

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 FOURTH INTERNATIONAL CONGRESSES ON TROPICAL MEDICINE AND MALARIA Washington, D. C., May 10-18, 1948

An international congress on tropical medicine and malaria is now long overdue and more needed than ever before. The new knowledge and improved methods which have been developed since 1938, when the last such meeting was held in Amsterdam, have not yet been adequately discussed and evaluated by the physicians, public health workers, scientists, and other professional persons interested in tropical medicine.

To correct this situation as promptly as possible the Fourth International Congresses on Tropical Medicine and Malaria will be held in Washington from May 10 to 18, 1948. The Congresses will be a joint meeting of two long-established organizations, the International Congress of Tropical Medicine and the International Malaria Congress. This will be the first meeting of either organization in the Western Hemisphere and the second in which the two have combined. The International Congress of Tropical Medicine is the older of the two. It held its first meeting in London in August, 1913, and its second in Cairo in December, 1928. The International Malaria Congress met first in Rome in October, 1925, and again in Algiers in May, 1930. Both Congresses met jointly in Amsterdam in September, 1938, as the Third International Congresses of Tropical Medicine and Malaria. A decade later, after a delay due to the war, their fourth meetings will likewise be combined in the Congresses now being organized in Washington.

The Congresses will be sponsored by the Government of the United States through its Department of State, which has invited over 60 governments to send official delegates. Similar invitations have gone to inter-governmental organizations with broad interest in health, such as the Interim Commission of the World Health Organization and the Pan-American Sanitary Bureau.

ORGANIZATION

To carry out the great task of planning and developing the Congresses an Organizing Committee was appointed by the

Secretary of State. It was composed chiefly of the representatives of the agencies and societies cooperating in sponsoring the Congresses. The officers of the Organizing Committee are:

Chairman: Dr. Thomas Parran, Surgeon General, United States Public Health Service.

Vice Chairmen: Dr. George K. Strode, Director, International Health Division, The Rockefeller Foundation and Mr. Clarke L. Willard, Assistant Chief, Division of International Conferences, U. S. Department of State.

Program Director: Dr. Rolla E. Dyer, Director, National Institute of Health.

Executive Secretary: Dr. Wilbur A. Sawyer.

Secretary: Mr. William L. Breese.

To handle matters not of concern to the host government, the representatives of the societies in the Organizing Committee have been separately organized as the Intersociety Committee which has set up the two following Committees:

Finance Committee: Mr. Basil O'Conner, Chairman; Mr. Ernest F. Gamache (270 Madison Avenue, New York 16, New York), Treasurer.

Allocations Committee: Dr. Willard H. Wright, Chairman.

To carry out its multiple functions, the Organizing Committee has created a number of Special Committees whose Chairmen are as follows:

Program Committee: Dr. Wilbur A. Sawyer.

Exhibits Committee: Dr. Edward M. Gunn.

Entertainment Committee: Dr. Fred L. Soper.

Sub-committee on Women's Entertainment: Dr. Eloise B. Cram.

Committee on Plenary Sessions: Mr. Clarke L. Willard.

Committee on Walter Reed Celebration: Colonel Joseph F. Siler.

London Committee on Ronald Ross Celebration: Sir Eric Macfayden.

Washington Committee on Ronald Ross Celebration: Dr. L. L. Williams, Jr.

Committee on Beltsville Program: Dr. Fred C. Bishopp.

Committee on Extra-Congress Activities: Dr. James A. Doull.

PARTICIPATION

In addition to the official invitations of the Government of the United States to Governments and Inter-governmental Organizations to send Official Delegates, the Organizing Committee has sent invitations to over 150 societies and organizations interested in tropical medicine to send Institutional Delegates. Such an invitation has been extended to the International Leprosy Association. The majority of those in attendance will, however, not be delegates in either of these classes. Any reputable professional person with qualifications and interest in any phase

of tropical medicine will be eligible to become a Member of the Congresses on registration and payment of the prescribed registration fee. Such professional persons do not need special invitations. In fact, no such individual invitations are being issued. The privilege of presenting scientific papers, on the other hand, is limited to persons who have been invited by the Organizing Committee through its Program Committee and the Conveners of the several Sections. Provisions are being made for the following classes of participants:

1. *Official Delegates*: Official representatives of their governments or of inter-governmental organizations.

2. *Institutional Delegates*: Representatives of invited universities, societies, scientific and philanthropic organizations interested in tropical medicine.

3. *Members*: Physicians, scientists, and professional persons qualified in tropical medicine.

4. *Associates*: Students, nonprofessional persons interested in tropical medicine, and members of the families of professional members.

5. *Sustaining Members*: Persons, firms, corporations and organizations assisting in the financing of the Congresses by making contributions specified by the Organizing Committee for this class of membership.

The first three of the above classes of members comprise the professional group. With the exception of the Official Delegates of Governments and Inter-governmental Organizations, there will be a registration fee of \$10.00. All members in these professional classifications will have the full rights and privileges of the Congresses and will subsequently receive the Report of the Proceedings. Associates will have the privilege of attending general and sectional meetings but will not have the right to participate in discussions or to vote. The registration fee for Associates has been established at \$5.00, but if notice is given at the time of registration that the Report of Proceedings is desired, the fee will be \$10.00.

It is expected that between 1,000 and 1,500 persons interested in tropical medicine will attend the Congresses.

PROGRAM

A full program of scientific and plenary sessions, visits to scientific institutions, receptions, entertainment, and excursions is being planned by the Organizing Committee. In addition, there will be scientific and commercial exhibits and a program of motion pictures.

The subjects to be considered at the Congresses cover a wide range. Consideration will be given to human diseases that debil-

itate and kill, as well as interfere with production and trade. The problem of nutrition of man in the tropics, together with the maladies of domestic animals will be discussed. Emphasis will be placed on the most effective uses of the insecticides which have given a new power over disease spreading insects, as well as on the potent drugs which have recently been synthesized.

To cover so wide a field the scientific program has been organized in twelve sections, each with a Convener who is primarily responsible for the organization of the program of his Section and the distribution of the invitations to present papers as widely as possible between countries. He will also open the first session of his Section and preside until a Chairman is elected.

Physicians, Doctors of Veterinary Medicine, Sanitary Engineers, Nurses, Bacteriologists, Parasitologists, Entomologists, Chemists, and other professional persons interested in tropical medicine should find much of value in the program, and also in the association with other scientists in the same fields from distant lands.

Speakers from the following have already accepted invitations to present papers: Argentina, Belgian Congo, Belgium, Brazil, Canada, China, Colombia, Cuba, Egypt, France, French East Africa, Greece, India, Italy, Jamaica, Mexico, Netherlands, Nigeria, Pakistan, Palestine, Panama, Peru, Philippines, Portugal, Puerto Rico, Roumania, Sumatra, Switzerland, Tanganyika, Union of South Africa, United Kingdom, United States, and Venezuela.

The twelve Sections and their Conveners are as follows:

- I. Research and Teaching Institutes, Dr. Wilbur A. Sawyer.
- II. Tropical Climatology and Physiology, Dr. David B. Dill.
- III. Bacterial and Spirochetal Diseases, Dr. Thomas B. Turner.
- IV. Virus and Rickettsial Diseases, Dr. John R. Paul.
- V. Malaria, Dr. Mark F. Boyd.
- VI. Helminthic Diseases, Dr. W. W. Cort.
- VII. Protozoan Diseases, Dr. Ernest Carroll Faust.
- VIII. Nutritional Diseases of the Tropics, Dr. Thomas T. Mackie.
- IX. Tropical Dermatology and Mycology, Dr. Fred D. Weidman.
- X. Tropical Veterinary Medicine, Dr. Raymond A. Kelsner.
- XI. Public Health, Dr. Henry E. Meleney.
- XII. Medical and Veterinary Entomology, Dr. Fred C. Bishopp.

Even with four Sections meeting at one time, the program could not be crowded into one week, so the time was extended through nine days to include one week-end and two additional days. This will make possible the setting aside of one full

day for instructive conferences and demonstrations at the Agricultural Research Center, Beltsville, Maryland, and two half days for visits to the National Institute of Health, and the medical research laboratories of the Army and Navy, and such other near-by university or governmental institutions as the Delegates and Members may wish to see.

There will be papers on leprosy in Sections III and IX. Fortunately the Congresses come soon after the Fifth International Leprosy Congress in Havana, April 3 to 11, 1948. This will permit persons from distant countries to take part in both meetings.

SPECIAL EVENTS

Two special evening sessions will be held in the Departmental Auditorium. The first, on Wednesday, May 12th, will commemorate the demonstration by Walter Reed of the mosquito transmission of yellow fever and will celebrate his admission to the Hall of Fame. The second, on Friday, May 14th, will commemorate the fiftieth anniversary of the discovery by Ronald Ross of the method of malaria transmission. Unusual interest surrounds these two epoch-making events in tropical medicine.

EXHIBITS

Scientific and commercial exhibits will be displayed in the Hall of Nations of the Washington Hotel. They will cover a wide range of tropical medicine.

ENTERTAINMENT

An Entertainment Committee is preparing a program to bring the participants in the Congresses together at several social functions. An official reception will be given the opening day to acquaint delegates, members, and associates with one another; a ladies' luncheon on Friday; a garden party at the Pan-American Union on Saturday afternoon; a boat trip to Mt. Vernon with music on board, one afternoon; a dinner for all participants on the second Monday evening and several hospitality get-togethers. For some of these activities, it is expected that tickets will be purchased which will aid in defraying a portion of the expense.

LANGUAGES

The official languages of the Congresses will be English, French, and Spanish. Any member finding it necessary to speak a nonofficial language will be expected to provide for

interpretation into one of the official languages. Arrangements are being made for simultaneous interpretation from any official language into the other two, and transmission to the audience by radio.

INFORMATION

Anyone desiring further information should write to the Executive Secretary, Fourth International Congresses on Tropical Medicine and Malaria, Department of State, Washington 25, D. C., asking for the Preliminary Announcement and the Advance Registration and Reservation Form. As there will be a great demand for hotel rooms, it is suggested that reservations should be made early.

LEONARD WOOD MEMORIAL COMMITTEES COMMITTEE ON CHEMOTHERAPY

The Advisory Medical Board of the Leonard Wood Memorial and a group of consulting chemotherapists, nominated by the Chairman of the Medical Division of the National Research Council, met on November 11, 1947 in New York City, at the Pennsylvania Hotel, for the purpose of planning a program for extensive research to find improved drugs or methods for treating leprosy.

This meeting probably was the first at which a large group of distinguished scientists, most of whom are not leprologists, has met to consider this health problem from the strictly scientific viewpoint.

Those present at the all day session were: Dr. L. F. Badger, National Institute of Health, U. S. Public Health Service; Dr. Francis Blake, Professor of Medicine, Yale School of Medicine; Mr. Perry Burgess, President, Leonard Wood Memorial, *ex-officio*; Dr. James A. Doull, Office of the Surgeon General, U. S. Public Health Service; Dr. William H. Feldman, The Mayo Foundation; Capt. E. G. Hakansson, Medical Officer in Command, Medical Research Institute, National Naval Medical Center; Dr. F. A. Johansen, U. S. Public Health Service; Dr. Howard T. Karsner, Institute of Pathology, Western Reserve University; Dr. Chester S. Keefer, Robert Dawson Evans Memorial Hospital; Dr. John S. Lockwood, College of Physicians and Surgeons, Columbia University; Dr. Esmond R. Long, Henry Phipps Institute; Prof. Eli S. Marshall, Jr., Department of Pharmacology, Johns Hopkins University; General James S. Simmons, Director, School of Public Health, Harvard University; Dr. N. I. Smith, U. S. Public Health Service; Dr. Malcolm

H. Soule, Hygienic Laboratory, University of Michigan; Dr. Wesley W. Spink, Associate Professor of Medicine, University of Minnesota Hospitals; Dr. H. B. Van Dyke, Professor of Pharmacology, College of Physicians and Surgeons, Columbia Medical Center; Dr. H. W. Wade, Medical Director, Leonard Wood Memorial; Dr. Lewis Weed, Director, Division of Medical Science, National Research Council; Dr. Arnold Welch, Professor of Pharmacology, Western Reserve University; Colonel Tom Whayne, Director, Department of Preventive Medicine, Office of U. S. Army.

In commenting on the discussion, Dr. H. W. Wade, Medical Director of the Leonard Wood Memorial stated:

There was general approval of two plans. One is to establish a cooperative scheme with selected workers in various countries, under a central coordinating committee, whereby the new drugs now in use may be evaluated scientifically, by uniform methods of procedure and recording. Another is to establish, in connection with some suitable leprosy institution, a testing unit with special personnel to make preliminary tests of new drugs which appear to be of promise but which have not yet been used in the treatment of leprosy.

From time to time some particular drug has been advocated with enthusiasm by its originator only to prove wanting—with consequent discouragement and depression of the unfortunate victims of the disease whose hopes had been raised. Gradually, first place in this field was taken by chaulmoogra oil and chemical modifications of it. Here again the high expectations were not realized, for one reason because so many patients who were returned to their homes with the disease "arrested" were found to relapse. While there are those who still believe there is real value in this drug, others have dropped it as valueless.

With the development of the new "magic" drugs of recent years—the sulfonamides (sulfanilamide and its modifications) and the antibiotics (as penicillin and streptomycin)—it was hoped that some of them would be of value in leprosy. That has not proved to be the case. More recently another group of synthetics, the sulfones, has been developed primarily for use in tuberculosis. So far, as they have been used for that purpose, they have been disappointing; but when applied in leprosy—first promin, then diasone—they proved to be the most effective drugs that have been employed.

For various reasons, however, it has become evident that the sulfones are far from all that is to be desired, and that

there is much still to be done in this field. There is, therefore, pressing need for the development of other, more effective drugs, whether of the sulfone type or something quite different and new. There is also a possibility that some better method of treatment can be arrived at, as for example the use of two different drugs at the same time; such combinations have often been found in other conditions to have, by some mechanism not fully understood, results far greater than the mere summation of their efforts when given alone.

These were the problems submitted to the consideration of the experts in pharmacology, clinical medicine, and related fields. Because of their complexities the discussions were necessarily of a preliminary character, resulting in leads for further exploration rather than final conclusions. Progress will of necessity be stepwise; the final solution cannot be expected overnight; and further conferences of this kind will be held from time to time.

COMMITTEE ON PHOTOGRAPHY

The development of a special camera for clinical medical pictures that might be applicable to all diseases and of particular importance to the military forces of the country was one of the results of a meeting for special study of treatment of leprosy which the Leonard Wood Memorial intends to inaugurate.

A conference of expert medical photographers, convened by the Memorial, was held in New York City on November 10th and 11th to discuss the problem of better and standard methods of graphically recording the results of these treatments, and to recommend equipment and procedure which will make possible the production of good uniform clinical photographs by personnel—sometimes limited in photographic experience—situated in various parts of the world.

Those attending the conference, called by Mrs. Perry Burgess, Honorary Director of Photography of the Leonard Wood Memorial were: Mr. Charles G. Brownell, Medical Division, Eastman Kodak Company; Mr. Ralph P. Creer (*chairman*) Committee on Medical Motion Pictures of the American Medical Association; Mr. Leonard Julin, Director, Section of Photography, Mayo Clinic; Mr. Don Mohler, Lamp Department, General Electric Company; Miss Anne Shiras, Director of Photography, School of Medicine, University of Pittsburgh; Mr. William Taylor, Director of Photography, School of Medicine, Temple

University; and Dr. H. W. Wade, Medical Director, Leonard Wood Memorial (*ex-officio*).

The Committee discussed a list of standard equipment and an invitation was extended by Dr. F. A. Johansen, Medical Officer in Charge at the U. S. National Leprosarium, Carville, Louisiana, to have a member of the committee visit that institution to conduct field tests of the suggested apparatus. Mr. William Taylor was elected to attend. It was also agreed to have a photography exhibit at the International Congress of Leprosy to meet in Havana on April 3-11, 1948. Demonstrations will be given on the use of equipment to the delegates and Mr. Ralph P. Creer was elected to attend.

The following further information has been supplied by Mr. Creer.

At the invitation of Dr. F. A. Johansen, Mr. William Taylor will visit the Carville Leprosarium early in January in order to supervise a field test of the equipment selected.

Mr. Leonard Julin has agreed to act as a clearing house on matters of information relative to the technical and clinical photographic problems which may arise in the various treatment centers. Requests for information, together with examples of specific problems (prints or negatives), may be addressed to him at the Section of Photography, Mayo Clinic, Rochester, Minnesota.

The committee is fully aware of the importance of this project and feels that it is a great challenge. During World War II, a Medical Illustration Service was organized to illustrate the medical history of the war. In that instance a standard photographic procedure was set up for nine photographic units which were situated in every theatre of operation. However, trained and experienced clinical photographers were assigned to each unit. The problem taken up by the Memorial's committee is somewhat unique in that the photographic equipment may be placed in the hands of inexperienced personnel. Simplified equipment of the type recommended by the committee will not only be useful in photographing leprosy cases but will also prove of considerable value to the entire Medical Profession.

✓ THE LEPROSY SITUATION IN MALAYA

The following information has been supplied by Dr. James A. Doull, from a mimeographed report for 1946 by Dr. R. B. MacGregor, Director of Medical Services, Malayan Union.

The leper settlement at Sungei Buloh (near Kuala Lumpur

in Selangor) continued to function during the Japanese occupation and the Medical Superintendent, Dr. G. A. Rylie, and the lay Superintendent, Mr. C. H. Hewat volunteered to remain there when the British forces withdrew. They carried on in spite of great difficulties until they were removed and sent to internment in December, 1943.

The settlement at Palua Jerejak, Penang, was carried on during the occupation, but the number of patients was so reduced by deaths and absconding that only 69 cases remained when the British Military Administration took charge in September, 1945. These patients were transferred to Sungei Buloh, as were the seven patients left in the small settlement at Tumpat, Kelantan.

The Leper Hospital in Johore Bahru, which had remained in use, continued to deal with Johore patients and at the end of the year contained 168 inmates.

The Sungei Buloh Settlement.—In January, 1942, there were about 2,400 patients in this settlement. At the end of the Japanese occupation in September, 1945, there were only 640 left. It is estimated that about 1,000 died and the remainder drifted away; many of the latter have returned. The number of inmates was 640 in September, 1945, 1,229 in January, 1946, and 1,655 at the end of 1946. It is to be expected that there will be an increase in the number of new cases of leprosy during the next few years as a result of the breakdown of control during the war period, but this may be offset by a reduction due to smaller numbers of immigrants from China. The distribution of population in the settlement at the end of 1946 was as follows:

	Men	Women	Boys	Girls	Total
Chinese	891	321	53	19	1,284
Indians	192	30	4	3	229
Malays	102	24	4	1	131
Others	8	2	1	11
TOTAL	1,193	337	61	24	1,655

Treatment.—Adequate supplies of hydnocarpus oil became available in April, 1946. The standard treatment followed is by injection twice a week of doses calculated on the bases of 1 cc. per 10 lbs. of body weight, continued for five months followed by one month's rest. The results of treatment (summarized in an appendix) were: 17 discharged with the disease arrested, 186 improved, 1,222 stationary, 195 worse, and 96 died. These results are considered disappointing, compared with those obtained before the war, but the general condition of the patients

at the beginning of the year was still a long way below the average for the settlement.

Penicillin used alone or along with sulfonamide powder proved very beneficial in the treatment of ulcers. Sepsis was rapidly suppressed and healing promoted. But these preparations had no effect on the course of leprosy. Other preparations which have recently been introduced for the treatment of leprosy were not available during 1946. In the treatment of lepra reaction the most useful preparation was found to be calcium gluconate, given intravenously in doses of 10 to 20 cc. of a 10 per cent solution.

Very little research work was done during the year. The medical staff was much reduced, and for most of the year there were only two doctors working in the settlement. Most of their time and energy has been expended in trying to make good the damage done to the health of the inmates during the war, and this they have done with a great measure of success.

Intercurrent diseases.—Malaria was very prevalent during the war years, and during 1946 there were 689 cases of malarial relapse, and 155 new infections. Most of the new infections occurred early in the year. The anti-malarial drainage work at Sungei Buloh has now been put in good order again.

A small outbreak of scrub typhus occurred with 15 cases and 4 deaths. All these infections were apparently contracted in one area, overgrown with lallang, which has now been cleared.

Morale of the inmates.—During the war the area around the settlement was a center for anti-Japanese activities, and also for general lawlessness. During the first year after the reoccupation there was occasionally restlessness and minor strife, but by the end of the year the atmosphere of the settlement had been restored to its accustomed peace and good humor.

Staff.—Lieut. Colonel J. H. Matthews was superintendent from during the British Military Administration and until October, 1946, when he left to enter private practice. Dr. B. D. Molesworth and Dr. M. M. Moudgill worked in the settlement from April until the end of the year. Dr. P. G. Currid assumed duty as Medical Superintendent in November. Miss E. M. Goulding, formerly matron in the settlement, returned to duty in September. Mrs. Looi Leng Yim acted as matron until Miss Goulding returned, and then carried on as Assistant Matron in charge of the children.

PUBLIC HEALTH COMMITTEE MAKES LEPROSY CONTROL
RECOMMENDATIONS

KALIHI HOSPITAL AND KALAUPAPA SETTLEMENT HAVE
HAD OVER 8,358 LEPROUS PATIENTS SINCE 1865

The Territory of Hawaii has been known to be an endemic focus of leprosy for over 125 years. Between 1865 and 1946 about 8,358 leprous patients have been isolated at Kalihi Hospital and Kalaupapa Settlement. The presence of the disease has been known in Hawaii since the early 1800's. By 1864 the disease had reached epidemic proportions and a law "to prevent the spread of leprosy" was passed on January 3, 1865, by the legislature of the Kingdom of Hawaii during the reign of King Kamehameha V.

Compulsory segregation of leprous patients was inaugurated, and this method of treatment of leprosy has been, and still is, in force. The eradication of leprosy is being achieved under the existence of the segregation law which makes it compulsory for those found to have a contagious disease to be isolated.

During the past 14 years the total number of known active cases has decreased from 623 on July 1, 1931, to 349 on July 1, 1945. The number of new cases identified each year is also decreasing, and at an accelerated rate.

These facts are released in a report prepared by the subcommittee on leprosy control of the communicable disease committee of the postwar planning committee for health of the public health committee of the Honolulu Chamber of Commerce. Dr. Harry L. Arnold, Jr. served as chairman and was assisted in making the recommendations by Dr. E. K. Chung-Hoon, Dr. Eric A. Fennel, and Dr. Norman R. Sloan.

The committee has set forth nine recommendations on leprosy control in their report. They are:

1. That the U. S. Public Health Service Leprosy Investigation Station be reestablished at Kalihi Receiving Station and Hospital.
2. That additional staff quarters be constructed at Kalaupapa Settlement.
3. That x-ray and other laboratory equipment be installed at Kalihi Receiving Station.
4. That present plans and suggestions for improvement of Kalaupapa Settlement and Kalihi Hospital be carried out as funds and opportunity avail.

5. That the U. S. Public Health Service provide a resident physician and laboratory technician on a full-time basis at Kalihi Receiving Station.

6. That all *natives* coming from Asiatic and South Pacific countries be carefully screened by the territorial board of health authorities in cooperation with the board of hospitals and settlement physicians.

7. That all school physicians and nurses in the territory be given specific instructions in detecting early juvenile cases.

8. That for educational purposes radio talks be given and other educational materials be prepared under direction of authorities in this field and disseminated to the public.

9. That a health museum be established in Honolulu under sponsorship of the public health committee of the Chamber of Commerce and other interested groups, in which leprosy can be presented as a phase of a general health education program.

LEPROSY IN ETHIOPIA

Dr. Arne Barkhuus, of the Trusteeship Department of the United Nations, in an article on Diseases and Medical Problems in Ethiopia, published in *Ciba Symposia* for October, 1947, had this to say of leprosy in that country:

Leprosy is an old disease in Ethiopia. It is mentioned by almost all the early writers. Rueppell (1840) saw it in Gondar; Rochet (1841) described it as due to the climate; Aubert-Roche (1845-46) found it extremely common; and Kirk (1843) treated 23 cases in Ancober in 1842. Finding a number of cases of leprosy at Lake Tsana, Blanc (1869) revived the old "fish theory."

The exact number of persons with leprosy present in Ethiopia today is difficult to estimate, but is likely to run into several thousands. There is a leprosy camp in Harar with about 150 inmates, and it is likely that there are about as many left in Harar town. Addis Ababa has about 300 under treatment in a leprosarium, and another 200 living in a community on the outskirts of the city. No satisfactory control, however, is possible at the moment. Most of the leprosy seen is of the nodular and mixed form, but maculo-anesthetic cases are not rare. Leprosy does not endanger the country at the moment. It should, however, be kept in mind that, with the opening of communication lines and increased traffic and travel, leprosy must be controlled; otherwise it will increase.

NEWS ITEMS

Kenya, Africa.—Leprosy patients are maintained in the two government camps at Kakamega and Msambweni. The former settlement housed 124 male adults, 62 female adults, and 16 children, and throughout the year there were 107 admissions and 5 deaths. The latter averaged 45 patients per month and there were 7 deaths during the year. While treatment and such care as is possible are given to the patients, the whole question of their care and housing and the segregation of children is most unsatisfactory. The appointment of a specialist leprologist for the East African territories is a welcome beginning, but unquestionably the problem must now be dealt with in a much more humane and vigorous fashion. It is not entirely a medical problem, and preliminary discussions indicate that the missions may interest themselves in the matter if financial assistance is forthcoming. (From the Annual Report for 1945 of the Medical Department of the Colony and Protectorate of Kenya.)

Korea.—Dr. R. W. Wilson, who was sent to Korea in 1946 as advisor to the Government on leprosy work, reports on the leprosy situation in that country as follows:

There are about 8,000 cases isolated in four colonies. The new colony at Fusan was opened in 1946 in an old army barracks with 600 cases. The colony in Fusan was first opened about 1906 by Dr. Irvin but was closed by the Japanese in 1940. The second colony was opened by Dr. Wilson in 1909, and another at Taiku was opened by Dr. A. G. Fletcher later. The Government has now in operation a large colony on Little Deer Island (Sorokdo) where there are at present about 6,000 cases. This colony is in charge of a Korean, Dr. T. H. Kang (formerly an assistant of Dr. Wilson's).

The army officials have taken a great interest in the leprosy problem and have made it possible for all vagrant leprosy patients to be taken into the colonies. Colonel Kenny is director of the Health and Welfare program. Dr. Y. S. Lee is the Korean chief with Dr. John Bigger as advisor. Dr. Bigger has been in Korea for many years and is well fitted for his position.

It is estimated that there are about 35,000 leprosy patients in Korea, and about 1,000 children of these patients. Only a small start in a prevention program has been made. About 150 of these children are in the Sorokdo colony, 20 in Taiku and 20 at Yosu.

The statistics for the Sorokdo colony for 1947 are as follows:

New Admissions	1,973
Deaths	670
Married couples	219
Inmates present August 1, 1947	6,254
Inmate medical students	49
Inmate nurses in training	54

The nonleprosy patient staff was reduced from 237 to 92, with the positions being assigned mainly to patients. The national prison for leprosy patients is on Sorokdo Island, and in April, 1947 there were 34 prisoners.

Zanzibar.—In the Zanzibar Protectorate, the estimated population of which is 250,000, 17 cases of leprosy were reported in the year ending December 31, 1946.

Although cases of leprosy are not compulsorily segregated, accommodation is provided for those who wish for institutional care in the leprosy settlements at *Walezo* and *Makondeni*. The former is under the management of the Catholic Mission, the latter is a government institution. The two settlements dealt with the following patients:

	<i>Walezo</i>	<i>Makondeni</i>
Remaining on December 31, 1945	46	65
Admitted during 1946	21	8
Discharged	10	4
Died	6	11
Remaining on December 31, 1946	51	58

PERSONALS

The Organizing Committee of the Fourth International Congresses on Tropical Medicine and Malaria, has requested DR. JAMES A. DOULL to present a paper on Epidemiology, DR. LAURO SOUZA LIMA one on Immunity, and DR. ROBERT G. COCHRANE one on Treatment of Leprosy.

PERE HENRI PHILLIPE D'ORGEVAL DUBOUCHET who has spent 21 years working in the leprosy colony at Molokai is in France on a furlough. He will return to his work next year.

FATHER ANTHONY LEO HOFSTER, Dominican priest from Seattle left June 2, 1947 to become the first priest and chaplain at Tala leprosy colony. He will work under the jurisdiction of the Archbishop of Manila.

DR. JOHN LOWE, formerly head of the Leprosy Research laboratory in Calcutta, has entered the service of BELRA and

has gone to Nigeria to take charge of research activities in that country.

MAJOR HILDA PLUMMER, who has been located at the Bapatla leprosy colony hospital at Madras, Central India, is in the United States on a three months furlough.

DR. R. S. GUINTO has returned to Cebu, Philippine Islands and is presently making a resurvey of the Cordova area. DR. J. N. RODRIGUEZ has been assigned by the Philippine Government to assist him.

DR. G. A. RYRIE, Medical Secretary of BELRA spent two months (reviewing activities) in Nigeria late in 1947.

DR. H. W. WADE, Editor of the *JOURNAL* and Medical Director of the Leonard Wood Memorial, spent February and March, 1948 in visiting leprosy colonies in South America. On his return trip he spent several days in Havana, making final arrangements for the International Leprosy Congress which is to meet there April 3-11, 1948.