

NEWS ITEMS

Arabia.—The following extract from a medical report on southwest Arabia by Dr. Alfred M. Palmer, U.S.N.R., is published with permission of the United States Department of State:

Aden, Arabia
August 27, 1945

The most marked focus in the Western Aden Protectorate seems to be at Lahey. It is found in Yemen around Ibb, Jibla, Odain, Zabid, and Osab. At Sheikh Ottiman Hospital, 211 cases were seen in four years. Most of these cases came from Yemen, but isolated cases were seen from Dhala, Lahey, Abyan, and Hadhramvut. Doctors Petree and associates on their Medical Survey of the Western Aden Protectorate found the leprosy incidence to be seven per thousand. The British Medical Mission while in Sana'a had 20 cases in their leprosy ward. Cases included cutaneous, nervous, and mixed types. The impression current among medical men in Southwest Arabia is that cutaneous leprosy is more apt to occur among darker skinned natives (with negroid or slave blood), while the purer Arabs have the nervous type.

No grave social disability is forced upon the leprosy patients by the native Arabs. A leprosarium run by the Mission Hospital in Sheikh Ottiman was closed in 1940 because of war conditions.

Argentina.—The Public Health Department resolved on June 1st, 1945, to divide the Dermatovenereal section into two parts: The venereal and the leprosy section. The latter has thus acquired more independence, and is now under the direction of Dr. Marcial Quiroga, the second chief of the former Dermatovenereal section. With this resolution the Government is increasing the importance of the antileprosy campaign, giving it more scope and freedom of action. The budget, however, has not been modified for the moment.

Central America, Costa Rica.—As a part of the antileprosy campaign in Costa Rica, a special Section for the Prophylaxis and Treatment of Skin Diseases and Leprosy has been created recently at the Ministry of Health with Dr. Arturo Romero, a dermatologist, and Dr. Arturo M. Mom, director of the antileprosy campaign, in charge. A Central Dermatological Dispensary has been opened in San Jose at the San Juan de Dios Hospital.

According to Dr. Mom, Costa Rica has about 600 leprosy patients or about 1 per 1,000 of the population. No important region in this country is entirely free from leprosy, but much of the country has no specialized medical assistance.

The Sanatorio Las Mercedes, situated 11 kilometers from San Jose, has at present 100 patients, the great majority of which are lepromatous. Fifty more patients are officially known to exist outside the Sanatorio. Of the 100 patients at this leprosarium, 47 are being treated with promin, 25 with diasone, and the rest with derivatives of chaulmoogra oil.

This antileprosy work is administered by a special board, and the funds are provided by a recently levied tax of about \$0.02 on each theater ticket.

China—The Shanghai Leprosarium of the Chinese Mission to Lepers is about to repair and re-equip its old permanent buildings, which though not destroyed, were damaged in minor ways and completely stripped. The American Mission to Lepers is providing a grant of \$20,000 (gold) for this purpose.

Philippine Islands—Religious and social work for leprosy patients in the Philippine Islands, which for many years before the war was supported by the American Mission to Lepers through the Presbyterian Mission only, has now been accepted as the full responsibility of the Philippine Federation of Evangelical Churches. The Federation's committee for this purpose recently engaged Rev. and Mrs. Ulpiano Evangelista, the Protestant Pastor and wife at Culion, to make a complete survey of the needs in all six Philippine colonies. The survey showed greatest deprivation of all necessities in all the colonies—food, clothing, medicines, buildings. As a result the Federation agreed to help in relief grants beyond their narrower responsibility for the religious needs of Protestant patients, particularly to provide some funds for food and for buildings. The Federation has appointed Mr. and Mrs. Evangelista as supervisors of this work in all the colonies.

South America—Paraguay —The American Mission to Lepers is to cooperate in Paraguay with the United Christian Missionary Society and the Mennonite Central Committee to found and build a leprosy colony under Mennonite administration. While the colony is being initiated through the Mennonite Central Committee in USA it is to become the gift of the large community of Mennonite settlers in Paraguay to the Government and people of Paraguay in return for Paraguay's hospitality.

The following news items are taken from notes distributed by Dr. and Mrs. E. R. Kellersberger regarding visits to the countries mentioned:

Africa, Belgian Congo—In the Kalanga-Kassar region the situation is very poor as regards leprosy control. In nine colonies visited, there were approximately 3,000 patients. These colonies are all agricultural in type with practically no medical supervision and only partial nursing service. In only a few areas are the children kept separate from their infected parents. On the whole there is a tendency to do too much for the patients in a welfare way and not to allow them to become self-supporting. Also, as a rule there is more attention paid to the old hopeless case than to the early case for whom there might be hope with treatment.

At Stanleyville there is the best medical training center and hospital in the Congo area. Across the river is a large colony accommodating 600 patients, but at present having only 250, which is to serve as a training area for medical personnel. In this area a survey has been made through the 16 rural dispensaries of approximately 100,000 population, 80,000 were examined. Among these there were 2,800 cases of all types, a prevalence of about 3½ per cent. At this rate there may be 400,000 cases in the Belgian Congo.

At Pawa, Croix Rouge, is located a colony housing 300 patients, under good medical supervision. Efforts are being made to learn more about the treatment of the disease as well as its prevalence.

A large colony with 3 out-patient dispensaries ministering to 1240 patients is located at Nebobongo. Since it is only 8 miles from Pawa, medical inspection and treatment is provided from that place.

At Oicha is a small colony housing 137 patients. There is a home for children of infectious cases. Cases are divided into groups according to the stage of the disease.

At Katwa the colony accommodates 350. There is no doctor or nurse here and all treatments are administered by a non-graduate "infirmier."

Tanganyika—The only adequate work seen in this territory was at the Kola Ndoto Mission, 10 miles from Shinyanga. There is a general hospital here with five units and a special colony for leprosy patients. This houses 250 patients. An attempt is to be made to separate the more severe cases into a unit by themselves.

Ethiopia—In this country it is estimated that there are from 10,000 to 20,000 cases. Present colonies are inadequate, all types of cases are housed together. Plans have been made for the development of 4 large agricultural colonies, one in the north (Axsum), in the west (Gore), in the south (Harum), and in the center (near Addis Ababa).

Guatemala—The Asil de Piedad, the only leprosarium in Guatemala, houses between 40 and 50 patients, advanced cases of both neural and lepromatous type. There are more males than females. Here is found a special type of leprosy which appears to affect only the lower extremities. Dr. Ramiro Galvez, physician in charge of leprosy work, estimates there are only about 150 cases in the entire population of 3,500,000.

Mexico—Mexico has at present approximately 10,000 cases of leprosy registered, with possibly a total of 25,000 cases in the country. The government believes in segregation for open cases only. One of the largest leprosaria in Mexico is the "Asil Jose de Lopez" refuge about 20 miles from Mexico City. It houses about 400 cases. In Mexico City is located one of the 22 dispensaries—so called skin dispensaries—at which leprosy cases are treated. These dispensaries supervise cases not under segregation.

Panama—In Panama there is an excellent leprosarium "Palo Seco Leprosarium," located on the ocean about 5 miles across the canal from Panama City. It covers about 500 acres, with many small orchards of tropical fruit, vegetable gardens, and small farms. There are only about 100 patients, mostly lepromatous but with a few advanced neural cases. Buildings are modern, meals are served cafeteria style and are prepared by healthy persons. Palo Seco has its own currency system. The incidence of leprosy is low in the Canal Zone—most patients come from the Republic of Panama.

South America, Brazil—It is estimated that in this country of approximately 45 million there are possibly 50,000 cases of leprosy. Most of these are in the southeast and northeast areas, and predominate among the European emigrant strain. All work is done by Federal and State governments. At present there are 37 colonies of various types throughout the country with 21,000 cases interned. There are 27 preventoria accommodating about 3,000 children.

The State of Sao Paulo has an entirely autonomous leprosy control program. This is entirely non-political and has a fine central institute for research. Open malignant cases must be segregated. Others are kept under supervision, but allowed to live a fairly normal life. Every year since 1933 from 1,000 to 1,500 new cases have been found. About 75,000 contacts are under close study and control in an attempt to learn more of the disease.

Colombia—Here the government is making heroic efforts to control leprosy, spending \$2,500,000 a year in its control. The colony system used in Colombia allows infective and non-infective persons to live together. In Agua de Dios, the largest colony, there are 2,488 men, 51 boys, 1926 women and 57 girls, all leprosy patients. Living with them are several thousand uninfected relatives, many of them children. About 800 patients are in hospitals. Only about 30 per cent of cases are under treatment. Efforts are being made to remove small children from the danger of infection. About 3,000 children are already separated from their infected parents and are being cared for by the preventorium system.

Surinam—In this country of about 180,000 there are about 700 cases of leprosy housed in 3 colonies, an estimated 200 non segregated, 80 arrested cases and 100 cases under supervision. The estimate of cases outside is probably too low. Arrested cases are paroled but re-examined every six months. There is a preventorium for 6 to 14 year old children who have had contact with leprosy. The problem is acute here because of the taboos against the disease and because there is no department exclusively concerned with the control of leprosy.

West Indies, Puerto Rico—Rio Pedrias leprosarium, about 15 miles from San Juan, is a small, well-kept colony, covering 40 acres of land. It houses about 60 cases, 42 men, and 18 women. There are no child patients.

Virgin Islands, St. Croix, Christiansted—The Municipal Leper Colony founded by a Danish physician in 1910 was taken over by the United States government in 1913. It is now a part of the municipality. Fifteen years ago there were 83 patients, today there are only 46, equally divided between males and females. The colony is old and needs extensive repairs. The soil is depleted by constant use, so is not being used to the extent possible.

British West Indies, Trinidad—The only colony here is that on the Island of Chacachacare. This is about 15 miles from Port of Spain. The island has practically no level land. No water is available except that caught in tanks during the rainy season. On the islands there are about 1500 cases of leprosy, about half of whom are not segregated. On April 1 there were 393 patients in the leprosarium, 243 men, 111 women, 23 boys, and 16 girls. Of these 215 were Negroes, 163 East Indians, 4 Chinese, and 11 others. At present it is under the supervision of Dr. Campbell. Both chaulmoogra oil and promin are being used in treatment.