

## 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 THIRD WORLD HEALTH ASSEMBLY

On May 25th the Third World Health Assembly, convened in Geneva, adopted the following resolution (A3/R/112, 25 May 1950), according to a report by Dr. R. Chaussinand who served as an observer on behalf of the International Leprosy Association:

#### *Leprosy*

The Third World Health Assembly,

Recognizing the urgent need of implementing the programme for leprosy approved by the Second World Health Assembly,

1. APPROVES the programme for leprosy as contained in the Proposed Programme and Budget Estimates for 1951 (*Off. Rec. World Hlth. Org.* 23, 48, 4. I. 3. 5):

The Second Health Assembly recognized the grave social repercussions of leprosy in many tropical countries, and decided to set up an expert committee to advise on measures against the disease; to initiate co-ordination of research through an exchange of workers from specialized institutions; to conduct systematic trials of the newer drugs, and to furnish the advice of consultants to requesting countries. The provisions made for 1951 are identical with those approved for 1950 by the Second Health Assembly.

2. DECIDES that this programme be placed on the Regular Budget for 1951.

This resolution is a modification of one presented by the Philippine delegation at a meeting of the Programme Committee on May 17th and adopted in amended form by that committee.

#### PREVIOUS ACTION

The subject of leprosy was brought up, it is reported, at a session of the Executive Board of the World Health Organization held in January by Prof. G. H. de Paula Souza, of Brazil,<sup>1</sup> who recommended encouragement of more intensive study on the international level to ascertain the value of drugs currently available and to discover more effective ones. To that note the

<sup>1</sup> From information supplied by Dr. James A. Doull, Medical Director, Leonard Wood Memorial.

secretariat appended one reviewing what had been done regarding leprosy. In summary:

Before the World Health Organization as such was established, the Interim Commission agreed that leprosy should be included among diseases to be studied, and recommended to the First World Health Assembly that WHO should consider continuing the international work on leprosy, including investigations on epidemiology, treatment and prophylaxis, in co-operation with the International Leprosy Association and other organizations.

The program committee of that Assembly approved this report and recommended that the subject be entrusted to the Division of Epidemiology of the secretariat. It was therefore included in the program and budget estimates for 1950 with the intention, not of convening an expert committee at once, but of setting up a panel of experts for preliminary exploration of the field by correspondence.

At the Second Assembly, in 1949, a memorandum and draft resolution submitted by the delegation from India was amended and approved by the program committee and adopted by the Assembly. [See *THE JOURNAL* 17 (1949) 321.]

#### ACTION OF THE PROGRAM COMMITTEE

The matter of leprosy was considered by the program committee on May 17th, 1950, in Item 6 of the agenda. That item, headed "Communicable Diseases: Study and stimulation of campaigns," was a consolidated or joint one pertaining to two separate major departments of the WHO, since the *study* of communicable diseases pertains to the Division of Epidemiology of the Central Technical Services, while the *stimulation of campaigns* against such diseases is a function of one of the divisions of the Advisory Services.

The items enumerated in Item 6 of the program committee agenda were: (6.1) common diseases of childhood, with particular mention of diphtheria and whooping cough; (6.2) leprosy; (6.3) brucellosis; (6.4) salmonella infections; (6.5) smallpox; (6.6) yellow fever; (6.7) rabies; (6.8) influenza; (6.9) poliomyelitis; (6.10) trachoma; (6.11) filariasis; (6.12) leishmaniasis; (6.13) other parasitic diseases, with special mention of trypanosomiasis and ankylostomiasis; (6.14) plague; (6.15) typhus and other rickettsioses; (6.16) bilharziasis (schistosomiasis); (6.17) cholera; (6.18) malaria; (6.19) tuberculosis; (6.20) venereal diseases and treponematoses. In the proposed program for 1951 the last three items, major ones, are listed only among the activities of the Advisory Services; most of the other items are listed only among those of the Central Technical Services, but a few of them are listed by both departments.

The pertinent minutes of the program committee are presented here in somewhat condensed form and without certain noncontributory remarks. Those of the first three speakers are of general nature, the others pertain to leprosy alone.

DR. BIRAUD, *Director, Division of Epidemiology*, said that the list given under Item 6 might give a wrong impression of the program for 1951, for the budgetary estimates to cover all the diseases mentioned was very small. The amounts necessary to establish the dozen expert committees recommended by the Second Assembly had been put on the supplemental budget, and only one of those committees had been convened in 1950. In the [proposed] 1951 budget provision was made for two committees, those on insecticides and yellow fever; it did not allow for meetings of any others, or for work in the field. That was a sad truth.

DR. RAE (*United Kingdom*) said that the list contained a great number of diseases, and others had been proposed and general approval had been given. The importance of some of them was realized, but WHO should as far as possible restrict its activities to work on diseases to which it was already committed and not disperse its energies.

PROFESSOR RODHAIN (*Belgium*) agreed, saying that if any attempt were made to deal with too many questions certain important ones might not be dealt with properly. It was not advisable for WHO to deal with all diseases.

DR. BONNE, *Chief, Section of Epidemiological Studies*, said that the Second World Health Assembly had decided on certain lines of action but that hardly any action had yet been taken. For 1951 leprosy had been put under the program for technical assistance.<sup>2</sup>

DR. RODRIGUEZ (*Philippines*) said that the delegation of the Philippines wished to make an appeal that something be done as soon as possible in this matter. Leprosy imposed heavy burdens on governments in many countries, particularly in under-developed ones, and even countries with well-developed programs felt the need for expert advice. No single definite source of such advice existed.

The Philippine Government spends about one-fifth of its health budget on leprosy control alone, not because of a high rate of incidence but because it was committed to a definite control program. It was felt that this burden might be lightened, but it was not desired to [make any change of program] without obtaining advice such as could only be provided by a body like the proposed expert committee of WHO. It was believed that many other countries also need advice of that kind.

An expert committee could also render important assistance in connection with the recently introduced sulfone treatment, with regard to such things as correct dosage, the search for less expensive preparations than those now used, and the evaluation of cheaper drugs now being tried out.

The Philippine delegation therefore moved that the following resolution be adopted:

The Third World Health Assembly,

Recognizing the urgent need of implementing the programme for leprosy approved by the Second World Health Assembly,

REQUESTS the Executive Board and the Director-General to exert every effort to convene a meeting of the Expert Committee on Leprosy

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<sup>2</sup> This refers to a special supplemental program dealing with activities to be provided for by a special United Nations fund as a part of the general program of technical assistance for economic development of under-developed countries.—EDITOR.

in 1950 and to include in the budget for 1951 funds to support the programme recommended by the expert committee, in conformity with the resolution adopted by the Second World Health Assembly.

DR. CHAUSSINAND, *Observer, International Leprosy Association*, said that the decision of the Second World Health Assembly that leprosy should be included in the program of WHO was received with great satisfaction by the Association, in which are leprologists from all parts of the world. Now the Association would like to know what measures have been taken to realize the antileprosy program for 1950.

The spread of leprosy is a serious problem, affecting the progress of many large countries, especially in tropical and subtropical regions. The disease constitutes a real problem in social hygiene in at least 35 of the 67 countries represented at the Assembly.

Because of the therapeutic action of the sulfones, it is now possible to begin an effective campaign against leprosy on a world-wide basis. The high price of the sulfone derivatives has until now prevented the use of this medication on a wide scale, but recent experimentation has shown that the diaminodiphenyl sulfone radical can be used directly and with success, at much less cost. The conditions necessary for an effective campaign are at last being realized.

The action of WHO in this struggle will be of utmost importance. It will have the function of advising and aiding needy countries which have inadequate means of combating this disease. It will coordinate the research being done throughout the world. By a controlled experiment it should be possible to resolve the question of the preventive value of the sulfones. It would also be of great interest to learn whether or not BCG vaccination has a preventive action against leprosy. The large amount of work already accomplished by WHO cannot be fully appreciated as long as the expansion of leprosy, that ancient historic infection, is not stopped.

In undertaking this urgent task, WHO can be assured of the full cooperation of the International Leprosy Association. But it is evident that decisions in favor of the antileprosy campaign will be followed by results only if the necessary funds are written into the regular budget.

DR. DUJARRIC DE LA RIVIERE (*France*) said that there was agreement that leprosy was of primary importance, and he greatly hoped that the program approved by the Second Assembly would be carried out, but he wished to know how that could be done if the budgetary resources were not to be increased.

DR. RAJA (*India*) said that he very strongly supported the Philippine proposal. Of the 5,000,000 leprosy patients in the world, some 1,200,000 were in India. There had been considerable support for the program proposed last year, and a more positive approach to the problem than the attempt made in connection with the technical assistance program would be very welcome. It was desirable at least to establish the expert committee in 1951, so that it could put forward definite proposals.

DR. DOWLING (*Australia*) said that, the subject of leprosy being of considerable interest to Australia, where most of the cases occurred among the aborigines, he had been disappointed to hear that nothing had been done; but he was not convinced of the urgency of appointing an expert committee. The problem was mainly a national one, and it would be of great help if the national health departments could be supplied with

information regarding the efficacy and availability of the various drugs, which the secretariat could do without undue expense.

DR. DE PAULA SOUZA (*Brazil*), not wishing to repeat what he had said at the fifth session of the Executive Board, called attention to problems connected with the reactions to lepromin as a matter of the highest importance. According to experiments made in Brazil, 80 per cent of the negative reactors treated with BCG, or with sulfones, became positive. It was of enormous importance to discover what the position actually was. Research by WHO into BCG and sulfone treatment would be most valuable.

DR. YOUNG TAI CHOI (*Korea*) and DR. IMAMI (*Iran*) spoke of leprosy in their countries, and the latter urged that the necessary measures to proceed with the leprosy program be taken, especially that the services of experts be made available.

DR. DUREN (*Belgium*) recalled his request that only important items be dealt with, and stated that he considered that leprosy was important. More should be done than merely to make recommendations. WHO could coordinate the steps being taken in different countries, and an expert committee could supply both advice and encouragement.

The CHAIRMAN (*Dr. Höjer, of Sweden*), remarking that the various speakers had all supported the Philippine resolution, invited the secretary to paraphrase it in the light of the discussion.

The SECRETARY (*Dr. Forrest*) recalled that the proposed resolution had requested the director-general to call a meeting of an expert committee in 1950. That would be very difficult because of the ceiling on expenditure. It would be possible to re-word the resolution as follows:

The Third World Health Assembly,  
Recognizing the urgent need of implementing the programme  
for leprosy approved by the Second World Health Assembly,  
DECIDES to approve the programme for leprosy as set out in  
*Official Records* No. 23 in the regular programme for 1951.

If that were done, the committee would have to decide from what other part of the program the money was to be obtained.

DR. RODRIGUEZ (*Philippines*) said that the amendment proposed by the secretary was acceptable, but he wished a statement to be included to the effect that the director-general should try to find funds for the implementation of the program.

*Decision:* The resolution proposed by the Philippine delegation, with the proposed amendments, was adopted.

[The resolution as actually adopted by the Assembly, set forth at the beginning of this note, differs materially from the one introduced by the Philippine delegation, and to some extent from the amended one adopted by the program committee.—EDITOR.]

#### ORGANIZATION OF WHO AND ITS BUDGET

Heretofore THE JOURNAL has dealt with news of World Health Organization without a statement concerning its organizational set-up and the scope of its activities, or of its budget system. Recently the Organization supplied a copy of its Pro-

posed Programme and Budget Estimates for 1951 and certain collateral documents, and from them the following note has been prepared.<sup>1</sup>

The program-budget, a foolscap-sized volume of 290 pages, is in two sections, first the "regular estimates" and second a summary of estimates for a proposed "expanded program of technical assistance for economic development of under-developed countries." The body of the former section, the one of present interest, is divided into three parts, dealing with the main subdivisions of the organization and its functions.

First to be mentioned (although listed as Part III) are the Administrative Services, the headquarters organization. Its divisions are the office of the director-general and the departments of coordination of planning and liaison, of public information, and of administration and finance. The estimates for these services totaled \$1,202,764. Next in logical order (Part II of the budget, a short one) are the organizational meetings. These are the World Health Assembly for 1951, the Executive Board and its committees, and the Regional Committees; for these the total estimate was \$277,758.

The main section of the document (Part II), the Operating Programme, deals with the two major departments of activity of WHO, each headed by an assistant director-general, namely, the Central Technical Services (estimates totalling \$1,717,017) and the Advisory Services (total \$3,450,633), and two less elaborate budget groupings, the Regional Offices (\$1,047,127) and the Expert Committees and Conferences (\$285,866). The total for this entire part was \$6,500,642.

The grand total of these "regular estimates" for 1951 as published in March was \$7,981,164, with an anticipated reduction on account of "savings resulting from revaluation" to \$7,651,000, which amount compares with a flat \$7,000,000 for 1950 after deductions. It has been learned that in June the Executive Board resolved "that the expenditure level for 1951 shall not exceed \$6,150,000," down \$1,501,000 from the pre-Assembly estimates.<sup>2</sup>

Returning to the department of immediate concern, the Central Technical Services, its activities are grouped under the following four headings, each being a division with a director in charge: (1) Epidemiological Services, comprising international regulations and quarantine, epidemiological statistics and information and the Singapore station, technological services (a minor item), and studies of communicable dis-

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<sup>1</sup> Much information is to be found in the *Chronicle* of WHO for April 1950, including statements regarding the main activities of the Organization and the various expert committees which are functioning. The present note, however, is of quite different nature.

<sup>2</sup> The separate estimates for "technical assistance for economic development of under-developed countries" totaled \$12,697,501. The amount available under this heading for 1950—if any, since this activity had not been started as of last March—was not stated, but it was expected to be "approximately 22 per cent of funds available under the UN program for Technical Assistance for Economic Development."



eases;<sup>3</sup> (2) Health Statistics; (3) Therapeutic substances; and (4) Editorial and Reference Services. The total allotment for epidemiological services was \$400,304, of which amount \$126,306 (about 31%) was for the section of studies of communicable diseases.

The Advisory Services department comprises the following five divisions, the first four with directors: (1) Organization of Public Health Services, (2) Stimulation of Campaigns against Communicable Diseases, pertaining specifically to malaria, tuberculosis, venereal diseases, plague, typhus fever and relapsing fever, and bilharziasis; (3) General Promotion of Health; (4) Professional and Technical Education, including exchange of scientific information under which is mentioned the Council for the Coordination of International Congresses of Medical Sciences;<sup>4</sup> and (5) Medical Supplies.

Since, logically, the first thing to be done in connection with leprosy would be to convene an expert committee to draft specific proposals for further activities, there is special interest in the proposed provisions for such committees in 1951. As the last item of Part II, separate from the various services, the budget summary shows as "Section 7" a consolidated total of \$285,866 proposed for this purpose. No Section 7 appears in the body of the book, but search of the other sections reveals no less than 19 items for "expert advisory committees," seven for as many sections of the Central Technical Services and twelve for sections of the Advisory Services.

For the committees dealing with studies of communicable diseases (C. T. S.) the amount estimated was \$12,814. The other figures ranged from \$3,476 (under exchange of scientific information) to \$26,011 (under stimulation of campaign, venereal diseases). Those for mental health (\$12,599) and for environmental sanitation (\$12,719) are the ones nearest to that for studies of communicable diseases. These figures are cited as revealing original intention. How—apart from the total—the appropriations actually made compare with the original estimates has not been learned, but it has been heard that the actual total appropriated for all expert committees is much less than the proposed one.

The question of primary interest to leprosy workers is how likely it is that definite action will be taken in this field in the near future. When the Second Assembly resolved that an expert committee should be set up and should meet in 1950, and that provision should be made for exchange of four workers in that year and for three experts to be sent to countries requiring guidance, the natural assumption was that action would be taken. As seen (preceding item), it is admitted that there was "hardly any" action. It is also natural to assume that the

<sup>3</sup> The director of this division is Dr. Y. M. Biraud, and the chief of the Section of studies of communicable diseases is Dr. W. M. Bonne, who is most immediately concerned with the matter of leprosy.

<sup>4</sup> It is indicated that a grant of \$44,000 was made, or at least was to be made, to this Council for 1950, and a like amount was scheduled for 1951.

emphasis given by the further resolution adopted by the Third Assembly, in effect reiterating those plans, will now lead to definite action.

The practical aspect of the matter is that the activation of projects is governed by availability of funds and priorities. A basic principle is that the limited funds available to WHO shall be devoted to those activities which seem likely to promise the fruitful results, the maximum returns for the minimum outlay.<sup>5</sup> In resolving action with regard to any particular disease—demands for attention to over 30 diseases have been formally approved, according to one official statement—the Assembly does not take into consideration the availability of funds; that matter is a problem of the administration and the Executive Committee. There, it appears, is where priorities are decided; and it is hardly to be expected that funds will be withdrawn from existing activities in favor of new ones, at least such as are not regarded as urgent.

In the past, according to official publications, there has been the actual operating budget based on funds expected to be available, and a supplementary one for expanded activities should it turn out that further funds are made available. In actuality the funds of WHO have been shrinking rather than expanding. It is stated<sup>6</sup> that out of a total assessment of \$3,172,726 for 1948, 18 per cent (\$577,321) remained uncollected, and that out of the assessments of \$5,046,293 for 1949, 27 per cent (\$1,347,624) remained unpaid, including the amounts due from those states which had announced withdrawal from membership. It would seem that the situation has not improved.

The minutes of the program committee of the Third Assembly reveal on the part of those responsible for the actual work of WHO courteous desire that the work advocated by those concerned with the leprosy problem might be undertaken, and regret that funds for it are lacking. No reason appears for believing that leprosy has a high priority. In the program-budget for 1951 it is stated that "the diseases against which action has been recommended or has been taken" were arranged "according to the importance of the results likely to be obtained by international action at the moment," with precedence given "the 'pestilential' diseases (plague, cholera, typhus fever, smallpox and yellow fever) which have long been considered international dangers requiring international action." As has been seen, leprosy was placed between the diphtheria-and-whooping cough item and the brucellosis item.

#### 6 <sup>adriano</sup> POSTPONEMENT OF THE PAN-AMERICAN CONFERENCE

From various indirect sources it has been learned that the III Conferencia Panamericana de Leprologia, scheduled to be held in Buenos Aires in the latter part of the present year [see *THE JOURNAL* 17 (1949) 328], has been postponed for a year.

There has also come to hand a notice that the organizing committee having met with general approval of the original

<sup>5</sup> *Chron. World Hlth. Org.* 4 (1950) 100.

<sup>6</sup> *Chron. World Hlth. Org.* 4 (1950) 110.



agenda, will maintain it for the postponed meeting. The topics to be dealt with are: (1) classification of the subtypes of leprosy; (2) lepra reaction, pathogenesis, therapeutics, prognosis; (3) reversibility or mutation of the clinical types and of the lepromin reactions; and (4) social assistance of leprosy patients and their families. There had been complaint that the time for preparing studies on these subjects was too short, but the postponement will correct that difficulty.

ELECTION OF OFFICERS, WESTERN SECTION  
INTERNATIONAL LEPROSY ASSOCIATION

Pursuant to the provisions of the constitution and by-laws of the International Leprosy Association, there fell to the undersigned as Secretary of the Western Section the duty of carrying out by correspondence with the other officers and councillors of that Section an election to fill the position of chairman, made vacant by the regretted death of Dr. Pedro Baliña, of Buenos Aires. Dr. H. C. de Souza-Araujo, of Rio de Janeiro, was elected almost unanimously to that position.

Because that election vacated the position of vice-chairman, which Dr. de Souza-Araujo had held since the organization of the Association, it then became necessary to elect his successor. Dr. Felix Contreras Dueñas, of Madrid, was elected by the same majority.

—R. CHAUSSINAND  
*Secretary, Western Section*

FIRST NATIONAL CONFERENCE IN BRAZIL  
HELD IN RIO DE JANEIRO, DECEMBER 15-16, 1949

The First National Leprosy Conference of Brazil, a joint meeting of the leprosy societies of Minas Gerais and São Paulo, held in preparation for the anticipated Pan-American Conference, dealt with the three major themes announced for the agenda of the Buenos Aires meeting according to the *Revista brasileira de Leprologia* 17 (1949) 281-285. These were: (1) the classification of subtypes, (2) the position of lepra reaction, and (3) the reversibility of clinical forms and of the reaction to lepromin. The material published consists of the reports of committees, without the discussion of them. The proposals made respective to the first subject are interesting for their originality and complexity, but it has been reported [THE JOURNAL 18 (1950) 108] that the consideration of them was inconclusive. The report on the second subject consists mainly of recommen-

dations for study. That on the third one is of similar nature, but it is reproduced here in a slightly condensed free translation because of the interest inherent in this matter and because it reveals how this particular group has been thinking about it.

THE REVERSIBILITY OF THE CLINICAL FORMS OF LEPROSY  
AND OF THE REACTION TO LEPROMIN

The committee charged with establishing a minimal program for the study of this subject is confronted at the outset by uncertainty regarding the interpretation that should be given to the term "reversibility."

If we consider reversibility to be the return to the initial clinical form, the matter should be considered from the point of view of the evolution, progression and regression of a clinical form, with respect to its bacteriology, structure and immunology. The process of reversibility observed in the evolution of a polar form does not constitute a phenomenon of mutation. For a phenomenon to be accepted as one of mutation requires transformation of the clinical and structural characteristics, and secondarily the bacteriological and immunological ones.

With this understanding the committee recommends that cases actually under observation in the dispensaries and leprosaria be studied with regard to reversibility and mutation from the original clinical form presented at the time of the first examination. This study should be restricted to cases initially of the undetermined form, and to cases of the lepromatous and tuberculoid forms diagnosed at an early stage. Under these conditions the committee suggests the following plan for this study.

(a) Selection of cases according to their initial clinical form at the time of the first examination;

(b) Study of the evolution of these cases as regards clinical, bacteriological, structural and immunological features (see Aguiar Pupo, *Rev. brasileira Leprol.* Sept. 1949);

(c) Consideration of the present condition, in relation to earlier data according to the criteria: undifferentiated to lepromatous or tuberculoid; tuberculoid to undifferentiated or lepromatous; lepromatous to undifferentiated or tuberculoid; and, finally, cases undergoing no mutation during the period of observation and treatment.

The phenomenon of reversibility of the lepromin reaction may be considered from the evolutive aspect of leprosy cases and also of contacts. It is known that the results of the test may not parallel the mutation of cases, and consequently its importance in the study of the changes in them is relative. Although, in principle, it should correspond to the structural modification, yet cases are seen in which there is an evident discordance between structure and the result of the reaction.

Change from negative to positive occurs frequently, but the change from positive to negative is seen only exceptionally. Reversibility can be seen especially among interned patients, and therefore its study in them should be made *pari passu* with that of clinical mutation and reversibility.

It is among contacts that the importance of the phenomenon of mutation is striking, principally from negative to positive. It is accepted at present that, apart from exceptional cases, leprosy occurs among the lepromin negative contacts. Thus the prophylactic significance accorded

the mutation from negative to positive, since this undoubtedly reveals resistance to the infection.

This committee therefore recommends that the inversion from negative to positive should be induced among direct contacts, utilizing for this purpose the contacts under control in the dispensaries, as well as—and especially—the children confined in preventoria. Since the question is still under study, and since it is not known how and why this positivity can be produced, and consequently how this state of resistance revealed by the positive reaction is acquired, the study of its mechanism is particularly recommended.

Theoretically it should depend upon a particular condition of the reticuloendothelial system, and therefore it is suggested that studies should be carried out for the purpose of inducing an excitation of this system, by either chemical or biological substances. In this way sulfone derivatives, dyes, colloids, BCG, and toxoids (antidiphtheria, antityphoid, antitetanic and others) should be tried out, selecting for this purpose groups of children according to age, previous results of the lepromin reaction (negative or doubtful), and the number of previous tests.

(Signed: Armando Pondé, *president*, Paulo Cerqueira Pereira, *secretary*, and Reynaldo Quagliato, Absalão de Almeida, Abraão Salomão, João Baptista Risi, Nelson Pacheco Braga and Arthur Marques Porto, *members*.)

#### ✓ REGISTRY OF LEPROSY

The Leonard Wood Memorial (American Leprosy Foundation) is sponsoring a new Registry of Leprosy at the American Registry of Pathology, a department of the Armed Forces Institute of Pathology, Washington 25, D. C., under the auspices of the National Research Council. The purpose of this registry is to promote the study of the pathology of leprosy based on material contributed by leprologists and pathologists throughout the world. Since there is a considerable degree of variation in the behavior of the disease in different parts of the world, the concentration of material in a single center should permit more adequate evaluation of the scope and significance of such variation.

The Leonard Wood Memorial (American Leprosy Foundation) and the Armed Forces Institute of Pathology will shortly appoint a committee of consultants to the new registry. They will assist in the study of the material as a whole and will be available for consultation on individual cases which will be initially reviewed in the Armed Forces Institute of Pathology.

Contributors should forward not only pathologic specimens in the form of slides, blocks or fixed tissues, but also complete identification of the patient to facilitate follow-up studies and an adequate abstract of the clinical data including details of therapy. Clinical photographs, especially of the individual lesion

excised for study, are desired for clinical pathological correlation.

Communications should be addressed to Director, Armed Forces Institute of Pathology (ATTN: American Registry of Pathology), Washington 25, D. C.

—J. A. DOULL

#### LEONARD WOOD MEMORIAL MEMBERS IN MEXICO

Upon invitation of Dr. Gustavo Argil, subsecretary of health and welfare, and of Dr. Perches Franco, director of the leprosy service, a party from the Leonard Wood Memorial visited Mexico January 4-25, 1950. Staff members were: Dr. Doull, medical director, Dr. Kluth, associate epidemiologist, and Mr. Brown, director of the photographic section. Mr. William Taylor, director of the Photographic Department, Temple School of Medicine and Hospital, Philadelphia, was selected by the Photographic Committee of the Memorial to accompany the party. The purposes were to examine and study cases and to obtain photographs and biopsy material for medical teaching and public education.

The Leprosario "Dr. Pedro López" at Zoquiapan, 25 miles from Mexico City, has 450 patients. This leprosarium, the only one in Mexico, is intended for residents of the Federal District but receives patients from all parts of the country. There is also a lazaretto in Guadalajara, part of a hospital for tuberculosis and leprosy supported by the local Roman Catholic Church. There are 21 dispensaries in Mexico, 13 of them wholly supported by the federal government and 8 supported jointly by federal and state governments. The total number of cases in the country is estimated to be over 9,000, of whom some 2,000 are receiving sulfone treatment.

During the visit materials were obtained at the leprosarium at Zoquiapan, at the Dispensario "Dr. Ladislav de la Pascua" in Mexico City, and at the "Instituto Dermatológico" in Guadalajara. About 100 patients were examined also at the Guadalajara lazaretto. A total of 103 black-and-white clinical photographs were made and 73 in color. Biopsy material was brought back from 8 patients and arrangements made for more if desired.

Lesions photographed illustrate tuberculoid and lepromatous types in their various stages. There were included examples of ulcerative diffuse lepromatous leprosy known as the Lucio phenomenon; indeterminate lesions on a child known to have been free from leprosy in June 1949; marked inguinal gland involvement; concealing effect of cosmetics, especially in the diffuse lepromatous disease; various deformities; and a few complicating diseases, including cutaneous leishmaniasis. A series of photographs was secured to illustrate common defects in medical photography, as desired by the committee, and 75 photographs for general education were obtained at the boys' and girls' preventorium and at the General Hospital in Mexico City, at the "Dr. Pedro López" Leprosario and at other places.

Incidental to the trip, Dr. Doull and Dr. Kluth addressed the staffs

of the National Department of Health and the Institute of Tropical Diseases, a meeting of the Mexican Association for Microbiology, and took part in round table discussions of the "Asociación Mexicana de Acción Contra la Lepra." Dr. Doull also addressed the Mexican-U. S. A. Cultural Institute, and Mr. Taylor was an invited critic at several photographic demonstrations.

Acknowledgement for assistance must be made to Dr. Rafael Pascasio Gamboa, secretary of health and welfare; Dr. Gustavo Argil, subsecretary; Dr. Saturnino Guzman, Jr., chief administrator of the department; Dr. Pilar Hernández Lira, director general of hygiene, who made all arrangements and escorted the party to Guadalajara; Dr. J. Perches Franco, director of the leprosy service, and his assistant, Dr. Ignacio Moran; Dr. Enrique Ymaz de la Garza, director of the Leprosario "Dr. Pedro López" and his associates, especially Dr. Matias Guzman Malpica who did the biopsies and assisted the party in numerous other ways. Dr. Fernando Latapí and his fellow workers of the "Asociación Mexicana de Acción Contra la Lepra" and Dr. José Barba Rubio and his associates of the "Instituto Dermatológico," Guadalajara, placed the facilities of their respective clinics at the disposal of the party, and took a personal interest in seeing that every need was met. Mr. Richard Courtayne, third secretary, United States Embassy, was also exceedingly helpful. —J. A. DOULL



## NEWS ITEMS

† **South America** *Proposed survey.*—The Pan-American Sanitary Bureau has invited Dr. Lauro de Souza Lima, of São Paulo, Brazil, to make for the Bureau a survey of leprosy prevalence in three or four South American countries. This action was taken in accordance with recommendations of the Advisory Medical Board of the Leonard Wood Memorial, according to Dr. J. A. Doull, who says Dr. de Souza Lima has agreed to make the survey.

† **Brazil: Leprologists visit Italy.**—A delegation of Brazilian leprologists, headed by Dr. Ernani Agricola of the federal service, Dr. Orestes Diniz of the Minas Gerais service, and Dr. Jose Alcantara de Madeira of the São Paulo service, have recently visited European countries. The occasion was a dermatological congress in Florence; but the trip included excursions to various other cities, all—we are informed—at the expense of Farmaceutici Italia S. A., of Milan.

† **United States: Modification of Louisiana law.**—An Associated Press dispatch dated July 3 states that the Louisiana legislature has passed and sent to the governor for signature a bill removing "Hansen's disease (leprosy)" from the state quarantine list. The bill, said to have been sponsored by veterans, had been passed by the senate by a vote of 32 to 0. The report states that persons with leprosy will no longer be dealt with on the same basis as those with smallpox, cholera, yellow fever and bubonic plague, but it does not say whether or not such persons are still subject to hospitalization in the federal leprosarium at Carville.

† **Public health survey in Hawaii.**—Dr. Ira V. Hiscock, chairman of the Department of Public Health of Yale University Medical School, has recently spent six weeks in Hawaii on a survey of health agencies and public health matters generally. This survey was financed jointly by several voluntary health agencies. His findings and recommendations regarding leprosy have not been learned.

† **Canada: Patients at the leprosy colonies.**—In the colony on Bentnick Island, British Columbia, there are now only 2 patients, both males; and at the Tracadie colony, in Nova Scotia, there are 7 patients, 3 women and 4 men, according to a United Press dispatch in hand. The Bentnick colony is described as a forest-covered island 12 square miles in extent, some 12 miles distant from Victoria, the capital city of the province. In the past, it is said, when there were "scores" of patients confined there, many tried to escape to Victoria by paddling on logs and the city was often disturbed by rumors of such attempts. No one, however, was known to have reached land; "many turned back, and many others drowned in the treacherous tide rips off Bentnick." The two remaining patients, both Chinese, both over 60 years of age, one of them blind, live quietly in their one-room cottages, attended by a middle-aged nurse and her caretaker husband who retired to spend the rest of their lives in the colony. Periodic visits are made by a physician, a quarantine officer who inspects foreign ships entering Victoria.

† **Trust Territory: Question of status.**—Changes and reports of impending changes in the Trust Territory, affecting the leprosy station on Tinian, have come one after another. Lt. Jack Millar's tour of duty being over

he left before the middle of the year, and was replaced by Dr. Gordon McNeilly who returned to the U. S. Navy from civilian life specifically in order to take over that position. Then it was reported that his tenancy of it would probably be short because of a high-level decision to transfer the administration of the Trust Territory from the Navy to the Interior Department, which would involve replacement of service men by civilians. It is now understood that that action has been postponed for the time being.

**Japan: Research institute at Tohoku.**—The Tohoku University of Sendai, Japan, is now publishing a periodical called the *Science Reports of the Research Institutes* of that university. No. 1 of Vol. 1, Series C (Medicine), was issued in December 1949. From this periodical it is learned that there are eight various institutes concerned, the only one in the field of medicine or biology being the Research Institute for Tuberculosis and Leprosy, headed by Prof. Toshiaki Ebina. Among the several articles in this issue is one by Ebina and associates on BCG vaccine dried in vacuum from the frozen state, and one by S. Sato on animal experiments in leprosy with special reference to the chicken.

**Philippines: Status of leprosy work.**—Information received by Mr. Perry Burgess, of the Leonard Wood Memorial, is to the effect that "leprosy work in the Philippines is getting 'uninteresting' because the government no longer seems keen on segregating cases, sending to the leprosaria only those patients who present themselves for treatment and a few others who are denounced to the authorities. Sulfone treatment is attracting many patients, although the fact that bacteriological improvement does not occur as rapidly as clinical improvement tends to discourage many of the patients in the leprosaria. On the other hand for outpatient treatment of bacteriologically negative cases, who are not subject to segregation under Philippine regulations, 'sulfone therapy seems to be almost ideal'."

**Malaya: Research dermatologist at Sungei Buloh.**—The British colonial research service has appointed Dr. F. S. Airey as dermatologist for leprosy research, assigned to work at Sungei Buloh. Prior to his departure from England he spent some time in reviewing histological technique and nerve histology, and he is now establishing a laboratory at Sungei Buloh where, when it is in operation, it is expected that work along those lines will be carried out. Incidentally, a news dispatch from Kuala Lumpur states that the sulfone treatment has created a new problem for Sungei Buloh. Of 140 patients released last year 10 had come back, having found it hard to resettle in the outside world. (The report is confused in that it is also stated that most of them had "again become infected.")

87 **Kenya: Activity at Kakamega.**—It has been reported by Dr. J. Ross Innes that in recent months a number of government medical officers—Drs. Murcott, Sandford, Charlton, and Cachir—had taken an interest in the previously neglected Kakamega leprosarium, and that they had been trying out the sulfones with remarkable success, along with which there was a great improvement in morale and contentment among the patients. With this activity lay help had been forthcoming and very valuable, in the shape of clerical work on the records of the experiment by Mrs. Charlton, and clinical photography by an officer of the nearby Kakamega Gold Mine. "I consider this effort all the more valuable," says Dr. Innes, "in that it

was carried out by medical officers who work in the field of general medicine and do not claim to be leprologists, which will set a fine example for the rest of East Africa."

✓ **Uganda:** *Equipment for the St. Francis leprosaria.*—The two leprosaria operated in Uganda by the Order of St. Francis have "good reason to be thankful" that Sister Peter Mary had gone to the United States to seek help, according to news dispatches. Her story of the needs of these institutions had been told over one of the radio networks, and as a result electrical and mechanical equipment valued at \$15,000 had been donated, including an electric generator necessary for lighting and pumping water. A Kiwanis Club was to pay the freight charges for shipping this equipment. The report says nothing of funds for installing, operating and maintaining it once it has arrived in East Africa.

✓ **Ivory Coast:** *The village of Adzopé.*—A brochure by Raoul Follereau, president of the Fondations Charles de Foucauld in Paris, tells of a project to develop a village for leprosy victims in the Ivory Coast region of French West Africa. Heretofore they were isolated after a fashion on an island called Désirée, in a lake. At the instigation of the Mother Superior of the Soeurs Missionnaires de Notre-Dame des Apôtres, the government has set aside a tract of 193 hectares, 150 kilometers from Abidjan, and that order is working to establish a model village planned to contain 700 family houses, each with land for gardening, and other facilities.

✓ **Portuguese Africa:** *Mozambique.*—Because of extreme paucity information about the current leprosy situation in the Portuguese territories of Africa note is made of the fact that Mozambique now has a Serviço de Combate à Lepra in the Health Service. The director is Dr. Rui Morgado.

✓ **Angola.**—A note from Dr. Mary F. Cushman, of the Missão do Chilesso, Andulo, P. W. A., speaks of a small and unsubsidized camp for persons with leprosy, with about 25 patients under treatment and in general doing well. Dr. Cushman, 80 years old, is the "only doctor in a district hundreds of miles in diameter . . . [and] very busy in all departments of medicine and surgery and training native helpers" for her own hospital and for outlying districts.

✓ **General:** *Thiosemicarbazone (TB-1) under trial.*—The thiosemicarbazone preparation called in Germany "conteben" (also "TB-1"), and known as "tibione" in the United States, is being tried out in leprosy in Venezuela, according to information from Dr. Martin Vegas of Caracas, as a result of a visit to that country by Professor Domagk last December. An evaluation of the matter after three months showed that the drug is well tolerated, and it appears to have marked therapeutic activity. Some cases have been under treatment with this material at the U. S. Federal leprosarium at Carville, La., and Dr. F. A. Johansen reported promising results with it at a recent meeting of the American Medical Association. He is quoted (*Carville Star*) as saying that "Tibione appears to be one of the most promising drugs outside the sulfone series for further investigation in the treatment of Hansen's disease." From Buenos Aires comes information that Dr. Guillermo Basombrio has a few cases under treatment with the same drug. Finally, a correspondent in India says that a few cases are

being treated there; and he remarks that, since this drug "does not act by a *p*-aminobenzene acid blocking effect," it will open up wide horizons if it proves active in leprosy. An attempt to procure some of that drug from the United States for trial at the Culion colony in the Philippines failed because of refusal of the federal control authorities to permit its exportation even for experimental use.

#### PERSONALS

DR. R. CHAUSSINAND, of the Institut Pasteur in Paris, was invited to attend as a guest the Fifth International Congress of Microbiology, held in Rio de Janeiro in August.

DR. PAUL T. ERICKSON, having completed the four-year tour which is the maximum assignment allowed regular officers of the U. S. P. H. S., has been transferred from the National Leprosarium at Carville, Louisiana, to the U. S. Public Health Service Hospital at Lexington, Kentucky, to serve as chief of the medical service.

DR. B. N. GHOSH, from 1927 to early this year associated with the West Bengal branch of the British Empire Leprosy Relief Association (Indian auxiliary) and the School of Tropical Medicine in Calcutta, resigned from that connection to assume the post of superintendent of the Gouripur Leprosy Colony, a newly established government institution in the Bankura district of West Bengal.

DR. JOHN LOWE, we are informed, was to be awarded on June 30 the Leprology Prize of 1950 (Cr\$5,000) of the National Academy of Medicine of Brazil, on proposal of DR. H. C. DE SOUZA-ARAÚJO, for his report on experimental therapy of leprosy in Nigeria.

DR. ALBERTO OTEIZA, who after the Havana Congress, of which he was president was appointed minister of health of Cuba, and who later was compelled to resign because of ill health, has fully recovered and has returned to his previous position of director of the Patronato de Sifilologia, Leprologia y Enfermedades Cutaneas.

DR. SALOMON SCHUJMAN, of Rosario, Argentina, made a visit to Israel last February.

MR. MICHAEL SMITH, biochemist of the British Empire Leprosy Relief Association now stationed in Madras, India, is working for a time at the Sungei Buloh Settlement in Malaya.

DR. MARTIN VEGAS, of Caracas, Venezuela, and DR. GUILLERMO BASOMBRIÓ of Buenos Aires, Argentina, have recently returned to their home posts after visiting medical centers in Europe.