

NEWS AND NOTES

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

LEPROSY AT THE SECOND WORLD HEALTH ASSEMBLY

The Second World Health Assembly held in Rome last June, which was attended by Dr. R. Chaussinand as an observer representing the International Leprosy Association and Dr. Robert G. Cochrane as expert adviser to the delegation of India—from both of whom, as well as from Dr. J. A. Doull, of the Leonard Wood Memorial, information has been received—gave recognition to the leprosy problem. It appears that WHO did not contemplate, for 1950, more than consultation by correspondence, as shown by an official statement (Actes No. 18, p. 140; 7.5.4.6. Lèpre; translated):

Nature and scope of the problem.—The First Assembly recommended that the WHO take up the study of leprosy, a disease which is endemic in tropical countries and which causes prolonged suffering and progressive invalidism and affects many millions of victims.

Work accomplished.—Leprosy has in the past held the attention of two international benevolent organizations, as well as of the League of Nations which undertook a study of the disease in the world and organized a committee of experts.

Program for 1950.—While it is not proposed to convoke a committee of experts in 1950, the WHO is keeping apprised of theoretical and practical researches with a view to an eventual international coordination. It is planned to establish a group of experts in order to collect, by correspondence, a preliminary documentation on the subject. The information received, especially on the subject of the results of the new remedies, will be communicated to the health administrations concerned and to the medical world by means of appropriate publications.

The delegation of the Government of India having decided to make a proposition concerning leprosy, it has presented . . . estimates.

The plan originally submitted by the delegation of India called for a total budget of \$148,000, which was found by preliminary inquiry among the delegations to be regarded as too large an amount. One feature, a proposal for a world center for leprosy research concerning which the advice of the contemplated expert committee would be sought, apparently found no favor in any delegation; but it was nevertheless retained. A revised budget totalling \$122,540 (\$53,225 for personal services, including two salaried persons in the headquarters secretariat, and

\$45,000 for consultants including exchange specialists; \$2,515 for allowances; \$16,800 for travel and transportation; \$20,000 for supplies and equipment; and \$30,000 for "expert advisory committees") was exhibited in connection with the following proposal, which was as follows: *

(1) That an Expert Committee with the maximum number of nine be established and that provision be made for two meetings of this Committee in 1950; (2) that the question of the establishment of a World Centre for Research in Leprosy be referred to the Expert Committee for consideration and report; (3) that provision be made for the exchange, during 1950, of four selected leprosy workers from among the existing Leprosy Institutes in different countries; (4) that provision be made for making available three experts for an average period of eight months in each case to countries requiring guidance in the development of anti-leprosy work; (5) that leprosy be included in the Fellowship Programme, and (6) that provision be made for the free supply of sulfones and other new leprosy drugs for control trials by selected leprosy workers under the conditions to be laid down by the Expert Committee.

The discussion of leprosy before the Program Committee of the WHO was to have been on June 20, but to permit Dr. Cochrane to reach Rome it was postponed until the 24th, at 8:30 p. m. Dr. Chaussinand was invited to open the discussion. The official summary of the proces-verbal of that session, with the final decision of the Program Committee, is reproduced here:

DR. CHAUSSINAND (*Observer, International Leprosy Association*) said leprosy was still one of the chief scourges of humanity, the total number of cases of leprosy in the world being estimated at about 5,000,000. Such an estimate was probably very far from the truth. How could it be otherwise when the early manifestations of leprosy were hard to detect and the registered cases were often those of people who were unmistakable sufferers? Probably more than six million individuals distributed chiefly in tropical and subtropical zones were infected with leprosy. In spite of considerable efforts by governments of those countries, the disease was steadily increasing in many districts.

With the help of modern potential therapeutic resources leprosy should become a rare disease in the next twenty years provided an enlightened and well organized anti-leprosy campaign could be put into operation. Leprosy was practically noncontagious in its initial stages, and if treated then could at least be "whitened" after two years treatment. Leprosy was moreover a disease which was not easily transmitted. To escape infection it was generally enough to avoid intimate and prolonged contact with infected persons.

Too stringent legislation against leprosy would, however, encourage sufferers to avoid detection. Protective measures should therefore be similar to those taken against all social plagues, and include the education of doctors and population groups, discreet case finding, speedy treatment

* The memorandum which accompanied the proposal is not reproduced here, the space being given to the discussion of the project.

and the hospitalization of incapacitated patients who were destitute or dangerous to the community. Unfortunately many countries where leprosy was rife did not have either sufficiently qualified medical personnel or required funds for financing such a programme. Leprosy control was therefore a problem which merited the particular attention of WHO. Action in that field could take the form of co-ordinating the research work undertaken in the various countries. The following subjects should be dealt with: culture of the pathogenic agent, etiology, and also the method by which infection was transmitted, epidemiology, study of allergy, drawing up of an international classification, research on chemo-therapy, etc. WHO could also make arrangements for training specialists and have therapeutic work carried out by qualified leprosy experts in the various countries.

Finally, the International Leprosy Association was entirely at the disposal of WHO for the implementation of any programme for the control.

PROF. DUJARRIC DE LA RIVIERE (*France*) stressed the urgency of the leprosy problem. The stage seemed now to have been reached where that disease could be mastered through the advances made in chemo-therapy and especially in work on sulfones. He had read with extreme interest the memorandum submitted by the Indian delegation and would add to the problems stressed therein those of laboratory researches which would lead to more definite knowledge of chemo-therapy.

DR. COCHRANE (*India*) said the subject of leprosy had assumed a position of importance in scientific medicine within the last twenty-five years and governments had shown an increasing concern for an adequate scientific approach to the problem.

The incidence of the disease was high in most tropical and subtropical countries and as a result of World War II it might become an increasing problem both in the United States and United Kingdom. Estimates as to the number of cases of leprosy in the world had varied from 3 to 5 million. The latter figure was considered by some to be too low. Africa, for example, had some 900,000 cases, Europe 21,000, the Americas 100,000 and the islands of the South Pacific 10,000. The greatest number of cases, however, was to be found in the Far East, particularly in China and India. India's concern in the problem was increased by the fact that possibly 20 per cent of the world's leprosy patient population was to be found within the confines of that dominion.

The first section of his delegation's resolution emphasized the need for an expert committee. It was most important, for the success in the fight against leprosy was dependent on the co-operation of the administrator, the research worker in the basic sciences of pathology, bacteriology and biochemistry, and the epidemiologist, all working alongside the leprologist. The creation of an expert committee would encourage greatly such co-operation.

The second section of the resolution referring to the establishment of the World Centre for Research in Leprosy recommended that that should be left to the expert committee when formed. He doubted whether the time was opportune for the establishment of such a centre, but if, as a result of the present resolution, increased aid became available for national research institutions in countries where leprosy was endemic, it would be a source of great encouragement.

Referring to sections (3) and (4), he stressed that valuable work in the field of epidemiology had been carried out in the Philippines by the

American Leprosy Foundation and that, though Indian workers had done much in the same field, assistance from expert epidemiologists was greatly needed.

The subject of rehabilitation and social welfare had rightly received attention during the last two years. The South American countries, as well as India, had shown considerable initiative in exploring the social implications of leprosy and both countries had produced leaders in the field of social welfare. Even if a certain cure were found for leprosy, the problems of rehabilitation, occupational therapy and relief of deformity would remain.

The provision in section (3) for the exchange of workers was most timely. The only sure way of unravelling many of the questions which were still controversial, was for experienced workers in one country to visit those of another country, so that by friendly association and through private conversation differences of opinion could be straightened out.

The inclusion in section (5) of leprosy in the Fellowship programme would be received with great enthusiasm by leprologists.

Section (6) of the resolution dealt with therapy. Here acknowledgment should be made to pioneer workers in the United States and later in South America who had led the way in the new sulfone therapy. Reports received up to now had shown that excellent results could be hoped for from the drug. However, its use would be of little avail unless the following conditions were satisfied: it should be inexpensive, non-toxic and easy to administer. Research work in India, Malaya and North Africa showed that those conditions could be fulfilled with regard to sulfone therapy. Section (6) was aimed at giving financial encouragement to experiments in that new method.

Finally, if the resolution were accepted it would herald the opening of a new era in leprosy as productive of good as any in the past and would hasten the day when leprosy would be yet another scourge of mankind which co-operative human effort had conquered.

DR. RAE (*United Kingdom*), supporting the Indian proposal, thought WHO should take active steps to eradicate the scourge of malaria [leprosy?] which affected the whole surface of the globe. Twenty-five years' experience in the field of leprosy had shown him that the figures usually given for leprosy cases in the world were by no means exaggerated. He would, however, stress two points with regard to the Indian resolution: (1) the fact that leprosy was an extremely complex problem and (2) that the awarding of fellowships should form an important part of WHO's programme.

DR. DOWLING (*Australia*), after commending the Indian delegation for having introduced its resolution on leprosy, said Australia would be glad to support any action envisaged to combat that disease. There had been a considerable increase in the incidence of leprosy in Asia and particularly among the aboriginal population of tropical Australia. The use of new chemo-therapeutic methods mentioned in the resolution should do much to reduce the disease.

DR. RODHAIN (*Belgium*), while agreeing in general with the Indian proposal stressed that the principle underlying section (2) was a prudent one. Indeed, if a world centre for research in leprosy were established too quickly the smaller national bodies working in that field might feel discouraged.

The CHAIRMAN (DR. H. HYDE, *U. S. A.*) thought that paragraph 2 was not wholly consistent with the statement on research policy previously adopted, and asked the Indian delegate whether he would agree to deleting that section for the moment and having it discussed at a later stage.

DR. RAJA (*India*) agreed.

DR. GEAR (*Union of South Africa*), while agreeing that leprosy constituted an important problem in many regions of the world thought it might be better if, under Article 50(f) of the Constitution, the leprosy programme be carried out by regional offices (in particular that of South-East Asia) rather than by WHO itself.

DR. PAULA SOUZA (*Brazil*), after thanking Dr. Chaussinand for his well presented paper, stressed the considerable interest taken by Brazil in the problem of leprosy. The disease had been studied very seriously in his country and had been treated not only from the medical point of view but had become an integral part of public health work. Such treatment had incorporated the most modern ideas and laid stress on the educational side of the problem. Thus, patients were attracted to villages and colonies sponsored by the government where they received good treatment and lived completely normal lives. The treatment of leprosy patients in Brazil was perhaps more humane than in any other South American country. The treatment of leprosy was not confined to specialists but formed part of the stock in trade of the general practitioner who was trained always to guard against the possibility of leprosy diagnosis. In short, Brazil was doing its utmost to eradicate the disease.

DR. RAJA agreed with the delegate of the Union of South Africa that there were numerous opportunities for the South-East Asia Office to take over the leprosy programme from WHO, but thought it nevertheless unfair that that office should bear the whole cost of a project which would benefit many other parts of the world.

DR. DUREN (*Belgium*) stressed that leprosy was a world problem rather than a regional one and that therefore the proposed expert committee should be given the same scope as the expert committee on tuberculosis.

DR. GEAR agreed that leprosy was an important problem in all regions of the world. In his suggestion he had really meant that the South-East Asia Office should make a start with the programme, which would be continued by other regional offices. However, as his proposal had not received support, he would not press it.

DR. KAUL (*Secretariat*), referring to section (1) of the Indian resolution, thought one meeting would suffice for the expert committee during the first year of its existence. Secondly, if section (1) were accepted, leprosy would automatically be included in the WHO fellowship programme. Thirdly, as regards section (6), the question of drugs and equipment might better be discussed under the item of the agenda dealing with that subject.

The CHAIRMAN thought that section (6) might be adopted immediately provided the word "free" were omitted.

DR. RAJA said he had included the word "free" as in his view the supply of drugs for experimental purposes and research was not the same as the supply of drugs in relation to programmes. He would agree to the deletion of section (2) if that were the will of the committee. On the question of the number of meetings, his delegation had considered that the first meeting of the expert committee should be a preliminary one, and

that a further meeting in the same year might be useful. However, if the experience of the Secretariat showed that one meeting would be sufficient, he would agree to alter the resolution accordingly. Finally, he was glad that, if the resolution were adopted, leprosy would be included in the fellowship programme.

Decision: The Indian draft resolution on leprosy (A2/40/Add.1) was adopted, subject to the above amendments.

During the tenth plenary session, on June 30, 1949, the Second Assembly adopted the proposal of the Program Committee, in the following terms:

1. That an expert committee with the maximum number of nine be established and that provision be made for a meeting of this committee in 1950;
2. That provision be made for the exchange during 1950 of four selected leprosy workers from among existing leprosy institutes in different countries;
3. That provision be made for making available three experts for an average period of eight months in each case to countries requiring guidance in the development of anti-leprosy work;
4. That provision be made for the supply of sulfones and other new leprosy drugs for control trials by selected leprosy workers under the conditions to be laid down by the expert committee.

With regard to the financing of this proposed program, it was not included in the regular budget, but put into the supplementary one the carrying out of which will depend upon further appropriations to WHO by the member countries—which may or may not be made. Even if they are made, nothing can be done in the way of inaugurating the program before the second semester of 1950.

—R. CHAUSSINAND.

ALL-INDIA LEPROSY WORKERS' CONFERENCE

HELD IN CALCUTTA, DECEMBER 29 TO 31, 1948

This second session of the Conference, of which the first was in Wardha in 1947, was held under the auspices of the West Bengal Branch of the British Empire Leprosy Relief Association (Indian Council), with the Minister of Health, Government of India, presiding. It is reported in full in the 122-page April (1949) issue of *Leprosy in India*, according to which it, like the first one, was of value in stimulating interest in antileprosy work and in bringing the workers together. It is intended that the event shall be a regular feature hereafter, albeit biennially instead of annually. The published list of 92 delegates, representing Assam, West Bengal, Bihar, Bombay, Central Provinces, Hyderabad, Madras, Orissa, United Provinces, Baroda and Delhi, plus seven men listed as "foreign" (from England, China, Burma,

Ceylon, Eastern Pakistan and Nepal), constitutes a valuable "Who's Who" of leprosy men in India.

At the opening session there were addresses and speeches by H. E. Dr. K. N. Katju, Governor of West Bengal; Dr. A. C. Chatterji, Director of Health Services, West Bengal; the Hon'ble Rajkumari Amrit Kaur, Minister of Health; and Drs. Jivraj N. Mehta and E. Muir. The three scientific sessions were devoted to (a) treatment, (b) control, and (c) histopathology and classification. The report gives briefly the substance of each paper and of the discussions and then, as an appendix, a selected group of them (13) in full. The list of papers read, as indicated by this report and abstracts received from Dr. Dharmendra, follows below; the discussions are too lengthy to reproduce in full or to extract for points of general interest. (An asterisk following a title signifies that the article has been published, and a dagger signifies that an abstract appears in this issue.)

FIRST SCIENTIFIC SESSION; TREATMENT

COCHRANE, R. G. General principles in the treatment of leprosy with particular reference to sulfones. †

DHARMENDRA. Some observations on the treatment of leprosy with the sulfone drugs.* †

CHATTERJEE, S. N. Injection of sulphetrone and diasone in leprosy (a preliminary study).* †

TEICHMANN, G. O. A review of patients treated with large doses and small doses of hydnocarpus oil for nine years.†

*ROY, A. T. Triumph of hydnocarpus oil; a study.†

SECOND SCIENTIFIC SESSION; CONTROL

MUIR, E. Control of leprosy.* †

CHATTERJEE, S. N. Control of leprosy in India.* †

JAGADISAN, T. N. If tomorrow we were sure of a specific for leprosy? * †

SEN, P. Leprosy in Calcutta.* †

BOSE, D. N. Development of anti-leprosy campaign in the Asansol Mining Settlement.* †

RAMAKRISHNAN, N. Welfare work for leprosy patients.* †

SEN GUPTA, S. C. A scheme for the control of leprosy.†

GANGUEY, B. B. General principles of control of leprosy and their practical application in a province, especially in U. P.†

SINHA, S. N. Control of leprosy and its relation with rats.†

THIRD SCIENTIFIC SESSION; HISTOPATHOLOGY AND CLASSIFICATION

DHARMENDRA. A note on the histopathology of leprosy.* †

COCHRANE, R. G. Some brief comments on the classification of leprosy. †

DHARMENDRA. Some comments on the classification of leprosy recommended by the Havana congress.* †

(Note: It is stated in the report that papers on the control of leprosy were read by Drs. Figueredo and D. N. Mukherji, but no other mention is made of them. On the other hand, a two-page article by Dr. B. B. A. Dalal, on "Leprosy and its relief in the industrial town of Jamshedpur," is published in the Conference issue of *Leprosy in India* (pp. 90-92), but it is not mentioned in the report of discussions and no abstract is available.)

RESOLUTION ADOPTED

The 16 paragraphs of resolutions cover a wide range of subjects, several of purely local significance or pertaining to methods of publicity and control efforts. Persons with noninfective forms of leprosy should not be discharged from their employment, as they are not a source of danger to the community. Those with infective leprosy should be "granted leave" indefinitely from their employment for treatment, and be reemployed when officially declared noninfective. Governments should prescribe and enforce proper standards for leprosaria. Duty-free entry of sulfone drugs is recommended. The plan to establish an All-India Leprosy Institute is approved, with the recommendation that there should be two branches in different parts of the country. There should be established a diploma course in leprosy lasting at least six months; and other recommendations for special training are made. The resolution of the Havana Congress that the word "leper"—and its equivalents in other languages—should be avoided is endorsed. An invitation of Madras workers that the next session of the conference, toward the end of 1950, should be held there was accepted.

—H. W. Wade

THE THIRD PAN-AMERICAN LEPROSY CONFERENCE

Formal announcement has been made of the projected Third Pan-American Leprosy Conference, to be held in Buenos Aires, October 8 to 14, 1950, as previously reported to us by Dr. Guillermo Basombrío. The Organizing Committee, enumerated in Bulletin No. 1, comprises 31 persons representing all of the leprosy institutions and allied interests in all parts of the country. The executive secretary of that committee is Dr. Carlos F. Guillot, located at the center of the antileprosy service, namely, the Dirección de Dermatología, Ministerio de Salud Pública, Ayacucho 1477, Buenos Aires.

The Organizing Committee, it is announced, deems it best to select a limited number of definite subjects for discussion, listed below, and recommends that the studies to be presented be confined to them.

1. Classification of subtypes.
2. Lepra reaction in the different forms of leprosy; pathogenesis, treatment and prognosis; influence on the later evolution of the disease.
3. Reversability of the clinical forms and of the response to lepromin.
4. Social assistance of leprosy patients and their families.

Papers on subjects not included among the official themes will be submitted to the Board of Directors which, depending on

their importance, usefulness or excellence, may or may not accept them for discussion.

The regulations of the Conference are still being formulated, but the following ones which have been adopted are set forth in this bulletin.

Papers shall be typewritten, double-spaced, and not longer than ten sheets of official-size paper.

They should have abstracts or summaries, 400 to 600 words in length, which will permit complete comprehension of the material treated.

They should be in the hands of the Organizing Committee, at the address given above, before May 1st, 1950.

That date has been set in order that the papers may be printed and in the hands of the delegates two months before the conference. The purpose is that the scientific contributions may be read and studied so that they may be dealt with and discussed fully and advantageously in committees and plenary sessions, thus making it possible for definite conclusions to be arrived at.

INSTITUTO NACIONAL "BALDOMERO SOMMER"

The Argentine Government, in compliance with the recommendations of the Havana Congress, has changed the sanatorium-colony at General Rodriguez, near Buenos Aires, to the category of "institute" as of March 15, 1949. Besides the assistance and treatment of patients, the purpose of the institute (according to Dr. G. Basombrio) are scientific investigation, clinical practice and leprosy teaching, not only for the doctors of the country and for foreign holders of scholarships, but also for nurses, medical students, employees of the census, and others. This new institute will be under the Direction of Dermatology, which is a branch of the Ministry of Public Health. Dr. Héctor Fiol, the present director of the sanatorium, will manage it.

The decree of the Ministry of Public Health which created the institute, a copy of which has been supplied by Dr. Fiol, points out that the department lacks any organization possessing facilities for clinical and laboratory investigation and experimentation, whereas such a one is needed in compliance with the recommendations of the Havana Congress. Because such investigations must necessarily be carried out on patients who, because of the nature of their disease, are in confinement, and because the Baldomero Sommer leprosarium is best suited to the purpose because of its size, location and facilities, it has been selected for the purpose. The need is recognized of creating a technical organization for specialization by both resident and nonresident physicians, and for the training of other employees required

for the antileprosy campaign; and there is an indication that fellowships may be granted to—or positions created to be filled by—foreign physicians who may wish to extend their training. The present Instituto Central de Dermatología differs fundamentally from the projected institution by definition and by the spirit of the motives which actuated its creation, which are the diagnosis, and classification (etc.) of cases and the examination of contacts and suspects, and therefore it could not undertake to carry on the new activities planned although it will operate under the Division of Dermatology. The Director of the Baldomero Sommer institution was to submit within 60 days a plan of work for the current year, proposed internal regulations, and proposed technical, administrative and other personnel needed by the Institute to permit carrying out the new functions assigned to it.

FEDERAL LEGISLATION IN THE UNITED STATES

A proposed National Leprosy Act was introduced into the two chambers of the 81st United States Congress early in 1949, the intended purposes of which are indicated in the titles of the various sections: Dissemination of pertinent facts concerning leprosy; treatment of leprosy patients; rehabilitation and re-employment of leprosy patients; national advisory council on leprosy; financial assistance for leprosy patients and their dependents; compensation for disability incident to leprosy; and expansion of leprosy research. A similar bill had been introduced in the 80th Congress but did not emerge from the committee to which it was referred.

Public hearings, as reported by Dr. James A. Doull, disclosed differences of opinion between advocates of the bill and the representatives of the Federal Security Agency, of which the Public Health Service is a part, especially with regard to (1) the establishment of a National Advisory Council on Leprosy, because the surgeon general now has a National Leprosy Committee; (2) special arrangements for financial assistance, that being intended for a selected group of beneficiaries, and (3) specific grants for research on leprosy, because the Public Health Service is opposed to further extension of legislation allocating research funds for specified diseases, preferring to leave in the hands of administrative authorities discretionary power to choose the most promising fields. The principle of the bill, however, was endorsed by all and it was hoped that some agreement might be reached on the controversial points.

The bill (H. R. 4030) was dropped, however, and in June there was introduced into the House of Representatives a new

one (H. R. 5234) which was supposed to represent an attempt to reconcile divergent opinions. The titles, however, are identical with those of the original bill except for the deletion of the one concerning compensation for disability. As before, the first three sections (see above) are acceptable to all, according to Dr. Doull, but retention of the controversial provisions of the other bill make this one as unacceptable to the Federal Security Agency as the first one, and it is considered to have very little chance of passage.

Under existing law, the Public Health Service can disseminate information concerning any disease of man, can treat leprosy patients in any U. S. Marine Hospital, and can make grants for leprosy research. Actually, the present activities of the Service with respect to leprosy consist only in the operation of the excellent institution at Carville, Louisiana, and a grant of about \$11,000 annually for several years to one university investigator. An Advisory Committee on Leprosy was appointed several years ago by the Surgeon General, Public Health Service, but this committee has met only twice.

A subcommittee of the committee of reference which has this bill in hand held one public hearing on June 23rd, at which several men interested in the matter testified in favor of it, according to the *Carville Star*, but none of them represented the Federal Security Agency.

NEWS ITEMS

United States: Mission to Lepers to change its name.—The agenda of the 1949 annual meeting of the American Mission to Lepers, to be held in Boston in October, includes certain proposed changes of its articles of incorporation. One of them is to change its name to the "American Leprosy Missions, Inc." Another is a revision of its stated purpose. Originally reading: "... to institute and encourage national segregation of lepers whenever and wherever possible, and to represent in the United States of America, the Association known as the [British] Mission to Lepers..." it is proposed that it shall read "... to institute and encourage medical and social treatment of leprosy patients in accordance with the best known scientific principles; and to share with other organizations, notably the Mission to Lepers having its chief office in London, the widespread effort to extirpate leprosy from the world."

New Personnel, Leonard Wood Memorial.—Dr. James A. Doull, medical director of the Leonard Wood Memorial, has supplied for publication the following data on personnel of that organization. It has already been noted [see THE JOURNAL 17 (1949) (p. 151)] that Dr. Huldah Bancroft, recently made full professor of Biostatistics at the Tulane University School of Medicine, has been appointed consultant statistician to the medical director.

Clark T. Gray, Ph. D., has been appointed biochemist. Born in Norwood, Ohio, in 1919, Dr. Gray obtained the degree of B. S. in chemistry and biology from the Eastern Kentucky State Teachers' College in 1941, and the Ph. D. in the bacteriology department of the Ohio State University in 1949, having in the meantime had practical experience with two commercial houses and having held an alternate research fellowship of the National Tuberculosis Association and the Ohio Tuberculosis and Health Association. He has participated, as senior or joint author, in the preparation of seven papers, mostly in connection with the metabolism of mycobacteria. He will work in association with Dr. John H. Hanks at the Leonard Wood Laboratory, Department of Bacteriology and Immunology, Harvard Medical School.

Frederick Carl Kluth, M. D., Dr. P. H., has been appointed associate epidemiologist. Born in Chicago, Illinois, in 1913, Dr. Kluth started his collegiate work at Northwestern University but completed it (A. B.) at Western Reserve, from which university he obtained the degree of M. D. in 1938. At Johns Hopkins he earned the M. P. H. in 1940, and the doctorate in public health in 1949. In the interim he worked there under the Rockefeller Foundation (1940-42); served with the U. S. P. H. S. in venereal disease control in Charleston, West Virginia (1942-45); and as director of syphilis study and in other related capacities at Johns Hopkins (1945-49). He has participated in three published articles in the field of syphilis. Dr. Kluth has been detailed to the State Department of Health of Texas as research epidemiologist, with initial field headquarters at Corpus Christi and his first assignment—besides investigating reported cases of leprosy in Texas—is a study of the prevalence of scabies, impetigo and other common skin diseases in that city and later in the Rio Grande Valley, which work will involve the examination of large numbers of school children, food handlers, and others.

Veterans at Carville.—Up to August 1, 1949, a total of 44 veterans of the second world war had been admitted, says the current (July-August) issue of the Carville Star without indicating how many of them derived

originally from endemic areas. (Elsewhere in the same issue Dr. Robert Stolar of Washington, D. C., tells of one veteran patient from Montana, where leprosy does not occur, who developed signs of the disease six years after serving with the Navy on Samoa.) Eight of these veterans have already been discharged "arrested," and one other had been given "medical discharge" to continue treatment elsewhere—a form of discharge said to have been introduced first in 1948. Of the 66 veterans of the first world war, 11 were still there, 9 had been discharged, 9 had absconded, and 37 had died. Of the veterans of the Spanish-American war, 2 still remained.

Discharges from Carville, 1948-1949.—During the 12 months to June 30, 1949, 52 patients were discharged, the largest number of discharges in the history of the institution. The number for 1947-48 was 34. Not all of those released were listed as "disease arrested," however; 6 of them were given "medical discharges" to return to their homes with approval of the corresponding state authorities (see preceding item).

Mrs. Hornbostel discharged.—Mrs. Gertrude Hornbostel and her husband, Major Hans Hornbostel, who have received publicity without parallel in the United States, have left Carville to reside in a Long Island community in New York state. Taken as a child to the Marianas and later to the Philippines, Mrs. Hornbostel was recognized as having leprosy after having undergone a three-year period of deprivation in the Santo Tomas (civilian) internment camp in Manila. A year after liberation, in 1946, she was transferred to the United States for hospitalization at Carville, and attention was drawn to her case by the protest raised by her husband (himself an ex-internee, but of the more barbaric Cabanatuan camp for military prisoners) because the regulations of the leprosarium did not permit him to live there with her. He lived in the neighborhood and spent his days in the institution, where they acquired a small cottage. Under sulfone treatment Mrs. Hornbostel improved rapidly and, her condition having become such that "the danger of anyone contracting the disease from her through casual contact is practically nil," she has been granted "medical discharge" after approval by the New York city and state authorities of her proposal to live and receive treatment there. Interviews with residents of the neighborhood where the Hornbostels are to live, as quoted in a local newspaper, indicate that they had been convinced of the falsity of the usual ideas of leprosy and were anticipating the advent of their new neighbors with equanimity.

Dr. Schweitzer buys sulfones.—Dr. Albert Schweitzer, who went from his station at Lambaréné, French Equatorial Africa, to the United States early this year to lecture at the celebration of Goethe's birthday bicentennial, has according to the *Carville Star* applied the \$5,000 grant which he received for the lecture to the purchase of promin and diasone for his leprosy patients.

Hawaii: Acquaintance with leprosy required for license.—A unique requirement for a physician applying for license to practice in Hawaii, as reported in newspapers and otherwise after a visit to the Carville leprosarium of Dr. Richard Lee, assistant health officer of Hawaii, is that he must first have visited the Kalaupapa Settlement and a clinic where leprosy is treated. "In that manner," Dr. Lee is quoted as saying, "he gets to know what to look for, what to do, and what medical science is doing to stop the disease."

Trust Territory: Changes in the Marianas.—Until recently the headquarters of the Trust Territory of the Pacific was at Guam, but for some time there has been talk of a shift, perhaps to Saipan. That was regarded as likely because of the imminent change of administration of Guam itself, which after a half-century of administration by the U. S. Navy was to be shifted to civilian administration—which actually occurred on September 29th. It has been learned, from Dr. Harry L. Arnold, Jr., that the Trust Territory administration was finally withdrawn to Pearl Harbor, Hawaii—which will not make any easier the task of those who are charged with the development of services in the field. What arrangements have been made for the school for medical practitioners and other special activities has not been learned.

Earlier in the year the Bureau of Medicine of the Navy announced that the medical officer serving in charge of the Provisional Leper Colony of the Trust Territories, on Tinian Island, would be eligible for rotation to duty in the continental United States in March 1950, and called for applications for that duty, which would be preceded by indoctrination training at the Carville leprosarium in Louisiana and the Kalaupapa Settlement in Hawaii. The duration of this duty, it was stated, is approximately 18 months.

South Pacific: The South Pacific Health Service.—In the annual report for 1947 of the Medical Department, Colony of Fiji, it is stated that the post of Director of Medical Services of that colony remained amalgamated with that of Inspector General, South Pacific Health Service, which is a joint administrative system with headquarters in Suva, Fiji. Dr. J. C. R. Buchanan, who held this joint post at that time, has since become assistant principal medical officer at the Colonial Office in London and has been succeeded in Fiji by Dr. J. M. Cruikshank. From his office it is learned that the South Pacific Health Service covers, besides the Colony of Fiji, Gilbert and Ellice Islands Colony, the British Solomon Islands Protectorate, Western Samoa and the Tokelau Islands, the Cook Islands, and the Kingdom of Tonga. Other islands in that general area are under the control of Australia (e.g., Nauru), and still others under that of New Zealand (e.g., Niue). (Certain general information on the leprosy set-up in this region is to be found in an abstract of the annual report for 1947 of Dr. C. J. Austin, of Makogai, which appeared in the Current Literature section of the last issue of THE JOURNAL.)

Notes from Fiji.—News of the Makogai Central Leprosy Hospital has been supplied by Dr. P. Glyn Griffiths, who has been in charge of the place during the absence of Dr. Austin.

Valuable support continues to be given by the Lepers' Trust Board of New Zealand, which voted a further £3,500 in aid for 1949.

Rev. Mother Mary Agnes, who has been in Fiji for 56 years and at Makogai for 33 of them, is still in charge of all nursing care in the hospital. Additional sisters have at last been added to the staff, which now has a full complement. Dr. P. E. C. Manson-Bahr, physician-specialist to the colony, is investigating the anemias of sulphetrone treatment.

Among the products of the place, copra made at the staff end of the island has assumed some importance because of the current high price. From the fruits of the *Hydnocarpus* trees in the gardens the chaulmoogra oil used in the institution is produced. The patients regard it as superior

to imported oils, giving rise to less irritation, pain and abscess-formation. It is still used for tuberculoid cases.

Sulphetrone, in use there for seven months, was being given to over 450 of the cases, mostly 3.0 gm. daily but in some 20 cases double that amount for comparison. One result of the treatment has been that patients are more readily volunteering for admission. Another is an increased expenditure for foodstuffs, due to increase of appetite consequent on the general improvement.

Colony in the Solomons.—A new colony was to be opened at Kududu, Kolombangara, British Solomon Islands, according to a letter written in February to Mr. Perry Burgess by Nursing Sister Gweneth M. Long, of the Seventh Day Adventist Mission at the Aymes Memorial Hospital at that place. There has long been a small colony of temporary structures there, separate from the hospital; and its replacement by better buildings, delayed by the war, was being realized with the aid of the Lepers' Trust Board of New Zealand. There were only 21 patients there at the moment, with 4 more on the way from Guadalcanal, but many more were in isolation on their own islands awaiting transfer. There are certain areas in the group, it was said, where the disease is very prevalent. The colony was being run by the Memorial Hospital staff, it being as yet too small to warrant a separate one.

Japan: Promin for Japanese leprosaria.—In a letter to Dr. Eugene R. Kellersberger, according to the *Leprosy Mission Digest*, Brig. Gen. Crawford F. Sams, MC, USA, head of the Public Health and Welfare Office of the Supreme Commander, Allied Powers (SCAP), wrote last April that leprosy was one of the accepted responsibilities of the Military Government in Japan. Promin was both being imported and made in Japan. The Ministry of Welfare was purchasing the entire output, and it was expected that soon there would be enough for all patients, at a cost of Yen 50,000,000; but, the *Digest* comments, many Japanese patients are not yet getting treatment. The sum provided by the Japanese government for the operation of the ten national leprosaria was Yen 470,000,000—which, at 360 per dollar, would be nearly US\$1,300,000.

Grounds for abortion.—Japan's birth rate for the first part of 1949 dropped below that for 1948, according to a recent story in the news magazine *Time*. This fact is ascribed to the passage by the Diet last year of a law legalizing abortion on certain grounds. It is permitted in "... families with hereditary insanity or leprosy," from which it appears that, even under the guidance of the present regime in Japan, the native official ideas of leprosy date from the ancient past.

News of Japanese workers.—From various sources the following information has been received.

Leprosy workers who have died include Dr. Toshisuke Nakajo, chief of the National Leprosy Hospital, Matsugako Hoyo-en, who died in 1947, as well as Masao Ota, professor of dermatology in Tokyo University, and Fumio Hayashi, chief of the National Leprosy Hospital Hoshizuka Keiai-en, whose deaths in 1945 and 1947, respectively, have been previously noted. Dr. K. Mitsuda is still the head of the Nagashima leprosarium.

Dr. Kanehiko Kitamura is now professor of dermatology of the National University of Tokyo, vice Dr. Ota, and also chairman of the leprosy research committee of Japan. Dr. Todoyasu Tanimura is now professor of

dermatology and head of the dermatological institute, National University of Osaka, and editor of the leprosy quarterly *La Lepro*, which publication was edited before the war by Dr. Y. Satani. That periodical is now entirely in Japanese, without the foreign language abstracts which made the periodical useful to foreigners before the war.

Dr. Takeo Tamiya, formerly director of the Institute of Infectious Diseases of the Tokyo University (formerly called "Government" Institute), now directs the Yamanashi Medical Institute, Koh-fu (city), Yamanashi (prefecture); he has been succeeded by Dr. Hideharu Hasigawa.

The National Institute of Health of Japan, Dr. Rokuro Kobayashi, director, is a newly established institution—located next door to the Institute of Infectious Diseases—which has a Section of Serology and Leprosy. Members of that section are Drs. Keizo Nakamura and Masayoshi Endow. The Institute publishes the *Japanese Medical Journal*, which is also new. Dr. Hidetoké Yaoi is the editor-in-chief.

Procurement of Japanese medical periodicals, at least exchanges with them is effected through the International Exchange Service, National Diet Library, Akasaka, Tokyo. Information may also be obtained from the Service Council of Japan, Ueno Park, Tokyo.

China: Plans for Hangchow.—Word received in September from Dr. James L. Maxwell, who after several years in England returned to China in March this year to take charge of the leprosy work in the Hangchow area, tells of plans for development there. It was expected that an agricultural colony for 400 to 500 inmates which is being established at Zang Peh, some 20 miles from the city, would have been started long before the time of his writing, but that had to be postponed temporarily because of the change of government. In the meantime Dr. Maxwell is occupying himself with the old asylum-hospital and its 85 patients, described (*Without the Camp*) as becoming more and more a training center.

Report from Kongmoon.—Dr. W. B. McClure, of the Kongmoon leprosarium, Kwangtung, writing to Dr. N. D. Fraser, said that in July they had been told by the police that they should no longer treat leprosy patients and that any patients found on the streets would be seized. Some of them were seized, but it had not been learned what had been done with them. Even the police cannot keep them away, it was stated, once they see some improvement from treatment.

Importation of drugs.—"With regard to the importing of sulphetrone, to enable doctors to maintain the treatment of patients who have been started on diasone but whose further supplies have been immobilized in Shanghai," writes Dr. Fraser, "I have interviewed the Commissioner of Customs in Hong Kong and have had word from Amoy, and in each case the Commissioner can do nothing to enable us to import such drugs duty free. It is necessary first to secure an exchange certificate from the Central Bank, and that costs 80 per cent of the value of the material. A telegram to the Inspector General of Customs likewise failed to secure any assistance. In one case a commissioner advised that 100,000 tablets be shipped back to Hong Kong till a more stable government took over."

Greece: A patients' league.—The existence of a Lepers' League of Greece is learned of from a letter written last year by two of its members to Mr. Stanley Stein, editor of the *Carville Star*. The burden of the letter is the plight of Greek persons with leprosy—which, it appears, had been

set forth in another letter telling of life "inside a place surrounded by four walls" and intended to be read at the Havana Congress. There are some 400 members of the League, apparently though not certainly in a "St. Barbara" institution (not mentioned in the article on leprosy in Greece reprinted in this issue); the letter speaks of three other leprosaria with approximately 360 patients. It was desired that one of the members of the League should be sent to the United States to observe developments in treatment and to be trained "in so many things we ignore still."

From an official report encountered, 59 cases of leprosy had been notified in the first six months of 1947, as against 44 in the same period of 1946; the totals for the years are not given.

67 **Cyprus:** *Results of sulfone treatment.*—In the *Journal of the Royal Institute of Public Health and Hygiene* it is stated that Dr. Michaelides, medical officer of a leprosy colony near Cyprus, has reported in the *Cyprus Medical Journal* that good results are being obtained with sulfone derivatives; and Dr. Shelley, director of medical services there, has described the results as "beyond our greatest hopes." In 1939 Dr. E. Muir obtained information of 188 registered cases in Cyprus, 135 of them living, of which number 121—mostly open cases—were living in the colony and 14 were on parole.

Nigeria: *The BELRA research unit disbanded.*—It has been learned that Dr. John Lowe, who in 1948 was director of the newly established research unit of the British Empire Leprosy Research Association, has resigned and, after a leave in the United Kingdom, has returned to Nigeria in the service of the colonial government. Mr. Michael Smith, biochemist of the unit, together with Mrs. Smith who served it in a secretarial capacity, are being transferred to India where they will work with Dr. Robert G. Cochrane at the Chingleput leprosy settlement.

Disaster at Itu.—This colony of Dr. A. B. Macdonald's in the Calabar Province, described in *Without the Camp* of the Mission to Lepers as "of some 5,000 people—the largest in the British Commonwealth" (and, if they are all patients, it might have been said the largest such aggregation in the world), suffered a severe blow when, in the middle of a night last March the hospital block caught fire. Six large and two small ward blocks and the operating theater and dispensary were burned down, the loss estimated at £7,000 to £8,000.

A valedictory service.—Certainly unusual, if not unique, in the way of services is one told in the annual report for 1948 of the Itu colony relayed by the *Leprosy Missions Digest*. It was a valedictory service for not less than 542 discharged patients, including 104 children, who were going back to their home villages scattered over nine provinces of the country. Many of them, it is said, were illiterate when they entered but have learned to read; many of them had acquired skills as nurses, teachers, and artisans of various kinds, which would enable them to take an honorable place in the life of the country.

South Africa: *Change of names of institutions.*—In conformity with the pertinent resolution adopted by the Havana Congress, the names of the leprosaria in the Union of South Africa have been changed by the elimination of the word "leper." Hence the one near Pretoria, previously the "Westfort Leper Institution," is now simply the "Westfort Institution."

In this connection there is interest in the following paragraph of a circular issued as far back as August 12, 1927, by Dr. Alexander Mitchell who at that time was Secretary for Health. "Sufferers from Leprosy invariably dislike or resent being designated 'lepers.' In future leprosy boards, Superintendents or Medical Officers of Leper [*sic*] Institutions and all others concerned should avoid the term 'leper' and use instead the term 'patient' or, where this might be ambiguous, 'leprosy patient'."

A holiday home for patients.—Organized by the leading ladies of Pretoria, and aided by those of other parts of the country, according to information supplied by Dr. A. R. Davison, there has been created in South Africa a Leper Holiday Fund for the purpose of building and operating a holiday house for European patients of the Westfort Institution—where all such patients of the Union are hospitalized. The money raised by public subscription, plus material contributions by the government, sufficed for the construction and equipment—including running water and electricity—of a six-room cottage on the beach at the Mkambati Institution in Pondoland, where the patients have the freedom of ten miles of beautiful wild coast on the Indian Ocean. Two 7-passenger safari cars were also purchased for transporting the patients, and an overnight transit camp was arranged for to permit breaking the 600-mile journey. During the winter of 1948-49, while they still had to live in tents, 40 patients—all who were well enough to make the journey—had a month each at the beach camp.

Paraguay: The Santa Isabel colony.—In this agricultural country, described as twice the size of Great Britain but with only about one million inhabitants, there are 5,000 cases of leprosy (estimated) but only the one colony, with about 380 patients. A Mennonite mission has been trying for some time to negotiate a contract with the government to start another one, but it has been stalled by the instability and frequent changes of government. Santa Isabel was started in 1932 by two Evangelical missionaries, Rev. Malcolm Norment and Dr. John Hay, and is aided by a local Patronato organized by them in 1936 and also by the American Mission to Lepers, but its administration is a function of the government. The place is located some 85 miles southwest of Asuncion, but to get there involves a four-hour train trip and a nine-mile horseback ride over a bad road. The medical director—apparently Dr. Federico Rios—visits the place twice a month, the patients being cared for by three male and three female nurses, themselves all patients. Sulfones are being used, it is said, and the patients have improved markedly. The inmates are roughly 250 men, 100 women, and 25 children. Miss P. Bateman, who previously worked there in a private capacity but has returned under appointment by the Mission to Lepers, is in charge of the children. To insure that the children take their diasone, and not on an empty stomach, they are given their breakfasts of bread and milk and one pill each at the clinic. They have recently been screened, those without evidence of the disease being removed to a preventorium near Asuncion where 95 such children have been gathered. That institution, it appears, was built with United States funds by the Institute of Inter-American Affairs as an expression of the "good neighbor" policy. Also built by that entity, in 1945, was an entirely new hospital building; but it has never been opened pending the assignment there of Roman Catholic nursing sisters. The more fortunate of the patients, it is said, build their own little houses; the others evidently live

under conditions which leave much to be desired. The source of the subsistence supply—such as it is—is not clear from accounts seen. (From one by Miss Bateman in *Without the Camp*, and from letters from her and Rev. Malcolm Norment to Mr. and Mrs. Perry Burgess.)

Brazil: *Leprosy data for 1948.*—According to a recent release by the National Leprosy Service, the number of known cases in the country was 37,541, of which 3,258 had been found during 1948; 1,845 with the contagious form, 1,264 with the noncontagious form, and 149 not classified. The 39 leprosaria of the country had 21,546 interned patients; for treatment of others there are 90 special clinics. In the state of Pará 89% of the cases were interned; in Amazonas, 79%; in São Paulo, 76%; in Paraná 62%; in Ceará, 52%; and in Minas Gerais, 44%. In the 27 preventoria there were 3,019 children of leprosy parents. The federal government in 1948 spent \$1,523,750 to cooperate with the states in the antileprosy work, some of the money having been spent on construction of leprosaria and part of it on clinics and preventoria.

New research center.—On June 16 the mayor of Rio de Janeiro, Federal District, inaugurated the Centro de Pesquisas Leprológicas (leprosy research center). This institution, a new department of the Hospital-Colônia Curupaity, the leprosarium of the District, has four sections or laboratories devoted to bacteriology, serology-immunology, biochemistry and pathology. Dr. Arthur Marques, at one time a fellow of the Leonard Wood Memorial, is the head of this new center. —H. C. DE SOUZA-ARAUJO.

Mexico: *The Patronato in Jalisco.*—The local patronato of the state of Jalisco, Mexico, according to a letter from Dr. Jose Barba Rubio transmitted by Mrs. Cora Burgess, has accomplished among other things the construction of a building in Guadalajara for an Institute of Dermatology which is to serve as the center of leprosy work there. In that area there have been registered 1,354 cases, and for two years they have been treated with the sulfones with, it is stated, the same "magnificent results" as in other parts of the world.

First Mexican Congress.—In the same communication it is announced that the First Mexican Congress of Leprosy was to be held in Guadalajara on October 9, 1949, apparently under the auspices of the local and national Patronatos and with the patronage of high officials and professional men and the organizations of dermatologists.

PERSONALS

DR. ROBERT G. COCHRANE, of the Lady Willingdon Settlement in Madras, while in England on leave recently attended the Second Assembly of WHO, in Rome, as adviser to the India Delegation.

DR. E. M. CRAGGS has been appointed acting leprologist for the Territory of Papua-New Guinea, with headquarters in the department of health, Port Moresby.

LT. COL. FRANK D. MCCREARY, MC, USA, for nearly ten years a member of the staff of the U. S. National Leprosarium at Carville, Louisiana, has for more than two years been stationed in Germany.

REV. MALCOLM NORMENT, formerly concerned with the work of the Santa Isabel colony in Paraguay, has returned to the United States and is now working among the Yakima Indians in the Pacific Northwest.

DR. JOHN REENSTIERNA, professor emeritus of Upsala University, Sweden, has been awarded (according to a note in *Science*) "the Finlay Order" in recognition of his research leading to the development of a successful leprosy serum.

DR. MARTIN VEGAS, of Caracas, Venezuela, for many years especially concerned with the leprosy problem in that country and Contributing Editor for *THE JOURNAL*, has relinquished that assignment because of the load of duties involved in his appointment as dean of the Faculty of Medicine. DR. JACINTO CONVIT, head of the leprosy service of Venezuela, will serve as Contributing Editor.

DR. H. W. WADE has been elected a corresponding member of the Asociación Dermatológica de Argentina.

REV. ALBERT E. WHILEY has been appointed by the Presbyterian (U. S. A.) West Africa Mission for full-time work in the leprosy field in the Camerouns, it is reported. MRS. WHILEY, who is a trained nurse, is working in a leprosy colony there.