

NEWS ITEMS

Africa, Belgian Congo: Dr. C. C. Chesterman of London has secured funds from the American Mission to Lepers for establishing a training plan in connection with the British Baptist Leprosy Colony at Yakusu, Congo Belge. The primary purpose is the training of Congolese lay leaders to recognize and deal with leprosy in the villages.

British East, Mombasa, Kenya Protectorate: New cases of leprosy amongst Africans are only kept here for diagnosis after which they are sent to the Leper Colony at Msambweni. Two Asian cases have been inpatients of the hospital during the year owing to the lack of suitable accommodation elsewhere for such patients.

French Cameroun: The American Mission to Lepers has made an agreement with the American Presbyterian Mission in West Africa to provide the salary and expenses of a doctor who will supervise the fine mission colonies in the French Cameroun and who later will become Supervising Secretary for Africa of the American Mission to Lepers.

Nigeria: Dr. Howard Bosler of Garkida, is being supported by the American Mission to Lepers in a four-year building and equipment plan for his thousand patient colony. The plan is to cost \$5,000 a year and will include principally the following:

1. *New buildings*
 - a. Doctor's residence and equipment
 - b. New church building to seat 1,000 leprosy patients
 - c. Two new units and remodeling of present three units of the school
 - d. Shop and industrial building
2. *New equipment*
 - a. Surgical and ward equipment
 - b. Six sewing machines for tailors, shoemaking equipment, and supplies
 - c. Movie projector, screen, films, camera (still)

British Empire: The British Empire Leprosy Relief Association held an exhibition to call public attention to the incidence of leprosy in the Empire at Overseas House, St. James, London, on June 11 to 12. The exhibition, named "Who Walk Alone" after the well-known book written by Perry Burgess, was formally opened by Lord Wavell. It showed the progress of the fight against leprosy, the magnitude of the problems yet to be solved, and the urgent need of funds to support the activities of the British Empire Leprosy Relief Association. *From the Brit. M. J. May 24, 1947.*

China, Kwangtung Province: Dr. William Braisted is carrying on a new leprosy project at Kityang with the financial aid of the American Mission to Lepers. The project includes: reestablishment of clinics for care of ambulatory leprosy patients; establishment of village treatment units for special treatment; cooperation with English Presbyterian Mission and Public Health Officials in planning a program of survey and control of leprosy in Eastern Kwangtung, including question of establishment of leprosaria near Kityang and/or Swatow for therapy and teaching; and enlist-

ment of practitioners in Western China in survey and treatment of leprosy.

India, Vadala: The Missions to Lepers of London and New York are jointly providing a new leprosy colony on Congregational Mission property at Vadala, India.

South America, Argentina: In a press release dated May 27, 1947, the Secretariat of Public Health announced the program of its five year plan of public health improvement. The release included the following paragraph:

"The plan of construction includes the provision of 30,000 beds for mental cases; 25,000 beds for general and specialized hospitals; 15,000 beds for maternity, infancy, and gynecology; 10,000 beds for tuberculosis and 3,000 beds for leprosy."

Argentina: According to a letter received from the Director of Dermatology in the Department of Health of Argentina, a course on leprology is being established in Buenos Aires. The teaching staff will include Doctors Leonidas Llano, Marcial J. Quiroga, and Hector Fiol. The course is intended for new medical graduates and will doubtless prove very useful in connection with the campaign against the disease in the country.

Paraguay: The leprosy colony which the Mennonite settlers of Paraguay, with the aid of the American Mission to Lepers and the Mennonite Central Committee of U.S.A. have planned to build as an expression of their gratitude to the Paraguayan people for their hospitality, is still on paper because of the recent rebellion in that country, but all parties to the plan hope to see it started within the year.

Paraguay: The Institute of Inter-American Affairs reports that on Sept. 12, 1946, ceremonies were held at Paraguay's leprosarium "Santa Isabel" near Sapuacay to celebrate the official delivery to the government of Paraguay of the hospital and water supply system constructed by the Inter-American Cooperative Health Services. Delivery was made by Dr. Jean J. Rogier, chief of Field Party. It was accepted by Dr. Jose M. Soljancic, Paraguay's Minister of Public Health and Social Security. This colony, a 4000 acre tract, is located about 7 miles from Sapuacay.

The erection of the new hospital presented many problems because at the time of its conception the colony could be reached only by oxcart. The first step was improvements in the roads to permit truck transportation. Local materials were utilized wherever possible.

The new hospital provides facilities for the medical and surgical needs of the patients. A building for male patients and one for female patients each contains a ward with a capacity of 28 beds, four for isolation, toilet and bathing facilities, food dispensary, supply room, treatment room and nurses station. A central building includes a laboratory, pharmacy, outpatient clinic, and an operating suite. The last building in the unit contains a kitchen with its storage room and meat storage facilities and a laundry.

In 1942 when these improvements were begun, the colony housed 386 patients. With new case finding this number was expected to increase to 1000.

Other improvements planned in this colony have been along the lines of agriculture, and chicken and stock raising. The colony is to have a

barn, chicken house, fences, aid in clearing more land, and addition to stocks of poultry, cattle, and hogs.

The Patronato de Leprosos, a Welfare Society, and an American Mission group are aiding in the social program. They have built recreational centers, a building for manual training and have fostered group activities.

For the care of infants born to parents with leprosy and all children at the colony who do not show clinical evidence of leprosy, a preventorium was planned. This project was completed in February 1944 when the "Santa Teresita" Preventorium located about 2 miles from Asuncion was completed. It consists of five buildings with a 64-bed capacity, a 24-bed dormitory each for boys and girls, a 16-bed nursery, an administration building which includes the dining room and a small laundry. A separate kitchen and laundry were provided for the nursery so as to make complete isolation possible.

The Asociacion de Ayuda a los Lazaros y sus Familiares collects funds for salaries and for maintenance of the preventorium. When it was opened 26 children were transferred from the colony "Santa Isabel." By September of 1944, 55 children were under care. Babies are separated from leprous mothers immediately after birth.

Portugal: The new Rovisco Pais National Leprosarium will be inaugurated shortly. This institution has been constructed on the Quinta da Fronte Quente in Tocha located in the municipality of Cantanhede and covers an area of 1,200,000 square meters. This project was financed by funds placed in trust by the will of Mr. Rovisco Pais, and when completed will cost approximately \$800,000.

It is said to be the largest and finest in Europe and will have a capacity of 1000 patients. All equipment known to modern science for the treatment of leprosy in all stages has been installed and is under the supervision of an adequate and able staff directed by Dr. Bassaia Barreto.

The institution provides all facilities for isolation in groups of similar stages of the diseases, by families and by sex. The sanitary measures necessary have been provided for in every instance. Clothing and property of highly contagious patients will be burned. Adequate laundries are available to clean all other clothing and linens as well as the kitchen and dining utensils.

Siam, Chiangmai: The well-known and old colony at this place is again being carried on under the American Presbyterian Mission with aid from the government of Siam and from the American Mission to Lepers. Dr. F. C. Cort is giving it supervision pending the appointment of a full-time doctor.

United States: A training program in leprosy has been announced by the Surgeon General of the U. S. Public Health Service to fill the need for additional medical and dental officers skilled in the diagnosis, treatment, care, and management of leprosy. It is proposed to assign a limited number of medical and dental officers to duty at the U. S. Marine Hospital, Carville, Louisiana, for approximately a year each. While so assigned each officer will receive, in addition to the pay and allowance of his grade, a sum equal to 50 per cent of the pay of his grade. Quarters will be available on the station.

This is the beginning of a long-range plan to effectuate a case-finding program for both in- and out-patient treatment in the endemic areas of Louisiana, Texas, Florida, and California, as a broadened approach to the problem of the control and eradication of leprosy within the United States.

United States: The American Mission to Lepers has supplied some 41 leprosy colonies in Africa, Australia, China, Greece, India, Iran, Iraq, Japan, Korea, Palestine, Paraguay, and South America with moderate amounts of diasone for treatment of patients.

United States: Two well-known artists, Howard Baer and Frede Vidar, have been commissioned by Abbott Laboratories to make a series of paintings of the Leprosarium at Carville, Louisiana, for their publication *WHAT'S NEW*. This magazine is widely circulated to the medical profession in the United States and Canada and is reprinted in Spanish and Portuguese for distribution in South America.

United States: The following outspoken editorial prepared by Ralph Coghlan ran in the *St. Louis Post Dispatch* on March 16, 1947, in conjunction with a feature article on leprosy.

LEPROSY AND DR. PARRAN*

"For centuries, the very word has been one to cause revulsion, yet the truth is that leprosy is not as communicable as other diseases far more frequently found. Moreover, with the use of new sulfone drugs, the disease is yielding handsomely to treatment.

"Despite the facts, which are well known to the United States Public Health Service, that Service shows timidity with regard to establishing clinics in various parts of the country where the disease can be diagnosed and treated. It is estimated there are about 3000 cases of leprosy in the United States, but the leprosarium at Carville has only some 380 patients.

"What's the answer? Many sufferers from the disease are concealing the fact because they dread the stigma that now unfairly attaches to Carville patients. Or they do not want to be taken away from their families for years on end. The result is that, unless they are being treated adequately by private physicians—and that is doubtful—they are running risks of letting the disease proceed to a dangerous degree.

"Let the Public Health Service act in the light of its own scientific knowledge rather than be frightened off by a misinformed public opinion. Let it establish diagnostic and treatment centers where sufferers can go freely. Only a few years ago syphilis, too, was a hush-hush disease, and newspapers were afraid even to print the word. Now, information about syphilis is published everywhere, thanks in large part to the courage of Surgeon General Parran. Such public discussion is a necessary step to bring the disease under control.

"We should like to see Dr. Parran do for leprosy what he did for syphilis, namely, bring discussion of it out into the open. The public, we think, would welcome to be told that the truth about this interesting and ancient disease is far different from the myths and taboos that have surrounded it for so long."

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The following reply by Dr. Parran was published in the Post Dispatch on April 28, 1947:

THE SURGEON GENERAL'S LETTER**

"The Public Health Service has been concerned with leprosy for almost 50 years. For many years our medical officers were assigned to take care of the leprosy patients of the Territory of Hawaii. During the past 25 years, we have maintained a hospital at Carville, La., for the treatment of persons who are afflicted with the disease.

"Until the relatively recent past, there has been no satisfactory treatment for leprosy. During the past five years, the experience of our medical officers at the hospital at Carville has given very gratifying results. Beneficial effects in the treatment of leprosy by use of the sulfa drugs are now being confirmed in other countries. For the first time in the history of mankind we feel that we can now say to persons who have leprosy, "There is hope."

A New Pilot Program

"An advisory committee has been working with us for the past several months in an effort to formulate a program for the care and treatment of persons afflicted with leprosy in this country that we hope may make possible the eradication and control of the disease. It is the unanimous opinion of the advisory committee that it would be desirable to establish special treatment centers in the four states where the disease is endemic: California, Florida, Louisiana, Texas.

"Before embarking on such a broad campaign it would seem to be the part of wisdom to conduct a pilot program in order to perfect methods of approach and to give us experience in various phases of the new program. The proposed new program is based on the desirability of recognizing and placing cases of leprosy under appropriate treatment as early as possible.

Years without Treatment

"One of the handicaps that we have worked against in the past has been the fact that the average case that enters the hospital at Carville has had the disease for four or five years before the condition is properly diagnosed. The establishment of diagnostic and treatment centers is not as simple as would appear at first glance.

"With the exception of a few specialists in diseases of the skin, very few physicians practicing medicine in the United States are familiar with the diagnosis of the disease, particularly in the early stages. The actual work of seeing these patients must be done by those of our medical officers who are experienced in the diagnosis and treatment of leprosy.

"We are now in the process of setting up a case-finding program on an experimental basis in Louisiana where we hope to perfect our methods of early recognition of cases and promptly placing them under treatment. We are assigning a medical officer to New Orleans who will work closely with state and local health authorities in Louisiana in an effort to locate and diagnose as many early cases of the disease as can be found.

"We propose, without any publicity, to place these patients in another hospital for treatment. They will thus be saved from the stigma of hav-

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ing been patients at Carville. You realize that in Louisiana, Carville is a well-known institution.

"After several months of such clinic experience in the treatment of early cases and the development of satisfactory methods for finding early cases, we expect to expand this plan to make it effective in the other endemic states. When we have secured sufficient experience in this preliminary way, I feel, that we will then be justified in going to the Congress and requesting funds to set up the special treatment centers that we have in mind.

"Your interest in the problem of leprosy in the United States is appreciated. All of us sympathize with the plight of any person suffering from leprosy. We are particularly sympathetic with the fact that the patients at Carville feel that there are unreasonable restrictions imposed by the public upon persons having leprosy.

"I think it would be well, however, for all of us to keep in mind the basic fact that any person who has leprosy has acquired the disease from some other person suffering with leprosy. We are aware that irksome restrictions on these patients should be relieved, where possible. In giving these patients more freedom, care must be exercised that such additional privileges do not include freedom to transmit the disease to others."

United States: The American Mission to Lepers has commenced publication of a small quarterly bulletin for the public called *Leprosy Digest*. The Editor is Mary E. Hughes. The second number published in July 1947, contains the following brief appeal by the Acting Editor of the *JOURNAL* entitled "The Greatest Need in Leprosy:"

"The Message from President Truman published in the first number of the *Leprosy Digest* emphasizes the power of knowledge to dissipate the unreasoning fear of leprosy. The relative infrequency of the disease, its low infectiousness, its tendency towards self-healing, and the benefits of modern therapy—all these are facts which if more widely known would tend to lessen the hysterical alarm which presence of the disease creates in the public mind.

"That such knowledge exists is indeed fortunate. But at the same time it must be emphasized that until much more is learned about leprosy, until means of prevention or cure, or both, are established, no one can take other than a serious view of the disease.

"It is unfortunately true that there is no serious infectious disease which has been so neglected by the scientist as has leprosy, especially in recent years. The writer is in an especially good position to substantiate this statement as he is having great difficulty in obtaining first-class scientific articles in sufficient number to fill four numbers annually of the *International Journal of Leprosy*.

"The facts already in our possession were not gained accidentally. They are the result of painstaking observations made by a small number of men often under difficult and trying circumstances. And it follows that if our ultimate goal is to be achieved, there must be more extensive work by a much larger number of scientists. Millions of dollars are required to test various drugs which appear to be promising, to conduct laboratory and epidemiological inquiries on possible means of transmission and to study factors which may affect resistance to the disease.

"The remedy is public education regarding the nature of the disease, its prevalence in different parts of the world, the physical needs and handicaps of patients and other features which should interest thinking persons.

"We welcome the *Leprosy Digest* as a channel through which knowledge will flow to the public and as a stimulus to philanthropic individuals and organizations to contribute generously to leprosy work. If funds can be secured, we can look forward to the day when facts will not only dissipate fear of the disease but will eliminate the disease itself."

The Leonard Wood Memorial: The Advisory Medical Board met at the Statler Hotel, Cleveland, July 5th, 1947. Present: Mr. Perry Burgess (President of the Memorial), Dr. M. Soule (Chairman of the Board), Dr. L. F. Badger (representing the Surgeon General U. S. Public Health Service), Dr. James A. Doull (Act. Editor of the JOURNAL), Dr. F. A. Johansen, Dr. Howard T. Karsner, Brigadier General (ret.) James S. Simmons, and Dr. H. W. Wade (Medical Director). Invited to take part in the proceedings were Dr. Huldah Bancroft (Asst. Editor of the JOURNAL), Dr. Ricardo S. Guinto, Dr. Jose Rodriguez, and Dr. J. Tolentino. The following recommendations were made to the trustees of the Memorial: That Dr. Wade should assume his duties as Editor commencing January 1st, 1948; that Dr. Guinto should return immediately to the Philippines to continue the Cordova epidemiological studies; that a Fellowship should be awarded to Dr. Lauro de Souza Lima of Brazil; that the budget of Dr. J. H. Hanks for the Memorial's Department of Bacteriology at Harvard University for 1947-48 should be approved; that the delegation of the Memorial to the International Congress at Havana, April 1948, should include the President and the members of the Advisory Medical Board; and that a special meeting of the Board should be held during August 1947, to give special attention to the proposal made by Dr. Doull that a clinical evaluation committee should be established to advise the Memorial regarding new methods of treatment.