. "Visiting physicians" are shown to be operating in 15 political divisions, in six of which there are special dispensaries: "ambulant injectors" participate in that work. Research—primarily but not exclusively in leprosy—is carried on in the Lleras Institute, and antileprosy drugs are made in a separate one, the Samper-Martinez National Institute of Hygiene.

PERSONNEL OF THE DEPARTAMENTO DE LUCHA ANTILEPROSA, COLOMBIA

That the antileprosy campaign in Colombia has been reformed and greatly intensified in recent years, with a special department of the health organization that operates throughout the country, is well known. The special interest that is taken in this work is indicated by the formation of the Sociedad Colombiana de Leprologia and the publication of its official organ, the *Revista Colombiana de Leprologia*. It has not, however, been possible to gain from available data a comprehensive idea of the scope of this organization.

In response to an inquiry, Dr. Mario Bernal Londoño, our contributing editor for that country, has provided a complete list of the personnel engaged in the various phases of this activity, as of September, 1941, giving among other things a list of the individuals who are members of the society mentioned (indicated by aster-

isks). Because in so many places, notably Brazil and Argentina, a large proportion of men in such work are engaged only on a part-time basis, inquiry about that feature was made. It is learned that a great majority of the physicians (exceptions indicated) and all of the subordinate nonleper personnel are working on a full-time basis.—EDITOR

Central office (Bogotá).—Chief of the Department: Dr. Carlos Gomez Plata; Assistant physician; Dr. Ricardo Charria T.*; six subordinate employees.

Agua de Dios leprosarium (5,105) inmates.—Director: Dr. Manuel Medina*; eleven assistant physicians: Drs. Benjamin Castañeda*, Martin Castaño*, Federico Cueller Ucrós*, Rafael Cepeda*, Belarmino Gomez, Carlos Vargas, José A. Gutierrez, Anibal Cervantes*, Leon Salazar, Luis Salcedo*; (one position vacant); dentist: Dr. Francisco Duque. Subordinate personnel of the hospitals, asylums, pharmacy, statistical, and civil administrative sections: 142 nonlepers and 152 inmates.

Contratación leprosarium (2,622 inmates).—Director: Dr. Manuel Garcia Nuñez; four assistant physicians: Drs. Florencio Nieto*, Campo Elias Barbosa*, Joaquín Acosta Ortegón, Ramón Paz; dentist: Dr. Pedro León Castellanos; one laboratorian. Subordinate personnel: 100 nonlepers and 75 inmates.

Caño de Loro leprosarium (525 inmates).—Director: Dr. Próspero de Villanueva; two assistant physicians: Drs. Hugo Corrales Lugo, José I. Esquivel Camargo. Subordinate personnel: 23 nonlepers and 19 inmates.

Antileprosy dispensaries.—In the various political divisions (departments) concerned, listed alphabetically (the visiting physicians receiving a per diem travel allowance in addition to their regular salaries), as follows: Antioquia; Visiting physician (vacant); one inspector, assistant to the physician. Atlántico: Visiting physician: Dr. Blas M. Retamoso*; two assistants. Bolívar: Visiting physician: Dr. Aquiles Gonzalez*; two assistants. Boyacá: Director: Dr. Elías Becerra Plazas* (part time); Visiting physician: Dr. Luis A. Mojica*; six assistants. Caldas: Visiting physician: Dr. Filiberto Carvajal*; two assistants. Cauca: Visiting physician: Dr. Gerardo Bonilla Iragorri*; two assistants. Cundinamarca: Director: Dr. Luis E. Pardo*; Visiting physician: Dr. Julio Laserna Robledo*; six assistants. Huila: Traveling injector. Nariño: Visiting physician: Dr. José V. George*; seven assistants. Norte de Santander: Visiting physician. Dr. Alfonso Sierra Soto*; four assistants. Santander: Visiting physicians: Drs. Camilo Gutierrez* and Heliodoro Gonzalez*; three subordinate employees. Tolima: Visiting physician: Dr. Abél Cárdenas*; one assistant. Valle: Visiting physician: Dr. Carlos Bravo*; Director: Dr. Arturo O'Byrne* (part time); four assistants.

The Federico Lleras Acosta Institute for the Investigation of Leprosy.—Director: Dr. Luis Patiño Camargo; Subdirector: Sr. Federico Lleras Restrepo*; Assistant physician: Dr. José Ignacio Chala*; Bacteriologist: Sr. Guillermo Muñoz Rivas*; Assistant physician in the section of pathological anatomy: Dr. Manuel Sanchez Herrera (part-time).

Production of chaulmoogra ethyl esters.—Dr. Leopoldo Albarracin*.

REGULATIONS FOR PREVENTORIA IN BRAZIL

Regulations for the "preventorios" for the healthy children of leprous parents in Brazil were approved by Dr. Samuel Libanio, Acting Director of the National Department of Health, on January 27, 1941, and published in the *Diario Oficial*, March 13, 1941. These regulations were drafted by a technical commission and the directorate of the Federation of Societies for Aid to Lepers and Defense against Leprosy, the commission appointed for this purpose comprising Drs. Ernani Agricola, H. C. de Souza-Araujo, Nelson Souza Campos and Manoel Ferreira, and Sr. Antonio Pereira Leal and Sra. Eunice Weaver. A somewhat abridged translation follows.

REGULATIONS FOR THE PREVENTORIA FOR HEALTHY CHILDREN OF LEPERS IN BRAZIL

OBJECT

Art. I. The preventoria are established to house, maintain, and educate under the supervision of a competent health authority healthy minors, children, and contacts of persons with leprosy, that have no suitable relatives who will assume this responsibility or who have the means to do so.

(1) In order that the primary aims may be accomplished, the inmates should remain in the preventoria for at least six years (exceptions provided for later).

ADMISSION AND REGISTRATION

Art. II. The age limits for admission are: (a) for males, up to 15 years; (b) for females, up to 18 years.

(1) These limits may be modified if deemed advisable by the administration of the preventorium for considerations of prophylaxis, economics, or administration, with the approval of a competent health authority.

Art. III. All children born in leprosarria shall be accepted in the preventoria, upon proper request and accompanied by complete records of themselves and their leprous relatives, especially their mothers.

Art. IV. Other needy minors requiring internment may be admitted, they also to be accompanied by requests and records furnished by competent health authorities.

(1) In the event that it is impossible to obtain a request for admission from the health authorities, admission shall be left to the discretion of the physician of the preventorium.

(2) The order of preference for admission of minors is: (a) those born in leprosarria; (b) those living under grave danger of contagion; (c) those absolutely needy; (d) those of youngest age; (e) those who cannot be put under adequate supervision.

Art. V. All minors admitted to the preventoria are entered in the general register in chronological order, and immediately recorded in their respective "dossiers" and quarantined in the observation pavilion for 15 days.

DROPS AND DISCHARGES

Art. VI. Inmates shall be dropped or discharged from the preventoria for the following causes: (a) death; (b) development of leprosy; (c) attainment of the established age limit; (d) securing of a paying position, or marriage; (e) request from relatives or from persons recognized as healthy, of good morals and of financial ability to maintain and educate them, under agreement that they shall be put under the supervision of competent health authorities. (f) habitual misbehavior or incorrigible bad habits (inmates over 15 years of age).

(1) Cases falling under (c), (d), (e), and (f) shall be referred to the Judge of Orphans, Minors, and Absentees, or a substitute authority whose approval is complementary to the authorization of the fathers, tutors, relatives, or guardians, authorization of the competent health officer being also necessary.

Art. VII. The age limit for discharges shall be: (a) for males, 18 years; (b) for females, 12 years.

(1) The administration of the preventorium may alter these limits, executively, if there are prophylactic, economic, or administrative reasons for doing so, subject to authorization of a competent health officer.

DIRECTION AND ADMINISTRATION

Art. VIII. The general administration of each preventorium shall be exercised by the society or entity to which it pertains, which shall promulgate internal rules based on the present regulations.

(1) These rules shall be subject to approval by the Federation of the Societies of Aid to Lepers and Defense against Leprosy.

(2) No member of any unit of the entities to which the preventoria belong may accept any salaried position, in conformity with the provisions of the laws of these societies.

Art. IX. Designated by the general administration and placed under its control shall be an administrative staff, with duties as provided for in the internal rules, comprising at least: (a) an administrator; (b) a finance and supply officer; (c) a clerk.

(1) Other positions shall be created as necessity arises.

Art. X. The positions on the administrative staff may be held by lay or religious persons.

TECHNICAL STAFF

Art. XI. The technical staff, subordinate to and appointed by the general administration, shall be composed of at least the following professionals: (a) a pediatrician; (b) a dermatologist-leprologist; (c) a dentist; (d) a dietitian-nurse; (e) a teacher; (f) an agronomist or farm foreman.

(1) Other positions shall be created if necessity arises.

Art. XII. The duty of the pediatrician shall be to examine the inmates weekly, with attention to their physical development and individual progress.

Art. XIII. The duty of the dermatologist-leprologist shall be to maintain rigorous supervision, taking into account the degree of contagiousity in the place from which the children came and the nature and the length of contact, making monthly examinations during the first three years of in-

terment and the necessary laboratory tests, and maintaining the respective records.

(1) When leprosy is found in any of the inmates, the patient shall be isolated and the case reported to the competent health officer.

Art. XIV. One of the physicians of the educational group (*Educandario*) shall be designated chief of the medical service by superior authority.

Art. XV. Inmates who become ill shall be immediately transferred to the infirmary and given medical attention.

(1) All medical prescriptions, including diet orders, shall be made in writing and strictly complied with.

(2) All medication shall be prescribed by physicians.

Art. XVI. Dental service shall be carefully rendered to all inmates.

Art. XVII. The nurse-dietitian shall be the direct assistant of the physicians.

Art. XVIII. The educator shall be a graduate of a recognized institution, and shall be responsible for the education of the inmates; he is also under the administrator, except in matters which pertain to the charge of the state.

Art. XIX. The agronomist or farm foreman shall be required to give practical instruction in the field to all inmates of suitable age and in accordance with medical indications, the instruction comprising activities such as small-scale agriculture, fruit-growing, gardening, horticulture, etc.

(1) The agronomist shall also be under the administrator.

CURRICULUM

Art. XX. The preventoria will provide the following courses: (a) kindergarten; (b) primary instruction, in accordance with official curriculum; (c) domestic schooling in all of its multiple phases; (d) small-scale farming and field work; (e) arts and trades.

(1) In case an inmate shows exceptional ability in letters, art, or science, the administration shall provide for his instruction outside of the establishment, bearing all expenses.

Art. XXI. There shall also be provided in the preventoria a course in physical culture, in accordance with modern standards.

Art. XXII. Moral and civic education shall form a part of the organized instruction, this to include information regarding the salient facts of our history, in order to inspire love of the fatherland and the flag of the nation.

Art. XXIII. The program and schedule of the courses shall be arranged by the educator and the administrator, and presented previously to the general administration for approval.

INTERNAL ECONOMY

Art. XXIV. All income and expenses shall be recorded in the form provided by the internal rules.

Art. XXV. The finance and supply officer shall likewise keep a ledger; the existing balances to be known at all times.

Art. XXVI. Equipment shall be purchased at prevailing prices from

suitable establishments, the general administration to sign the contracts for them.

Art. XXVII. The preventoria shall maintain the necessary employees for the different services, exercising the most strict economy under a norm of just, equitable, and reasonable amount of work.

(1) The appointment of these employees shall be proposed by the administrator and approved by the general administration, subject to the results of examinations given the candidates by the physicians of the preventoria, especially with respect to leprosy.

Art. XXVIII. Inmates over 12 years of age shall render services to the preventoria as apprentices, in order to make use of their natural ability for whatever activity for which they are found capable.

Art. XXIX. Inmates over 16 years of age who render efficient services shall receive remuneration not less than 30 per cent of the salary which would be paid to outside employees for identical work.

(1) One-half of this remuneration shall be paid to the inmate, the balance to be deposited in the Federal Savings Bank or in the Bank of Brazil, in his name, to be turned over to him when he attains his majority.

Art. XXX. The diet of the inmates shall be wholesome and abundant, and in accordance with a prescribed regimen.

Art. XXXI. The general administration and the administrator shall endeavor to utilize so far as possible the products of the soil and the materials made in the preventorium, in order to reduce the cost of maintenance.

(1) In case of abundance of products raised or manufactured, the surplus shall be sold and the proceeds be applied toward the cost of operation.

DISCIPLINE

Art. XXXII. Discipline shall be exercised by the administrative staff with recourse to the general administration if it is necessary to apply the maximum penalty, such as dismissal or expulsion, whether of employees, workers, or inmates.

Art. XXXIII. To help maintain order and discipline in the wards, refectories, dormitories, and recreation halls under the rules of respect and tolerance, there shall be created the positions of guardians for the male and female sections.

(1) For these positions preference shall be given to suitable married persons who wish to reside in the preventoria.

Art. XXXIV. The general administration only can apply penalties to the personnel of the technical staff.

GENERAL PROVISIONS

Art. XXXV. The members of the administrative and technical staffs shall be under contract, and the conditions of service shall be given in detail in their contracts.

Art. XXXVI. Problems not covered by these regulations shall be considered as they are presented, by the administration, competent health officers, or the Federation.

TIME OF EFFECT

Art. XXXVII. These regulations, promulgated by the Directorate and by the Technical Council of the Federation and approved by the National Department of Health, shall take effect on the day of their publication in the official gazette.

ANTISEGREGATION AGITATION IN THE PHILIPPINES

In the Philippines, more perhaps than anywhere else, there is ever-recurring agitation, political and otherwise, against the system employed in the endeavor to control leprosy. As leprosy laws go the one in force is not drastic since it requires the segregation only of open cases; and in recent years much has been done to alleviate the lot of the isolated patients. Nevertheless, practically every year some measure is presented to the legislative body aimed to modify the terms of the law. The general purpose has not been to abolish segregation entirely, but to "liberalize" the law to permit patients who are now subject to segregation to live in "home isolation" and to be treated by private physicians.

This movement seems to undergo roughly five-year cycles. In 1935 such a bill was actually passed by the legislature but was vetoed by the Governor-General. He thereupon appointed a commission, representative of a broad section of the responsible public, which reviewed the entire situation thoroughly. Its report [see *THE JOURNAL* 3 (1935) 389-442] did not favor any change in the law, though it did advocate certain improvements in the operation of the system employed under it.

A vociferous minority has persisted, however, and this year the agitation again gained considerable force. An incident which received some publicity was the march of a considerable number of the inmates of the leper department of the San Lazaro Hospital to the residence of the President of the Commonwealth. A new movement has been the creation of a "Leper Liberalization Committee," headed by certain inmates of the San Lazaro Hospital, which announced to the press that it was "the only official spokesman for the lepers in their campaign for a more liberal law which would allow the treatment of lepers in their respective homes without the necessity of segregation."

When the usual bill was introduced in the Philippine Assembly this year the reference committee held a public hearing. Besides officials concerned and others there appeared the president of an organization called the Philippine Federation of Private Medical Practitioners. His remarks, as summarized in a local medical periodical, are reproduced here to illustrate a point of view held by at least some medical men without responsibility in the effort to control leprosy.

1. That the present method of segregating lepers is inhuman, unjust and without any scientific foundation.
2. That the leper should be treated as any ordinary case and should not be isolated from his fellow men and that he must not be deprived of his liberty, privileges, and comforts to which he is entitled.

3. That leprosy is a slow developing disease and that there is sufficient evidence to warrant the conclusion that it is a truly contagious disease. Therefore, the present system should be modified.

4. That the results of the segregation system show that it has not materially decreased the number of leprosy cases in the Philippines.

5. That the present system is too expensive, with the government spending an average of one-fourth to one-third of its annual appropriation for health work,* and that comparing its mortality rate with tuberculosis, nutritional diseases, diseases of infants, the amount allotted for leprosy work is excessively out of proportion.

6. That we must try to seek other solutions in order to solve the leprosy problem in a less expensive manner and evolve a more just way of handling the lepers.

7. That only through extensive educational campaign, by raising the standard of living of the people, by stamping out illiteracy, by developing our industries, by compulsory primary education, can we better approach the leprosy problem.

The opinions of the leprologists of the Bureau of Health who testified were of quite contrary tenor, they holding that circumstances do not justify any material change of the principles now in application. Furthermore, one of the senior officials of the Department of Health expressed the opinion that home isolation might be permissible under the existing law. The bill was not reported out by the committee.

The situation, however, was such that the Director of Health convened a committee of senior leprologists to consider formally the problem of home isolation of lepers in this country. Their report (which appears elsewhere in this issue of *THE JOURNAL*), reviews the matter thoroughly.

✓ LEPROSY ORDINANCE, ST. CROIX

The following is the draft of an ordinance for the control of leprosy in the Island of St. Croix as proposed by the Governor of the Virgin Islands of the United States and introduced as Municipal Council Bill No. 96, 1940. We are informed that it was adopted by the Municipal Council with little or no essential changes.

SECTION A. The control of leprosy in the Municipality of St. Croix, Virgin Islands of the United States of America, shall be vested in the Department of Health, which shall be responsible for carrying out the following provisions:

SECTION B. 1. It shall be the duty of all physicians, midwives, district nurses, members of the police force, sanitary inspectors and others to

* What was evidently referred to is the annual appropriation of the central government for the Bureau of Health, which does not include the further considerable total of local appropriations made by provincial and municipal governments.

report by name, in writing, to the Chief Municipal Physician any person known or suspected to be suffering from leprosy.

2. Any person so reported must submit to examination by the Leprosy Board, hereinafter called the Board, which shall consist of three qualified physicians, as follows: two members to be appointed by the Chief Municipal Physician, said Chief Municipal Physician to constitute the third member and be chairman of said Board. The examination shall be made at the time and place designated by the chairman of the Board and in the presence of any members of the patient's family or of any other person he may designate.

3. All cases of open leprosy—that is, cases in which acid-fast bacilli can be found by ordinary methods of skin scrapings and nasal smears—shall be isolated in the leper asylum by order of the Board until such time as they may be paroled in accordance with the provisions of this ordinance.

4. Closed cases of leprosy—that is, cases in which acid-fast bacilli cannot be found by ordinary methods of examination—may be isolated in the leper asylum at their own request or upon the order of the Board.

5. All cases of leprosy at large shall be subject to the following restrictions and regulations:

(a) Change of address must be reported immediately to the Chief Municipal Physician by such lepers at large.

(b) No person with leprosy may leave the island of St. Croix without written permission of the Chief Municipal Physician.

(c) Except in the leper asylum, leprosy persons are hereby prohibited from being occupied in the sale of articles of food or the preparation of such for others, or the serving of such to others, or the manufacture of tobacco products. They shall not serve as physicians, midwives, nurses, nursemaids, pharmacists, barbers, washers, or personal or household servants or assistants to the same.

(d) Paragraph (c) above shall not apply to persons in whom leprosy is arrested—that is, in whom the disease has been entirely quiescent for a period of not less than five years, such status to be proved by certificate from the Department of Health.

(e) The Chief Municipal Physician or a qualified physician appointed by him shall examine all leprosy persons remaining at large, at intervals of not more than three months when lesions are active and progressive; at intervals of six months when the disease is classed as quiescent—that is, when there has been no evidence of activity for at least one year; and at intervals of one year when the disease has been arrested; such examinations to include skin scrapings and nasal smears when advisable.

6. All known or suspected contacts with a leper, including all family connections by blood or marriage, and all persons suspected of having leprosy, resident in St. Croix, shall submit to examinations by the Chief Municipal Physician or by a qualified physician appointed by the Chief Municipal Physician at intervals not to exceed twelve months during the first ten years following the last contact and thereafter at the discretion of the Board. All such examinations shall be subject to review by the Board, and if deemed advisable by the Board any or all members of the said Board may assist with said examinations.

7. Lepers confined to the leper asylum may be paroled upon the rec-

ommendation of the Board. Such lepers shall not be paroled until they have had not less than six consecutive monthly examinations of nasal smears and skin scrapings which have failed to reveal the presence of acid-fast bacilli. Paroled lepers shall be subject to provisions of Section B, paragraph 5, except that during the first year of parole monthly examinations, including skin scrapings and nasal smears, shall be made.

SECTION C. Failure to comply with the provision of this ordinance shall be a misdemeanor, punishable upon conviction by a fine not exceeding \$100 or imprisonment not exceeding six months, or both. The payment of such fines or imprisonment or both shall not release any person from the examinations provided for herein.

SECTION D. It shall be the duty of the Police Department to render to the Department of Health and the Board such aid as they may request for the enforcement of this ordinance.

SECTION E. This ordinance shall supersede and replace all previous laws of the Municipality of St. Croix relative to the control of leprosy. This ordinance shall become effective upon approval by the Governor; and all other laws or ordinances or parts thereof in conflict or inconsistent herewith are hereby repealed.

REMARKS

The ordinance concerning the combating of leprosy in St. Croix, approved January 17, 1908, is considered to be inadequate. Further, it contains terminology not practicable to present conditions. For example, the "Sanitary Commission" no longer functions and the "Landphysicus" does not exist under this name.

The present law makes no provision for the parole of persons no longer in the infectious stage. Present knowledge regarding leprosy classifies patients as either open cases or closed cases. Open cases are those in which the organism can be isolated by the usual methods, while closed cases are those in which the organism cannot be isolated by the ordinary methods of examination and no evident active lesions are present. Some provision should be made for the parole of closed cases of leprosy since they are not a menace to the public health.

The present law makes no provision for the examination of persons who have been in contact with open cases of leprosy. Leprosy is a disease with a very long incubation period; that is, a long period, usually years, intervenes between the time when a person is exposed to the disease and the time when the symptoms become apparent. For this reason persons who in the past have been exposed to leprosy should be examined at regular intervals so that if the disease is developing it can be detected in the early stages.

This draft of ordinance has been prepared jointly by Dr. G. M. Saunders and his staff of the Leonard Wood Memorial, and the medical staff of the Municipality of St. Croix.

LEPROSARIA IN BRAZIL

On May 31, 1941, Dr. Ernani Agricola, Director of the National Leprosy Service, reported (according to *Brasil-Medico*) the numbers of inmates in 29 leprosaria then existing in the country as

shown in the following list. Since that date, Dr. H. C. de Souza-Araujo writes five more such institutions have been inaugurated. One is a small one at Maceió, named in honor of the late Prof. Ed. Rabello; the other four are included in the list with data on capacity rather than actual population, wherefore their figures are not included in the total. The opening in August, 1941, of two new preventoria, the Instituto Guararapes, at Recife, Pernambuco, for 200 children, and the Preventorio Eunice Weaver, at João Pessoa, Parahyba, for 100 children, is also reported.

TERRITORY	LEPROSARIUM	INMATES
Acre	Leprosario Souza Araujo	64
Acre	Leprosario Cruzeiro do Sul	28
Alagoas	Colonia Eduardo Rabello	22
Amazonas	Leprosario Belisario Pena	474
Baía	Hospital D. Rodrigo Mendes	78
Ceará	Leprosario Antonio Diogo	290*
Ceará	Colonia São Bento	(300)**
Distrito Federal	Hospital-Colonia de Curupaití	545
Distrito Federal	Hospital Frei Antonio	108
Espirito Santo	Colonia Itanhenga	373
Goiaz	Hospital Helena Bernard	49
Goiaz	Asilo de Anápolis	26
Goiaz	Asilo Bananal	37
Maranhão	Colonia do Bomfim	183
Matto Grosso	Leprosario São João dos Lazaros	63
Matto Grosso	Colonia São Julião	(250)**
Minas Gerais	Colonia Santa Isabel	993
Minas Gerais	Hospital dos Lazaros, Sabará	78
Pará	Lazarópolis do Prata	1,020
Parahyba	Colonia Getulio Vargas	(100)**
Paraná	Colonia Sao Roque	587
Pernambuco	Hospital de S. Lázaro	200
Pernambuco	Colonia Mirveira	(300)**
Piauí	Colonia S. Lázaro	102
Rio de Janeiro	Colonia de Iguá	251
Rio Grande do Norte	Colonia S. Francisco de Asis	166
Rio Grande do Sul	Colonia Itapoan	410
Santa Catarina	Colonia Santa Teresa	326
São Paulo	Colonia Pirapitingui	2,229
São Paulo	Sanatorio Padre Bento	870
São Paulo	Colonia Aimorés	1,100
São Paulo	Colonio Sto. Angelo	1,681
São Paulo	Asilo-Colonia Cocais	1,668
Total inmates (29 leprosaria, 4 excluded)		14,021**

*To be reserved for advanced and crippled cases.

** Figures for the four other leprosaria are of capacity, not actual population, and not included in the total.

LEPROSARIA IN CHINA

An extended tabulation of the leprosaria and clinics in China, as they existed at that time, was published in the *Leper Quarterly* early last year (1940). As this is the only complete list of the kind that has been seen, a condensation of the principal data on the leprosaria is given here, not including—for consideration of space—the names of the entities which support them.

Kwong-Chi Leper Home, at Hangchow, Chekiang; superintendent, Dr. S. D. Sturton; founded 1887; inmates, 108.

Diong-Lo Leprosarium, at Diong-Loh, Fukien; 1939; 32 (reorganized from an old settlement).

Lilian Gamble Leper Home for Women, at Hankong, Fukien; Miss Pauline E. Westcott; 1901; 46.

Kutien Leper Asylum, at Kutien, Fukien; Dr. H. N. Brewster; 60.

Westminster Leprosarium, Alden Speare Memorial Hospital, at Yening, Fukien; Dr. G. L. Downie; 1919; 20.

Sinhwa Leprosarium, at Sinhwa, Hunan; Dr. Margit Mortensen; 1934; 17 (also 7 outpatients).

Siokan Leper Hospital, at Siokan, Hupeh; Rev. H. F. Wickings; 1890; 90.

Leper Home, Borden Memorial Hospital, at Lanchow, Kansu; Dr. R. A. H. Pearce; 1920; 64.

Nanchang Leprosarium, at Nanchang, Kiangsu; Rev. L. W. Holland; 1931; 166.

National Leprosarium of Shanghai, at Shanghai, Kiangsu; 1935; Dr. Lee S. Huizenga; 110 in emergency quarters, Shanghai; evacuated from Tazang in 1937.

Lungchaw Leprosarium, at Lungchaw, Kwangsi; Dr. Lo Tsong (suspended after destruction by flood in 1936).

Hainan Leprosarium, at Hoihow, Hainan, Kwangtung; Dr. N. Bercovitz; 1931; 152.

Lo Ting Leprosarium, at Lo Ting, Kwangtung; Dr. M. Eda Wallace; 20.

Pakhoi Leper Settlement, at Pakhoi, Kwangtung; Maj. H. L. Wright; 1886; 210.

St. Joseph's Homes for Lepers, at Sheklung, Kwangtung; Rt. Rev. Bishop. A. Fourquet; 1907; 800.

Tungkun Leper Asylum, at Tungkun, Kwangtung; Rev. W. Grundmann; 1905; 330 (also 20 outpatients).

Eastern District Leper Asylum, at Swatow, Kwangtung; Mr. Lim Ching-khi; 1922; 174.

Taikam Leper Colony, at Taikam, Kwangtung; Rev. John Lake; 1919; 124.

Wai Wah Leper Home, at Tsingyuen, Kwangtung; Rev. W. L. Winter; 1932; 74.

King's Mother Leper Village, at Yeongkong, Kwangtung; Dr. W. H. Dobson; 1917; 56 (suspended).

Salachi Leper Home, at Pichieh, Keweichow; Miss M. C. Welzel; 1933; 59.

Leper Home, Mrs. Sarah Walters Memorial Hospital, at Tenghsien, Shantung; Miss A. D. Dodds; 1919, 142.

Tsinan Leprosarium, at Tsinan, Shantung; Dr. H. J. Smyly; 1926; 50 (men only), (also 25 outpatients).

Tsingchow Leprosarium, at Tsingchow, Shantung; Mr. Chung Hsiao Wu; 1936; 21 (also 51 outpatients).

Yenchowfu Leper Asylum, St. Joseph's Hospital, at Yenchowfu, Shantung; Rev. Fr. Procurator Kubischok; 1928; 49.

The 6th District Leprosarium, in Shensi (no data).

West China Leprosarium, at Chengtu, Szechwan; Dr. Chao; 1939; 9 males [see below].

Chaotung Leper Home, at Chaotung, Yunnan; Dr. Oliver Lyth; 1933; 32 (also 2 outpatients).

Kiulungkiang Leper Asylum, Kiulungkiang, Yunnan; Dr. D. C. Nelson; 140.

Kunming District Leprosarium, at Kunming, Yunnan; Dr. Hsu Piao-nan; 40.

Kunming Municipal Leprosarium, at Kunming, Yunnan; Dr. Hsu Piao-nan; 60.

One leprosarium not included in this list is the Gate of Heaven Asylum, at Kongmoon, Kwangtung, developed by the Maryknoll Mission (Rev. Fr. Joseph A. Sweeney); physician, Dr. Bagalowis; capacity of about 250 inmates, another hundred patients being under treatment in two out-stations.

From the West China Union University has been received an announcement of the opening of the leper hospital of that institution, on June 27, 1941. Apparently built on the university campus, an illustration shows it to consist of eight rectangular buildings of identical aspect arranged radially around a circular, fully enclosed central area. The information regarding capacity and present number of inmates has been supplied by Dr. Wallace Crawford.

The list includes the names of only seventeen clinics, separate from leprosarua, and of them six are noted as "suspended." Only six are credited with having 100 or more patients, and four of these are among those suspended, including the one with the largest number (200); the smallest clinic listed has 12 patients. The average, for the fifteen for which figures are given, is 80. Two leper churches are included in the list as separate items, and also a Leprosy Relief Corps, in Yunming, Yunnan, described as an experiment financed entirely by the Chinese Mission to Lepers.

FURTHER REGARDING "ALFON"

Note has been made regarding reports by Dr. J. M. Gomes on the results of treatment by the proprietary carotinoid preparation called "Alfon" [see *THE JOURNAL* 8 (1940) 415 and 542], and also of adverse reports and opinions of others in São Paulo, Brazil, where the substance is manufactured [see the same volume, pp. 512 and 543]. In the first issue of *Leprosy Review* for the present year it is stated that Dr. Gomes had written the editor maintaining and

defending the findings as to the value of the treatment and asking for further trials of it. "The controversy," the editor points out, "can be decided only by further trials by competent authorities in different parts of the world, which must be awaited."

It appears from the *Revista Brasileira de Leprologia* [9 (1941) 198-200] that Sr. A. Figueiredo de Oliveira, the head of the commercial laboratory which produces Alfon, had appealed to the president of Brazil, protesting discrimination. The charge is refuted vigorously in an editorial statement.

Recently Sr. Renato Fonseca Ribeiro, the chemist who prepared the material in question, has addressed to THE JOURNAL a communication asserting that the claim that Alfon is the best drug ever discovered for the treatment of leprosy can be proved and offering to supply material for trial to responsible institutions. (See the abstract of a recent report by S. C. Arantes, page 168 of this issue.)