

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.

INTERNATIONAL CONGRESS OF LEPROSY, HAVANA, CUBA, APRIL 3-11, 1948

At the last international Leprosy Congress held in Cairo, Egypt, in 1938, it was agreed that the next International Leprosy Congress should be held in Paris in 1943. This, however, was impossible on account of the war. At a meeting of the International Leprosy Association held during the Panamerican Leprosy Congress at Rio de Janeiro in December, 1946, it was agreed that if possible the next International Leprosy Congress should be held in the Spring of 1948, and an invitation has been received and accepted from the Government of Cuba to make Havana, Cuba, the location of the Congress, the date being fixed as April 3-11, 1948.

ATTENDANCE

The Government of Cuba is issuing official invitations to all Governments with which they have diplomatic relations, asking them to send official delegates, and these will be delivered in due course.

All members of the International Leprosy Association are also invited to attend, and those who can do so should notify the Secretary of the International Leprosy Association, 167 Victoria Street, London, S. W. 1, as soon as possible. They should also notify the Secretary of the Organising Committee (Dr. Ismael Ferrer, Ministerio de Salubridad y Asistencia Social, Marianas, Habana, Cuba) of intention to attend, and of the manner and time of arrival.

PAPERS

Official delegates and members of the Association (whether they can attend or not) are invited to send in papers. These should be of such length that they can be read in ten minutes, and should deal with the subjects to be discussed at the Congress as mentioned below. Titles and, if possible, short abstracts, of papers should be sent to the Secretary of the International Leprosy Association so as to reach him before the end of December, 1947. Copies of the papers themselves should be sent to the Secretary of the Congress so as to reach him before April 1st, 1948, or alternatively

be delivered personally to the Secretary before the beginning of the Congress.

Subjects of Discussion

Leprosy will be discussed under the following five headings:—

- (a) Epidemiology and control.
- (b) Pathology and bacteriology.
- (c) Classification.
- (d) Therapeutics.
- (e) Sociology.

LOCAL ORGANIZATION

The President de Honor of the Congress is the President of the Republic. The following Executive Committee has been appointed to organize the Congress:

Dr. Alberto Oteiza (President)
Dr. Ismael Ferrer (Secretary)
Dr. Braulio Sáenz (Treasurer)
Dr. Pedro Nogueira
Dr. Ramón Ibarra
Dr. Francisco Tiant
Dr. Fernando Trespalacios.

Also Commissions have been formed to arrange for Science, Propaganda, Reception, Scientific Exhibitions and Commercial Exhibitions.

TRANSPORT

The following information regarding shipping and air facilities has been received:

"Compania Transatlantica Espanola." Monthly sailings of "Magallanes" and "Marques do Comillas." Prices range all the way from \$374 (one way) Class "Tourist B," to \$721.80 First Class. There is such a demand for this Line that they are selling twice as many passages as they can accommodate; so that this mode of traveling is not to be recommended to anyone who can use any other means of coming over. Passengers all complain bitterly of the discomforts.

Pacific Steam Navigation Co. Schedule is now very irregular and they do not expect to have a proper service until August or September. The ships will travel from United Kingdom — France — Spain to Havana. One way passage will cost probably \$500. First Class.

Cunard. The Queen Elizabeth, Queen Mary and Mauretania are already plying between United Kingdom and the United States. Passages cost in different classes \$365 up, \$225 to \$270 and \$165.

To complete the trip from New York to Havana we expect to have:

United Fruit Co. and the Ward Line, none of which can give definite information as to schedules or prices, but they expect to have sailings once or twice weekly, each line. Prices used to be \$75 one way and \$110 return trip, but an increase to \$90 one way is very likely.

Holland American Line. So far they take only cargo. Time will tell if they decide to put passenger steamers on this service.

Pan American Airways. Are doing a large business just now with very frequent sailings, between London and Boston, London and New York, New York to Miami, Miami to Havana (over 24 planes daily), New York to Havana direct (in about 20 hours), Havana — Camaguey — Kingston. Prices just now are London-Boston \$570 return trip; Boston-Havana \$160. From New York they are about the same. Havana-Kingston \$53.82 one way, \$93.27 return trip. The impression is that these prices will be reduced before the end of the year.

Rail from New York to Miami and plane Miami to Havana can also be arranged."

The most certain method of travel from the United Kingdom apart from air journey the whole way, is by ship to New York (about £41, tourist class, single journey) and then by train to Miami (£19 including sleeper) or plane to Miami (£20) and then plane from Miami to Havana (£5).

LEPROSY IN BRITAIN

A short news item in the *British Medical Journal* of May 24, 1947, describes briefly 6 cases of leprosy detected in Britain among returning prisoners of war, internees, and soldiers from the Far East. Two were moderately advanced lepromatous cases and one was considered advanced. Two were of the tuberculoid type and were both bacteriologically negative.

As other cases may be expected to develop in England in the future among the returned soldiers and internees, it is suggested in the news item that the diagnosis of leprosy should be kept in mind in all cases of resistant skin lesions of long duration among those who have resided in endemic countries, so that the correct diagnosis may be arrived at as soon as possible.

THE IAM TSAU VILLAGE LEPROSY CLINIC

In 1933 a village clinic for the treatment of patients suffering from leprosy was organized at Iam tsau, some 25 miles east of Swatow in S. China. Contact was made with 20 leprosy patients among the 6,000 inhabitants of Iam tsau, and with 5 who came from a neighborhood village, and regular weekly injections were given. Within a few months fame of this clinic spread and patients came in

from the country round about until there were over 120 patients, all suffering from leprosy, attending the clinic.

I recently was able to re-visit Iam tsau and to check on the fate of the patients for whom the clinic had originally been organized.

Iam tsau not only suffered from repeated visits of the Japanese troops during the war years, but also suffered during 1944 a typhoon which did more damage to the crops and the countryside than the bad typhoon and tidal wave of 1922. Famine took a heavy toll in 1944.

Of the 20 Iam tsau patients who had attended the clinic regularly for treatment between 1933 and 1937 two only survived. The remainder, suffering from spreading lesions, complications, and finally starvation, succumbed.

Of the survivors one, a male aged 39, claimed that while under treatment he was able to carry heavy burdens and do a good day's work; now he is suffering from perforating ulcers and claw hands. He looked like a burned out case, though with some nodules that might well prove to be positive.

The other survivor, a woman of 30, had suffered from a major tuberculoid form of the disease, with large spreading macules of the chest, the arms and the thighs; now there is no sign of macules or of leprosy lesions of any kind, though there is a widespread scabies infection. I am prepared to consider her as not only arrested, but as free of all symptoms of leprosy.

It was reported that Japanese troops had rounded up and murdered the 5 patients who came from the nearby village of Mangkau.

During these past few years 3 new cases are known to have developed. The first of these that we saw was in a man of 25, but so underdeveloped that he would have passed for 12. He gave a five-year history, but could not account for any contact with a case of leprosy. He was suffering from marked lepromatous lesions, with a well developed leonine facies. The second, a man of 32, and the third a man of 38, both gave a history of six years duration, but again no contact was admitted. Both suffered from contractures and deformities due to neural lesions. A fourth case in a girl of 13 may have occurred also, but she was not available for examination.

No conclusions can be drawn from these few notes of a small number of patients, but it is desirable, I feel, to put on record the fate of patients with leprosy in China during the war years.

—D. N. FRASER

LEPROSARIA IN JAPAN (November 1946)

Through the courtesy of the Surgeon General, U. S. Army, the following list of institutions was obtained by the Acting Editor:

| <i>Name</i> | <i>Location</i> | <i>Head</i> | <i>Capacity</i> | <i>Patients</i> |
|------------------------|--|------------------------|-----------------|-----------------|
| <i>GOVERNMENTAL</i> | | | | |
| Nagashima-aiseien | Mokake-village, Oku-dist., Okayama Pref. | Kensuke Mitsuda | 1,450 | 1,455 |
| Kuryu-rakusen | Kusatsu-town, Agatsuma-dist., Gumma Pref. | Kaichi Furumi | 975 | 1,267 |
| Hoshizuka-keiaien | Kaya-municipal, Kagoshima Pref. | Einosuke Shionua | 1,125 | 918 |
| Tohoku-shinseien | Nitta-village, Tome-dist., Miyagi Pref. | Rishiun Suzuki | 600 | 575 |
| Tama-zensyoen | Higashimurayama village, Kitatama-dist. Tokyo Metropolis | Yoshinobu Hayashi | 1,200 | 1,120 |
| Matsuoka-hoyoen | Shinjo-village, Higashitsugaru-dist., Aomori Pref. | Hosaki Sakurai | 500 | 632 |
| Oku-komyoen | Mokake-village, Oku dist., Okayama Pref. | Ryoichi Shingu | 1,000 | 833 |
| Oshima-seishoen | Anji-village, Kita-dist., Kagawa Pref. | Taiji Nojima | 650 | 550 |
| Kikuchi-keifuen | Goshi-village, Kikuchi-dist., Kumamoto Pref. | Makuki Miyazaki | 1,000 | 914 |
| Suruga-ryoyosho | Fujioka-village, Sunto-dist., Shizuoka Pref. | Shigetaka Takashima | 500 | 87 |
| <i>PRIVATE</i> | | | | |
| Kamiyama-fuku-seibyoin | Fujioka-village, Sunto-dist., Shizuoka Pref. | Taiju Chiba | 130 | 73 |
| Minobu-shinkeien | Minobu-town, Minamikoma dist., Yamanashi Pref. | Ryumyo Hosowaki | 65 | 33 |
| Tairoen | Kumamoto-municipal, Kumamoto Pref. | Fusami Miyazawa | 85 | 53 |
| TOTALS | | | 9,280 | 8,510 |

There were 3 leprosaria in Okinawa Pref. before the outbreak of the war: (1) Kunigami-koraku-en (capacity 450), (2) Miyako-Nasei-en (capacity 300), (3) Amami-Wako-en (capacity 100).

Mr. Perry Burgess obtained the information shown below through the courtesy of Dr. C. M. Carpenter who secured the data from Dr. Ishibashi, Chief, Bureau Communicable Diseases and Sanitation, Ministry of Health, Japan, December 15, 1945.

NUMBER OF LEPROUS PATIENTS NOT YET ADMITTED
TO LEPROSARIA

| | | | |
|------------------|------------------|------------------|------------------|
| Hokkaido ... 20 | Tochiki 53 | Aomori 11 | Tokushima .. 31 |
| Tokyo 30 | Nara 1 | Yamagata .. 62 | Kagawa 4 |
| Kyoto 54 | Mie 70 | Akita 51 | Ehime 3 |
| Osaka 33 | Aichi 279 | Fukui 51 | Kochi 141 |
| Kanagawa .. 3 | Shizuoka ... 20 | Ishikawa ... 35 | Fukuoka 4 |
| Hyogo 78 | Yamanashi... 1 | Toyama 19 | Oita 108 |
| Nagasaki ... 0 | Shiga 34 | Tottori 37 | Saga 92 |
| Nigata 42 | Gifu 134 | Shimane 7 | Kumamoto .. 306 |
| Saitama 4 | Nagano 48 | Okayama ... 2 | Miyasaki ... 228 |
| Gumma 1 | Miyagi 0 | Hiroshima .. 4 | Kagoshima .. 393 |
| Chiba 6 | Fukushima .. 42 | Yamaguchi . 5 | Okinawa 663 |
| Ibaraki 43 | Iwate 0 | Wakayama . 75 | |
| TOTAL .. 3,328 | | | |

GOVERNMENT OF BRAZIL

MINISTRY OF EDUCATION AND HEALTH
REGULATIONS FOR THE PAROLE OF LEPROSY PATIENTS

Order No. 3, February 28, 1947

The DIRECTOR of the NATIONAL LEPROSY SERVICE, considering that different criteria are being used in various services regarding the granting of paroles to leprosy patients, that the rules which should be followed for the granting of parole may be readily standardized, and that the question has been dealt with satisfactorily by the Leprosy Societies of São Paulo and Minas Geraes, by the Leprosy Service of those States, and by a committee of specialists of the National Leprosy Service designated by Order No. 33, July 18, 1946,

RESOLVES

To promulgate, with the approval of the Director General of the National Department of Health, the following regulations governing *the granting of parole to leprosy patients*.

CHAPTER I—DEFINITIONS

Art. 1. Parole will be granted to those patients who satisfy conditions specified in these Regulations. "Parole" is defined as a partial or total, temporary or definitive suspension of the rules regarding isolation prescribed by the Regulations for the Control of Leprosy, now in force.

Art. 2. The Leprosy Control Service may grant to the patients the following:

- (a) Transfer to dispensaries: This is granted to patients who are in hospital or domiciliary isolation. Compulsory segregation will be suspended, but the patients will remain subject to restrictions imposed by the leprosy control regulations.
- (b) Temporary parole: This is granted to patients registered at dispensaries. Restrictions imposed by the leprosy control regulations will be relaxed.
- (c) Definitive parole: This is permitted to patients who have temporary parole. All restrictions imposed by the leprosy control regulations will be removed.

Art. 3. In every patient applying for parole, the disease whether or not contagious, will be classified as follows:

- (a) Lepromatous
- (b) Non-characteristic
- (c) Tuberculoid

CHAPTER II—TRANSFER TO DISPENSARY

Art. 4. Patients with the lepromatous or non-characteristic type, with initial positive bacteriology, may be candidates for transfer to dispensary only after 6 consecutive negative monthly examinations made from nasal and skin smears.

Art. 5. Patients with the lepromatous type will be transferred after another 12 consecutive negative monthly examinations made from nasal and skin smears.

Art. 6. The presence of rare bacilli in histologic sections, whether of typical or altered morphology, or the presence of acid-fast granules, will not impede transfer to dispensary.

Art. 7. In patients with non-characteristic leprosy with initial positive bacteriology, if the non-specific chronic inflammatory structure which distinguishes this type persists, transfer to dispensary will be granted after another 6 consecutive negative monthly examinations of nasal and skin smears.

Art. 8. In patients with non-characteristic leprosy with initial negative bacteriology, and in those with the tuberculoid type, segregated for clinical, economical, social, or esthetic reasons, transfer to dispensary will be subject to the discontinuance of the conditions which were responsible for the segregation, as well as a favorable decision by the Parole Committee.

(The provisions of this article will not apply to those patients who during segregation develop lesions which are positive bacteriologically.)

Art. 9. At the time of isolation, a biopsy shall be made to confirm the clinical classification of cases to which the fifth and seventh articles refer. Biopsy is compulsory when a patient is granted transfer to a dispensary.

Art. 10. Patients who have been interned in more than one place will have their total time of isolation counted for the purpose of computing the period of time required for transfer to a dispensary.

Art. 11. Patients with the lepromatous and non-characteristic types with initial positive bacteriology, who are candidates for transfer to a dispensary, will besides the monthly bacteriologic examinations, be subjected respectively to 4 and to 2 trimensual procedures, namely:

- (a) Dermatologic examination;
- (b) Examination of nasal smears;
- (c) Examination of skin smears.

Art. 12. Specimens from candidates applying for transfer to dispensaries will be obtained and examined exclusively by specialists of the Leprosy Services.

Art. 13. If bacteriologic negativeness be maintained and no clinical progress be observed, candidates for transfer to dispensaries will be submitted, according to the period of time established by these Regulations, to the following examinations:

- (a) Curettage of both nasal membranes made by a specialist in leprosy.

- (b) Biopsy of one or more lesions chosen by the Assistant Physician.

Art. 14. The last examinations of the candidate for transfer will be made by a Medical Board of the Leprosarium presided over by its Director.

Art. 15. When these conditions above mentioned are fulfilled, the candidates' reports including the following will be presented to the Parole Committee:

A. As necessary elements:

- (1) Initial clinical examination and type of disease at the time of isolation;
- (2) Synthesis of the trimensual clinical reports;
- (3) Clinical condition and type of disease at time of the transfer;
- (4) Results of the bacteriologic examinations, including curettage of the nasal membrane;
- (5) Results of biopsies;
- (6) The candidate's social condition, address of his residence outside the leprosarium and his ability to work.

B. As subsidiary elements:

- (1) Results of the lepromin reaction;
- (2) All methods of treatment that have been given.

Art. 16. In cases in which the negativeness of nasal and skin smears is interrupted without any clinical manifestations, the Assistant Physician should repeat the examination.

Art. 17. When the nasal and skin smears are repeatedly positive and when progressive clinical alterations are observed, transfer of the candidate will be refused.

CHAPTER III—TEMPORARY PAROLE

Art. 18. Temporary parole will be granted to dispensary patients after twenty-four months of consecutive bacteriologic negativeness and when the cutaneous manifestations are stationary or in involution, during which there will be made trimensual clinical and laboratory examinations of specimens obtained by specialists of the official services.

Art. 19. If the patients remain negative during a period of twenty-four months and present lesions with nonspecific or tubercloid chronic inflammatory structure, negative for acid-fast bacilli,

they will be reported for a temporary parole, the data to be provided being the following:

- A. As necessary elements:
 - (1) Initial clinical type;
 - (2) Clinical examinations made on the occasion of parole;
 - (3) Summary of the periodic examinations;
 - (4) Results of biopsies.
- B. As subsidiary elements:
 - (1) Results of the lepromin-reaction;
 - (2) All methods of treatment that have been given;
 - (3) Whether the patient comes initially from a dispensary or has been transferred from segregation.

Art. 20. In cases in which the negativeness of nasal and skin smears is interrupted without any clinical manifestations, the dispensary physician will repeat the examination and decide as to what prophylactic measures should be taken.

CHAPTER IV—DEFINITIVE PAROLE

Art. 21. Definitive parole will be granted to patients on temporary parole after six years of consecutive bacteriologic negativeness and absence of clinical lesions excepting those of residual character.

(In patients who present a frankly positive lepromin-reaction this period of time may be reduced to three years.)

Art. 22. During the period of temporary parole those who are candidates for definitive parole will be submitted to quadrimensual clinical and laboratory examinations for the first three years and semestral examinations for the second three years.

Art. 23. If the results of all tests to which they are submitted be satisfactory, according to the above article, all the documents regarding the candidates will be presented at the time when a definitive parole is proposed.

Art. 24. The candidate for definitive parole will be presented to the Parole Committee which may subject him to any examination considered necessary, such as curettage of the nasal membrane, iodine test, gland puncture, or biopsy of cutaneous or neural lesions.

CHAPTER V—GENERAL PROVISIONS

Art. 25. The certificate of definitive parole, when requested, will be printed cards which will include the bearer's photograph and other data necessary for identification.

Art. 26. The treatment of patients on temporary parole is optional and is left to the discretion of the attending physician.

Art. 27. In patients for which it will not be possible to satisfy all the requirements of these Regulations, the Parole Committee may grant the temporary or definitive parole to those candidates whose clinical and bacteriologic condition is satisfactory, provided that a minimum period of eight years had elapsed since first registration.

Art. 28. If the Leprosy Services is not able to perform the laboratory examinations required by these Regulations, the assistance of the National Leprosy Service should be requested.

Art. 29. The Parole Committee will be appointed by the Chief of the Leprosy Service.

(In order to establish the Parole Committee, the National Leprosy Service may be requested to collaborate.)

Art. 30. Whenever possible the Parole Committee will examine the candidates in the presence of the Assistant Physician.

Art. 31. When convicts and insane persons who are segregated in leprosaria obtain their transfer to dispensaries, they will be sent to appropriate establishments whenever possible.

Art. 32. Appeal may be made from the Parole Committee's decision to the Chief of the Leprosy Service.

Art. 33. The granting of definitive parole does not imply that the patient may not again be registered and subjected to isolation.

Art. 34. When any doubt exists regarding the granting of definitive parole, the Chief of the Leprosy Service should always refer the case to the National Service of Leprosy for final decision.

DR. ERNANI AGRICOLA
Director of the National
Service of Leprosy