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.

FUTURE PLANS FOR THE JOURNAL

This number, Volume 14, is to be the last of the War Numbers. Since the outbreak of the war in 1941 only a single number has been issued in each year. These volumes as well as the Worldwide Distribution and Prevalence of Leprosy have been distributed without cost to all former members of the International Leprosy Association and other subscribers. Beginning in January, 1947, it is hoped to resume regular quarterly publication. At that time the distribution of free copies will be stopped. Future issues will be mailed, therefore, only to those members of the International Association whose dues are paid for the year 1947 and to regular subscribers. The regular application form for membership is included in this issue.

In the burning of Manila all duplicate copies of volumes 1-9 were lost. There is considerable demand on the part of Medical Libraries for these back numbers. If any members have duplicate copies, or if they are willing to sell the volumes they have, the Acting Editor or the Assistant Editor will be glad to hear from them.

SECOND PAN-AMERICAN CONFERENCE ON LEPROSY

The Second Pan-American Conference on Leprosy was held in Rio de Janeiro, Brazil, from October 19 to 26, 1946, inclusive, under the presidency of Dr. Ernani Agricola. Delegates were present from 19 countries of South America, Central America, and North America. Attendance on each of the meetings, which were held in the Ministry of Education and Health, averaged about 150 persons. The general program covered epidemiology, treatment, and classification. Various committees were appointed to survey the papers which were read and to formulate final reports on these three divisions. Every possible arrangement was made for the comfort and convenience of the foreign guests, and the conference can be looked upon as highly successful. A full report of the proceedings will appear in the next issue of the JOURNAL.

INTERNATIONAL LEPROSY ASSOCIATION

RENEWAL OF MEMBERSHIP

To Dr. E. Muir
General Secretary-Treasurer
167 Victoria St., London, S.W.1, England

I remit herewith ..... *in the*
(Check, draft, money order)

amount of ..... *for renewal of my*
(One guinea, five dollars)

membership in the International Leprosy Association for the year ..... *Please have* THE INTERNATIONAL JOURNAL OF LEPROSY *addressed to me as follows:*

.....
(Name)

.....

.....
(Address)

Very truly yours,

.....

NOTE: *Members are requested to type or write very plainly the name and address to which they wish communications to be sent.*)

LEONARD WOOD MEMORIAL FELLOWSHIPS FOR 1946-47

Three Philippine leprosy workers present in the United States on fellowships offered by the Leonard Wood Memorial are Dr. J. N. Rodriguez of the Leprosy Section, Bureau of Health, Dr. Jose Tolentino, chief physician of the Cebu Leprosarium, and Dr. R. S. Guinto, assistant epidemiologist of the Memorial. Plans for them include a period of observation at the National Leprosarium in Carville, post graduate work in dermatology at the New York Post Graduate Medical School, and training in statistical and epidemiological procedures at Western Reserve University with Dr. Huldah Bancroft of the Department of Preventive Medicine.

Dr. Rodriguez was in charge of an emergency hospital outfit in Pampanga which gave aid to many sick Filipino and American soldiers during the infamous Death March. Later on he had the unenviable job of helping to secure food and trying to persuade the Japanese, who saw no use in wasting valuable supplies, to allow it to be sent to the starving patients in Culion.

Dr. Tolentino was asked by his government to remain at his post and care for the welfare of about 1000 patients confined at the Eversley Childs Leprosarium in Cebu. He also had a difficult time in his efforts to deal with the Japanese on behalf of the leprosy patients.

It may be mentioned here that the patients in Culion and Cebu contributed their share in helping the underground movement in the Philippines during the war. Their infirmity gave them a measure of immunity from surveillance, and they proved useful in carrying messages from occupied areas to the guerillas in the mountains.

Dr. R. S. Guinto has been in charge of the intensive field leprosy surveys sponsored by the Leonard Wood Memorial in various endemic areas in Cebu. Hurriedly completing a re-survey in December 1941 of Cordova, a highly infected area on the Island of Mactan (later used as a United States Naval base), he had the records of the work hidden in a cave among the rocks, before getting out of the way of the invading Japanese and making his way to the mountains where he lived with the guerillas during the next two years.

Returning to Cordova after the war, he found that the records were ravaged by moisture and termites and a good part lost, but much that was valuable was recovered. He brought the records with him for analysis and study at Western Reserve University. Results of the incidence of leprosy in the population of Cordova

between the complete surveys of 1933 and 1941 will be published in the coming year.

LEONARD WOOD MEMORIAL BACTERIOLOGICAL RESEARCH DEPARTMENT

By invitation of Leonard Wood's alma mater, Harvard Medical school, the Leonard Wood Memorial has established its Department of Bacteriology in association with Harvard's Department of Bacteriology and Immunology. The Department will be in charge of Dr. John H. Hanks who has been carrying on bacteriological research at Culion, under the auspices of the Memorial. Dr. Hanks, following release from Culion at the end of the war with Japan returned to the United States. The past year he has spent in graduate study at the School of Public Health of Johns Hopkins University.

THIRD LEPROSY CONVENTION IN ARGENTINA

The third annual leprosy convention of Argentina met in the city of Cordoba on August 17-19, 1945 with 37 present. The attending physicians, all interested in the problem of leprosy, represented different regions of the country as well as the official health departments.

The first session dealt with "Criteria and regulations for parole of segregated leprosy patients." Dr. Salomon S. Schujman recommended: Release of bacteriologically positive tuberculoid cases eight months after they become negative; release of tuberculoid reaction cases after 1 year if they have a strongly positive Mitsuda test, after 1½ years if the Mitsuda test is positive; release of lepromatous cases two years after they become bacteriologically negative, with a minimum of three years if the case is of advanced type. Drs. Eduardo Carboni, Vicente Pecoraro and Rodolfo Mercau suggested following the rules set up in Sao Paulo, Brazil, but adapting them to the South American classification. Dr. Hector Fiol discussed causes and frequency of relapses and suggested an annual revision of regulations. Drs. Rafael Garzon and Luis Argüello Pitt recommended that only patients with lepromatous form, simple inflammatory forms with positive bacteriology, and tuberculoid cases in reaction be segregated. They suggested that a committee be formed to act on paroles, this committee to be composed of representatives of the National Health Department, the Provincial Health Department, and the physician in charge of the patient. It was agreed that the subject would be discussed further in the next meeting.

The subject for discussion in the second session was "Present status of therapeutics in leprosy." Drs. Jose M. M. Fernandez and Carlos M. Soto discussed treatment of ocular complications in leprosy. They have obtained the best results by using the benzillic esters of chaulmoogra oil (neochaulmestrol) in small doses given intravenously. This treatment has in 20 patients given immediate relief of subjective symptoms. They have used from 1 to 3 cc. of the esters once or twice weekly, injected with a common syringe. In some cases larger doses (10 to 12 cc.) have been given by intravenous drip. Drs. Jose M. M. Fernandez, Julio Barman, Augusto Serial, and Agustin Vaccaro spoke on intensive antileprosy treatment with chaulmoogra. They stated that present dosages are limited not by the toxicity of the drug but by its local irritant action. They have used, therefore, administration by duodenal tube and by intravenous drip. They reported good tolerance in a group of patients of as much as 50 to 80 cc. of the esters weekly given by the intravenous, duodenal, intradermal, and subcutaneous methods simultaneously. This heavy dosage demands a well refined preparation and close supervision of liver, kidneys, and weight of the patient. These same four physicians also reported on the administration of benzillic esters of chaulmoogra oil by duodenal gavage. In only 2 of 11 cases was there evidence of increase of fat in the feces. They showed that in dogs there was an increase of fat in the blood serum following duodenal administration, excess fat was found in the lymph, part was reabsorbed by the blood vessels, as proved by the increase of lipemia. Drs. Rafael Garzon and Luis Argüello Pitt recommended large doses of chaulmoogra as the most effective treatment at present. Dr. S. Schujman stated that in 15 years experience he found most failures with chaulmoogra due to inadequate doses. Dr. Juan F. Blanco discussed injection of the ophthalmic ganglion with alcohol as a means of relief of pain in ocular leprosy. Dr. Mario Guadagnini spoke of treatment of leprous ulcers using injections of 2 per cent novocaine into the femoral artery in doses of 20 cc. two or three times weekly. This combined with local treatment with sulfonamide and bed rest has been very successful. There was unanimous agreement that even though it may not always be possible to obtain complete negativization with chaulmoogra, it is possible to impede blindness, extensive atrophies, mutilations and other sequelae.

At the third session various subjects were discussed. Dr. Pedro Baliña discussed the "Fight against leprosy, its backwardness in Argentina, causes and corrections." The disease is increasing in Argentina. Among the causes he listed the poor location of the

leprosaria and political appointment of physicians—rather than because of their scientific ability. He recommended increase in the number of beds available for isolation and adequate modern leprosaria. He recommended also the appointment of a government committee for advice, creation of an Institute of Leprology, of dispensaries, and the taking of a census with complete registration of patients. Dr. Ambal Castañe Decoud gave a paper on "Histological comparison between tuberculoid and lepromatous neuritis of the peripheral nerves." Examining six cases of each, he noted that there was a greater neural destruction in the tuberculoid than in the lepromatous but that damage was present in both. Since there is damage to the nerves in both forms, he considered the Cairo classification into lepromatous and neural unjustified. The neural destruction in the tuberculoid form is produced by the organism itself. Whether it is the cause or consequence of the allergy is not known. Drs. Norberto Olmos Castro and Angel Bonatti described the flocculation of sera from leprous patients with a lipoidic antigen prepared from leproma nodules. This reaction occurs more frequently in lepromatous than tuberculoid cases. The same physicians stated that the amount of complement in leprous sera is either within normal limits or slightly diminished. The amount tends to be lower in lepromatous cases. Dr. Roque Maffrand discussed microscopic observation of corneal nerves in leprous patients. In a study of 100 cases of different clinical forms, there was almost constant alteration in the lepromatous form. The nerves most frequently attacked were those in the superficial layers in the upper-external quadrant of the eye. In the tuberculoid form the cornea is not damaged. The neural fibers attacked, one or two at most, show simple regular thickening. Dr. Luis Argüello Pitt and Carlos A. Consigli in a paper on "Familial susceptibility in leprosy" stated that in a total of 366 people living together there were 186 leprosy patients. In 24 families there was more than 1 patient. The percentage of marital infection was 7 per cent. The authors believe there is evidence of familial susceptibility. Dr. Luis Argüello Pitt and Miguel Conejos reported that in 78 cases of tuberculoid leprosy, 70 were negative bacteriologically. Of the 8 positive, 6 were in reaction. Suitable stains would, they believe, show more positives. The same physicians discussed the question "Can the evolution of tuberculoid leprosy be predicted by its histological characteristics?" In 46 cases of tuberculoid leprosy, a large number of giant cells were found in 8 cases, a moderate number in 11 cases, and in 7 only a few. The clinical improvement was in direct proportion to the number of giant cells. Dr. Eduardo Pujol discussed "Chediack's

micro-reaction in leprosy." This is the most non-specific test so far proposed. Its lack of specificity is greatest in activity, least in cases with favorable progress.

In conclusion the Convention agreed to make public their belief that:

1. In Argentina, endemic leprosy is on the increase.
2. This problem is the most serious sanitary problem in the country.
3. That, despite the passage of National Law 11359, almost 20 years ago, regarding the prevention of leprosy, the government has only a very incomplete and ineffective organization. Had this preventive organization been effective, the present situation would not be so unfavorable.
4. There is urgent need for an effective law for control of leprosy, set up in the light of present knowledge of the disease.

The convention promised the cooperation of all physicians with specialized preparation in the fight against the disease. It also stated that only physicians trained in dermatology and syphilology should be appointed in control posts and that appointments should be made on a competitive basis by a committee of professors and physicians trained in leprosy work.

The Fourth Annual Convention will be held in July, 1946, either in Tucuman or Corrientes. At that time, the following subjects will be discussed:

1. South American classification of clinical forms of leprosy.
2. Clinical history for leprosy patients, development of a model to be recommended for uniform use throughout the country.
3. Technic and interpretations of laboratory methods and biological reactions.
4. Social problems of the tuberculoid patient.
5. Influence of the leprous reaction in the development of the lepromatous form of the disease.
6. Further study of regulations for parole.

GUILLERMO BASOMBRIO

PROPHYLAXIS OF LEPROSY IN BRAZIL

The National Conference of Health, held in Rio de Janeiro, Brazil, November 10-15, 1941, approved the following proposals concerning the prophylaxis of leprosy:

First: In the entire country, the prophylaxis of leprosy will be directed in accordance with the following principles:

a) Discovery of patients by census, by compulsory notification, by methodical examination of suspects, their contacts, and school children in the regions of greatest incidence.

b) Compulsory segregation of infectious patients in leprosaria or at home.

c) Control of cases segregated at home, of suspected patients, and of paroled patients.

d) Regular and compulsory treatment of all patients.

e) Separation of healthy children from patients at birth and assurance that the children will be supported and educated in special preventoria, if no suitable person will assume the responsibility.

f) Training specialized leprologists and providing specialized instruction for medical students and nurses.

g) Education of the people regarding the infectiousness of leprosy, the necessity for early diagnosis, to the fact that children are most liable to infection and that close prolonged contact should be avoided.

h) Encouragement of private cooperative organizations.

i) Creation of a National Center for Study and Research in Leprosy.

j) A census of patients and their contacts by the Federal Government where such census has not been made or completed, with the states creating and maintaining a permanent service for control and revision.

k) Maintenance of antileprous equipment under one authority.

l) Requiring all private and public agencies to furnish the Service copies of their clinical records and epidemiological studies.

m) Allowing agencies combating leprosy to become autonomous if conditions warrant.

Second: In the organization of the campaign against leprosy the following duties will be assumed by the Federal Government States, Counties, and Private Agencies.

I The Federal Government:

a) Direction, coordination, and control of all other agencies.

b) Responsibility for epidemiological studies and the gathering of technical and administrative data.

c) Promotion and aid to investigations of leprosy.

d) Establishment of uniform rules for parole.

e) Preparation of standard forms for all records of interest to the Service.

f) Promotion of understanding among federal subdivisions to enable the transfer of patients when necessary.

g) Construction and enlargement of leprosaria.

h) Help in installation of dispensaries to be maintained by the state.

i) Assistance in the construction of preventoria.

j) Assistance to private agencies which are giving aid to children and families of leprosy patients.

k) Delineation of principles for education and propaganda.

l) Suggestions concerning the necessity for and localization of leprosaria and preventoria.

II The States:

a) Direction, coordination, and control of all work within the state.

b) Organization and administration of antileprous services.

c) Segregation of, and medical and social assistance for leprosy patients.

d) Revision of the census of leprosy patients and their contacts.

e) Supervision and treatment of patients in homes, in dispensaries, or at preventoria.

f) Aid to private agencies giving social assistance to leprosy patients.

g) Determining practical methods for agencies engaged in prophylaxis against leprosy.

h) Supervision of leprosaria constructed by the federal government.

III The Counties:

a) Aid to agencies giving social assistance to leprosy patients and their families.

b) Cooperation in the census and control programs.

IV Private Agencies:

a) Assistance to the children and families of leprosy patients.

b) Social assistance to segregated patients.

c) Assistance to authorities in apprehending escaped patients.

d) Cooperation in the educational program.

NATIONAL LEPROSY SERVICE OF BRAZIL

The aims of the National Leprosy Service of Brazil are expressed concisely and well by the terms of the Decree (No. 15484) dated May 8th, 1944, to which reference was made in the JOURNAL (Vol. XII, p. 118). Dr. Ernani Agricola, Director of the Service, has requested publication of certain details which are of general interest.

As a federal department, the Service guides and coordinates all public and private agencies engaged in prophylactic and therapeutic activities against leprosy in Brazil. The Service attempts to put into action the most modern technical methods and to assure that all organizations have the means necessary to obtain complete success in their work.

Such unifying action is essential in Brazil. Leprosy has spread throughout the country and become a serious health problem and will require the coordinated effort of the federal government, the various states and voluntary agencies if its spread is to be stopped and the disease eventually eradicated.

Beginning in 1935, the federal and state governments had worked together to install equipment for the campaign. From the beginning, it was decided that the actual work against leprosy should be done by the local authorities and that the federal government should give financial aid. Since this plan gave complete freedom of action to the states, strongly contrasting types of organization were set up. Some states used well the aid given them by the federal government and supplemented this with resources of their own. Others, however, employed very little initiative and used only the means provided by the federal government.

In spite of the difficulties which arose from this variability in program, appreciable progress was made. Among the deficiencies of this program were the impossibility of obtaining uniform statistics and the inefficiency of epidemiological control which exists when complete studies of leprosy patients and their contacts have not been made.

Under the new Decree uniformity of action is insured through control and coordination of the various programs by the Service.

Besides the uniformity of action to be achieved, the detection of leprosy in all parts of Brazil should become equally thorough. The early detection of new foci should prevent future outbreaks. Allowances must be made, of course, for exceptions due to local circumstances.

The Service attempts to guide and assist the work of public and private organizations so that one general plan of campaign may

be used. Help is rendered by installation of anti-leprous equipment and by making the activities of prophylaxis more rational and better adjusted to the necessities of reality.

The controlling action of the Service is exerted over all agencies combating leprosy by controlling grants given by the government, assuring that these are used most effectively for the purpose for which they are given.

To achieve its objective, the Service considers that the magnitude of the leprosy problem should be studied and its principal medical and social characteristics should be ascertained. Such studies are absolutely necessary for the planning and execution of a campaign against leprosy and must encompass more than studies of incidence. A careful census is being made in order to secure information for such studies, and the Service is promoting the creation of central archives. Specific objectives are:

1) To lay the basis for a thorough statistical study of leprosy in Brazil to determine the future prophylactic action needed.

2) To establish the principal epidemiological characteristics of leprosy in Brazil, based upon the incidence of all the clinical types in all the regions or counties.

3) To determine the importance of the problem in each state and the prophylactic equipment necessary for each state.

4) To determine the responsibility of each of the states in isolation of patients.

To carry out these aims, leprologists must be distributed throughout the country to discover new cases, to register deaths, to observe contacts, to aid in doubtful diagnoses, and to accomplish all other tasks related to the epidemiology of leprosy.

Such a program requires a center for study and research. The federal government has authorized, therefore, an Institute of Leprology, and the Service is working diligently for the opening of this. With the results obtained from the epidemiological study, the Service will be able to construct a nosographic map of Brazil, emphasizing leprosy. From this the magnitude of the leprosy problem in each state can be determined, and well founded conclusions about the propagation and epidemiological characteristics of leprosy in Brazil can be made.

LEPROSY IN THE PHILIPPINES

In December 1945, Perry Burgess, President of the Leonard Wood Memorial, undertook a special mission to the Philippines at the request of the Surgeon-General of the United States Army. Mr. Burgess reports that the adverse economic factors resulting from

the war have seriously affected the leprosy program in the Philippines. For many years prior to the war, approximately one-third of the Insular health budget has been devoted to caring for those suffering from leprosy. By far the larger part of this was consumed in subsisting the patients.

At the outbreak of the war, the total population of leprosy patients in nine leprosaria was 8,500. Of these approximately 2,000 are known to have died, many of malnutrition or starvation, or been killed. At the time of the liberation, the number of patients in all leprosaria had been reduced to 3,500 (November 1, 1945). Normally about 800 new cases appear annually, and the decrease by death or paroles is approximately 500, a gain of 300; or, for the past four years, a total net gain of about 1200. This would indicate that at the present time, there are some 4200 leprous persons at liberty in the Philippines. The following table gives the movement of population at Culion:

RECORD OF PATIENT MOVEMENT AT CULION LEPROSARIUM
1941-45

Age Group in years	Inmates as of Dec. 31, 1941		Departures Left colony		1941-45 . Died		Inmates as of . Nov. 1, 1945	
	Male	Female	Male	Female	Male	Female	Male	Female
0– 4	67	76	5	9	1	2	7	10
5– 9	35	23	10	6	6	1	70	77
10–14	35	19	4	3	3	2	15	7
15–19	138	93	34	12	16	14	29	15
20–29	1025	505	306	97	270	99	206	185
30–39	1084	476	315	115	504	165	336	236
40–39	609	258	157	55	402	137	169	102
50+	422	205	143	39	286	153	66	60
Total	3415	1657	974	336	1488	573	898	692
Grand Totals	5072		1310		2061		1590	

On December 31, 1941 Culion housed 5,072 patients or approximately 60 per cent of the total in all leprosaria. Since approximately 50 per cent of all leprosy patients in the Islands come from Luzon, it is probable that the majority of these who left during the war will have gone back to Luzon and many of these to Manila.

Manila today is woefully lacking in adequate facilities with which to care for its leprosy patients. The Old San Lazaro Hospital, with limited capacity, is located inside the city and is used for other communicable diseases. Patients who are so inclined may come and go almost at will. A new colony, Central Luzon Leprosarium, 28 kilometers outside the city, was begun before the war.

It has a capacity of 400-500 but at present has but 120 inmates. It is astonishing that there are any, since for lack of a generator to operate a deep well pump, there is no water for sanitation or bathing, and none for drinking except that which these ill people laboriously carry a long distance. They are without mosquito netting, blankets, or furniture other than some recently acquired army cots.

The property belonging to this institution is extensive, and with proper installations, could be expected to accommodate the more than four thousand patients known to have originally been residents of Luzon. The land is supposedly suitable for farming. Some form of a partially self-supporting colony might develop under proper guidance. This may be the answer to the staggering burden which the continuing isolation of leprosy patients is placing on the new Government of the Philippines.