

NEWS AND NOTES

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

CONFERENCE ON LEPROSY OF THE NEW YORK ACADEMY OF SCIENCES

The New York Academy of Sciences, after several months of preparation, has announced a two-day conference on leprosy to be held under the auspices of the Section of Biology on November 10 and 11, 1950. The chairman of the conference, it is announced, is Emanuel Grunberg, of Hoffmann-La Roche, Inc., Nutley, N. J.; the chairmen of the three sessions are James A. Doull, Leonard Wood Memorial, Washington, D. C., Charles M. Carpenter, University of California School of Medicine, Los Angeles, California, and George L. Fite, U. S. Public Health Service, Bethesda, Maryland. The program is as follows:

L. F. BADGER (U. S. P. H. S., Atlanta, Ga.). History of leprosy in the United States.

J. H. HANKS (Leonard Wood Memorial, Harvard Medical School, Boston, Mass.). The bacteriology of leprosy.

F. L. KLUTH (Leonard Wood Memorial, Washington, D. C.). The epidemiology of leprosy.

G. L. FITE (U. S. P. H. S., Bethesda, Md.). The pathology and pathogenesis of leprosy.

M. H. SOULE (University of Michigan, Ann Arbor, Mich.). The laboratory diagnosis of leprosy.

R. L. KAHN (University of Michigan, Ann Arbor, Mich.). The universal serologic reaction in leprosy.

J. THIERS PINTO AND A. ZEO (Clinic of Dermatology and Syphilology, Faculty of Medicine, University of Brazil, and Curupaiti Leprosarium, Rio de Janeiro, Brazil). The universal serological reaction in leprosy.

W. H. FELDMAN, A. G. KARLSON AND J. H. GRINDLAY (Mayo Foundation, Rochester, Minn.). Lepromin—Mitsuda's reaction—with experimental observation in dogs.

F. REISS (New York University Post-Graduate Medical School, New York, N. Y.). The detection of leprosy by the dermatologist.

D. C. ELLIOTT (Veterans Administration, Harrisburg, Pa.). An interpretation of the ocular manifestations of leprosy.

C. M. CARPENTER (University of California School of Medicine, Los Angeles, Calif.). Murine leprosy—its usefulness as an experimental infection.

E. GRUNBERG AND R. J. SCHNITZER (Department of Chemotherapy, Hoffmann-La Roche, Inc., Nutley, N. J.). Chemotherapy of murine leprosy.

P. T. ERICKSON (U. S. P. H. S., Lexington, Ky.). The treatment of leprosy.

E. R. KELLERSBERGER (American Leprosy Missions, Inc., New York, N. Y.). The social stigma of leprosy.

J. A. DOULL (Leonard Wood Memorial, Washington, D. C.). The control of leprosy.

LEPROSY IN ICELAND, SCANDINAVIA AND FINLAND

Information gathered about the numbers of leprosy patients in the region indicated, as of the end of 1949, is as follows:

In Norway: There was a total of 11 patients, 6 males and 5 females. Ten of them were at the Pleiestiftelsen No. 1 hospital in Bergen, and one was living in his home in the country. No new case was found during the year.

In Iceland: There was a total of 9 patients at the end of the year, 8 at the leprosy hospital and one at home. No new case has appeared in this area since 1934.

In Finland: Here, too, there were 11 patients, 5 of whom were hospitalized and 6 were living at home. No new cases have been reported for the last two years or more.

—REIDAR MELSOM

NEW REGULATIONS IN QUEENSLAND

The government of Queensland, Australia, has approved the following recommendations of Dr. A. Fryberg, director-general of health and medical services, according to information received from Dr. J. A. Doull.

1. That a new leprosarium be built on a suitable site on the mainland, in preference to Peel Island.

2. The accommodation provided for patients should consist of single rooms in dormitory buildings for single persons, and small cottages or flats for family units.

3. Persons suffering from clinical leprosy should receive treatment: therefore an order should be issued, and at the same time a release signed, under conditions to be laid down by the Director-General, except in such cases as the patient does not co-operate.

4. The period during which the patient gives clean smears before release should be decreased from fifteen to twelve months, and if negative smears are given for six years after release, the patient should be discharged.

5. A patient who is bacteriologically negative for six months may be released under certain conditions.

6. A patient who is bacteriologically positive may be released for a period not exceeding one month in the case of an emergency such as the imminent death of an immediate relative, provided certain conditions can be fulfilled.

7. That patients be allowed visitors in addition to the present visiting days, between the hours of 9 a. m. and 4 p. m., daily, provided that they obtain a visitor's pass and make their own transport arrangements, without charge on the Department.

8. The term "leper" be replaced by "person suffering from Hansen's disease" and the term "Hansen's disease" replace the term "leprosy" in all except legal correspondence.

9. The appointment of a visiting orthopaedic surgeon and a plastic surgeon to Peel Island as required.

10. Family contacts should be examined at such times as is required by the Director-General.

11. An approach be made to the Commonwealth Government to continue pensions until the patient is discharged. This would be approximately six years after release.

12. Regulations be promulgated governing the admission and discharge of patients suffering from leprosy.

ASOCIACION MEXICANA

The Asociacion Mexicana de Accion Contra la Lepra, A. C., held its third general assembly in April, electing officers and committees for the two-year period, 1950-1952. Dr. Fernando Latapí was made president. The groups enumerated are not entirely composed of physicians, there being both men and women without indicated medical degrees.

One section of the association is the Comision de Asistencia Infantil, which is responsible for all that pertains to the problems of children with relation to leprosy. It has charge of the curative treatment of those with the disease, and seeks to obtain private aid for those without financial resources. It also endeavors to procure protection and assistance for healthy children who are in danger of infection through contact with parents who are infectious cases. This group reports having collected \$8,965.95 in 1949.

FEDERAÇÃO DAS SOCIEDADES DE ASSISTENCIA AOS LÁZAROS E DEFESA CONTRA A LEPRO

After being housed for fifteen years in the Palace Hotel, where offices were provided without charge by the owners of the establishment, the Federation has now bought a permanent place on Avenida Calogeras, 15-Andar 11, Sala 1102. The purchase was made possible by an appropriation made by the National Congress, approved by the President of the Republic.

At present three new prevention-homes ("preventoria") are under construction. One of them is in Acre in the extreme North, where one is already in operation in the capital of the

Territory. The one under construction is in Cruzeiro do Sul, near the frontier with Peru, in a region where there is much leprosy. The new institution will have a capacity of 50 in the beginning, and 150 when completed.

Another is located in Porto Velho, the capital of the Territory of Guapore, where there is also much leprosy and where a leprosarium is being built. The capacity of this preventorium here will be 50 children, as the number of inhabitants is only 3,000.

The third preventorium is being built near Araguay in Minas Gerais, in the central region of Brazil. The funds which have, as yet, been used for this construction were obtained in an extensive financial and educational campaign in which some \$50,000 was raised. The National Congress will vote another \$25,000 to help in the construction. This prevention-home will take care of about 500 children, with plenty of land for agriculture.

A recent incident exemplifies an improvement that is taking place in the attitude of the public toward children of leprosy parents. Ten years ago, while making an intensive campaign in a northern district for funds to build a prevention-home, we found in the local leprosarium a beautiful and very intelligent seven-year-old girl, with no sign of leprosy, who had been placed in the institution with her leprosy parents. Removed to the home of an elderly lady until the preventorium could be built, she has lived in that institution for the past eight years. For four years she has been attending the public high school, where she has always stood highest in her classes; and, because of high confidence in the preventorium as a weapon of defense against leprosy, her classmates have had no fear of her or of her companions in the home. Recently, by vote of more than 2,000 students, she was chosen Queen of Students, an honor desired by many of high social standing. On National Independence Day she carried the banner of the military college in a magnificent parade, and at the great ball in the evening she was crowned by the mayor of the city, in the presence of all the best society. Ten years ago this child was thrown into a leprosy colony, and the people—thinking that leprosy is hereditary—believed that there was no other life for the child of leprosy parents than to become a victim of the disease.

—EUNICE WEAVER

LEPROSY RESEARCH IN LYON

The Association Médical Missionnaire of France supports, in Lyon, France, a small leprosy research laboratory connected with the Facultés Catholiques de Lyon, and a small inpatient clinic of 20 beds for persons with leprosy. The main purpose of these units is to prepare missionaries for service with leprosy patients in the colonies of France.

At the present time there are 13 patients in residence, of which 5 are missionaries returned from India, Indo-China, the Gold Coast and the Ivory Coast, while the rest are functionaries and children of functionaries born in the colonies. These few cases, it is realized, are insufficient for the teaching of leprosy, but the majority of the students have already been in leprosaria and come for further instruction or to learn of modern methods.

The laboratory is directed by Soeur Marie-Suzanne, who worked for 25 years at the Makogai leprosarium in Fiji, and who after her return to France in 1939 spent four years at the Institut Pasteur in Paris with Professors Marchoux and Peyron. Several eminent medical men of Lyon advise or participate in the clinical and laboratory work, on a voluntary basis, with reference to the specialties of pathological anatomy (Noel), bacteriology (Sohier), pharmacy (Chambon), and dermatology (Gaté).

Soeur Marie-Suzanne writes that a collection of periodicals dealing especially with leprosy is very much needed. Donations of that kind would be greatly appreciated.

INTERNATIONAL LEPROSY ASSOCIATION

Statement of Receipts and Payments for the year 1948

RECEIPTS	PAYMENTS
To Balance brought down, December 31, 1947 £431. 7.11.	By Grant towards traveling expenses of Dr. Muir to Havana Congress £100. 0. 0.
To Membership subscriptions 56.16. 4.	By Salaries, June 1946 to December 1948 50. 0. 0.
To Nonmember subscriptions 22.13.10.	By Postage and telegrams 7.10. 0.
To Proceeds of sale of leprosy atlas (Souza-Araujo Fund) 4.18. 1.	By Printing, stationery and sundries 14. 8. 1.
To Grant from Ministry of Health, London, towards expenses of Dr. Muir to Havana Congress 100. 0. 0.	<hr/> 171.18. 1.
To Sale of spare copies of <i>International Journal of Leprosy</i> 13. 5.	Excess of receipts over payments (balance in bank) 444.11. 6.
<hr/> £616. 9. 7. <hr/>	<hr/> £616. 9. 7. <hr/>

Statement of Receipts and Payments for the year 1949

RECEIPTS		PAYMENTS	
To Balance brought down, December 31, 1948	£444.11. 6.	By Salaries	£ 20. 0. 0.
To Membership subscriptions	109.15. 4.	By Postage	4.16. 6.
To Nonmember subscriptions	31.13. 6.	By Printing and stationery	1. 9. 8.
To Proceeds of sale of leprosy atlas (Souza-Araujo Fund)	1. 0. 0.	By Expenses of delegate to Second World Health Assembly, Rome	36. 3. 8.
To Sale of spare copies of <i>International Journal of Leprosy</i>	10. 6.		62. 9.10.
	<u>£587.10.10.</u>	Excess of receipts over payments (balance in bank)	525. 1. 0.
			<u>£587.10.10.</u>

NEWS ITEMS

United States: *Medical director of Kalaupapa appointed.*—The vacancy at Kalaupapa resulting from the resignation of Dr. Norman R. Sloan has been filled by the appointment of Dr. C. V. Caver to that position. Graduated from the University of Texas Medical School in 1945, he served his internship at the Queens Hospital in Honolulu and after three years specialist training in Dermatology was certified by the American Board of Dermatology.

Missionary discharged from Carville.—The discharge from Carville as "free of Hansen's disease" of Rev. Clarence E. Olmstead, a 62-year-old Methodist clergyman who for many years had been a missionary in Burma, has recently been reported. He was in Burma from 1915 until 1946, serving during the war as a relief officer with British forces there and in India. Early in 1948, after his return to the United States, he developed signs of leprosy and, it is stated, the health authorities of Los Angeles gave him 20 hours to leave the city. At Carville he was one of the patients treated with promacotin.

Cuba: *Projected leprosy society.*—From Dr. V. Pardo-Castelló it is learned that a preliminary meeting of several leaders in the leprosy field in Cuba has been held to consider the feasibility of setting up a national organization of persons interested in that field of activity.

The Caribbean region: *Leprosy on the program.*—Dr. P. H. J. Lampe, executive secretary for public health of the Caribbean Commission, reports that the committee on medicine and public health of that body has recommended an investigation of the leprosy situation in that region, although the project apparently has a low priority rating with the Commission itself. In collecting preliminary data Dr. Lampe found no male surplus in Jamaica, contrary to the rule in most countries. He proposes to collect data on incidence, sex ratio, and probable sources of infection in the whole area and then single out two territories—one in which leprosy is stationary and another where it is regressive—for environmental studies.

British Honduras: *One known case.*—On a recent visit to Honduras, Dr. P. H. J. Lampe found that leprosy legislation is still in force but that the home for patients has been closed since 1924. There is only one known case in that territory, the diagnosis of which Dr. Lampe confirmed.

Brazil: *Sulfones manufactured locally.*—The Butantan Institute in São Paulo is synthesizing sulfones and distributing them to the various leprosaria, according to information from Dr. Malcolm H. Soule, who has recently visited numerous institutions in that country. In consequence of this production increasingly large numbers of patients are being treated with these drugs throughout the country.

Paraguay: *Society news.*—It appears, from a notice in the *Bulletin of the Pan American Sanitary Bureau*, that there is in Paraguay a Sociedad de Dermatología, Sifilología y Leprología, of which Dr. Domingo A. Masi, of Asunción, is president.

✓ **French Cameroun:** *The Saint Michel leprosarium.*—A letter from Dr. Michel Blanc relates the growth, since 1946, of the Leproserie Saint Michel at Nden from a capacity of only 100 patients to over 500. This was done, with the collaboration of one Mlle. Prost, while the doctor was in charge of a 160-bed hospital 200 kilometers away. He is now stationed at Sangmélina, only 40 kilometers from the leprosarium, and is especially charged with its further development. The government has made an appropriation for a treatment center at the place, which is to be developed along lines indicated by the density of leprosy in the region and the customs of the people.

✓ **India:** *Third Leprosy Workers Conference.*—The Third All-India Leprosy Workers Conference was held in Madras October 3-5, 1950. The Honorable Dr. Rajan, minister of health of Madras, inaugurated the conference, which was presided over by Dr. E. Muir. The proceedings will be published in a future issue of *Leprosy in India*, and abstracts will be available in due course.

✓ **New Guinea:** *Donation of diasone.*—Recently a physician in charge of a leprosarium at a place called Farak, in Dutch New Guinea, heard that a drug had been developed in the United States for use against leprosy, and on his behalf the Dutch member of the U. N. secretariat at Lake Success inquired of the Pan American Sanitary Bureau, in Washington, if any such drug was known and where it might be purchased. Upon being informed that there was such a drug, called diasone, they collected \$150 among themselves to purchase and deliver a supply of it. The place where it was to be sent, it is reported by the Bureau, is so isolated that it did not appear on any available map, but arrangements were made with the Dutch airlines to deliver the drug at Biak, from which place it was forwarded to its destination on a copra boat. The grateful physician is now using it with some success.

✓ **Greece:** *Revolt of patients.*—A dispatch from Heraklion, Crete, tells of the "escape" of 200 patients from the leprosy colony on Spinalonga Island, two miles off the coast of Crete. This they did in protest against the government's refusal to grant them a pension of 90 cents a day. Police, it is stated, were trying to round them up.

✓ **Miscellaneous:** *Toward new leprosaria.*—The following is culled from the *Leprosy Missions Digest* for July-September 1950. The government of the Belgian Congo, from a welfare fund partly earmarked for leprosy work, is making generous capital grants in several directions, including new colonies in Ruanda Urundi and at Kimpesi, the latter to absorb two existing colonies. The government of Angola has offered a grant of land for a new central colony in that region. The American Leprosy Missions has made grants toward the starting of a new colony in Indonesia, and one in Angola, and—together with the Mission to Lepers (London)—further grants for buildings at the new Hangchow center. Dr. Neil D. Fraser, representing these Missions, is endeavoring to arrange for the establishment of a leprosarium in the Hong Kong area, it having become difficult to send patients to institutions on the mainland. The communist government in Foochow has given a plot of land for a new colony there, and is negotiating for the abolishment of two old-style squatter villages. The

existence of 200 cases in four districts near a Lutheran hospital in New Guinea is reported. The illustrations in this little periodical include a snapshot of Dr. Kensuke Mitsuda, still on active duty as director of the Ai-sei-en colony on Nagashima Island.

PERSONALS

DR. JORGE CAMPOS, of the leprosy section of the health department of Peru, together with certain others, has been dropped from that service by a new administration presumably as a matter of economy.

DR. JOSÉ M. M. FERNANDEZ, director of the Women's Ward of the Carrasco Hospital in Rosario, Argentina, after 21 years in leprosy work has been summarily dismissed from that position without complaint or explanation.

DR. NEIL D. FRASER, who since the war has been stationed at Swabue, China, has returned from home leave as full-time secretary of the leprosy missions with headquarters at Bishop's House in Hong Kong.

DR. D. S. DE SIMON, for many years the senior leprosy worker in Ceylon and recently in charge of the Hendala hospital, is soon to retire from active service.