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.

THE HAVANA CONFERENCE

During visits to London and New York by Dr. Alberto Oteiza Setien, Chairman of the Local Organizing Committee representing the Cuban Government, many details were learned of the plans for the International Leprosy Congress to be held in Havana, April 3 to 11, 1948. Further information has been received in subsequent correspondence, though at the time of going to press certain features were still to be developed.

The Organizing Committee is concerning itself primarily with the general set-up and special events; the responsibility for the scientific program will be with representatives of the International Leprosy Association. The Committee is planning to prepare a pamphlet with a program of business and entertainment and also information and suggestions which may be helpful to the delegates. This pamphlet, it is understood, will be prepared in time to be mailed to all persons known to be interested in the meeting.

All authors' abstracts which are received in time will be translated into all of the four official languages (English, Spanish, Portuguese, and French) and printed for distribution at the time of registration. The meeting hall, it is expected, will be equipped with selector ear-phone apparatus through the courtesy of the International Business Machines Corporation, so that each member may listen to any given paper in whichever of these languages he may choose, as rendered by translators during the reading. Each day's discussions will be recorded and mimeographed for distribution on the following morning. The manner of publication of the Proceedings has not been decided.

Prior to the inaugural session of the Congress proper there will be a formal one in the Capital Building, under the patronage of the President of the Republic, His Excellency Dr. Ramou Grau San Martin. Several other special events are planned, as indicated in the tentative program which follows. This includes a visit to the San Lazaro leprosy hospital at Rincon, near Havana. Anyone desiring to visit the newer governmental leprosarium, San Luis de Jagua at Alto Songe, near Santiago de Cuba, may do so after the Congress.

All ordinary Congress sessions will be in the Escuela Municipal

Valdez Rodriguez, where there are ample facilities for offices, press room, and committee rooms. The schedule of scientific sessions will to some extent depend upon the number of papers to be presented, but it is expected that most of them will be in the forenoons. The Secretary of the International Leprosy Association, Dr. E. Muir, has announced that the discussions will be under five headings, as follows: (*a*) epidemiology and control, (*b*) pathology and bacteriology, (*c*) classification, (*d*) therapy, and (*e*) sociology. Papers may be submitted by official delegates and members of the Association whether they can be present in person or not. They should be of such length that they can be presented in ten minutes.

The National Hotel and others have been asked to grant special rates to members; what may be done about that will be known later. Those who wish to do so may live in the Escuela Municipal building where they will be charged a nominal rate of $1.00 per day for meals; lodging there will be free. The living quarters being dormitories, couples who stay there will unavoidably be separated.

Passport visas are not required for American or French visitors to Cuba; they are required for other nationals. Customs courtesies will be extended to those known to be attending the Congress, and to receive that privilege persons going independently should notify the Organizing Committee. (Secretary: Dr. Ismael Ferrer, Patronato para le Profilaxis de la Sifilis, Lepra y Enfermedades Cutaneas, Calzada de Columbia y Octava, Marianao, Cuba.)

Early April is a midseason in Havana, moderately warm but subject to variations. Warm woolen clothing will not be needed. The light woolen material known as "tropical worsted" is quite heavy enough for the cooler days of that season. For other days it may be a trifle warm; light clothes like white linen or Palm Beach should be comfortable but laundry is expensive ($1.50 to $2.00 per suit). For formal affairs, which will be reduced to a minimum, white dinner or mess jackets are quite in order, but white suits such as linen, Palm Beach, etc. are often substituted and are quite acceptable — particularly, it is said, if black tie is worn. Formal clothes will not be required at all for daylight affairs; for evening functions strict diplomatic protocol calls for black clothes (dinner, not full-dress) until May, but actually that costume is seldom used.

The tentative program, recently received, follows.

PROPOSED PROGRAM

Saturday, April 3rd

9 a.m.—Registration. At the "Valdes Rodriguez" School.

5 p.m.—Reception of Congress Members by the Minister of Public Health and Social Assistance. Buffet. At the National Capital.

7 p.m.—Visit to the President of the Republic.

Sunday, April 4th

8 a.m.—Sightseeing in the city and places of historical interest.

9 p.m.—Solemn Session in the session room of the House of Representatives, National Capitol; to be attended by the President of the Republic, the Cabinet, Diplomats and Officials.

Monday, April 5th

9 a.m.—Inaugural Session. Congress Executives. Constitution of work commissions. At the "Valdes Rodriguez" School.

3 p.m.—Work Session, Commission A.

Tuesday, April 6th

9 a.m.—Work Session, Commission B.

3 p.m.—Work Session, Commission C.

6 p.m.—Tea. Courtesy of the Mayor of the City of Havana. At the Municipal Palace.

Wednesday, April 7th

9 a.m.—Work Session, Commission D.

3 p.m.—Visit to the "San Lazaro" Hospital, Rincon.

Thursday, April 8th

9 a.m.—Work Session, Commission E.

1 p.m.—Country Luncheon. Courtesy of the Provincial Governor of Havana and Mayors of the Province.

3 p.m.—Work Session.

Friday, April 9th

9 a.m.—Work Session.

3 p.m.—Work Session.

9 p.m.—Concert. Cuban music. At the Cathedral Square.

Saturday, April 10th

7 a.m.—Departure for Varadero Beach.

Sunday, April 11th

9 a.m.—Closing Session.

9 a.m.—Banquet and informal dance. Offered by the President of the Republic and the Minister of State.

LEPROSY PROBLEM IN BURMA*

A BROADCAST TALK

by

DR. THA SAING, *Special Officer, Burma*

Leprosy is one of the oldest enemies of mankind. This disease is fairly widespread in Burma and is known under various names —Kuta-nu-na, Anar gyi Thamin-yet, Toungoo-nar, etc. It is mainly a disease of skin and nerves. The skin type is infectious and the

*From *New Times in Burma*, June 26, 1947.

nerve type is non-infectious. The average Burmese elder seems to know something about leprosy and can even classify the infectious type as the "wet" and the non-infectious type as the "dry" case. It is usual to find both types present in one patient and the case is then known as a "mixed" one. A "mixed" case is always infectious although an infectious case is not necessarily a "mixed" one.

According to 1931 Census enumeration, there were 11,127 lepers in Burma. This number is much below the actual figure, for the census enumerators were laymen without any special knowledge on leprosy and only obvious or advanced cases were entered as lepers. Leprosy surveys carried out in various parts of Burma by the Special Leprosy Officer revealed that there were many more lepers than the number mentioned in the Census. Before the war the Public Health Department estimated a figure of 150,000 as representing the total number of lepers in this country. During the war the Lepers' Home, Asylum, and Colonies were either destroyed or discontinued to function and as a result of this, many lepers returned to their home-towns or villages and lived on the generosity of their relatives, friends and neighbors. The need for leprosy institutions was felt all the more in war-time-Burma when lepers in their destitution, were found begging for alms in public places such as pagodas, street-corners, markets, etc., their stock-in-trade being open-sores or mutilated limbs. At a certain stage of the disease, the nasal discharge of a leper is a source of infection to others. Congestion in living accommodations and shortage of food and clothing also facilitated the spread of leprosy.

Those who are competent to judge, therefore, hold the view that the incidence of leprosy must have considerably increased after the war. The rate of one leper in every hundred of the population is a reasonably accepted figure for post-war Burma.

Our elders believe that leprosy can spread freely if left uncontrolled. The high percentage of children infected with leprosy points to the fact that the disease is steadily spreading in this country. I may here cite just an instance of our experience in the course of investigation into the incidence of leprosy. A leprosy survey carried out in 1939 in a fairly large village near the Tatkon Village Uplift Centre revealed the fact that there was only one leper in this village in 1909 and there were as many as 32 lepers in 1939. Scrutinizing the histories of cases, it is found that the disease is more or less continued to the relatives or associates or neighbors of lepers who remain in the same village. If one leper can spread the disease to 32 lepers in the course of 30 years, one can very well

calculate as to how many persons can contract the disease in the course of two or three decades.

It, therefore, follows that if leprosy is allowed to spread freely in a village or in a town, the lepers will very likely form a majority (Lu-du) and the healthy will become a minority (Lu-ne-su) in the course of time. So the first and foremost measure in the control of leprosy is to keep the infectious lepers apart from the healthy members of the community.

To tackle leprosy, it is worthwhile to know the nature of the disease and its course and modes of spread. Such knowledge is essential in order to make out the early symptoms of the disease. Treatment to be effective must be undertaken very early. This knowledge will also help people to prevent the spread of leprosy.

The initial lesion of leprosy is generally a depigmented patch somewhat distinguishable from the surrounding skin, showing loss of sensation of heat and cold, loss of sweat, or loss of hair. There may be redness either throughout or only at the margin of the patch which may some time show scaly appearance. Such early patches are generally confined to outer surfaces of the body such as cheeks, shoulders, arms, buttocks, thighs, and legs. People may suffer from leprosy for many years without noticing the early symptoms. It is still more difficult to recognize the early patches in the youthful persons if they are covered with "thanakha" Burmese face powder. At certain stages of the disease, the unwary may think that a youthful leper is as fashionable as others. Instances are not lacking in which marriages took place at such a stage only to be a serious disappointment later on.

The belief that leprosy is a late manifestation of syphilis is erroneous. In most cases leprosy precedes syphilitic infection. The development of leprosy may be enhanced by any condition which debilitates the man. The resistance may be lowered after contracting malaria, dysentery, syphilis, etc. At puberty, childbirth, and the menopause too, there is the extra strain on the nutriment of the body leading to lowered resistance, thus affording an opportunity for leprosy to develop. It should be remembered that leprosy is an "opportunist," which overwhelms the body whenever it is weakened by disease or by defective nutriment. Some people believe in the hereditary transmission of leprosy. Some attribute the cause of leprosy to the curse of displeased gods. These beliefs can no longer hold good; for a child at birth, if separated from leprous parents, can be protected. If one goes to a land where there is no leper, one cannot get leprosy. In reality, leprosy is caused by the pres-

ence of lepra bacilli in the body. One can get leprosy only by prolonged contact with an infectious leper.

Again, age is a very important factor. While children can seldom avoid the disease if they come in contact with "open" infectious cases, adults, especially those who are over 30 years of age, seldom contract the disease even if they were in contact with "open" cases.

The incubation period of leprosy varies from a few months to several years; on the average it is three years. On account of this prolonged period of incubation, people cannot easily recollect the source of infection and often attribute it to some other remote causes.

The neural cases may ultimately suffer from crippling lesions and deformities; but they are not infectious to others. Such spectacular "closed" cases are of no potential danger to the community. In skin leprosy which is often difficult to make out until the disease is well advanced, the diffuse or nodular lesions on skin and mucous membrane harbor many bacilli. These are "open" cases and the patients are therefore potential sources of danger to others.

Knowing leprosy as a problem in Burma, let us discuss some measures for its immediate relief and subsequent eradication from our country. In any scheme for the control of leprosy, attention to the following three factors appears to be essential:—

(1) Control of the "open" infectious cases which alone constitute the source of infection.

(2) Protection of the persons who are liable to contract infection, i.e. children and young adults.

(3) Control of active disease in children.

An effective method of controlling leprosy is by isolation of the infectious cases. By isolation, we mean not only the enforced residence of infectious patients outside a village but it also involves provisions for their accommodation, feeding, treatment, and social amenities to be in conformity with existing conditions in villages. For all these purposes, an Agricultural Colony is the best place for isolation. We had nine colonies in Burma before the war. Only a few had been reconstituted after the war. In Thaton a New Leper Colony was established in 1946. In Federated Shan States, the Colonies at Kengtung and Loilem have been reconstituted by the missionaries. Each colony has arable land to cultivate the seasonal crops so as to provide occupation for the active inmates to the benefit of their own health and also to contribute materially to their own upkeep. Occupational therapy is an integral part of treatment. The first and foremost important thing, therefore, is to rehabilitate

the old colonies and to put up new ones where necessary. In case each district cannot afford to establish a Colony, two or more districts should, however, be able to establish one colony as a sort of pooling in leprosy relief work. Besides the Colonies, four Leper Asylums — two at Mandalay, one each at Moulmein and Kemmendine have also been rehabilitated.

Leprosy yields to treatment and some cases especially in the earlier stages, recover and have to be discharged from a leprosy institution. Children with their lives ahead should be given treatment at the early stage of the disease when it is not yet a danger to the community. Early treatment means early cure. In this atomic age one is rather optimistic that the specific drug for leprosy should not be far remote. New drugs are already showing good results far in advance of the old ones.

Leprosy was once common in European countries, but the disease had definitely declined long ago in those countries by adopting measures for isolating lepers from other members of the community and the improvement of sanitation and the standard of living. If such measures are adopted in our country, we are bound to have similar results. The British Empire Leprosy Relief Association, and the Burma Tuberculosis and Leprosy Relief Association, Rangoon, are ready to give financial aid for properly organized leprosy relief work. The District Councils and Municipalities usually give contribution to leprosy institutions. Leprosy relief organizations can count on any support that the Medical and Health Departments are in a position to give.

In the construction of a society, people are themselves the builders. To control leprosy is also the duty of each and every member of a community. Leprosy is a disease not only of individuals but of the community and its control demands measures involving the whole community. Its control means better living, better food, better sanitation and better socio-economic conditions. These mean all sections of the community should give their time and substance in order to make the leprosy control a success in the country.

LEPROSY PROBLEM IN BURMA*

Leprosy was the greatest scourge of medieval ages in Europe and was identified with a disease endemic from the earliest historical times, about 1500 B.C. in the delta and valley of the Nile and

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also with a disease now common in Asia, Africa, South America, the West Indies and certain parts of Europe.

The gravity of the problem of this foul and loathsome disease in Burma will be realized when it is said that there has been a considerable increase in the incidence of leprosy in Burma after the war and that the rate of one leper in every hundred of the population is a reasonably accepted figure for post-war Burma.

Perhaps this is a bit on the pessimistic side. But there is no reason to doubt that there are too many lepers in Burma at the moment and that urgent measures to solve this problem are needed.

In the pre-war days, it was not unusual to see lepers with open ulcers parading along the streets or squatting on road-side pavements and begging.

There had been, in the past, some attempts to stamp out or at least to check this dread disease mostly by Christian Missions with the help of the Government. The Leper Asylum at Mandalay and other segregated colonies had done splendid work but no effective check could be made on the lepers whose relatives could not think of sending away their loved but afflicted ones to any asylum simply because most of the people had a superstitious belief that the foul disease could be cured if the indignant deities who had cursed their victims were properly propitiated.

According to the 1931 census, there were 11,127 lepers, but before the outbreak of war, the Public Health Department estimated the number at 150,000.

Since 1910 a fresh impetus has been given to tackling the 3000-year-old leprosy problem by the discovery of an improved treatment for at least the earlier stages of the disease.

Later with the progress of scientific research, the world is now provided with many effective means of dealing with this dreaded disease which still remains a scourge that must be eliminated, before it is allowed to spread further.

The immediate problem now is not so much how to get rid of this disease but to provide measures for the relief and the subsequent eradication of leprosy.

The Special Leprosy Officer, who is one of the courageous and self-sacrificing band of workers suggests three factors in tackling this matter.

First, control of the "open" infectious cases which alone constitute the source of infection, secondly, protection of the persons who are liable to contract infection, e.g. children and youthful people and lastly, control of active disease in children.

"In the construction of a society," the Special Leprosy Officer stresses, "People are themselves the builders. To control leprosy is also the duty of each and every member of a community." We commend this to the attention of all Burmese and others who have made Burma their home.