

## 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 INSTITUTIONS IN CHINA

This note consists mainly of information derived from a report made in the spring of 1948 by the International Relief Committee of China, with additional information up to the autumn of 1949 secured by Dr. N. D. Fraser, Medical Secretary for China of the Mission to Lepers (London) and the American Leprosy Missions, Inc. Regarding the support of the leprosaria, all non-Catholic ones which are not exclusively government controlled receive aid in one form or another from one or the other of the Missions to Lepers, or from both. The Catholic institutions are supported by, or receive aid from, the Catholic Welfare Committee of China (C.W.C.C.).

### LEPROSARIA

**SOUTH CHINA. Kwangtung Province.**—Hoihow, Hainan Island: Hainan Leprosarium. Under a Chinese board of managers, with medical supervision by the American Presbyterian Mission Hospital. Agricultural work within the grounds. Patients: prewar, 152; autumn 1949, 150. [See special note, later.]

Ngaimoon: Gate of Heaven Asylum. Maryknoll Mission; C.W.C.C. Established 1933. Reforestation, gardening, masonry, carpentry, painting, hospital. Patients: spring 1948, 101; late 1949, about 200.

Linhsien: Waiwah Leprosarium. Rev. W. L. Winter. A new colony developed to replace the Waiwah colony at Tsingyuen. Patients: prewar, 74; spring 1948, 26.

Loting: Loting Leprosarium. American Reformed Presbyterian Mission. Vegetable gardening in colony. Patients: prewar, 20; spring 1948, 30.

Pakhoi: Pakhoi Settlement. Church Missionary Society. Rice cultivation, tree planting. Patients: prewar, 210; autumn 1949, 150.

Sheklung: St Joseph's Asylum. C.W.C.C. Some of the patients (175) supported by the government of Hong Kong. Patients: prewar, 800; spring 1948, 430, increasing by 5 to 10 a month; present number not learned; no more being admitted.

Tungkun: Tungkun Asylum. Rhenish Missionary Society. Cement tile factory, pottery kiln, agricultural work. Patients: prewar, 330; spring 1948, 205.

Tsankong (Kwangchow): Sacred Heart Leprosarium. Field cultivation, gardening, tree planting. Patients: spring 1948, 70.

Swatow: Eastern District Asylum. Municipal government. Destroyed by Japanese bombing during the war.

Taikam Island: Taikam Colony. To a large extent destroyed by typhoons and ravaged by epidemics. No work now being maintained so far as is known.

Tsinguen: Work by Rev. W. L. Winter; moved to Linhsien during the war, where he is building up new work.

Yeongkong: All patients murdered one Easter Day (1937?) by Chinese troops.

*Kwangsi Province.*—Nanning-Soeilok: Sacred Heart Leprosarium. C.W.C.C. Patients: spring 1948, 165; admissions average 5 a month.

Lungchow: Lungchow Leprosarium. Provincial government (1940-41). Reported suspended; no other information available.

*Hunan Province.*—Sinhwa: Sinhwa Leprosarium. Norwegian Mission. Established 1933. Vegetable gardening, carpentry. Patients: spring 1948, 20. (This colony was closed in 1948, some patients being sent home and some to Siaokan, Hupeh. Currency inflation, a terrific increase in the cost of food, and the war situation generally made it impossible for this colony to carry on.)

*Kweichow Province.*—Anlung: St. Damien's Leprosarium. C.W.C.C. Weaving and rice cultivation. Patients: spring 1948, 30 (registration 56).

Salachi, near Pichieh: Kweichow Leprosarium and Preventorium. Established 1939. China Inland Mission. Gardening, farming. Patients: prewar, 59; spring 1948, 240.

Shimenk'an: Stonegateway Colony. Methodist Mission. Destroyed by earthquake in 1948 but still carrying on. Patients: spring 1948, 56.

*Yunnan Province.*—Chaotung: Chaotung Leprosarium of St. Camille's Order. C.W.C.C. Formerly the Chaotung Leper Home of the local government, in which the Methodist Mission undertook the supervision of treatment. In 1947 transferred to Catholic missionaries of St. Camille's Order, who took over the control and development. Patients: prewar, 32; spring 1948, 80.

Kunming: Kunming Leprosaria. (Kunming District and Kunming Municipal colonies.) Vegetable gardening. Patients: prewar, 100; spring 1948, 120.

Yuki: Yuki Home of Hwei U Hospital. Yunnan Mission. Patients: spring 1948, 80.

Kiulungkiang: Work maintained by American Presbyterian Mission, North; no information available.

*EAST CHINA. Chekiang Province.*—Hangchow: Song Moh Dsang Leprosarium (also known as the Kwangchi Home). Church Missionary Society. Patients: prewar, 108; spring 1948, 72. (A new agricultural colony is being developed in this area; Dr. James L. Maxwell.)

*Fukien Province.*—Foochow: West Gate Asylum. In existence since the Ming Dynasty. Supervision of medical treatment by the Church Missionary Society. Patients: spring 1948, 106.

Foochow: East Gate Asylum. Since the Ming Dynasty. Supervision of medical treatment by the Methodist Mission. Patients: spring 1948, 120. (Plans are in hand for a new agricultural colony for this district.)

Nanping (formerly Yenping): Westminster Leprosarium. Methodist Mission. Gardening, tree planting, masonry, raising of goats, rabbits, etc. Patients: prewar, 20; spring 1948, 46.

Kutien: Kutien Colony. Methodist Mission. Vegetable gardening. Patients: prewar, 60; spring 1948, 54.

Hankong: Lillian Gamble Home for Women. Patients: spring 1948, 20.

Kienow: Kienow Home. Established several hundred years ago. Church Missionary Society. Patients: 11.

Futsing: Futsing Home. Established in the Kienlun Period (1736-96). Church Missionary Society. Patients: 20.

Loyuan Asylum. Established about 500 years ago. Church of England; Zenana Missionary Society. Patients: 17.

Mintsing (or Lutu): Mintsing Asylum. Methodist Mission. Patients: 20.

Putien, Sienyu District: Work in the following villages, all established 100 to 500 years ago, is under the supervision of the Hinghwa Interdenominational Committee for Leper Work. The numbers of patients given are as of the spring of 1948. Hwangshih (41); Anfu (45); Linmei (20); Fengtien (12); Hankong (27).

Diong Loh Leprosarium. Patients: 32 in 1940-41; no recent information available.

*Kiangsi Province*.—Nanchang: Nanchang Leprosarium. Chinese Mission to Lepers. Patients: prewar, 166; spring 1948, 70.

*Kiangsu Province*.—Shanghai (Dazang): National Leprosarium of Shanghai. Chinese Mission to Lepers. Gardening, etc. Patients: prewar, 110; spring 1948, 65. [See special note, later.]

CENTRAL CHINA. *Hupei Province*.—Siaokan: Siaokan Hospital. London Missionary Society. Patients: prewar, 90; 1949, 35. [See special note later.]

NORTH CHINA. *Shantung Province*.—Tsinan: Tsinan Leprosarium. Medical supervision and general administration by staff of the Cheeloo Medical School. Patients: prewar, 50; spring 1948, 61.

Tenghsien: Leper Home of the Mrs. Sarah Waters Memorial Hospital. Patients: prewar, 142; spring 1948, 58.

Tsingchow: Tsingchow Leprosarium. English Baptist Mission. Patients: prewar, 21; spring 1948, 26.

Yenchowfu: St Joseph's Leprosarium. C.W.C.C. Patients: prewar, 49; spring 1948, 28.

*Shensi Province*.—Hanchung: Catholic Hospital Leprosarium at Yentzepien. Established 1900. Patients: spring 1948, 17.

Sixth District Leprosarium. No information available.

NORTH WEST CHINA. *Kansu Province*.—Lanchow: Leper Home of the Borden Memorial Hospital. China Inland Mission. Patients: prewar, 64; spring 1948, 77.

WEST CHINA. *Szechwan Province*.—Chengtu: West China Leprosarium. West China Union University. Gardening, carpentry, etc. Patients: prewar, 9; spring 1948, 43.

*Sikang Province*.—Mosimien: St. Joseph's Home. Mission Etrange de Paris. Established 1930. Patients: 200.

TAIWAN (Formosa). Taipeh: Happy Mount Colony (Ngau-san-oan). Under a local board of managers. Farming and poultry keeping. Patients: autumn 1949, 37.

Taipeh: Pleasant Life Institute (Lok-san-in). Government established and operated. Patients: autumn 1949, 320.

## OUTPATIENT CLINICS

Certain hospitals have organized special clinics for the treatment of leprosy patients, while in others such patients are treated as they come along with those suffering from other diseases. Some hospitals have been planning to organize leprosy clinics when the necessary drugs are available. Owing to lack of easy communications during recent months accurate, up-to-date information is not available, but the following hospitals are known to have undertaken the treatment of outpatients suffering from leprosy.

*Kwangtung Province.*—Kityang: American Baptist Mission. Patients: registered, 180; regular attendance, 80.

Swatow: English Presbyterian Mission. Patients: registered, 155; regular attendance, 80.

Swabue: English Presbyterian Mission. Patients: registered, 155; regular attendance, 40.

Swabue: Tshan ki Branch. Patients: registered, 120; regular attendance, 70.

Swabue: Chiap cheng Branch. Patients: registered, 40.

Kongmoon: United Church of Canada. Patients: 25.

Meih sien: Basel Mission. Patients: 26.

Tungkun: Rhenish Mission. Patients: 40.

Hoihow: American Presbyterian Mission. Patients: 25.

Canton: Hackett Medical Centre.

Fatshan: Methodist Mission Hospital.

*Kwangsi Province.*—Wuchow: Stout Memorial Hospital. American Southern Baptist Mission.

Siutung, near Nanning: Church Missionary Society.

*Hunan Province.*—Shaoyang: Methodist Mission Hospital.

Yiyang: Norwegian Missionary Society.

*Yunnan Province.*—Tali: China Inland Mission Hospital.

Sa pu shan, Wuting, near Kunming: China Inland Mission Mobile Clinics. Between June and December 1948, out of 1,436 new patients, there were 12 with leprosy: Chinese 5, Miao 3, Nosu 3, Kopu 1, Lisu nil (Dr. Max Gray, of C.I.M.).

*Chekiang Province.*—Hangchow: Kwangchi Hospital.

Chengtu: West China Union Hospital.

Taliangshan, or Nosuland: This region is described as the great loop of the Yangtse River between Lat. 27 and 29 N. and Long. 102 E. to the Yangtse on the east. "I was impressed by the great prevalence of leprosy among the Nosu people" (Dr. Broomhall of the China Inland Mission).

*Fukien Province.*—Chuanchow: English Presbyterian Mission. Patients: 15.

Hweian: London Missionary Society.

Changchow: Union Hospital.

Tongan: American Dutch Reformed Mission.

Putien: St Luke's Hospital. Church Missionary Society.

Foochow: Union Hospital.

Foochow: Christ's Hospital. Church Missionary Society.

Nanping: Methodist Mission Hospital.

Kutien: Methodist Mission Hospital.

Hupei Province.—Enshih: Lutheran Mission Hospital.

Siaokan: London Mission Hospital.

Hankow: Union Hospital. Patients: registered, 120; regular attendance, 50.

*Clinics discontinued.*—The following clinics, included in the 1940-41 report of the Council on Medical Missions, are presumed to have lapsed as no information is available:

Kwangtung Province: Chaoyang (40).

Hunan Province: Hengchow (150); Paoking (150).

Fukien Province: Amoy (100); Shima (100).

Kiangsu Province: Jukao (200); Nantungchow (40); S'hai (63); Tai-chow; Tsingkiangpu.

Shantung Province: Tsingchow (51); Tsingtao (25); Weihsien (40).

#### THE SHANGHAI NATIONAL LEPROSARIUM

As a result of cooperation of the National Medical College of Shanghai, Dr. K. L. Yang took charge of the medical work at the Shanghai leprosarium in 1948 and he, with two rotating interns, made examinations and carried on treatment. With 45 inmates at the outset and 17 others admitted, the data are of 62 cases, although 11 of them were discharged and 1 died during the period.

Most of the cases came from the surrounding province, Kiangsu; 18 were from north of the Yangtse, where there is an evident focus at Yiencheng, and 19 from south of the river, 7 of them from Shanghai itself. From other provinces the numbers were: Chekiang 7, mostly from Ningpo; Kwangtung, 5; Hupei, 4; Shantung, 3; Fukien and Anhwei, 2 each; Shensi and Hunan, 1 each. Sex distribution: 48 males and 14 females. Age: 10 to 65, mostly around between 30 and 40. Duration: 1½ to 30 years, mostly between 5 and 10. Type: except for 2 Ns and 3 Nt cases, all were LN of some degree. Alopecia of the areata type was found in 8.

In connection with treatment there were difficulties because of nutritional deficiencies, the diet consisting chiefly of vegetables and beans, "meat occasionally." Lepa reactions were common even in those under chaulmoogra, and occurred in 9 of the 14 receiving sulfones (10 diasone, and 4 promin until the stock was exhausted, then all diasone). Some of the chaulmoogra cases deteriorated in spite of treatment; the sulfone cases did so much better in spite of the adverse conditions that the opinion is expressed that these drugs have "revolutionized the prognosis of leprosy."

The report ends with recommendations—for (1) model leprosaria for the training of leprologists and research, (2) colonies for the segregation of infectious cases, (3) manufacturing of the sulfones in China, and (4) financing of these projects chiefly [*sic*] by the government—which would require expenditures far beyond anything which China can conceivably afford in the foreseeable future. The leprosarium has returned to the—once model—place at Tazang outside the city, which had to be vacated during the first of the Japanese incursions. As has been said [THE JOURNAL 14 (1946) 141] the "old permanent buildings," which though not destroyed

had been damaged in minor ways and completely stripped, have been repaired and re-equipped, the American Mission to Lepers having made a grant of US \$20,000 for the purpose.

THE GATE OF HEAVEN LEPROSARIUM, NGAIE-MOON

An account of the vicissitudes of this institution in South China has been supplied by Rev. Joseph A. Sweeney, of the Maryknoll Mission, one of the American priests who developed the place.

Founded in 1933 by merging two small communities of outcasts at the county seat of Sun-wui, for three years and more simple matsheds served for the patients' living quarters and for dispensary and laboratory. Opposition on the part of villagers delayed the development of the permanent site selected at Ngai-moon, but early in 1938 brick and concrete buildings had been finished for 250 patients and that many were moved from the matshed colony.

The war in China made for difficulties—one of them a minefield in the mouth of the river at the asylum—but the population gradually increased to 450 in June 1941, plus 150 nonleprous refugees. The Japanese army then occupied an ancient fort across the river for some months, until the local guerrillas drove them to another fortification upstream; but frequent sniping and occasional shelling caused the departure of most of the refugees and many of the patients.

Life at the colony became increasingly difficult. Supplies had to be brought twenty miles by mountain footpaths. In the summer of 1941 a two-year shipment of medical supplies was lost to a Japanese naval patrol which caught their blockade runner sailing from Macao. In 1942 and 1943 that part of China suffered devastating famines. Drugs were short, and nearly everyone suffered from malaria. For eight months in 1943 there were epidemics of unknown origin, characterized in part by macrocytic anemia, which caused the deaths of nearly three-fourths of the patients, leaving less than 100.

In the spring of 1945, after nearly four years, the Japanese crossed the river and occupied the asylum. The patients took to the mountains, except two were bed-ridden; they were shot and cremated where they lay. The two American priests eluded capture. About 300 soldiers took up residence, destroying all medical equipment and some buildings, and using the church-hospital as a stable.

Few of the scattered patients survived, but about 20 were brought back after the surrender. Restoration has been a bigger and slower task than the original building, but accommodation for 250 had been prepared by the middle of this year. Most of the leprous people of that region died in the famines, but gradually new cases are coming in—some 6 per month. This increase is much slower than before the war, but the cases are about as advanced as before. An attempt is being made to reach earlier cases at mission dispensaries, giving sulfone drugs for home treatment.

The principal activity in occupational therapy in the colony, the property of which is one-half square mile in area, is tree planting to meet China's greatest need; every patient is engaged in that, even the blind ones.



After ages of cutting, burning and erosion the soil on the hills is so thin that nothing grows well on them, and because of late rains the water for the 5,000 trees planted this spring had to be carried up the hills to them. The fruit trees, like banana and papaya, and those with edible beans, Father Sweeney writes, will give immediate returns, but "few of us will live to sit in the shade of the slow-growing hardwoods."

"We are in the Canton consular district," Father Sweeney wrote to Mr. Perry Burgess in September, and "already the U. S. consulate there has been closed. We have been urged to leave... but Father Quinn and I must remain with our big family of some 200 dependents. We do not know what the attitude of the Communist government will be toward them, but all who are fit for any kind of work labor for the maintenance and betterment of the asylum, so they cannot be considered parasites. We have always given free medical care to the poor of this district, and this hospital work is said to be in favor with the Communists."

THE HAINAN LEPROSARIUM, KWANGTUNG

The Hainan leprosarium, which is under the responsibility of a local Chinese board of managers, is reported by Dr. Fraser to be in operation in a new location.

Before the Japanese occupation it was moved from a site near the city of Hoihow to a larger area—150 acres—seven miles to the west, where buildings for the accommodation of 150 patients had been erected. During the occupation Dr. Bercovitz, of the American Presbyterian Mission, was permitted to continue his visits but his work was greatly handicapped by shortages of food and medical supplies. After the war serious damage was caused by a typhoon, but during a recent visit it was evident that considerable rehabilitation of patients and buildings had been accomplished. The majority of the 150 patients then in residence were in excellent general condition and free of ulcers. The American Leprosy Missions had made a grant of diasone, and that had helped to bring about this satisfactory situation. Most of the cases were frank lepromatous and some were macular; there were no tuberculoid cases, and there was a striking absence of enlargement of cutaneous nerves.

THE SIAOKAN LEPROSY HOSPITAL, HUPEH

A report received by Dr. Fraser from Siaokan says that the Mission to Lepers' home at that place, which had served as a place of refuge and healing for the past 50 years, had been compelled to close.

This action, it was stated, was not to be taken as the considered policy of the new Communist regime, but rather as an action of local officials taking advantage of the opportunity to attain ends of their own on the excuse of "danger of infection of the community." Accommodations for 22 of the patients had been found in a temple outside the town, along with the Buddhist priests, while 5 were transferred to the colony at Hangchow and 8 went to the Shanghai leprosarium. The authorities had indicated intention to take over the buildings, which are in good condition, for use as a military hospital.

## ANTILEPROSY ACTIVITIES IN INDONESIA

In Indonesia, a country with endemic leprosy estimated at 1 per mille, or 50,000 cases, the work of the antileprosy campaign before the war consisted of two services, both belonging to the Department of Health: (1) the Service of the Fight against Leprosy, with headquarters at Semarang, and (2) the Central Institute for Leprosy Research (Lepra-Instituut) at Batavia. Besides these two state-financed services, there were in a few places leprosaria set up by missions and aided by the state.

The task of the field service comprised: (a) registration of cases of leprosy; (b) propaganda and house-to-house calls; (c) treatment of patients in polyclinics, at home (sick patients), and in leprosaria; and (d) institution of measures against the spread of the disease.

The Research Institute, established for the scientific investigational work, has in Batavia a well-equipped laboratory which affords opportunities for the study of human, rat and buffalo leprosy. At the Institute there is also a clinic with 30 beds for the accommodation of patients under experimental observation, and an outpatient department which about 150 patients attend each clinic day (twice a week).

Moreover, the Institute has 8 other such clinics distributed in different parts of Batavia which are visited twice a week. Besides treating patients from the neighboring campongs, these clinics serve as centers from which epidemiological investigations can be made. A very old campong called Tanah-Abang (Batavia-town), with the high incidence of 3 per mille in a population of about 60,000, offers a splendid opportunity for such work.

Furthermore, 25 km. outside the town of Batavia there is a leprosarium called Lenteng-Agung, with 160 patients at present, to be increased to 250 as soon as extension is financially made possible. This place is also under the direct supervision of the Institute, and affords further research material.

The present situation in Indonesia, late in 1949, is as follows: Many of the leprosaria of both the Department of Health and of the missions, which existed before the war were destroyed or abandoned during the Japanese occupation or afterwards. At present there are only three such institutions in operation: Lenteng-Agung, at Batavia in West Java, (160 patients); Pelantungan, at Semarang in Central Java (150 patients); and Kelet, at Pati, also in Central Java (65 patients). A fourth one, at



Puntir, near Lawang in East Java, was abandoned early this year as unsafe and the 60 patients were all removed to Pelantungan.

The field service which had its headquarters in Semarang has been entirely discontinued. All of the 10 physicians who worked for it have gone over to other services or into private practice; not a single one is left to continue this work. Even the patients of the Pelantungan and Kelet leprosaria have to be treated by nurses for want of a physician.

As for the Institute in Batavia, where previously 3 physicians worked, only the writer remains. Only under great difficulties and with serious deficiencies has he been able, with an auxiliary medical staff of nurses, to continue the activities both in Lenteng-Agung and in field work. As the number of registered patients in the town of Batavia has gone up from 800 before the war to 1,200, it will be obvious how poorly this subdivision of the medical service is endowed in comparison with other branches.

It is true that leprosy work may seem unsatisfying, and in the long run may be even depressing because of the limited results which can be observed during the work, but there is satisfaction in the fact that we can give real help to this group of unfortunates. An appeal is being made to the physicians to render aid in this activity.

—R. BOENJAMIN.

#### LEPROSY IN NEW GUINEA

The Territory of Papua-New Guinea is a large mountainous country with many island groups, the area more than 250,000 square miles and the population approximately 1,500,000. In the extensive central plateau and in the mountainous islands are many people who are still out of contact and beyond the reach of regular public health activities.

Precisely how large is the leprosy problem in the Territory remains to be determined, according to Dr. J. T. Gunther, director of health, but there is reason to believe that it is of the order of what was found by Innes in the Solomon Islands Protectorate when he surveyed it. As at Nauru, leprosy appeared as an explosive epidemic in the New Hanover group in the 1920's. On Normansby Island, in Papua, a survey of 3,000 of the 10,000 people has shown an incident of 1.67 per cent. There are those who believe that the disease has been of recent introduction, but there is evidence to the contrary.

On a recent visit to the interior of central New Guinea, Dr. Gunther saw advanced cases among nonadults. How the disease got there will probably never be known. Only two previous

patrols are known to have been made into the area, in 1938 and 1943, and the disease was there before that. In fact, the people have a name for it in their language, and they actually practice a mild form of segregation. They believe that it has been increasing. This information, with much else, suggests that institutional treatment will have to be provided for perhaps no less than 2,000 sufferers. At present only some 350 are in hospitals, 180 of them at Anelaua.

This task, like all others, has been made the more difficult because virtually every building in the Territory was destroyed during the war, and those put up by the Army were but temporary and are now beyond maintenance. However, three colonies are under development. It is desired to have upwards of 16 of them—at least one for each district, because the unsophisticated Papuan native strongly objects to segregation away from his own language groups—and the missions in those districts are being invited to cooperate in the carrying out of this work, the Administration to meet the expenses. For the most part these colonies will each accommodate 200 patients. Each inmate, where possible, will be employed or given a farm block on which to grow vegetables or raise livestock to help maintain the colony. Their products will be bought to feed the colony, and a "trade" store will be established to sell to them the things they may require against later discharge.

An acting leprologist, Dr. E. M. Craggs, has been appointed, with station at Administration headquarters, charged with the duty of implementing the program of bringing treatment to all sufferers—which involves intensive surveying of the people and the further development, where warranted, of the system of special hospitals and farm colonies which is under way. Because of the size of the problem and the need of the cooperation of the natives it is impossible dogmatically to demand segregation at present, so dependence is placed largely on the policy of attraction by treatment. Sulphetrone is being used for that, and it is being well received although in this malaria-and-hookworm-ridden population it appears to have a degree of toxicity higher than indicated in reports from elsewhere.

In reply to an inquiry about what happened during the war, Dr. Gunther says that the behavior of the Japanese in New Guinea showed that they were terrified of the disease. At the outset they stayed away from the Anelaua colony and the Roman Catholic Sisters there were let quite alone. Then the commanding admiral in the area ventured to the island. He stood on the end of the jetty, to which his barge had taken him, and, having the inmates kept at bay with bayonets on long bamboo poles, he harangued them about the might of Nippon and all that. At the end he disrobed, jumped into his barge and got into a fresh uniform, and had gasoline poured over the discarded clothes and a match touched to them. The jetty was thus destroyed. Later, when the Sisters were withdrawn, most of the inmates went to New Hanover where no Japanese went.

COUNCIL FOR THE COORDINATION OF INTERNATIONAL  
CONGRESSES OF MEDICAL SCIENCES

The purposes and the development of this new agency, initiated by UNESCO and sponsored jointly by it and WHO, composed of "non-governmental medical organizations with a world-wide membership open to all" and in effect a "sister council" in the field of medical sciences to the International Council of Scientific Unions which has to do with organizations concerned with the basic sciences, were discussed at some length in the editorial and news sections of a recent issue of *THE JOURNAL* [17 (1949) 103 and 130]. Here are given the outstanding features of the Council as set forth in the formal articles adopted at the general assembly which was held in Brussels in April 1949, together with information from the minutes of the sessions. [See also the *Chronicles*, W.H.O. 3 (1949) 106-110.]

The Council was to be deemed duly constituted when ten or more of the 38 organizations participating in the Brussels meeting should have ratified and signed the final text of the articles.

It was agreed to set six months as the limit for ratification by organizations maintaining permanent activity between their congresses [see editorial note by Dr. E. Muir elsewhere in this issue]. The membership is to include those participating organizations which register ratification, and other similar ones which may be voted in later; organizations of certain kinds not eligible to full membership may acquire associate membership without right to vote. The Council is to be registered in Belgium—the residence of the first chairman of the Executive Committee, Prof. J. Maisin—under the provisions of Belgian laws, its office there to be 141 rue Belliard, Brussels. Because of the facilities which could be offered by UNESCO, however, the working headquarters of the permanent secretariat will be in Paris.

The purposes of the Council, as stated in Article 1, are "to secure the continuity and co-ordination of international congresses of medical sciences, and to give material assistance;" and Prof. Debré, chairman of the organizing assembly, spoke of the task as "one of intellectual, scientific, social and moral co-operation." The functions of the Council, by which these purposes are to be realized, are stated somewhat differently and in more detail than in our previous report and are reproduced textually here:

*Information and co-ordination.*—(a) To compile information about all national and international organizations of a medical or related character and congresses which they organize, including their present and future programmes, dates, subjects studied and names of principal contributors;

(b) to suggest to international medical bodies appropriate dates and plans for their congresses, and, in particular, to seek to group together related professional disciplines; (c) to study the techniques of conducting congresses and provide information thereon.

*Assistance.*—(d) To give material assistance in respect of specialized conference services and to facilitate the travel of congress participants; (e) to study methods of facilitating the transfer of funds required by congress participants; (f) to give financial assistance to the scientific work of congresses and make grants to participants whose presence at the congress is particularly desirable; (g) to make grants in order to enable representatives invited from other professional disciplines to take part in the congress.

*Dissemination.*—(h) To disseminate scientific information received from medical or other related organizations; (i) to collaborate in publishing the proceedings of congresses; (j) to study and promote the social aspects of congresses.

The supreme authority of the Council, the General Assembly, is to meet ordinarily every third year at a place decided upon by the Executive Committee at least one year previously; but special sessions are provided for. Its main functions are to determine policies, control financial affairs, and to elect organization-members of the Executive Committee—the principle being to obtain representation of disciplines rather than the selection of individuals.

The Executive Committee, which is to meet at least once a year, is to consist of nine members, the individuals to be designated by the member organizations elected by the General Assembly. Each member [organization] is to serve for three years, three members retiring each year. UNESCO and WHO are to be represented, on a basis to be decided later. The committee will carry out the routine work according to the instruction of the General Assembly.

The permanent secretariat is to have an executive secretary and such staff as may be required. The executive secretary is to be the secretary of the General Assembly, of the Executive Committee, and of all other committees; but he may delegate his responsibilities.

The expenses of the Council are to be met by the subscriptions of the member organizations as fixed by the General Assembly (see Dr. Muir's note), by grants from official bodies, and by voluntary contributions. The amounts which may be expected from WHO and UNESCO in the future would, it was intimated, depend upon the amounts contributed by the member organizations and the work accomplished. WHO had already provided \$44,000 and UNESCO expected to appropriate an equal amount. It was estimated at first that the total expenses of the secretariat would be about \$14,000 (or, as also proposed, not more than 50 per cent of income), and the rest of the Council's income will be spent on individual congresses.

It was agreed that, for continuity, the first Executive Committee should comprise the five entities which composed the original Organizing Committee (the first five in the following list), plus four others. After considerable discussion regarding what disciplines these last four should represent, the Assembly arrived at the following list (the names in parentheses being those of their representatives to the meeting).

International Society of Surgery (Dr. L. Dejardin).

International Pediatric Association (Prof. R. Debré).

International Union against Cancer (Prof. J. Maisin).

International Union against Venereal Diseases (Dr. L. Dekeyser).

Sixth International Congress of Radiology (Dr. R. Paterson).

International Society of Internal Medicine, representing internal medicine (Prof. A. Gigon).

International Academy of Forensic Medicine and Social Medicine, representing social medicine (Prof. de Laet).

World Federation for Mental Health (Dr. K. Soddy), temporarily, pending legal constitution of the International Congress of Psychiatry, to represent psychological medicine (Dr. H. Ey).

The ninth place, held for a representative of the fundamental sciences, was to be held vacant until agreements with the International Council of Scientific Unions should be concluded.

Of the by-laws, only one feature will be noted. "Each member organization represented at the General Assembly shall have one vote."

#### WHO REGIONAL COMMITTEES

*Eastern Mediterranean Region.*—Delegates and observers from twenty countries and territories met in Cairo last February, according to a report in the *Journal of the American Medical Association*, to set up a WHO Regional Office for the Eastern Mediterranean, which was to be established in Alexandria on July 1st. Advisory services were being provided to Pakistan for malaria control, to Pakistan and Egypt in tuberculosis and maternal and child health, to Egypt and Turkey for venereal diseases, and to Ethiopia for training programs in public health and sanitation. More than thirty study fellowships had been granted to medical personnel from the area.

*Southeast Asia.*—The second meeting of the WHO Regional Committee for this region, held in the newly established regional office in New Delhi in September, as reported in a WHO *Newsletter*, comprised delegates from Afghanistan, Burma, Ceylon, India, Thailand and French and Portuguese India, together with observers representing five other international instrumentalities. The health problems considered were, first of all, malaria, and also venereal diseases, maternal and child care, health education of the public, nutrition, tuberculosis, plague, cholera and smallpox; for each of these groups of problems, it is stated, concrete plans were adopted. (Leprosy is not mentioned in this report.)

#### ABSTRACTING AND INDEXING, UNESCO

A meeting of the Coordinating Committee on Abstracting and Indexing of Medical and Biological Sciences held at UNESCO House in Paris, June 1-4, is reported in the October 28, 1949, issue of *Science*.

The usefulness of the committee having been fully demonstrated, it was decided that it should continue on a permanent basis under the present relationship to UNESCO. The desirability of having the bibliographic details of abstracts as complete as possible was stressed, and the standardization of the bibliographic form used in the various abstracting services was advocated. The committee endorsed standardization of abbreviations, avoid-

ance of local abbreviations, and adoption of the metric system in all medical and biological communications, and it also recommended that "editors of medical and biological journals adopt greater uniformity in terms and greater precision in the papers appearing in their journals."

Following that meeting, June 20-25, an International Conference on Scientific Abstracting was held. The importance accorded it is indicated by the size of the United States delegation, which consisted of three voting delegates and three technical advisers, with five other persons present as consultants and observers.

#### REPORTS OF TOURS

It is announced in *Leprosy Missions Digest* that Dr. Eugene R. Kellersberger, General Secretary of the American Leprosy Missions, and Mrs. Kellersberger have published a book, *Doctor of the Happy Landings*, recounting two world journeys visiting leprosy colonies, in 1946 and 1947-48. (John Knox Press, Richmond, Va., \$2.)

Mr. A. Donald Miller, General Secretary of the Mission to Lepers (London), has published a book entitled *Red Earth and Summer Lilies*, describing a tour which he made in 1947-48 to India, Burma and China visiting the Mission's institutions and observing the background under which they exist in those countries, where radical political changes have occurred, according to a prepublication announcement. (Obtainable from the Mission's headquarters or branches, 8/-, or from the American Leprosy Missions, in New York.)



## NEWS ITEMS

**India: Regionalization of children.**—For the past fifteen years the Mission to Lepers (London) has laid increasing emphasis on the care of children with leprosy, and for several years it has planned to establish a special children's leprosy sanatorium to be named after Mr. Wellesley Bailey, the founder of the Mission, the centenary of whose birth was celebrated in 1946. A policy of "regionalization"—i.e., of concentration of these children into regional institutions—has been adopted because, scattered as they are among the various Homes, complete facilities cannot be provided for them all, particularly with respect to education. Because of the work already established with children at Purulia in eastern India (recently passed its 60th year), Vadathorasalur in southern India, and Chandkuri and Champa in mid-India, those institutions have been selected for regional centers. No decision has been made for western India. For northern India none of the leprosaria had developed such work sufficiently to be an obvious choice, so it has been decided to build the projected special children's institution at Zamurradganj, near Faizabad, where there is one of the more important leprosaria of the Mission, directed by Rao Sahib Dr. P. J. Chandy. An initial special fund of £20,000 was being sought before beginning construction, of which amount £18,740 had been received at the last report.

**A proposed new center at Vellore.**—The Mission to Lepers (London) and the American Leprosy Missions, Inc. (previously the American Mission to Lepers) sent, in the latter part of 1949, to the principal of Vellore Christian Medical College a formal proposal for a new leprosy sanatorium with a research unit and training center, as follows: (1) The American organization offered to provide \$120,000 for the foundation of a leprosarium for adults, of not more than 150 capacity, to be named the William Jay Schieffelin Sanatorium. (2) The British organization offered £1,000 to provide one ward for boy patients and another ward for girl patients, the total number of children not to exceed 30, these wards to be attached to the proposed sanatorium. (3) The two Missions jointly offered \$40,000 for a research unit to be attached to the new sanatorium. (4) The two Missions jointly offered additional sums for the maintenance of patients and salaries of staffs in these institutions. (5) The American organization stipulated that the sanatorium shall also be made a center for the training of Indian personnel, both professional and lay. The Mission is particularly concerned that leaders of village Christian communities, such as pastors, teachers, uncertificated nurses and other sufficiently educated persons, shall receive short courses of training to enable them to discover and deal with leprosy in village homes and particularly among children. This offer derived from plans laid down in connection with the 1944-1946 post-war fund of the American Mission to Lepers, and was developed by Dr. Robert G. Cochrane while he was principal of Vellore College.

**A voluntary village.**—In a letter to Mr. Perry Burgess, Mr. R. N. Desai, of Surat in the Bombay Presidency, gave the following account of an isolation village voluntarily set up apparently under his initiative.

"I should tell you that I am an arrested case of leprosy. My leprosy career began in my early 'teens (13 years old), when I moved from my residence to the Chingleput Sanatorium in Madras. There I studied the general rudiments of leprosy and took the nursing course. After coming

back home I voluntarily surveyed the 87 villages of my *talua*, and found some 149 outstanding cases out of the 150,000 population. Some 89 of us have voluntarily segregated ourselves on a six-acre plot of land on a sea-side plateau. We produce cotton which we spin on the *charkha* (spinning wheel) to clothe ourselves. We also produce paddy and curry to feed ourselves. Some of us are engaged in agricultural work for healthy landlords of my village. The extra money from spinning and other work permit us to pay for hydnocarpus oil, which is much better and cheaper here than in other countries. The injections are given by myself, by the intradermal, intramuscular and subcutaneous routes. We can't afford to pay for sulfones. However, we have substitutes in drugs of the Anacardiaceae, Plumbaginaceae, Dipterocarpaceae, and Hydrocotyle groups. They are used in crude forms, the side-effects being controlled by hemoglobin counts."

✓ **Japan: Leprosy research reactivated.**—Research has again become lively in Japan, according to a letter from Dr. Kanehiko Kitamura, head of the Dermatological Clinic of the University of Tokyo. There is a national Leprosy Research Committee, of which Dr. Kitamura is the chairman and Dr. Y. Hayashi, of the leprosy hospital at Tama, Tokyo, is secretary. The purpose of this committee is to direct or coordinate the work of 27 research workers at the universities and leprosaria of the country.

✓ **Japanese Leprosy Association meeting.**—The 22nd annual meeting of the Japanese Leprosy Association was held in October at the Matsugaska Hoyo-en National Leprosy Hospital, under the chairmanship of Dr. Hosaku Sakurai, director of the hospital. The principal topics discussed were clinical classification, the effects of the sulfone derivatives in treatment, and the cultivation of the bacillus. The main event of the meeting, it is stated, was Nakamura's report on the further results of his work on the cultivation of the bacilli of both human and rat leprosy on his mucin-phthiocol medium. (Information from other sources is to the effect that imported sulfones are scarce and have been little used as yet, but that preparations are being made to manufacture such drugs there. Also that visitors interested in learning the details of Nakamura's cultivation work have had little success.)

**Incidental news.**—After eight years, according to a newspaper clipping seen, the patients at the Nagashima leprosarium, on a small island in the Inland Sea, are to have an observatory. In the spring of 1941 they purchased a telescope "to help spend interminable hours" but the war intervened and only now have they been able to undertake the construction of a building to house it. The American Leprosy Missions have been asked by its counterpart in Japan (Kozensha) to aid it with funds for the erection of five Christian chapels, according to another report. In the ten leprosaria of the country there are five Christian groups aggregating 12,250 persons.

62 ✓ **Belgian Congo: Attitude of patients.**—Writing from the Yalisombo Colony, near Stanleyville, in a region where the leprosy incidence—mostly tuberculoid—has been found to be 4.7 per cent, Dr. H. T. Knights tells of the attitude of the people toward leprosy and antileprosy treatment. They have little if any fear of the disease, he says, being quite fatalistic toward what they regard as a result of divine visitation; and the suggestion that it is an infectious disease is met by a pitying smile. All thoughts of isola-

tion, of separating children from infected parents, and of long-continued treatment—above all by oral medication—are abhorred and resisted. The majority of patients in the colony refuse chaulmoogra treatment, and oppose any limitation of their prolonged hunting, fishing and trading expeditions. Patients who remain active and have stayed in the colony for the 12-month limit of free food—such patients being supposed to have established gardens by that time, and so to have become self-sustaining—are liable to decamp at the end of that period. Experience with diasone treatment for only a few months has indicated that it may become a strong influence in overcoming this unfavorable situation, for in that time the number of inmates had increased from 117 to 195. Most of the newcomers said that they had come because of hearing that a new “strong medicine” was being used. Dr. A. Dubois, in transmitting the matter from which these notes were taken, remarks that he in Antwerp was obtaining very gratifying results in 3 European patients under sulfone treatment.

✧ **South Africa:** *Secretary for the Mission to Lepers.*—It has been announced that Mr. R. S. W. Ford, temporarily in Durban but to make his permanent headquarters in Johannesburg, has been appointed secretary for the Union of South Africa vice Mr. Frank Oldrieve who died suddenly last year.

✧ **Cameron:** *Administration of leprosaria.*—The recently mentioned new responsibilities assumed by Rev. and Mrs. Albert E. Whiley, who for ten years were engaged in general work of the West African Mission at Metet—according to a note in *Leprosy Missions Digest*—involve the bringing of seven leprosy colonies under one direction. These colonies, it is stated, are the fruit of forty years work of Dr. H. L. Weber, who has retired, and the Presbyterian Board of Foreign Missions has released the Whileys to consolidate what he began. They will shortly be assisted on a full time basis by a young physician and his wife, the latter of whom has a degree in occupational therapy, their work to be supported by the American Leprosy Missions.

✧ **Brazil:** *Leprosy Control Week.*—By a law promulgated in November and sanctioned by the President of the Republic, there will be each year hereafter, beginning in 1950, a Leprosy Control Week. A special postage stamp of the value of Cr\$0.10 will be sold for compulsory use on all letters crossing the national territory during that week. The revenue so derived will be used for the benefit of the children of leprous parents, through the Federação das Sociedades de Assistência aos Lazáros.

✧ *Liga Contra a Lepra do Pará.*—The President of the Republic has decreed this organization to be an institution of public utility.

✧ *New colony for the Federal District.*—The mayor of the Federal District, Gen. Angelo Mendes de Moraes, has decreed the expropriation of two farms for the site of a new colony for the District.

✧ *First National Conference.*—Announcement has been made of the la Conferencia Nacional de Leprologia, to be held in Rio de Janeiro early in December, under the auspices of the three Brazilian societies—those of Rio de Janeiro, São Paulo and Minas Gerais. Subjects to be dealt with are: (1) evolution of leprosy, studies of its reactions and mutations; (2) the

subtypes of the Havana classification; (3) experimental leprosy; and (4) new acquisitions in the treatment of leprosy. At the same time there will be held the second meeting of the official Brazilian leprosy workers to discuss the progress in the control of the disease.

*Concurso Lafi.*—The Laboratorio Farmacêutico Internacional, S.A., of São Paulo, a branch of an Italian pharmaceutical company, has announced a prize contest for the three best papers on the treatment of leprosy by "sulfonazina," an Italian sulfone product, to be submitted by contestants in any South American country, Portugal or Spain. They are: (1) Prize Farmitalia, Cr\$150,000 (US\$7,500); Prize Eduardo Rabello, Cr\$50,000 (US\$2,500); and Prize Pedro Baliña, Cr\$20,000 (US\$1,000). Papers must be submitted before June 30, 1951, to 649 Jaguaribe St., São Paulo.

*Academy of Medicine prize award.*—The National Academy of Medicine has awarded a prize of Cr\$6,000 to Dr. Wandryck del Favero for his paper on the intensive survey of Candeias, Minas Gerais, which was presented at the Havana congress. Award of the prize for the best paper on the sulfone treatment of leprosy has been postponed until 1950, after those which are to be presented at the 3rd Panamerican Conference in Buenos Aires are known.

*National Leprosy Service prize award.*—The Service announced two prizes this year, one for a manual of leprosy and one for a paper on the Havana classification. The former one, of Cr\$25,000, has been awarded to Drs. Bechelli and Rotberg. The other one, of Cr\$10,000, was not awarded; nobody was able to explain or to defend that classification.

—H C. DE SOUZA-ARAÚJO.

*United States: Regional Histopathological Centers, U.S.P.H.S.*—Under a newly established policy, the U. S. Public Health Service is establishing regional histopathological centers to receive and review materials from stations within their geographical areas. In general, such a central laboratory will require that all surgical and autopsy tissues be sent to it for review and diagnosis, specimens in turn to be sent to the Armed Forces Institute of Pathology in Washington, D. C., for opinions and suggestions. The centers will then supply the area hospitals and clinics with the reports, including those received from Washington. One such center has been established at the U. S. Marine Hospital in New Orleans under the direction of Dr. Lawrence L. Swan, who will act as consultant for all laboratories in that area. The Marine Hospital at Carville (federal leprosarium), the laboratory of which is under the charge of Dr. N. J. Carrozzo, falls within the jurisdiction of that center.

*Cuisine at Carville.*—Problems of the dietary of the patients at the federal leprosarium were recounted in news dispatches on the occasion of a recent meeting of the American Dietetic Association, which was attended by Sister Teresa of the Sisters of Charity of St. Vincent de Paul. The planning of meals is an experience in international cookery, she is quoted as saying; the patients represent many nations, and the dishes prepared for them range from simple ones to highly seasoned French and Spanish cooking, since each day they try to cook food for each of the nationalities in the hospital.

*Mission to Lepers changes its name.*—At its last annual meeting the organization which has existed for many years as the American Mission to Lepers changed its name to the "American Leprosy Missions, Inc." The

plural is used, as explained by Mr. Raymond P. Currier, executive secretary, to emphasize the nature and function of the organization as an instrument of some forty Protestant denominations and not an administrative and property-owning body in its own right. It is understood that the British Mission to Lepers does not contemplate making any such change because of the confusion that would be caused in the minds of the contributing public and otherwise.

*Prayer week.*—The first national week of prayer for leprosy missions was to be the center of attention in 14,000 American Protestant churches last October, according to a report in the *New York Times*, the missions concerned being in 125 leprosy colonies in 29 countries on 5 continents aided by the American Leprosy Missions.

#### PERSONALS

DR. C. J. AUSTIN, medical superintendent of the Makogai colony in Fiji, is returning to his station from the United Kingdom toward the end of the year.

DR. JORGE CAMPOS, pathologist of the leprosy service of Peru, has transferred to the laboratory department of a new tuberculosis hospital in Lima.

DR. NEIL D. FRASER, medical secretary for China of the Mission to Lepers (London) and the American Leprosy Missions, Inc., stationed at Swabue, Kwangtung, will depart for a six-months home leave early in 1950.

DR. ANTONIO JASBÓN-MANTILLA, a war-period fellow of the Leonard Wood Memorial in the United States and since then a member of the leprosy service staff of Colombia, has been appointed director of the Instituto Federico Lleras Acosta, succeeding DR. IGNACIO CHALA.

DR. F. A. JOHANSEN, medical officer in charge of the U. S. Federal Leprosarium at Carville, Louisiana, has recently served a short assignment as consultant to advise the health department of the Territory of Hawaii on the leprosy problem there. On November 11th he and Mrs. Johansen were honored by the Carville patient body, staff and visiting friends with a reception and entertainment—a golf tournament, barbecue supper and dance—in celebration of the twenty-fifth anniversary of his coming to that hospital, where he long served as executive officer and clinical director and, since April 1947, as officer in charge.

DR. JOHN LOWE, who beginning late in 1947 was in charge of the Uzua-koli research unit of the British Empire Leprosy Relief Association, has resigned and has been appointed research worker of the Government of Nigeria, his station still at Uzuakoli.

MR. DONALD A. MILLER, general secretary of the Mission to Lepers (London), and Mrs. Miller have been touring the Southwest Pacific region. Having visited New Zealand they were in Australia in November, and expected at the end of the year to go on to South Africa for a period of organizing and deputation work in connection with the new Auxiliary there.

DR. A. WILLIAM REGGIO, chief of the Physical Medicine and Rehabilitation Section, Division of Hospitals, U. S. Public Health Service, which section was established in 1945 and which Dr. Reggio did much to develop, has retired from that position. One of his special projects was the estab-

lishment of a coordinated physical therapy and occupational therapy program at the National Leprosarium, Carville.

DR. THOMAZ POMPEU ROSSAS has resigned from the directorship of the Curupaity Hospital-Colony, the municipal leprosarium of Rio de Janeiro.

DR. CANDIDO SILVA has resumed the function of subdirector of the Instituto de Leprologia (Serviço Nacional de Lepra) of Brazil.

MR. MICHAEL SMITH, B.Sc., biochemist of the British Empire Leprosy Relief Association research unit at Uzuakoli, Nigeria, since it was organized, will be assigned to work with DR. ROBERT G. COCHRANE at Chingleput, Madras, on account of the dissolution of the Nigeria unit.