NEWS AND NOTES

Information concerning institutions, organizations, and individuals connected with leprosy work, scientific or other meetings, legislative enactments and other matters of interest.

SOUTH AFRICA LEPROSY CONFERENCE
HELD AT WESTFORT LEPER INSTITUTION, PRETORIA
October 19 and 20, 1948

This conference, the first of its kind since 1944, was opened formally by Dr. the Honorable A. J. Stals, Minister of Health, who was accompanied by Dr. G. W. Gale, Secretary for Health and Chief Health Officer of the Union. Dr. Stals welcomed the delegates, especially those from beyond the borders of the Union, and mentioned that at the previous (1944) conference other regions had also been represented. Invitations for the present one had been sent to all of the territories of southern Africa, but not all could send representatives; Dr. Charles Grimes, of Madagascar, had sent papers but had not come.

MEMBERS

Dr. A. R. Davison, Medical Superintendent, Westfort Leper Institution (Chairman).
Dr. J. J. du Pré Le Roux, Deputy Chief Health Officer, East London.
Dr. J. H. Loots, Medical Superintendent, Rietfontein Hospital, Johannesburg.
Dr. P. A. Thornton, Medical Superintendent, Emjanyana Leper Institution.
Dr. H. J. F. Wood, Medical Officer, Westfort Leper Institution.
Dr. I. le Roux, Medical Officer, Westfort Leper Institution.
Dr. H. C. Franz, Medical Officer, Bochem Institution.
Dr. P. D. Winter, Research Medical Officer, Union Health Department.
Prof. J. Barnetson, Institute of Pathology, University of Pretoria.
Dr. P. H. Boshoff, Ophthalmologist, Johannesburg.
Dr. D. J. M. Mackenzie, Director of Medical Services, Bechuanaland Protectorate.
Dr. J. C. J. Callahan, Medical Department, Swaziland.
Dr. B. D. Whitworth, Medical Superintendent, Basutoland Protectorate.
Dr. D. Hynd, Medical Superintendent, Raleigh Fitkin Memorial Hospital, Swaziland.
Dr. H. van Reenen Mostert, Medical Superintendent, Ngomahuru Leprosy Hospital, Southern Rhodesia.
Dr. M. Prates, Lourenco Marques.
Mr. P. J. Pretorius, Union Health Department.
Mr. R. E. Eager, Union Health Department (Secretary).

The Union, Dr. Stals said in his opening talk, had always practised compulsory segregation, but for nearly a generation

"arrested" cases had been allowed to return home, to be kept under surveillance for at least six years. Compulsory segregation is a stringent measure but its end, resulting in the control of spread, undoubtedly justifies its enforcement. The 1944 conference had agreed that the "criteria of cure" employed were satisfactory, and subsequent experiences has confirmed that opinion. Some discharged cases do recrudesce clinically, but bacteriological recrudescence is rare. Incidence has diminished among Europeans and Cape Coloureds, and the Transkei and Pondoland appear to have about one-half as many cases as they once had, but for some reason there has been no such decline in Zululand or the Transvaal.

The following is the program as reported, all discussions being more or less condensed and some remarks being eliminated entirely.

DAVISON, A. R. The infectivity of neural leprosy.
WINTER, P. D. South African leprosy laws and control policy.

[These two papers, and all of the discussion pertaining to their subjects, will appear elsewhere in the next issue.]

BOSHOFF, P. H. Always examine the eye in leprosy!

Figures on ocular involvement vary widely, due probably in part to racial differences but mainly to the fact that the examinations are not made by ophthalmologists and with the slitlamp microscope, which is a vital necessity for the examination. In the author's experience lesions of the fundus are rare; in the anterior segment the cornea, the iris and the sclero-conjunctival regions are affected in that order of frequency. The earliest signs in the cornea are ("like elsewhere in the body") nerve thickenings in the stroma, lepromata on the intracorneal nerve fibrils, or minute granulomatous infiltrations. The corneal tissue changes are, first, cellularity, then multiple punctate keratitis, and perhaps later on thick fleshly lepromata which involve the limbus and adjacent sclera as well. When the iris is involved there may be pain. Acute attacks seem usually of allergic nature, but the chronic type of iritis which results in occlusion of the pupil and cataract shows lepromata as minute round nodules. These lesions are very difficult to find when on brown irides, because the anterior layer of pigment effectively hides them. With them there is atrophy of the iris, which remains unmodified when the lepromata heal.

Discussion.—DR. WINTER commended the studies of Drs. Boshoff and Donegan who, in spite of the heavy demands of private practice, had devoted one afternoon a week to this volunteer work, which at times was very unpleasant in lepromatous cases. About 300 cases had been systematically examined, and selected cases were done at weekly intervals. Asked how long atropine could be continued in cases of iritis, DR. BOSHOFF replied that he knew of a case where it was administered daily for thirty years. It is well tolerated unless drug allergy shows in the form of itchy, watery eyes with dermal changes in the eye-lids. Asked how long penicillin and albucid could be continued, he replied that penicillin often showed allergy

after the third day, in which case he would switch to albucid 5-30%. It is wise to switch these drugs around weekly to prevent the organisms from becoming drug-fast. Allergy can be combated with 100 mg. anthistin t.d.s. To an inquiry about the use of the shields in orbicularis paralysis, the reply was that forms of cover, including bandaging, were beneficial but that care must be taken that the bandage does not damage the eye. DR. DAVISON mentioned the low incidence of blindness in Pondoland and Transkei, and the higher incidence amongst Europeans and Coloureds. DR. BOSHOFF thought that racial differences might be involved; the Bantu, on a better diet, responds remarkably well to all diseases.

WINTER, P. D. Sulphone treatment in leprosy.

The speaker explained the relatively slight toxicity of promacetin and sulphetrone on the ground that they are not broken down in the body to the parent substance (DDS). With any of them trouble is practically limited to easily controlled anemia. Little trouble has been had with renal damage; only 2 of the 600 cases treated have had to be dropped on account of albuminuria. A case on full treatment with sulphetrone will be swallowing 36 tablets a day: 12 of sulphetrone, 12 of sodium bicarbonate, 6 of ferrous sulfate (Blauds), and 6 of the vitamin B complex unless that is given as brewers' yeast in the food. As in the experience of others, improvement slows down after some months. The effects in neural cases are difficult to estimate because of the spontaneous healing which often occurs. Among other beneficial effects in lepromatous cases is decrease in the incidence of lepra reaction ("dikkop"), though the frequency of erythema nodosum leproticum is increased—which generally indicates a favorable prognosis and can be controlled easily by antimony if necessary. Of 547 cases treated for one year or more, 61% "have commenced to become bacteriologically negative on one or more occasions" and the rest have improved clinically but are still bacteriologically positive.

DAVISON, A. R. Sulphetrone.

This presentation was primarily a demonstration, the author showing 9 of the 20 cases which had been under treatment with sulphetrone for six months (in which time the number under treatment had been increased to about 200), and also 6 other cases showing the "reactional phase." Sulphetrone is the least toxic of all the sulfones, and it has been pushed to 12 or 14 tablets a day; but in some cases nausea has required reducing the dose to 9 per day. It has been given continuously, without the rest periods required with promin and diasone. This is regarded as an advantage, because there is fear of developing sulfone-resistant strains of the bacillus and rest periods may aid in that development. In the 6-months group clinical improvement of some degree "is almost universal," and in most of the last smears taken from these cases, it is stated, it was almost impossible to find "normal" bacilli. Effects were being seen which were practically unknown under the old chaulmoogra treatments.

Discussion of the papers of Drs. Winter and Davison.—DRS. WHITWORTH, CALLAHAN, MOSTERT, BOSHOFF and LE ROUX discussed the sulphones with relation to dosage, time of administration and effect of leprosy boards of [*sic*] the arrested lepromatous cases. Asked about the experience in Pretoria of the effect of sulfones in neural leprosy, and the present attitude with regard to chaulmoogra oil, DR. DAVISON stated that their experience with sulfones in neural leprosy was limited, since only cases showing special indications—those with persistently positive nasal smears

or with clinical evidence of change to the lepromatous type—were treated with them. They had always had success with chaulmoogra in neural cases, and would certainly continue to use it. Previously they had never had success in lepromatous cases, but there had been a marked change recently. For the last five years they had chemically analyzed the chaulmoogra before converting it to its ethyl esters, and whole drums of oil had had to be condemned as not being chaulmoogra at all. Chaulmoogra must be given in large doses, i.e., from 25-30 cc. per week. It was being used also as an adjuvant to the sulfones in some lepromatous cases. DR. MOSTERT mentioned the excellent results that were being obtained in Rhodesia with sulfones, first with diasone and now with sulphetrone.

BARNETSON, J. Peripheral, osseous and circulatory changes in neural leprosy.

In this two-page summary of the presentation actually made there are mentioned first the changes revealed by x-ray examination, especially the flattening, slicing, etc., in the terminal phalanges, and also the concentric atrophy seen in the shafts of the proximal phalanges, the metatarsals and the metacarpals. Histological examinations of bones from amputated feet have shown evidence of osteoclastic absorption in only a few instances; a common change was fibrosis of the bone marrow, which varied directly with the severity of the disease. Studies of the peripheral vascular system by means of the oscillometer showed that there was no organic occlusion of the arteries in the region of the wrist and ankle. Skin thermometry revealed a distinct failure of reflex vasodilatation in hands and feet, its degree corresponding to that of nerve damage and of bone changes. It is therefore assumed that the essential factor in the bone pathology of neural leprosy is the peripheral leprous neuritis, which causes failure of reflex vasomotor activity which in turn alters the metabolism of bone so that absorption takes place. Trauma and secondary infection are other factors of considerable importance.

Discussion.—DR. DAVISON welcomed this paper as an example of research leading to a better understanding of the pathology of leprosy. He had hoped that these investigations might lead to some practical application which would help in the treatment of cases. It was known that the administration of calcium was of no avail. It did not now seem as if the administration of fluorine would be of use, as the cause of the bone changes lay in the failure of the reflex vasomotor mechanism. DR. WINTER asked whether, in view of the irregular presence of osteoclasts in the lesions and the possibility of phases of activity and nonactivity, any conclusion could be reached about the stage of the bone changes and the period required for their development. PROF. BARNETSON replied that the changes are so haphazard that no period of disease can be inferred from bone changes. DR. J. J. DU PRE LE ROUX welcomed the papers of Prof. Barnetson and Dr. Boshoff, evidencing inspiring cooperation on the part of outside practitioners which in the old days the medical officers of the institution had to do without.

WINTER, P. D. The lepromin test and the allergic manifestations of leprosy.

Of 391 cases tested at the Westfort Institution, 25% of the neurals gave negative results, indicating poor prognosis, while 31% of the lepromatous cases gave positive reactions—an admittedly high figure partly explained on the ground that a number of the cases were of the borderline kind with a favorable prognosis. Parallel tuberculin and lepromin tests

were made in 285 cases. In only 23% could the tuberculous factor have possibly influenced the positive lepromin result; it is held that the true figure is much lower, and that the results confirm the value of the lepromin test in established cases of leprosy. A theoretical discussion leads to the conclusion that the tuberculoid structure of macules and their sudden appearance at times, together with the manifestations of the lepromin reaction, are "evidence for the allergic nature of leprosy." An attempt is made to explain the various manifestations of leprosy in terms of antigen-antibody reaction, and primary sensitization, variations in the intensity of allergy, and superinfection.

Discussion.—DR. DAVISON remarked that the Havana Congress had recommended the lepromin test for contacts. At Westfort it was now taken into consideration before discharging cases. He regretted to hear of the rapid spread of tubercle bacilli in the skin, as the practice of excising solitary macules and discharging the case immediately has been in vogue. So far, six cases under observation on the Rand Mines had shown no evidence of spread. He cited a case where the only sign was an enlarged auricular nerve, a scraping from which showed bacilli. Twenty-four hours after the biopsy macules the size of soup plates appeared, which he regarded as evidence in support of the allergic theory.

[The rest of the discussion of this paper had to do with the infectiousness of leprosy cases and related topics and has been included in that of the first two papers of the program, elsewhere. The following two papers were not read at the conference, the author being absent, but were set up as a part of the report of it.]

GRIMES, CHARLES. How the fight against leprosy is organized in Madagascar.

In 1890 a mission started a colony at Manankavaly, in the center of the high plateau, and others did so later in other places. Organized effort began in 1932 with the creation of the Service de Prophylaxie de la Lèpre, of which the author has been in charge from the outset, and the setting up of regulations in 1935. [See THE JOURNAL **4** (1936) 337-342 and 382; and especially **6** (1938) 251-258.] The three essential principles of the activity are detection, isolation, and the care of children. Infected persons found are isolated in hospital or segregation village or at home, or are left free under sanitary surveillance. Before 1939 about 16,000 cases had been registered. Intensive spot surveys indicated 1% incidence, or about 40,000 cases for the whole island. [Apart from these figures the report is curiously short on actual statistics; not even the numbers of leprosy institutions and of patients in them are given.]

GRIMES, CHARLES. A new leprosy treatment; asiaticoside.

Searching among plants used medicinally by the natives for one which might prove useful in leprosy the author has worked especially with *Hydrocotylus asiatica,* which was described by Boileau in Mauritius in 1850 and worked up by de Grandpré in 1887. The author first reported on the use of an alcoholic extract of the whole plant in 1939, and in 1940 Bontems, a collaborating chemist, reported separation of a crystalline heteroside called asiaticoside, which is now being used in therapy. The dosage is small: intramuscularly up to 0.2 gm., or intravenously up to 0.1 gm., twice a week. The beneficial results described—the reviewer ventures to say—exceed one's credulity. H. W. W.

FIRST ALL-INDIA LEPROSY CONFERENCE

October 30—November 1, 1947

This conference was held at Wardha, a town in the very center of India, and was convened by the Chairman and members of the local Maharogi Seva Mandal (Leprosy Service Society). It was the first of its kind and unique in many respects. It was attended by 83 delegates from all parts of India and three from abroad.

Dr. J. N. Mehta, Director-General of Indian Health Services, presided. A short message from Mahatma Gandhi, showed his wise insight: "This conference has met at Wardha to consider the problems of those suffering from leprosy. It is a good omen. I hope we will not forget that disease of the mind is far more dangerous than physical illness. If there is requisite purity of mind, the bodily diseases will disappear of their own accord." The Minister of Health, Rajkumari Amrit Kaur, assured "the help of the Government of India for the noble cause for which the Conference was meeting."

The papers and discussions were divided into eight sections: planning, control, surveys, legislation, social and economic aspects, children, treatment and classification.

One interesting discussion considered the size of leprosy institutions. One view held, that patients preferred a small local colony to a larger one at a distance from their homes. Against this was urged the question of economy—100 patients being given as the smallest number that could be cared for economically but that 500 was preferable. In larger institutions the personal touch tends to be lost.

DR. COCHRANE commented that there was no evidence that diet was related to the spread of leprosy. DR. DHARMENDRA replied that it was a generally accepted principle for all chronic diseases that a good nutritious and balanced diet builds up the general resistance of the body against disease, and that he could not understand why leprosy should be an exception. He referred to certain findings at the Leprosy Investigation Centre, Bankura, which tended to show that diet did play an important role in the spread of the disease. This Centre was started in 1936 and at that time there were about 425 patients with leprosy in the area. This number remained fairly constant till 1943 when Bengal experienced a very acute famine. During the famine many cases died, and consequently the number of patients in the area was lowered. Some time after the famine, however, it was

found that the number of cases had risen considerably over the pre-famine level, and now stands at 500.

It was the general opinion that urban leprosy was much more difficult to control than rural, due to the congested condition and bad housing of slum areas.

Regarding surveys it was considered that these were not as necessary now as they had been twenty years ago. It was more important that the findings and recommendations from past surveys be made use of, though in untouched areas it would still be advisable to continue them.

MR. THAKKAR discussed the question of legislation in leprosy. He was of the opinion that until the public conscience is fully awakened and isolation group or rural centers are ready, it is unwise to ask for anti-leprosy legislation. It was agreed that existing legislation was out of date, and the Chairman thought that the conference should make a representation to the Government as to changes necessary.

Regarding the possibilities of rehabilitation, the Chairman considered that there could be no better example than that of Mr. Jagadisan, himself. He hoped that at institutions where persons suffering from leprosy are cured and discharged some may be trained for public life and so teach the people by their personal example.

The discussion on the role played by children was of particular interest. DR. COCHRANE described the particularly fine work among children in Madras. In DR. DHARMENDRA'S opinion the large number of infections taking place during childhood was possibly partly explained by the fact that in endemic countries most persons are exposed to infection in childhood; those who are susceptible get the disease, while the others escape and do not later get it when they are re-exposed as adults to infection.

Under classification the majority of delegates were in favor of a modified combination of the Cairo Congress and South American Congress findings, giving five types: neuro-anesthetic, maculo-anesthetic, tuberculoid-anesthetic, lepromatous and atypical.

Among the nineteen resolutions passed by the Conference, the following four are of particular interest:

13. This Conference draws the attention of the Government of India to the necessity of further developing research in leprosy in all its aspects and urges in this connection the need of establishing in India a Central Institute for Leprosy Research or a Special Section in the proposed All-India Medical Institute.

14. In the opinion of this Conference it would be unwise to discard

completely the Cairo Classification, but it recommends that this Classification be suitably modified to rectify certain obvious defects and to bring it in line with recent advances.

16. While appreciating the work done by the Indian Council of the British Empire Leprosy Relief Association, this Conference is of the opinion that in view of the present political developments in the country, the title and the constitution of the Association should be suitably changed.

17. This Conference recommends to the Government of India that the International Leprosy Association be invited to hold in India the next quinquennial session of the International Congress on Leprosy.

It is hoped to hold an All-India Leprosy Conference every year. The second one will be in Calcutta from the 29th to the 31st of December, 1948. Other anti-leprosy workers have been invited from other countries in the East, and it is hoped to make these gatherings an opportunity for bringing together members of the Eastern Section of the International Leprosy Association. —E. MUIR

SECOND ALL-INDIA LEPROSY CONFERENCE

December 29-31, 1948

The second All-India Leprosy Workers' Conference met for its second successful session at Calcutta. The session was inaugurated by His Excellency the Governor of West Bengal, and was presided over by the Honorable Rajkumari Amrit Kaur, Health Minister of the Government of India. Besides the inaugural meeting, there were three scientific sessions dealing with the treatment, control, and histopathology and classification of leprosy. More than 150 delegates from all parts of India took part in the deliberations. A number of delegates from neighboring countries (Burma, Nepal and Ceylon,) also attended. The discussions at the conference were very helpful in crystallizing opinions on the various aspects discussed and in general the Conference contributed considerably towards stimulating and organizing anti-leprosy work in India. The proceedings of the Conference will be abstracted in a future issue of THE JOURNAL. The next session of the All-India Leprosy Workers' Conference will meet at Madras towards the end of 1950. —DHARMENDRA

WORLD HEALTH ORGANIZATION

REGIONAL ORGANIZATION

The constitution of WHO provides for regional organization for action on problems which are not world-wide, but which affect only limited geographical areas. The following such organizations have been decided upon by the Assembly (according to *Tropical Medical News* **6** (1949) No. 1, Feb.).

1. *Eastern Mediterranean area.*—This area would embrace the Eastern Mediterranean (not including Greece), extending to Pakistan to the east, and the northeast quadrant of Africa.

2. *Western Pacific area.*—This area would extend from Australia to China, and, provisionally, include the Malay Peninsula.

3. *South-East Asia area.*—This area would reach from Siam to India, and also include Afghanistan.

4. *European area.*—This area would embrace all of Europe (including Greece), and the northwest part of Africa.

5. *African area.*—This area would extend north to include Uganda and Kenya in eastern Africa, and north to the 20 degree north parallel in western Africa.

6. *American area.*—This area would include both Americas. In accordance with the WHO constitution, the Pan American Sanitary Organization would be integrated with WHO and will undoubtedly serve as the regional organization for this area.

PUBLICATIONS

The World Health Organization has a well-established publication program, in part taken over by the Interim Commission from the League of Nations, which offers much of interest technically or as news of international activities. Their literature comprises:

Chronicle of the World Health Organization, the successor of the *Chronicle of the Health Organization,* League of Nations. Now in its third volume, it is published monthly in separate English, French, Russian, Spanish and Chinese editions, each issue averaging twenty-odd pages. It reports activities of the Organization "without, however, claiming to be an authoritative record of its official views, which are set out in the *Official Records* of the World Health Organization." Subscription for 1949, 10/- or $2.00. (Specimen number free of charge on request.)

Bulletin of the World Health Organization, published quarterly in separate editions in English and French. Now in its second volume, this is the "principal scientific organ of WHO" and is the successor to the *Bulletin Mensuel de l'Office International d'Hygiene Publique* and the *Bulletin of the Health Organization of the League of Nations.* It publishes communications submitted by the representatives of member states, technical papers considered or prepared by expert committees, original articles on scientific and public health subjects of international significance, and bibliographical data. Subscription for 1949, 30/- or $6.00.

Epidemiological and Vital Statistics Report, a bilingual (English and French) monthly containing statistics on infectious diseases, supplemented by various articles and notes on epidemiological and demographic subjects. Subscription for 1949, 25/- or $5.00.

Weekly Epidemiological Record, a bilingual (English and French) publication which is intended for the official use of national health administrations, etc., and is not for sale separately. It may, however, be obtained together with the *Epidemiological and Vital Statistics Report* at a price —specified to be for libraries, medical schools, etc. —of £2 or $8.00 for the two.

International Digest of Health Legislation, published in separate

English and French editions, carrying reproductions of or extracts from national laws and regulations dealing with public health and related subjects. Subscription for 1949, 12/6 or $2.50.

Official Records of the World Health Organization. These are occasional publications, with separate English and French editions, of which 19 are included in the latest available list in the *Bulletin.* They include reports and minutes of the original Technical Preparatory Committee, of the organizing International Health Conference (1946), of the several sessions of the Interim Committee, of various expert committees, of the First World Health Assembly (No. 13, described as a 400-page volume), and the program and budget estimates for 1950 (No. 18). Price: 1/3 or $0.25 each except No. 13, 2/6 or $0.50.

Finally, the *WHO Newsletter,* a very readable monthly four-page sheet put out by the Public Information Office, WHO, and intended primarily for individuals and institutions, whether public or private, interested in the work of the WHO or in international cooperation on health matters generally. The English and French editions of No. 5, dated March 1949, were the first to be printed; previously, all editions had been mimeographed, and the Spanish and Portuguese editions are still put out in that form. (No indication of price seen.)

WHO publications are for sale in some forty countries—one agency in each—but orders may also be addressed to the World Health Organization, Sales Section, Palais de Nations, Geneva, Switzerland.

PROGRAM AND BUDGET ESTIMATES FOR 1950

The major item of the agenda of the Second World Health Assembly, meeting in Rome in June, would be the consideration of "a new and different kind of document" according to the *WHO Newsletter* for April. That document, reviewed and given final approval by the WHO Executive Board, is spoken of as the first of its kind in history. "Never before has there been assembled such a detailed review of the world's most urgent health problems as in the 150 printed pages of the WHO 'Programme and Budget Estimates for 1950'." It is in two parts, (1) a regular budget of $7,893,000, to be financed out of the regular contributions of member governments, and (2) a "Supplementary Operating Programme" of $9,152,520, for which voluntary contributions are invited from member governments.

The *Newsletter* report goes on to discuss in particular the following topics: health demonstration areas, malaria, environmental sanitation, mental health, venereal diseases, tuberculosis, maternal and child health, and "other projects."

Leprosy is not mentioned among the subjects to be considered, but there is reason to believe that it is in the program. From the August-September issue of the *Chronicles* and otherwise it was learned that the First Assembly had charged the secretariat of the Division of Epidemiology with the task of "collecting, compiling and distributing" statistics on leprosy. A letter of

inquiry elicited an expression of regret "that, owing to budget insufficiencies, the work on leprosy envisaged by the First World Health Assembly could not be carried out so far in 1949," and most of the intended program was being presented again for consideration of the Second Assembly. There had been definite indications, it was stated, that several delegations would press actively for development of the work in leprosy, which might mean requesting special specific information from governments and from leprosy experts. Assurance was given that official information on leprosy which might be collected would be made available to THE JOURNAL for the benefit of the specially interested element of the medical profession.

COORDINATION OF MEDICAL CONGRESSES

On April 12, 1948, under joint WHO-UNESCO sponsorship, representatives of nine medical organizations [1] met in Paris to formulate plans for the coordination of medical congresses. Most international medical organizations had not been active for ten years.[2] Many have no permanent organization in the periods between the congresses. There is therefore a need for a central organism, and the three-day meeting referred to was devoted entirely to the outlining of plans for the establishment of a Permanent Council for the Coordination of International Congresses of Medical Sciences, which should ensure continuity and coordination of such congresses.

Principles of membership in this organization were tentatively laid down as follows: (*a*) medical congresses of a broad international character would be accepted as full members, while (*b*) those of either a regional or not strictly medical character might participate as associate members. The functions of the bureau would be as follows:

1. *Information and assistance.*—(*a*) To collect information on all national or international organizations of a medical or paramedical nature, and on the congresses which they organize (present program and, as far as possible, future programs, dates, subjects studied, names of rapporteurs);

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[1] World Medical Association, International Union against Tuberculosis, International Pediatric Association, International Society of Surgery, International Union against Cancer, International Congress of Radiology, International Union against Venereal Disease, International Congress on Mental Health, International League against Rheumatism, the representative of the International Society of Internal Medicine being unable to attend. (*WHO Chronicle* **2** (1948) 63, April.)

[2] The day of this meeting happened to be the first one after the closing of the Fifth International Leprosy Congress, held in Havana from April 3 to 11, 1948.—EDITOR.

(*b*) to give all material assistance, in particular, as regards specialized conference services (staff, technical material), and travelling facilities for congress members (visas, etc.); (*c*) to study methods of facilitating the transfer of funds needed by congress members; (*d*) to study the technique of holding congresses and give information regarding it.

2. *Coordination.*—(*a*) To suggest to international medical bodies appropriate dates and places for the holding of their congresses; (*b*) to make a special effort to group disciplines together; (*c*) to give financial assistance to the scientific work of congresses, and make grants to congress members who particularly merit them; (*d*) to give grants to enable invited representatives of other disciplines to take part in the congresses.

3. *Diffusion of information.*—(*a*) To circulate information received from the various organizations of medical or paramedical nature; (*b*) to study the whole problem of diffusion of medical information, including the circulation of the proceedings of the congress.

An Executive Committee was appointed to continue the work. It undertook the task of drafting statutes for the bureau, collecting information on all congresses and associations likely to be interested in its activity, receiving applications for membership, and the preparation of an international conference of all qualified organizations.

This movement was "most favourably received by medical organizations throughout the world" (*WHO Chronicle* 3 (1949) 41). As a result there was held on January 28 and 29, 1949, again in Paris, a meeting of representatives of the larger medical associations and of UNESCO and WHO. (It had been scheduled officially as a meeting of the WHO/UNESCO Executive Committee of the Organizing Committee for the Coordination of International Congresses of Medical Sciences.) Arrangements were made then for a larger conference to be held in Brussels April 4 to 9 for the purpose of establishing the proposed permanent bureau. The Executive Committee intended to propose the creation of a Permanent Council, consisting of representatives of all member associations. This Council would meet every three years, and in the intervals the work would be carried on by an Executive Committee of seven members. The administrative body of the permanent council would be a small secretariat headed by an executive secretary. UNESCO and WHO intended to give their support to this new organization.

The developments which resulted from this meeting are discussed elsewhere in this issue in an editorial note by Dr. E. Muir, General Secretary of the International Leprosy Association. The Association was represented at the meeting by Dr. R. Chaussinand, of the Institut Pasteur of Paris. The major part of his report follows.

De retour de Bruxelles, je m'empresse de vous donner les premiers

renseignements concernant l'Assemblée pour la Coordination des Congrès internationaux des Sciences Médicales. . . .

Les points principaux adoptés sont que l'UNESCO et l'OMS [Organization Mondiale de la Santé=WHO] donneront une subvention globale de 88,000 dollars américains par an, en outre les différentes associations internationales participeront aux dépenses de la façon suivante: Cotisation annuelle par membre des associations de 2 francs belges par an et 3% sur les sommes perçues pour les inscriptions des participations aux Congrès. Pour les associations dont les membres ne payent pas de cotisation annuelle, il sera prélevé 6% sur les sommes perçues pour les inscriptions aux Congrès.

En contre-partie le Conseil permanent pour la coordínation des Congrès internationaux des Sciences médicales donnera aux Associations tous les renseignements nécessaires à l'organisation des Congrès, facilitera la question des voyages, des visas, et des transferts de devises, fournira contre remboursement des interprètes spécialisés, subventionnera la publication et la diffusion des comptes-rendus des congrès, et payera même le voyage et le séjour à des congressistes particulièrement intéressants.

L'Assemblée recommande en outre l'organisation de symposia et désirerait que des cours de perfectionnement soient institués à la fin des Congrès.

Notre Association n'ayant que relativement peu de membres, je n'ai pas pu obtenir pour notre société un siège au Conseil permanent, sièges très recherchés comme vous le verrez dans le compte-rendu de l'Assemblée. La prochaîne Assemblée aura lieu dans trois ans et le secrétariat sera installé à Paris.

J'ai, en outre, eu des entretiens intéressants avec l'OMS et je leur ai suggéré de mettre la question de la lèpre dans leur programme. J'ai eu l'impression que la lèpre les intéresse. Ils m'ont demandé un rapport très général: (1) sur l'importance de la lèpre dans le monde; (2) sur les modalités d'une lutte anti-lépreuse efficace; (3) sur les résultats que l'on peut espérer obtenir par une lutte anti-lépreuse rationnelle. Je vous serais reconnaissant de vouloir bien m'envoyer ce rapport, car je n'ai pas forcément les mêmes idées que la majorité de notre Association et il serait préférable que ce rapport ne puisse être discuté ultérieurement.

LEPROSY IN THE BRITISH COMMONWEALTH

The Central Office of Information in London has compiled and distributed in mimeographed form (1948) a series of memoranda on The Conquest of Disease in the Commonwealth, the fifth of which was entitled The Fight Against Leprosy. Intended to provide background information for the use of nonspecialists, it comprises an introduction, a statement of what leprosy is, information regarding leprosy settlements in the Commonwealth, the treatment of the disease, and the British Empire Leprosy Relief Association. The following consists mainly of a summary of the information concerning the settlements, with certain statements regarding general policy.

The leprosy problem is being tackled with increasing vigor

in British colonial territories where it is estimated that there are about 700,000 cases, principally in Nigeria. In addition to the work of missionary societies and BELRA, all assisted by Government grants, colonial governments are now providing directly more and more facilities and services, and the first government leprosy service has been started in Nigeria. Furthermore, Britain herself is now sponsoring leprosy work, and under the Colonial Development and Welfare Acts a total of £610,000 has been made available for that purpose since 1943. The ten-year development plans whose objective is an increased standard of living will help improve the general health of colonial peoples and so help to win the fight against this scourge.

The principles established are: Leprosy is contagious, although many cases are noninfectious. Isolation is recommended. Persons with leprosy should be excluded from engaging in occupations which allow of transmission. Children of patients should be separated from their parents at birth. Persons who have shared dwellings with leprous persons should be examined at intervals to detect early signs of infection. Leprosy is not incurable, but no certain remedy has yet been found.

Control involves segregation in settlements, and every effort is made to organize the settlements on model village lines, with good houses, good and ample land for cultivation, etc. Practically all British colonial territories maintain such settlements. The humane running of settlements has resulted in an increasing readiness of patients to present themselves voluntarily for treatment. The essence of the modern plan is to help the inmates to lead as normal a life as possible. Restrictions on them are kept to a minimum, to persuade people with leprosy to enter settlements willingly and to remain there. (*e.g.*, in Basutoland patients who are not acutely infectious are given periodic leave to go to their homes, a privilege which has helped to keep them content and to lessen the number of desertions.) Patients are encouraged to employ themselves in any useful occupation and to grow food. Sports and physical training are popular forms of amusement and some settlements have fully-equipped cinemas.

West Africa.—The greatest problem is in Nigeria, the largest of the British colonies. The first government leprosy service was established there in 1945, with the aid of a C. D. & W. Act grant of £430,000. Until then the problem was dealt with mainly by missionary societies, BELRA, and Native Authorities, with financial assistance from the government. Progress has now been made in coordinating the settlements in the Onitsha Owerri and Benin provinces of southeastern Nigeria. The Uzuakoli settlement, with over 1,200 resident patients, also comprises 55 local centers each of which consists of a treatment clinic and a voluntary

segregation village, all supervised by a touring staff of doctors and leprosy control officers. In 1946 there were 61,177 leprosy cases in the leprosy service area, who received 2,234,695 hydnocarpus treatments. In other areas, 7,000 cases were seen and treated.

A research station has been set up at Uzuakoli, and there is a center there for training the nurses who staff the local clinics. The extension of local treatment, segregation in villages, and attempts to improve housing conditions have all helped to improve the morale of patients, who have been encouraged by the increasing number of discharges (878 in 1946).

In the *Gold Coast* a grant of £94,650 has been made for the provision of colonies and £31,000 for a leprosy survey. There are four settlements, the only one of any size being at Ho, with about 400 patients.

East Africa.—The appointment of a leprosy adviser for the East African territories in 1947 will lead to a reorganization of the work there. The largest settlement is at Makete in southern *Tanganyika,* with 932 patients; 64 cases were discharged in 1945. Over 3,000 acres are cultivated by the patients, who also practice handicrafts such as weaving, carpentry, brick-making and masonry.

In *Uganda,* where a survey carried out in 1931 revealed about 3,000 cases, the government, local authorities and missions cooperate. The policy was adopted in 1933 that each Native Government should hold itself responsible for the care and maintenance of leprous persons in its own district, erecting the necessary buildings and providing for the inmates until they could cultivate land for themselves. The missions undertook to supervise these settlements, while the government medical department would provide drugs and periodical visits of a medical officer. In five settlements controlled by the missions there were 1,967 residents in 1945, while 188 were discharged; and 886 patients attended government hospitals for treatment.

Malaya.—There is considerable leprosy in Malaya, affecting more particularly the Chinese, and in 1939 there were 4,187 patients in the settlements at Kuala Lumpur, Penang and Singapore, with more and more of them coming forward voluntarily for treatment and presenting an increasing problem of accommodation. During the Japanese occupation much of the careful work of the preceding years was undone. [See also below.]

Pacific Islands.—Leprosy is to be found in most of the Pacific Islands, although it is of comparatively recent introduction. The principal settlement is the Central Leper Hospital on the island of Makogai in *Fiji,* which was established in 1911 and which, like the Central Medical School at Suva, has long served a number of Pacific island territories. Makogai is an ideal location for such a settlement; both the government medical staff and the nursing staff provided by the Marist Sisters pursue their labors with an apostolic sense of devotion; and patients do not dread going there and do not attempt, as they do so often in other countries, to conceal their disease until it is well advanced but tend to come forward for treatment as soon as it has been diagnosed. [For case data for 1946, see THE JOURNAL **16**(1948) 493.]

The patients are on the whole a happy community. They enjoy performing their native ceremonies, dancing and singing, the more able-bodied playing football and hockey. In 1945 nearly 100,000 lbs. of vegetables and fruit and 1,120 lbs. of fish, totalling nearly £1,700 in value,

were sold by patients to the government for reissue; 375 fowls and 5,476 eggs were provided for use in the main hospital kitchen; and there is a great deal of interpatient trading in all kinds of produce. Chaulmoogra trees are cultivated on the island, and 12½ gallons of oil were produced and used in 1945. [See also THE JOURNAL **16** (1948) 493.]

West Indies.—There are settlements in most of the larger West Indies islands, the largest being at Chacachacare, an island 20 miles from *Trinidad*, where there are some 400 patients. The removal of the settlement to the mainland of *Trinidad* has been recommended. Nevertheless, the patients engage in various activities, and the monotony of life on an island is counteracted by a system of "passes" which permit suitable patients to visit relatives on the mainland for periods of one to fourteen days.

With the aid of a grant under the C. D. and W. Act, Dr. E. Muir, who was in charge of Chacachacare during the war, was able to visit the other islands in the West Indies and to report on their leprosy problems. A common policy for the West Indies is being drawn up, aiming at the introduction of modern survey and control measures.

In *British Guiana* there is a settlement at Mahaica, housing about 400 patients, in which the nursing duties are undertaken by the Sisters of Mercy. A new infirmary block at the Hospital has been constructed with the help of a grant of £20,000 under the C. D. and W. act.

Further regarding the Federation of Malaya.—In his report for 1946 Dr. R. B. MacGregor, director of medical services of Malaya [see THE JOURNAL **16** (1948) 85] stated that the Pulau Jerejak leprosarium at Penang had been closed in 1945 by the British Military Administration because so few patients remained. Since then that institution has been reopened, Dr. MacGregor informs us. As for the situation at Sungei Buloh, Dr. B. David Molesworth writes that considerable progress in recovery had been made, if slowly, when local disturbance interfered by diverting available funds.

"The position at present is that we are hopelessly understaffed, with just under 2,000 patients and only three of us, with no lay superintendent and no technical staff for laboratory work. What with bandits and one thing and another life does not lack interest, only time. However, we are getting excellent results now with sulfone therapy, which has brought about a tremendous change in outlook, and particularly interesting results are being obtained with Cochrane's 4:4'-diaminodiphenyl sulfone in oil."

LEPROSY CONTROL IN TURKEY

The primitive seventeenth-century leprosaria of Istanbul, Edirne, Konya and Zafranbolu have now fallen into ruin. Sultan Mahmud II (1765-1839) established the first large leprosarium in Istanbul-Scutari near the big Selimiye Barracks, where Florence Nightingale nursed the wounded during the Crimean War in 1856. Zambaco Pasha, of the Istanbul Medical School, believed that leprosy is not contagious; later Suleyman Numan Pasha taught that it is infectious but not easily transmitted from man to man, contending that the Imam, who for many years lived among the unfortunates at the Scutari leprosarium, did not contract the disease.

The two modern leprosaria at Istanbul and Elazig have at present almost 400 inmates. All are paupers from rural communities; no well-to-do leprous person has yet been found in an urban community. These institutions are under the direction of and are maintained by the Ministry of Health and Social Assistance. A specialist in the Division of Hygiene is in charge of all work connected with leprosy.

Though leprous persons come mostly from the eastern provinces of Kas, Erzurum, Agri and Van, which border on Russia and Iran, they have been found also in the Sivas, Kayseri, Gaziantep, Marash, Hatay and Afyonkarahisar provinces. Provincial and city health officers maintain vigilance, and the people themselves inform the health officers of suspects. They so dread the disease that a woman just discharged from the leprosarium as cured, when on the way back to the village, was pushed by her husband off a precipice and fell to her death.

Chaulmoogra oil (by injection), and methylene blue (1%, intravenous), are used for treatment, both being given every second day. The patients are given tonics and plenty of vitamins; their food rations are higher than those in other hospitals. For lepromas and ulcers 20-30% trichloroacetic acid is used; also antiseptics like "rivanol," bismuth subgallate, and a mixture of 40% sulfamethylthiazole and 60% urea, in the form of powder or ointment. Sulfonamide drugs, penicillin and streptomycin have not been effective.

Samples of diasone have been supplied to the Ministry of Health by the Abbott Laboratories, and it has proved to be the best remedy available. Two tablets a day were given for 112 days to 3 neural cases and for 176 days to 3 others, in all of which Hansen bacilli were absent. There was complaint of stomach pain and nausea, but not sufficient to justify discontinuing the treatment. The treatment did not affect the urine or the hemoglobin; the erythrocytes decreased 10% in 3 cases. Some patients who at first were enthusiastic about the new remedy became despondent after two or three months and took it rather unwillingly. At the Elazig leprosarium 9 patients are at present receiving the drug; 3 have already improved. No bad effects have been observed. One patient was given twelve vials of promin, but because an import license had not been procured the treatment had to be discontinued; besides the price makes its use prohibitive.

If, after being pronounced cured, a patient is found free of Hansen bacilli three times at 45-day intervals he is discharged. The patient is given a certificate of health, put on the train by a hospital attendant—travel expenses being paid for by the hospital—and returned to his family, which is informed of the arrival by telegram. The health officer of the district is also informed by telegram of the patient's arrival. The discharged patients are followed up, and at the slightest sign of a relapse are readmitted to the hospital. During the past eight years a few readmissions have been recorded.—[Condensed from the *J.A.M.A.* **139** (1949) 327 (Jan. 29), Foreign Letters.]

LEPROSY IN SYRIA

The following information, obtained from the Syrian Ministry of Public Health, has been supplied by Mr. Fritz A. M. Alfen, commercial attaché of the American Legation in Damascus.

Leprosy is not a very common disease in Syria. The greatest incidence seems to be in the Latakia area on the coast. Persons known to be suffering from leprosy and under quarantine number about 70. They are treated, at the expense of the Syrian government, in a special institution known as the Asylum Hospital, situated in the village of Kousseir not far from Damascus.

The Syrian Ministry of Public Health is constantly on guard for new cases, and whenever one is reported the patient is immediately removed to the Asylum Hospital. Patients are given work in the hospital which their condition permits them to perform. The hospital is said to be equipped with an up-to-date laboratory. Since leprosy is handled by the government, there are no doctors directly interested in the cure of the disease.

Leprosy has existed on the eastern shores of the Mediterranean basin since the oldest times, say Escher and Johanny of Beirut, in a report in the *Medical News Bulletin* [see abstract section, this issue], and although it gradually decreased throughout the centuries it still exists in endemic form all over the Near East, and on systematic search one finds it to be far more prevalent than is expected. During the French Mandate, they state, the authorities tried repeatedly to make a census of cases, but the necessary search of the entire population of Syria and Lebanon would have been impossible because of the migrations of the nomadic tribes in the Syrian Desert, who cross back and forth from one country to another of the region without control. The one leprosy hospital, near Damascus in Syria, was renovated by the French High Commissioner but without consulting experts, and it therefore remains of the hospital or "prison" type instead of being the agricultural village which is so much to be preferred. In Lebanon there are a few indigenous centers, especially in the south in the region of Sidon and Merjayoun, and also in Akkar in the north; but a good many—probably a majority—of the existing cases were infected in Africa or South America, particularly in Argentina and Brazil, and are thus "imported" cases. In Beirut, where such treatment as there is is on the outpatient basis, few cases can be treated because most of the patients cannot afford to live there. They usually live in the hills, or in the country where relatives help them.

ADVISORY GROUP VISITS THE MARIANAS

On invitation of the U. S. Navy, Dr. Norman R. Sloan, director of the Kalaupapa Leper Settlement, Dr. Harry L. Arnold, Jr., practicing dermatologist who is president of the Honolulu County Medical Society, and Dr. W. Lloyd Aycock, assistant professor of preventive medicine and hygiene at Harvard Medical

School who spent the winter in Hawaii, visited the West Central Pacific area in April to confer with Navy officials and gather information concerning leprosy and other diseases in the Trust Territory. To the Navy the United Nations has assigned the task of controlling tuberculosis and leprosy in the Territory, an ocean area of some 2,000,000 square miles—about two-thirds that of the continental United States—with but 53,000 people on about 120 inhabited islands.

Going out from Trust Territory headquarters—located on Guam, though that island is a United States possession and not of the Territory—the group visited Yap to the south and, to the north, Rota, Saipan and Tinian. On Tinian the Navy has set up a leprosarium intended for the isolation of cases from the entire region [see THE JOURNAL 16 (1948) 487]. The visitors were much impressed by the School for Medical Assistants which had been established at Guam for natives—evidently on the order of the one set up long ago by Lambert at Suva, in the South Pacific—and they spoke of it as "the most outstanding and far-reaching medical accomplishment" in the Territory. The men under training, selected individuals drawn from all parts of the Territory, will be able to work effectively among their own people when—as it is a condition of their training—they return to their places of origin; and they are expected among other things to recognize leprosy cases. The group was also reported to be enthusiastic about the program and work of the medical survey ship, the U.S.S. Whidbey, provided for carrying out the Navy's mandate in that region, though with respect to the finding of early leprosy cases it was suggested that the personnel should have some preliminary training in their recognition. News of the effectiveness of the treatment work with the sulfones at the leprosarium, it was said, had caused many patients to appear voluntarily.

Of the putting of the leprosarium on the uninhabited little (38 sq. m.) island of Tinian, the group was decidedly critical. They regarded the place as entirely unsuitable because of its geographic isolation, for which there is no medical requirement; because the consulting medical services which are so highly desirable cannot be made available there; because the institution cannot be utilized in the training of student assistants and nurses; because it is inconvenient for the staff and bad for its morale; because it tends to perpetuate archaic notions and prejudices concerning the disease and its communicability; and because it is inordinately expensive on account of the high cost

of transportation involved. Even the name it bears, "Hansen's Colony," they found to be undesirable.

Tinian, according to information obtained during a visit to Culion by Lt. Jack W. Millar, medical officer in charge of the leprosarium, was virtually uninhabited until recently, although monolithic relics reminiscent of those of Stonehenge in England and of those on Easter Island except for the lack of faces—stones apparently quarried on Rota and carried over —indicate that it was once peopled; and the people of the region have a vague tradition of a race of giants there who apparently left the place taboo. In the Spanish days Tinian was used as a watering point for the galleys on the Manila-Acapulo route, and at the end of their regime there was a small leprosy colony with about 10 patients from Guam. Now, apart from a small demolition gang still at work destroying explosives left with the abandonment of the bomber base—which once had as many as 200,000 men— the only other inhabitants are some 300 Yap Chamorros, people of the Marianas who had been implanted on Yap by the Japanese but who had never mixed, and who were moved away to Tinian by the Navy in 1948. The American staff community of the leprosarium comprises four families.

The leprosarium is located on the southwest part of the island. Between the northern end, where the four B-29 bomber strips are located, and Saipan, the nearest center of affairs, there are only 4 miles of water; but the trip by launch to the leprosarium takes 3 to 4 hours, and so the hop is usually made by plane. The area reserved for the institution is about 8 square miles, with some 5 miles of coast line—all the land "west of 8th Avenue, from the harbor up to 86th Street." It is intended that land may be homesteaded by patients who become negative and wish to stay. However, it is uncertain whether the institution will remain there indefinitely or be moved to Saipan, where the inspecting group recommended that it should be; and whether or not, as that group recommended, it or a branch of it should be established where it could be used in the training of the medical assistants. In fact, the whole administrative set-up in that area is in flux and extensive changes are quite possible.

The first patients to be taken to the leprosarium were some 60 from Yap, 800 miles to the southwest, where there was some sort of an isolation place on Pekel, a small island two miles offshore in the lagoon. From Jaluit, in the Marshalls, there came 17 cases, though some of them had originated on Truk; another small colony on Ponape yielded about 10, and 6 came from Saipan.

By far the highest incidence is among the Yaps, who are described [*Saturday Evening Post,* May 14, 1949] as a "stern unchanging people," stubbornly persistent in their primitive ways of life (including their dress, limited to loin cloths and grass skirts), and not cleanly. With a population now less than 2,500, down from more than 7,000 less than fifty years ago, the number of cases removed indicates a leprosy incidence of at least 2.5 per cent. At the Tinian colony the Yap contingent, nearly all from the working class, "are led at work by a tall thin nobleman in a wispy loincloth, wearing the long comb of aristocracy in his hair . . . the busiest and mildest of men to whom aristocracy seemed no burden at all"—though a superior status would not be suspected from a newspaper photograph seen.

EXCERPTA MEDICA

The rapidity of reconstruction of the academic life of the Netherlands since the war is manifest in the monumental undertaking involved in the production of *Excerpta Medica.* To those who did not have to endure an occupation during the last war it is surprising that medical organization in Holland has been able to initiate with success this vast international abstracting service. As regards printing and production it is of the first rank, and its attractive format is approximately matched by the high standard of the abstracting.

Excerpta Medica began in a small way in April 1947, but its name is already a byword in its field, and it has received a warm welcome throughout the world. It publishes every month pertinent and reliable abstracts in English of every article in the fields of clinical and experimental medicine from every available medical journal in the world. Abstracts of important articles are informative; abstracts of less important articles are indicative only.

The need for such a nonselective international service has long been recognized and UNESCO has shown great interest in the fulfillment of the aims of *Excerpta Medica.* Brought into being with the assistance of a group of Dutch publishers, its administration now stretches as far afield as China, and arrangements have been made with scientific men in Russia for the reporting of work of some important institutes, hitherto rather inaccessible. Having become firmly established, the enterprise has been recognized as a Foundation, still in cooperation with the publishers but administered by a Board of Trustees consisting of professors of various universities in the Netherlands, which will ensure the service being maintained at the highest possible level. Furthermore, it is expected that the change will eventually reflect on the subscription rates which, in a nonprofit enterprise, bear a direct relation to the number of subscribers.

The central administration of *Excerpta Medica* is in Amsterdam, with the general medical direction in the hands of a Board of Chief Editors consisting of Drs. M. W. Woerdeman, Professor of Anatomy and Embryology, University of Amsterdam, and Secretary of the Royal Netherlands Academy of Sciences, *chairman;* A. P. H. A. deKleyn, Professor of Otorhino-laryngology, University of Amsterdam, and W. P. C. Zeeman, Emeritus Professor of Ophthalmology, University of Amsterdam. Also, in February 1949 it was announced that, concurrently with the establishment of *Excerpta Medica* as a Foundation, by arrangement with the American Medical Association, Dr. Morris Fishbein had been added to the chief editorial board.

Each section of *Excerpta Medica* has been placed under the direction and control of a separate international board of editors composed of recognized specialists, and each section has, attached to the Amsterdam office, one or two subeditors, also of specialist status, who coordinate and supervise the production of their section. For example, the section with which THE JOURNAL exchanges (No. XIII) has a Board of 26, of which R. D. G. Ph. Simons is the subeditor. Cooperating in this work there are in total about 4,000 specialists representing more than 40 countries, about 3,500 of them being abstract writers.

One volume of each section is completed at the end of the calendar year. All abstracts are numbered, and they are indexed both by author and subject. The fifteen sections, each of which is in effect a separate journal, are: I, Anatomy, Anthropology, Embryology and Histology (600 pp., $22.50); II, Physiology, Biochemistry and Pharmacology (1680 pp., $45); III, Endocrinology (600 pp., $15); IV, Medical Microbiology and Hygiene (1620 pp., $22.50); V, General Pathology and Pathological Anatomy (960 pp., $37.50); VI, Internal Medicine (1776 pp., $37.50); VII, Pediatrics (600 pp., $15); VIII, Neurology and Psychiatry (960 pp., $22.50); IX, Surgery (1920 pp., $25); X, Obstetrics and Gynecology (600 pp., $15); XI, Oto-rhino-laryngology (660 pp., $15); XII, Ophthalmology (660 pp., $15); XIII, Dermatology and Venereology (720 pp., $15); XIV, Radiology (600 pp., $15); and XV, Tuberculosis (540 pp., $15). The prices are also given in pounds sterling, but subscriptions can be paid in other local currencies. Twenty-nine local sole distributors are listed, and subscriptions should be placed and correspondence addressed to the head office (111 Kalvertstraat, Amsterdam) only when there is no local agent.—[In part from the *South African Med. Jour.* **23** (1949) 135.]

THE PROCEEDINGS OF THE HAVANA CONGRESS

The printing of the proceedings (Memoria) of the Havana Congress, a longer task than was originally expected, was approaching completion early in June according to information received from Dr. Ismael Ferrer, General Secretary of the Congress, telling particularly of the plans for its distribution. The book will comprise more than 1,000 pages and weigh more than six lbs., and 1,000 copies of it will be printed. Each member of the Congress will of course receive a copy. So will each person who contributed an article with the intention of attending but was unable to do so; and it is intended also to supply all members of the International Leprosy Association whether they were connected with the Congress or not.

No copies, it is stated, will be sold; all are for free distribution. Those over and above the number needed for the categories of persons mentioned above will be distributed without charge to other interested institutions and persons, with priority for libraries, leprologists and dermatologists; 200-300 copies will be reserved for the principal medical libraries throughout the world. Other persons than those indicated who desire to receive copies

should submit requests to or through one or another of the officers of the Congress. It is possible that there may be some delay in distribution pending the procurement of funds for postage, the unexpended balance of the original Congress appropriation having been exhausted by the printing bills.

HIND KUSHT NIVARAN SANGH

In India there has been formed a new leprosy organization under the title of "Hind Kusht Nivaran Sangh," i.e., the Indian Leprosy Association. This Sangh (Association) has been formed with objects similar to those of the Indian Council of the British Empire Leprosy Relief Association, and in fact it is intended to take over the work of the latter, which will be dissolved in due course. Appreciation is expressed of the work done by the Indian Council of BELRA, but it was the general opinion among the leprosy and social workers in India that, in view of the recent political developments in the country, the title and constitution of the Indian Council should be suitably changed. The new Association has been formed in response to this feeling, and will no doubt have a greater appeal for the Indian public and will be instrumental in further stimulating antileprosy work in that country. This will follow, not only because of the changed name of the Association, but also because of its changed constitution whereby it has been made more representative.

—DHARMENDRA

POSITION WANTED

Dr. A. Dubois, director of the Institut de Médecine Tropicale Prince Léopold, Rue National 155, Antwerp, Belgium, states that at the Institut there is—to quote verbatim—a Belgian doctor who has worked in the Congo, and for some time in a leprosy settlement; he speaks English, French and German. He had some political difficulties during the war, but nevertheless is a reliable and honest medical man. He would like to find work in leprosy somewhere.

PEDRO L. BALIÑA

Prof. Pedro L. Baliña was born in Lomas de Zamora, near Buenos Aires, on August 23, 1880. He studied medicine at the University of Buenos Aires, taking his degree with honors in 1905. From the very beginning he devoted himself to dermatology, visiting Europe on several occasions in pursuance of his studies, and became well known among scientists prominent in this branch of medicine. He was the third professor to occupy the chair of dermatology in the University of Buenos Aires, which position he held for twenty-one years. He was one of the founders of the Asociación Dermatológica Argentina and was instrumental in raising it to its present state of efficiency, which is testified by the review it publishes, the *Revista argentina de Dermatosifilogia;* for some time he had been honorary president of the Association. In 1924 he was appointed titular member of the "Academia Nacional de Medicina" the highest medical institution in the country.

Very early in his career as a dermatologist he became interested in the leprosy problem in this country. In 1921 he presented to the Academy of Medicine a report entitled: "Consideración sobre 142 casos de lepra observados personalmente en Buenos Aires" which, it may be said, did much to awaken the country's conscience, dormant even after the First National Leprosy Conference held in 1908.

The method of teaching followed by Dr. Baliña from the beginning of his professorial career was objective, that is to say he used to show to his pupils the patients who came to the hospital consultation clinics or seen in his private practice. Every patient who came into his hands was carefully studied. Nothing escaped his clinical eye. Sound common sense and sure judgment were characteristic of him, but so also was his kindness to the patients and the comfort he brought them.

Together with common dermatoses he emphasized the importance of syphilis; and as he found leprosy cases among the outpatients from time to time, a group of cases useful for teaching was gradually collected. This eventually led to the creation of a special section for the purpose, which in its turn led his pupils to appreciate the fact that leprosy might some day become an important national problem if nothing should be done to prevent it.

Among the physicians who at that time attended his lectures there was a member of the Chamber of Deputies. One day a poor leprosy patient, who was pregnant, came to the hospital for consultation. The deputy was so strongly impressed that he resolved on the spot to support the leprosy bill which Dr. Aberastury, Dr. Baliña's predecessor, had prepared. That same day an exchange of ideas took place between the different political sectors and Dr. Aberastury, and within three months the bill became law.

Dr. Baliña continued active for the practical realization of the law. Without any official designation he personally searched for suitable sites where leprosaria might be established, thus giving inestimable help to the health authorities; everybody engaged in leprosy work knows how difficult such a task is. His efforts came to a culmination when he—together with the writer of this note—laid the first bricks of the General Rodriguez colony near Buenos Aires.

In 1938 the Argentine Government sent Dr. Baliña as its delegate to the International Leprosy Congress in Cairo, and in that year he was made Chairman of the Western Section of the International Leprosy Association, and *ex officio* a Vice-President of the Association. In 1946 he went to Rio de Janeiro to represent the Academy of Medicine at the Second Panamerican Leprosy Conference. He organized the Argentine leprosy meetings which take place every two or three years in different parts of the country, bringing together all those interested in leprosy, encouraging further study and investigation and stimulating their enthusiasm. His scientific papers devoted to leprosy reached a total of 56, and they will be consulted for many years to come by those interested or engaged in leprosy work.

He died suddenly, in Buenos Aires, on May 2, 1949, just as he was beginning his daily consultations. —G. BASOMBRIO

JAMES W. McKEAN

Dr. James W. McKean, the pioneer leprosy worker in Siam and builder of the Chiengmai leprosarium, died in Long Beach, California, on February 9, 1949, in his eighty-eighth year. He was born on March 10, 1860, appropriately enough in Scotch Grove, in Jones County, Iowa. He was educated at Lenox College, Iowa, and Bellevue Hospital Medical College, New York, graduating in medicine in 1882 when professors performed operations in frock coats. He commenced practice in Omaha, Nebraska, incidentally developing his horsemanship on his country calls.

In 1889 he and his young bride sailed for Siam, under the Presbyterian Board of Foreign Missions, and were stationed at Chiengmai, six weeks from Bangkok by river boat. There he developed an active pioneer practice. Using ponies in relay, his best time to Lampang, 63 miles away over a mountain range, was nine hours. To meet the needs of the remote north for protection against smallpox he made his own lymph, and trained teams of vaccinators. He built a hospital and when that was outgrown laid the early plans and secured funds for the McCormick Hospital, now the largest civilian hospital in Siam outside of Bangkok. On one of his furloughs he studied at London under Sir James Cantlie, the teacher and protector of Sun Yat Sen. A devout Scot, Dr. McKean translated part of the New Testament into Lao, the language of northern Siam.

Shortly before the first World War he turned his attention to victims of leprosy, then neglected and uncared for, securing a deserted island down the river from Chiengmai and gradually building up a model village which eventually sheltered 500 patients. Chaulmoogra oil was early used for treatment, with ethyl esters coming later. Most of the patients lived in cottages, doing their own housekeeping, and a wholesome community life was built up. The patients chose their own Village Elder in the same way as the normal villages of the area did, they had their own police force, and they gave a play festival each dry season. The Christian congregation of the village had women elders long before they appeared in the home churches.

The Chiengmai village stimulated leprosy work by the Siamese themselves, at Bangkok and at Korat. From 1928 on the institution was aided by a subsidy from the government. Dr. McKean was decorated by King Prachatipok after the latter

had visited the village in 1927. Most leprosy workers in the Far East, at one time or another, have visited the institution. Dr. McKean was a witness at the Congressional hearings that led to the establishment of the Carville leprosarium, and the Chiengmai patients, from the pennies of their weekly allowances, sent a gift to their fellow sufferers in Louisiana.

When Dr. McKean retired in 1931 he and Mrs. McKean made their home in southern California, but he continued to speak and work actively on behalf of those who suffer from both a disease and a superstition. Their son, the late Mr. J. Hugh McKean, carried on and expanded his father's activities, starting a chain of treatment clinics through the north staffed by patients trained at the village. Mr. McKean died in India in 1942, after having been driven from Siam by the Japanese.

The Chiengmai village survived the Japanese occupation. A visitor in 1946 reported that an old clerk of Dr. McKean's was superintendent; the men had neat gardens of their own, the women were weaving on the handlooms of the north, and the children were singing at their school.

During all the years that I knew James McKean he had but one eye. That was no handicap to him. His mind took a comprehensive view of affairs and his humanitarian instincts led him to a neglected segment of humanity. There he found full scope for his medical training, his organizing ability, and his great energy. Leprosy patients in Siam and throughout the world have reason to be thankful that he lived and worked for them.

HENRY R. O'BRIEN, M. D.

DEATHS IN BRAZIL

The following recent deaths are reported by Dr. H. C. de Souza-Araujo: DR. FRANCISCO JORGE URSAIA, regional leprosy inspector of São Paulo state, died in December 1948. DR. RENAUSTO PEDROSA AMANAJAS, successor of Dr. Alfredo Bluth as medical director of the Lazaropolis do Prata, Pará state, died in February 1949. DR. GIOGENES REBELLO, Director of the Carpina colony at Parnahyba, Piauhy state, also died in February. DR. THEOPHILO BATINGA, who did much good work in the Colonia de Itanhenga, Espirito Santo state, died in June.

NEWS ITEMS

England: *Notification proposed.*—Recent press dispatches state that officials of the British Empire Leprosy Relief Association have proposed to the Ministry of Health that leprosy be made notifiable as a contagious disease, and that it be made a criminal offence for known cases to go without treatment. It was asserted that there are 300 cases in the British Isles, but that "the victims dread to reveal themselves." It was therefore proposed that a leprosy officer should be appointed and that notification should be made in confidence. "At present there is no provision at all for lepers under the national health scheme, and we know of cases which have unsuccessfully sought treatment." Stanley Stein, editor of the patients' magazine at the Carville leprosarium in Louisiana, is reported as having "branded" these statements as "pure propaganda" because the cases are all of people who got the disease elsewhere. "There is no record of any secondary case of leprosy in all of Great Britain," he is quoted as asserting.

Norway: *Leprosy cases.*—In December 1948 there was in Norway a total of 16 leprosy patients, 8 males and 8 females; 14 were at the old Pleiestiftelsen f. Spedalske Nr. 1 in Bergen and 2 in their homes in the country; both groups are equally divided as to sex. In 1948 one new case was discovered, in an old man born in Sweden and presumably infected there, but living in Oslo. The youngest of the patients is now 59 years of age, the oldest more than 90. —R. MELSOM

Sweden: *Leprosy cases.*—At the Havana Congress it was reported that leprosy in Sweden had decreased since the Cairo Congress, where it was reported that at the end of 1937 there were only 9 cases in the country. Of them, 6 are now dead; but on the other hand 3 new ones were detected in 1941, 1944, and 1945. The first one, who later died, was of the lepromatous type; the second was neural; the last one, an Estonian refugee, was also lepromatous. Thus the total number was 5 at the end of 1947. All were women, aged 73, 69, 65, 60 and 29 years respectively. Four were of the neural form and one was lepromatous. Two were hospitalized, while three were under supervision in their homes. The old Jaervsoe leprosarium was closed in 1940. Since the Congress another new case has been detected. This was an Estonian woman refugee, aged 41 years, lepromatous type who is under supervision in her home. At the end of 1948, therefore, there were six leprous persons in Sweden.

—J. REENSTIERNA

Malta: *Subsidies to familes.*—In an abstract of the report of the chief government medical officer of Malta for 1947, elsewhere in this issue (p. 155), it is stated that the subsidies to families of the inmates of leprosy hospitals amounted to £2,182. In reply to an inquiry it has been explained that the administration of "Outdoor medical relief" to these families is regulated on a four-weekly-period basis as follows: (*a*) where the patient is the head of the family and the only wage-earner, 83/- to the wife and 23/- with respect to each child under eighteen; (*b*) where the patient, though not the head of the family, is the principal wage-earner, rates varying from 64/6 to 74/- to either mothers, sisters, or daughters as the

case may be; (*c*) where the patient is not the principal and only wage-earner, rates varying from 37/- to 90/- to families having one or more male members in hospital.

Israel: *Representative visits Carville.*—Hope that the government of Israel would be able to establish a leprosarium employing modern techniques was expressed, it is said by Dr. Felix Sagher, associate in dermatology at the Hadassah University Hospital in Jerusalem, after a week's visit to Carville. Such a hospital would have to meet local requirements and would probably have to be on a partly self-sustaining basis. Until the establishment of the Jewish state there had been no public care of leprosy patients, but with the help of the University Hospital and Hadassah, the women's Zionest organization of America, the new government is seeking a way to manage their leprosy problem. There are about 100 Jewish patients, and some 200 to 300 Arabic patients.

Argentina: *"A World Within the World" exposition.*—Under the auspices of the Asociación Caballeros de San Lázaro (Knights of San Lázaro), the inmates of the General Rodriguez Colony inaugurated on November 23, 1948, in one of the leading art galleries in Buenos Aires, an exposition of posters (*affiches*) which continued until December 11. The purpose, in the words of the catalog, was: "In order that the imaginary walls which have been raised between us and the world may crumble, and that the lack of understanding and the ignorance of the real social aspects of the disease may be lessened, so that in the eyes of society the victims shall no longer be cursed beings but shall be regarded only as patients."

—G. BASOMBRIO

Brazil: *New leprosarium.*—On March 26 last, at Aguas Claras, in the state of Bahia, there was inaugurated a new colony, named the "Colonia Rodrigo de Menezes" in honor of the founder of the first leprosy hospital of Brazil, built in 1787 at Salvador, Bahia.

—H. C. DE SOUZA-ARAUJO

Puerto Rico: *Leprosy clinic.*—In the annual report for 1947 of the School of Tropical Medicine, the Department of Dermatology and Mycology, headed by Dr. A. L. Carrión, reported that preliminary work on the treatment of leprosy with diasone, commenced in the previous year on a small group of outpatients attending the University Hospital Dispensary, had been continued. The treatment had had to be discontinued for variable periods in all patients, at one time or another, for different reasons but especially because of the anemia induced by the drug.

Virgin Islands: *Christiansted leprosarium.*—In an item published three years ago [THE JOURNAL **14** (1946) 143] it was stated that 15 years previously there were 83 patients in the Municipal Leper Colony at Christiansted, but that the number had been reduced to 46. The following is taken from a part of a report written by Dr. F. A. Johansen after visiting the place late in 1947.

The leprosarium, located 1½ miles west of Christiansted on 8 acres of land bordering the Caribbean, comprises 14 dormitory buildings of 3 to 4 rooms each and 2 ward buildings, with a total bed capacity of about 70, and 7 other buildings: administration, containing the doctor's office, etc.; nurses' home; patients' dining room and kitchen; laundry; storage

building; and Catholic and Protestant churches. All are single story structures of cement and stucco construction, and were built prior to 1934. There were only 38 inmates at the time, 19 women and 19 men. The majority were from St. Croix and St. Thomas, but one or two were from the neighboring West Indies. It appeared from my survey that leprosy is not on the increase, and therefore the present capacity of the leprosarium would appear ample. Quite a number of the patients were receiving sulfone therapy, which had been instituted in March 1946, the majority taking promin, several diasone. The improvement noted was comparable with results obtained at Carville for the same period of time and considering the stage of the disease, many of the patients being advanced lepromatous. I was impressed with the high class of medical personnel and their interest and care of these patients.

United States: *U.S.P.H.S. study grants.*—A comprehensive report on research grants awarded through the National Institutes of Health since the inauguration of the grants program in 1946 (Publ. Health Rep., Suppl. 205, revised 1948), shows that a total of 1,081 projects of twenty-four main categories have been supported, the number of actual grants being 1,762 and the amount of money involved being $19,259,821. In the bacteriology section Dr. C. W. Carpenter, previously of the University of Rochester, New York, and now of the University of California in Los Angeles received four grants for studies on murine leprosy, totalling $29,131 for the three-year period from July 1, 1946 to June 30, 1949. We are informed by Dr. Carpenter (an abstract of whose report appears elsewhere in this issue) that a further grant-in-aid had been made available for the fiscal year 1949-1950.

Discharged patient broadcasts.—Newspapers of New York city have recently reported talks on the "Experience Speaks" radio program in which a young man who goes under the name of Nick Farrel, a name familiar to readers of the Carville *Star*, told of his personal experience with leprosy and its treatment by promin as a result of which he was released last October after five years of life in the leprosarium. His message was that leprosy is of such low infectiousness that isolation is unnecessary; and he was going to spend the rest of his life spreading the truth about the disease to "restore dignity to the people everybody shuns."

On the same program, which went out over a 400-station radio network, Senator Claude D. Pepper, of Florida, spoke of the national leprosy act which he had sponsored before the Congress. That measure, it is reported, would authorize the Public Health Service to treat leprosy in ordinary hospitals and in patients' homes; to build a $1,5000,000 treatment center; to provide $20,000 a year in dependency allowances for quarantined victims; to receive $100,000 in research for each of the next two fiscal years; to grant $100,000 in aid of research in 1951; and to provide vocational rehabilitation and reemployment.

Discharges from Carville.—No less than 52 patients were discharged from Carville in the fiscal year ending July 1, 1949, according to press reports seen. That figure, materially greater than the 34 for the previous year, pertains to an institution where the entire patient body numbers slightly less than 400. These results are ascribed to the sulfone treatment, which was begun in 1941; since 1944 a total of 149 patients so treated have been discharged, the majority of them after 3 to 3½ years of treatment. As yet only 3 of these cases have been readmitted because of reactivation of

the disease. Of the 52 patients released last year 46 were classed as "arrested"; the others were noninfectious cases released with the approval of the respective state health officials to continue treatment at home. Another report has stated that encouraging results are being obtained with a new sulfone derivative which as yet has no name; no information about it has been obtained.

Society visits Carville.—During the 44th annual meeting of the American Society of Tropical Medicine, held in New Orleans in December 1948, members visted the national leprosarium at Carville. Dr. F. A. Johansen, medical officer in charge, and his staff gave a clinical demonstration of leprosy, which was followed by a discussion of its epidemiology by Dr. J. A. Doull, of the Leonard Wood Memorial.

Beauty salon at Carville.—New Orleans newspapers have carried with banners a story of plans to install "an ultramodern, fully equipped beauty salon" in the Carville leprosarium ". . . words of magic to the nearly 400 patients." There are already among them— as, it may be interpolated, there are at not a few other such institutions—several "beauticians" with practical working knowledge whose services are much in demand especially before each party or sports event, but the salon in prospect is to be a much more elaborate matter. With the approval of the president of the state board of health, a lady who is a member of the subordinate board of control of cosmetic therapy is spark-plugging this development, which is expected to "offer training opportunities as well as the enjoyment of beauty treatment."

Hawaii: *Hospitalization of tuberculosis.*—A bill providing for compulsory hospitalization or isolation of persons with infectious cases of tuberculosis who refuse to accept treatment or to take precautions against spreading the disease was passed by the territorial legislature this past year, it has been reported.

New Zealand: *Pacific Science Congress.*—The seventh of these congresses met at Auckland and Christchurch, New Zealand, between February 2 and 22, 1949. The organizing secretary of the section on public health and nutrition was Dr. T. R. Ritchie, Director-General of Health, Wellington, and the secretary was Dr. A. W. S. Thompson, of the Health Department, Auckland. Of the several symposia, the first in the list seen [*Tropical Medicine News*] was "Medical Problems Affecting Indigenous Populations in the Pacific Area," and the second of the numerous diseases mentioned was leprosy.

Philippines: *A fund-raising concert.*—Sponsored by the President of the Republic, The Honorable Elpidio Quirino, and attended by him and a large gathering of Manila society, the Manila Symphonic Society held on January 18th a gala benefit concert for the benefit of ex-patients of leprosaria (though a different, and to many people a new objectionable, terminology was used in the announcements). The plans for the charity project to be undertaken, it was stated, include improvement of the "Negative Barrio" on the outskirts of Cebu. A decade and more ago the Philippine Red Cross put up a very decent if impermanent little establishment there for discharged patients of the Cebu and Culion leprosaria who had no other support. During the war period, from natural causes more than the bomb or two which fell there, it deteriorated into a parlous state and still awaits rehabilitation.

China: *Advertized appreciation.*—Mrs. Martin Hurst McGery, wife of an American vice-consul who had been stationed in Kunming but had been transferred to Chungking, was the subject of a newspaper advertisement of gratitude and praise paid for by the 121 inmates of the Kunming municipal asylum whom she had once helped nurse.

Korea: *Leprosaria in operation.*—The present government of South Korea, according to a letter from Dr. A. G. Fletcher, is continuing the leprosy colony on Deer Island which the Japanese established long before the war; some 6,000 patients are cared for there, which makes it now the largest colony in the world. The two Mission to Lepers institutions located at Taiku (developed by Dr. Fletcher himself) and at Yoshu (developed by Dr. R. M. Wilson) are being operated again as before the war. The Severence Union College and Hospital in Seoul, which previously has done nothing with leprosy patients, plans to erect a temporary building for 300 outside of that city with the hope that, in connection with the care of them, there may develop a center for teaching and research in which members of the faculty of the college and other medical schools may cooperate.

Japan: *New leprosaria?*—A report on the status of medicine in Japan, by an American Medical Association mission [*J.A.M.A.* **139** (1949) 1277], states that military and navy hospitals had been converted to "general hospitals, tuberculosis sanatoriums and leprosaria." [Any reader who has any specific information on this matter—or, in fact, anything else pertaining to leprosy in Japan—is invited to share it.—EDITOR.]

La Lepro.—There have been received at the editorial office, as one of the exchanges effected through the International Exchange Service of the National Diet Library, Tokyo, the four issues of Vol. 16 (1947) of *La Lepro,* the official organ of the Japanese Leprosy Association. These are the first to have been seen since Vol. 11 (1940); it would appear that in the six-year interval four volumes were published. This periodical is now printed on incredibly poor paper and is extremely thin. Each of the four issues received consists of only 16 pages and contains, besides what is obviously editorial matter, seven articles each limited to two pages on the average. It is entirely in the Japanese language, with none of the foreign-language summaries which made the pre-war periodical useful to outsiders. An effort is being made to arrange for translation of at least the titles and authors' names, to obtain an idea of what is being written in Japan.

India: *Research institute planned.*—The central government of India contemplates, we are informed, establishing an All-India Institute of Leprosy Research. An official committee has been visiting various leprosy institutions in the country with a view to deciding where the research institute should be located.

PERSONALS

DR. C. J. AUSTIN, superintendent of the Makogai leprosy settlement in the Fijis, has been on leave in the United Kingdom for some months.

DR. HULDAH BANCROFT, Assistant Editor of THE JOURNAL, has recently received a full professorship in biostatistics in the Tulane University

School of Medicine, where she has been located since 1947. She has been appointed Consulting Statistician to the medical director of the Leonard Wood Memorial on a per diem basis. She has recently spent some time at the Carville leprosarium, advising the staff on statistical matters and assisting in the coordination and simplification of their statistical records and reports.

DR. GUILLERMO BASOMBRIO has been elected vice-president of the Asociación Dermatológica Argentina.

DR. ROBERT G. COCHRANE, who has recently been in charge of clinical research at the Lady Willingdon Leprosy Hospital at Chingleput, Madras, is spending some months on leave in the United Kingdom.

DR. DHARMENDRA, director of the leprosy research department of the School of Tropical Medicine, Calcutta, is among those honored with the Carlos J. Finlay decoration by the President of Cuba.

DR. DAVID C. ELLIOTT, for several years in charge of the eye, ear, nose and throat work at the Carville leprosarium, is now retired from the U.S.P.H.S. and is with the Veterans Administration with headquarters at Fort Snelling, St. Paul, Minnesota.

DR. JOSE M. M. FERNANDEZ, of Rosario, Argentina, and also Sra. Fernandez who is known to many as his active assistant at the Cairo and Havana congresses, together with their children, have been ill and incapacitated for some months because of trichinosis acquired during a visit into the hinterland.

DR. GEORGE L. FITE, Senior Surgeon, U.S.P.H.S., for some years in charge of the laboratories of the Carville leprosarium, under assignment from the National Institutes of Health, U.S.P.H.S., in Bethesda, Maryland, has been recalled to that institution where, in the Section of Animal Pathology, Laboratory of Pathology and Pharmacology, he continues to maintain an interest in the problems of leprosy. For the present DR. H. H. GRAY is acting chief of laboratory activities at Carville, and DR. LAWRENCE L. SWAN, chief of laboratory activities at the U. S. Marine Hospital in New Orleans, has been designated consulting chief of pathology at Carville and visits the institution periodically.

DR. J. ROSS INNES, intraterritorial leprologist for East Africa, has recently been on leave in the United Kingdom. In explanation of his unique position, it has been learned that he is a Government officer, originally engaged by the Colonial Office with the aid of the British Empire Leprosy Relief Association—which contributes to the Government a part of his salary, in consequence of which he also represents it directly as a member —and is working under the East Africa High Commission.

DR. LAURO SOUZA LIMA, of São Paulo, Brazil, has given up the directorship of the Sanatorio Padre Bento, which he held for many years, to take charge—in the same place—of the clinical work of the Experimental Treatment Section of the recently organized Instituto de Pesquizas Terapeuticas. In that work he has under his care all of the children, an adult clinic, and also the Lapa Dispensary, a leprosy outpatient clinic in the city of São Paulo. DR. FRANCISCO AMENDOLA is now the director of Padre Bento.

DR. JOHN LOWE, in charge of the BELRA leprosy research unit at Uzuakoli, Nigeria, has been in the United Kingdom on furlough for some months.

DR. JAMES L. MAXWELL, who was in England on furlough from China when the war in the Pacific began and who spent some six years in private practice there, returned to China early this year for the purpose of taking over the leprosy work in Hangchow. At the time of writing (June 5th) nothing has been heard of him since the recent revolutionary changes there.

DR. S. J. BUENO DE MESQUITA, of Paramaribo, the senior leprosy worker in Surinam, is spending eight months this year on a study tour in Rio de Janeiro and São Paulo, Brazil.

LT. (jg) JACK W. MILLAR, MC, USN, medical officer in charge of the central leprosarium of the Central Pacific Trust Territory on Tinian Island, Marianas, has recently spent several weeks in the Philippines observing leprosy work at Culion and Manila.

DR. E. MUIR, on his return to India after an absence of fourteen years to take over the position of medical superintendent of the Purulia Leprosy Home and Hospital of the Mission to Lepers, was given a hearty welcome by the leprosy workers of Calcutta and other parts of Bengal, Dr. Dharmendra has reported. A tea party was given in his honor at which nearly one hundred workers were present.

DR. JOHN REENSTIERNA, having on November 1, 1947, reached the age limit of 65 years, retired from the chair of bacteriology at the University of Upsala. He has received several invitations to undertake work in connection with leprosy in other countries, among them Brazil, but no definite arrangement for such an undertaking has been made.

DR. ALBERT SCHWEITZER, seventy-four-year-old missionary, physician, philosopher, theologian and musician, "regarded by many as one of the world's greatest men," has recently spent some weeks in the United States where his visit was welcomed by the Albert Schweitzer Foundation, which helps support his work among African natives, and received much attention in the press. For the past thirty-six years he has worked in French Equatorial Africa, where at Lambaréné he built a hospital which has 350 *couchettes* or reclining places for natives—who won't sleep between sheets—and 20 beds for Europeans. His activities have included some leprosy work, concerning which he is quoted as saying: "When I return to Africa we are going to try a program for leprosy. We have 150 lepers now, and it is a different problem, as they must be kept upwards of a year, and they come with their wives and children and dogs and chickens. The leper is the saddest of all creatures. You can give the others hope, but the leper knows what he has."

DR. ROLF VON SCOREBRAND, who spent some two years at the Kalaupapa Settlement in Hawaii before going to Okinawa as medical director for a civilian construction concern, is reported to be slated for the position of director of public health and welfare, Military Government, Ryukyus, heretofore held by officers of the Medical Corps, U.S.A., according to news from DR. K. IYESAKA, director of the Airaku-en Leper Colony of Okinawa,

who says it is expected that under his administration there will be a closer unification of the three leprosaria which exist in that region.

BRIG. GEN. JAMES STEVENS SIMMONS, dean of the Harvard School of Public Health, Boston, has been elected chairman of the advisory medical board of the Leonard Wood Memorial (American Leprosy Foundation). In March he was awarded the Legion of Honor by the French Government in recognition of his contribution as the wartime chief of the Preventive Medicine Service of the United States Army. [J.A.M.A. **140** (1949) 236.]

DR. G. O. TEICHMANN, for some time medical superintendent of the Purulia Leprosy Hospital, has returned to England permanently for reasons of health and has gone into practice there.

DR. L. H. WHARTON, medical superintendent of the Mahaica Leprosy Hospital in British Guiana, has gone on prolonged leave and DR. A. RELWICZ has been appointed to act in his absence.