

NEWS AND NOTES

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

WHO AND LEPROSY

The first World Health Assembly placed leprosy on the program of the WHO, and in subsequent Assemblies certain lines of action were indicated. These include the nomination of an expert committee on leprosy, the exchange of selected leprosy workers, the provision of consultants, and trials by selected workers with new leprosy drugs for the control of the disease. These proposed activities could not be implemented as it was not found possible to make the necessary budgetary allocations. At present the only funds allocated for leprosy are for a meeting of the expert committee in 1952, and in a session of the Executive Board held on January 22, 1951, a resolution on this subject was adopted. This resolution follows:

LEPROSY

The Executive Board

1. NOTES with satisfaction that an expert advisory panel on leprosy has been set up from which an expert committee is to be convened in 1952.
2. REQUESTS the Director-General to place on the agenda of the meeting of the expert committee the following topics for consideration:
 - (1) the status of sulphone therapy; the effectiveness of the different preparations in use, their dosage, side effects and manner of administration, especially in undernourished patients;
 - (2) the adoption of a generally acceptable classification of the disease;
 - (3) the adoption of fundamental principles as a guide in selecting methods of control in endemic countries; and
 - (4) the public-health significance of the changing of the lepromin from a negative to a positive reaction either by the application of sulphones or by BCG vaccination.
3. RECOMMENDS that work on leprosy be carried on in close collaboration with the International Leprosy Association.

Besides its regular program and budget, the Organization has possibilities within the budget for Technical Assistance for Economic Development of underdeveloped countries (TAED). Within this program the following activities have been provided for: For 1951, a consultant for leprosy surveys in Burma, Ceylon, Thailand and Indonesia. For 1952, (1) a request from

Ethiopia for help in leprosy control [see item on p. 234]; (2) a request from Afghanistan for a consultant for a leprosy survey; and (3) a request from Iraq for the services of one leprosy expert. In the Region for the Americas, Dr. Lauro de Souza Lima has recently made surveys in Paraguay, Bolivia, Peru and Ecuador, and the Pan-American Sanitary Bureau has issued an information bulletin concerning these surveys.

For some time the Organization headquarters has been engaged in setting up a panel of leprosy experts. At the time the last information was received this panel consisted of the following members: Dr. E. Agricola, Brazil; Dr. R. Boenjamin, Indonesia; Dr. R. Chaussinand, France; Dr. R. G. Cochrane, United Kingdom; Dr. M. A. K. El Dalgamouni, Egypt; Dr. Dharmendra, India; Dr. J. A. Doull, United States; Dr. A. Dubois, Belgium; Dr. F. A. Johansen, United States; Dr. John Lowe (Nigeria); Dr. E. Muir, United Kingdom; Dr. J. N. Rodriguez, Philippines; and Dr. H. W. Wade (Philippines).

From the beginning, the Organization has emphasized that any work on leprosy should be carried out in close collaboration with the International Leprosy Association, as indicated in the above resolution. Dr. W. M. Bonne, Chief, Co-ordination of Research Section, Division of Epidemiological Services, has maintained close contact with representatives of the Association. Unfortunately, none of them was able to be present in Geneva during the recent Fourth World Health Assembly; Dr. E. Muir was unavoidably detained in England, and Dr. R. Chaussinand, who had represented the Association at the two previous Assemblies, had not yet returned from Africa.

THE UNESCO BOOK COUPON SCHEME

To facilitate for institutions and individuals in member states the acquisition of books or periodicals in the fields of education, science and culture from other countries, the United Nations Educational, Scientific and Cultural Organization has established a book coupon scheme whereby purchases may be made directly from the publishers or through local booksellers. Book coupons are issued in denominations of 25 cents and 1, 3, 10, 30 and 100 dollars, and there is a "blank coupon" which can be filled in to enable the purchaser to run off odd sums up to 99 cents. In each of the countries which have declared that they are willing to participate in this scheme, the coupons are sold to users against national currency, at the official rate prevailing on the day of sale.

According to an announcement of the plan distributed by the book-selling firm of Lange, Maxwell & Springer, Ltd., 41-45 Neal Street, London, W.C.2, the participating countries are:

British, Colonial & Trust Territories: Unesco Book Coupon, c/o Book Tokens Ltd., 28 Little Russel Street, London, W.C.1.

Burma: The Secretary, Provisional National Commission, Secretariat Bldgs., Rangoon.

Czechoslovakia: Orbis Ltd., 37 Narodni, Prague 1.

Egypt: Administration of General Culture, Ministry of Education, Cairo.

France: Services des Bibliothèques de France, 55 rue Saint-Dominique, Paris 7e.

Hungary: Kultura, Konyvosztaly, Akademia-utca 10, Budapest V.

India: Ministry of Education, New Delhi 3.

Indonesia: Ministry of Education & Culture, Djalan Tijlatjap 4, Djakarta.

Israel: Dr. G. J. Ehrlich, Import Licensing Office, Ministry of Education and Culture, Hakirya.

Italy: Commissione Nazionale dell'Unesco, Villa Massimo, Via di Villa Massimo, Rome.

Pakistan: The Ministry of Education & Industries (Education Division), Government of Pakistan, Karachi.

Persia: Persian National Commission for Unesco, Avenue du Musée, Teheran.

Thailand: The Thailand National Commission for Unesco, Ministry of Education, Bangkok.

Union of South Africa: The Secretary, Department of Education, Arts & Science, New Standard Bank Buildings, Pretoria.

Unesco Science Co-operation offices (covering Afghanistan, Burma, Ceylon, China, Egypt, Uashemite, Jordan, India, Indochina, Indonesia, Iraq, Israel, Japan, Korea, Lebanon, Persia, Philippines, Pakistan, Saudi-Arabia, Syria, Thailand, Turkey), from which book coupons may be bought:

East Asia: Mr. Jan Smid, Unesco Science Co-operation Office: United National Building, 106 Whangpoo Road, Shanghai, China.

Middle East: Mr. W. E. Purnell, Unesco Science Co-operation Office, 8 Sh. el Salamilik, Garden City, Cairo, Egypt and Professor R. Berker, Istanbul Teknik Universitesi, Guemuesuyu, Istanbul, Turkey.

South Asia: Dr. A. Wolsky, Unesco Science Co-operation Office, University Buildings, Delhi, India.

There is a special order form, obtainable from the distributing body from which coupons are purchased, which should be used wherever possible. If there is any difficulty in obtaining coupons, inquiry should be addressed to Unesco's Clearing House for Publications, 19 Avenue Kleber, Paris 16e, France, although it might be well first to approach the local office of Unesco where there is one. The firm mentioned points out that since the amount of the coupons submitted should cover exactly the price of the

books purchased, including postage, coupons should not be submitted until invoices are received. Dealers are often able to supply publications from Germany or other countries from which purchase could not be made directly under this plan.

THIRD PAN-AMERICAN CONFERENCE

It is now planned, according to unofficial information from correspondents (Drs. Basombrio and Souza-Araujo) that the Third Pan-American Leprosy Conference, postponed from last year, will be convened in Buenos Aires on October 15th. The Argentine Government has appropriated 140,000 pesos (about US\$9,000) for the purpose, and the cooperation of the Pan-American Sanitary Bureau is being sought. No official announcement has as yet been seen.

GENERIC NAMES OF SULFONE DRUGS

The Council on Pharmacy and Chemistry of the American Medical Association has adopted "generic" or common names for certain of the sulfone drugs manufactured in the United States, to be used in the official publications of the Association regardless of the trade names given the same products by the individual manufacturers. These are: glucosulfone for promin (sodium) and thiazolsulfone for promizole, both manufactured by Parke Davis & Company, and sulfoxone sodium for diasone, the name given by the Abbott Laboratories to that product or diamidin, Parke Davis' product.

NEWS ITEMS

✓ **Argentina:** *Further separations in Rosario.*—Drs. A. Rodolfo Mercau and Eduardo A. Carboni have been separated from the leprosy department of the Carrasco Hospital in Rosario. Dr. Salomon Schujman remains as the sole survivor of the staff, in charge of both inpatients and the out-patient service.

✓ **Brazil:** *New leprosy center proposed.*—It has been reported that the leprosy authorities in Rio de Janeiro have proposed that a new international leprosy research center be established there, where workers from other countries might be engaged to work under short-term contracts. Details are not available.

✓ **Peru:** *New dermatology society.*—A Sociedad Peruana de Dermatología has been recently created in Lima, it is reported by Dr. G. Basombrio, who visited Peru to take part in its foundation. The organization of the society provides for a section on leprosy to serve as a local body to be affiliated with the International Leprosy Association.

✓ **National leprosy conference.**—Dr. Hugo Pesce, head of the leprosy service of Peru, is reported to be arranging for a conference of leprosy workers of that country in the latter part of the year. It is understood that certain leprologists from other countries will be invited to attend.

✓ **Cuba:** *Leprosy society being organized.*—It is reported that a movement is on foot to organize a Sociedad Cubana de Leprología, to effect closer relationships among entities and individuals interested in the problems presented by leprosy in that country.

✓ **Publication of the Revista resumed.**—After an interruption of more than a year publication of the *Revista de Sifilografía, Leprología y Dermatología* has been resumed. The second issue of the third volume was dated June-August 1949; the third issue, dated September-December 1950, has recently been received.

✓ **United States:** *Federal aid for Hawaii.*—A bill has been introduced in the United States Congress, it is reported in newspapers, which if passed will provide material federal aid for the antileprosy program in Hawaii. It is argued that the federal law now provides that anyone in the United States afflicted with leprosy is entitled to treatment at the federal leprosarium at Carville. However, the problem of transportation of patients there from Hawaii, the cost of providing facilities for them, and the social problems that would arise from their separation from their home land are serious obstacles, and it is held that they would more than offset the annual appropriation which is sought to support the present program in Hawaii.

Patients' publication.—The patients of the Hale Mohalu institution recently established on a beach-side location at Pearl City, near Honolulu, are now putting out a mimeographed four-page periodical, apparently issued monthly, called the *Hale Mohalu Newsprint*.

✓ **Norway:** *Number of leprosy cases.*—At the end of 1950, Dr. R. Melsom reports, there were 11 cases of leprosy in Norway, 5 males and 6 females. One of them is segregated at home, and the others in the hospital. One of these cases was discovered in 1950; there had been much leprosy

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in her family, and her mother—who had had seven children—entered Pleiestiftelsen No. 1 in 1931 and died there in 1933. One more of her children was found in January 1951 to have leprosy, which makes an actual total of 12 cases in the country.

110 *✓* **Ethiopia: Leprosy treatment demonstrated.**—The use of sulphetrone has been demonstrated in Ethiopia, where there are estimated to be 15,000 to 20,000 leprosy cases. The demonstration was carried out, it is reported, by Dr. M. A. K. Dalgamouni, whose services were lent to WHO by the Egyptian Ministry of Public Health, of which he is director of the Leprosy Section. Dr. Dalgamouni has had considerable success with sulphetrone in Egypt in the treatment of some 4,000 cases. For the demonstration WHO supplied 230 kgm. of the drug, together with equipment for its administration. A report on this work will be made to Sir Aly T. Shousha Pasha, director of the WHO Regional Office for the Eastern Mediterranean.

✓ **French West Africa: Antileprosy activities.**—An active search for leprosy has disclosed 65,000 cases, and it is estimated that 1.5 per cent of the 5 million inhabitants are diseased and that, in certain regions particularly stricken, the endemic rate is more than 4.6 per cent. The central office of the antileprosy organization is at Bobo-Dioulasso. The organization comprises mobile services of prophylaxis and hygiene established in the country and in the jungle. The stationary antileprosy posts remain under the direction of the public welfare organization. The antileprosy services are incorporated in the antimalarial services. The personnel includes 25 European and 45 African doctors and 86 male nurses. Numerous centers have been created in order to avoid long and frequent journeys. In 1949, 17,000 patients were treated. The center for scientific research, documentation and statistics is located at the Marchoux Institute, established in 1934 at Dakar. It includes laboratories, hospitals, and villages for patients, who live there with their families and are admitted to the hospital only when their condition becomes worse. Isolation is not justifiable from the medical point of view, and psychologically and socially it would be catastrophic. Many improved patients return home and refer other leprosy persons for treatment. This proves that the fatalism formerly prevalent in those patients tends to diminish. Unfortunately, the Marchoux Institute provides only 350 places, and these must be reserved for the cases that are scientifically most interesting. In January 1950 an exhibit on the treatment of leprosy was opened at Dakar to show the results of the campaign begun in 1945.—[From the *J. American Med. Assoc.* 143 (1950) 569, foreign letters.]

✓ **Philippines: Change of designation of leprosaria.**—In deference to the current tendency to avoid use of the word "leper," the name of the Culion Leper Colony has been changed to Culion Sanitarium. For uniformity, the names of the regional "treatment stations," so named when established in the 1930's to avoid the objectionable designation, including the Eversley Childs Treatment Station built at Cebu by the Leonard Wood Memorial and donated to the Philippine government, are also now called sanitarium.

✓ **Okinawa: The Airakuen Leprosy Colony.**—For many years prior to 1938, runs a note supplied by the American Leprosy Missions, ministry to

those with leprosy on Okinawa was conducted by the Okinawan Mission to Lepers, with a few cottages, a chapel and various services. A chatechist under the direction of Miss Ada Wright of Kumamoto—then in charge of the colony founded there by Miss Hannah Riddell—also visited leprosy sufferers at Okinawa and administered to them throughout the island. For some time the government had been concerned about the number of persons with leprosy in Okinawa, and in 1938 established for them the Airakuen ("Paradise of Holy Love") colony, on a small portion of an island just off the northwest coast. There were about 900 patients there from 1940 to 1942. During the war the buildings were destroyed by bombing, and the inmates were scattered. After the occupation by the American forces the Military Government undertook the reestablishment of the colony, supplying food and materials, and other aid came from other sources. In January 1950, 878 patients were reported, with more coming. [The note says that in May there were 1,500 patients, with 500 to 700 more expected within a year, but this number seems highly excessive.] The administration of the colony was reported as doing a good job, with a 74-year-old Japanese doctor, 2 assistants, 2 laboratory technicians, 1 pharmacist and 9 nurses. Permanent reconstruction of the buildings was started in November 1949 and was expected to continue through 1951. The Military Government reported increases in the allowances of staple foods and clothing, and that 360 patients were receiving sulfone treatment. (No information is given as to the status of the two smaller leprosaria in the Okinawa jurisdiction, on smaller islands in the northern and southern regions.)

Japan: Expansion at Kumamoto.—As reported in our last issue, the capacity of the Keifuen National Leprosarium in Kumamoto, Kyushu, has been increased to a total capacity of 2,150 patients, from the previous one of 1,150. Dr. Matsuki Miyazaki, superintendent, writes that among the new facilities are a modern building which will be used as an administration and medical center, a patient's ward for mild cases, and auxiliary installations and facilities. About to be constructed was a prison for leprosy criminals, who in the interest of peace and order should be separated from others in the patient's zone. Of very different nature is a building to be named the Riddel-Wright Memorial Hall, in the memory of an unforgettable benefactor of Japanese victims of leprosy and her co-worker and successor, whose institution was later taken over by the government service. This building is said to be intended for the care of needy old people of the families of leprosy persons, a social security establishment such as has not heretofore existed in Japan—or for that matter, it may be added, anywhere else so far as known. The completion of this expanded establishment is to be celebrated formally in June, to be attended by officials from Tokyo and other cities and representatives of various universities, and by many other persons.

Suicide of a family.—A farmer, his wife and their seven children in Yamanashi Prefecture killed themselves in shame because the eldest son had been diagnosed as leprosy, a press service has reported. The police had informed the family that they would be put under quarantine because of the son's condition, and when they arrived to impose it they found the family dead of poisoning.

General: WHO Consultant for Ceylon, Burma and Thailand.—On the eve of the retirement of Dr. R. G. Cochrane from the post recently occupied in Madras, he was sent by WHO on the request of the government of Ceylon to spend several weeks there to survey the present status of the leprosy work and to make recommendations for future activities. He was then sent to Burma and Thailand on a similar mission.

The Missions adopt DDS.—The American Leprosy Missions, Inc., and the Mission to Lepers (London), which for some years have been supplying sulfone derivatives to the many leprosy institutions which they support or aid, have discontinued the use of those drugs in favor of DDS, according to Dr. Eugene R. Kellersberger, general secretary of the former of these organizations. This has been done because it has been shown by extensive work in Nigeria that it is just as effective and much less expensive. It is also said that Dr. R. Chaussinand of the Institut Pasteur, advisor to the French government on leprosy, has recommended that a French product of the same substance be used in all French colonies.

PERSONALS

DR. W. LLOYD AYCOCK, associate professor of preventive medicine and hygiene of the Harvard Medical School, visited Hawaii in February on invitation of the Territorial Board of Health to assist in making a study of leprosy in Hawaii and advise on plans for improvement of the anti-leprosy campaign.

DR. ARTEMIO BAGALAWIS, a Filipino physician who for seventeen years had been working with the Maryknoll Mission at the Gate of Heaven leprosarium near Canton, in Kwangtung province, China, was recently reported by a news service to have arrived in Hong Kong as a refugee from the Communists.

DR. G. BASOMBRIO, of Buenos Aires, has been elected to the presidency of the Asociación Argentina de Dermatología y Sifilología, to take office in May.

DR. R. CHAUSSINAND, of the Institut Pasteur in Paris, returned late in May from his trip to Africa. The tour covered about 15,000 km. and involved 13 changes of airplanes. Some time was spent with DR. JOHN LOWE in Nigeria.

DR. WILLIAM H. FELDMAN is scheduled to participate in a conference on chemotherapy organized by the Medical Research Council of Ireland, to be held in Dublin in July. After that he will visit England, Scotland and France.

DR. J. M. M. FERNANDEZ has recently visited Brazil, to observe the leprosy work in Rio de Janeiro and São Paulo.

DR. CARLOS FEDERICO GUILLOT has resigned from the leprosy section of the public health service of Argentina.

DR. JAMES L. MAXWELL, who lately has been in charge of the Song-moh-dzang leprosarium in Hangchow, China, is soon to relinquish that post, at the end of the three-year period for which he volunteered. After visits in Hong Kong, Manila and perhaps Australia, he will return to England.

DR. M. I. SMITH, chief pharmacologist, U. S. P. H. S. (retired), who in his work at the National Institutes of Health contributed greatly to the study of drugs for the chemotherapy of mycobacterial diseases and who took much interest in their application in leprosy, died in January.

MR. MICHAEL SMITH, in recent years actively engaged under the British Empire Leprosy Relief Association in the study of the pharmacology of the sulfones, is reported to have died.

DR. MALCOLM H. SOULE, director of the Hygienic Laboratory of the University of Michigan School of Medicine, left the United States in May as a member of the Second Medical Mission to Japan, under the auspices of the Supreme Command of the Allied Powers. The purpose of the mission was to discuss American aims and techniques in medical education with the faculties of various medical schools.

DR. H. C. DE SOUZA-ARAUJO recently spent three weeks in Argentina, where he gave four conferences on various features of leprology at various institutions and society meetings.

DR. LAURO DE SOUZA LIMA, for many years head of the Sanatorio Padre Bento, has been appointed director of the leprosy department of the State of São Paulo, Brazil, vice DR. J. ALCANTARA MADEIRA.

EDMUND HAROLD MOLESWORTH

Dr. E. H. Molesworth died of a heart attack at his home in Sydney on October 16, 1950, at the age of 68.

Dr. Molesworth was the son of Edmund William Molesworth, for many years a member of the Legislative Assembly of New South Wales. He was educated at Sydney Grammar School and left in 1900 to do his medical course at Sydney University, which he completed with distinction in 1905. In 1906 he was appointed Junior Resident Medical Officer at the Royal Prince Alfred Hospital, and in the following years Senior Resident Medical Officer. From 1908 to 1910 he studied in England and came under the direction of Dr. Arthur Whitfield, of King's College Hospital, London. Under Dr. Whitfield's direction he spent six months in Berne under Professor J. Jadassohn, and shorter periods in Berlin and Vienna.

He returned to Australia with a wide knowledge of dermatology and with abounding enthusiasm, conscious of the great developments which the medical profession should know and share and the benefits which the public should receive. With a vigorous personality, always confident that he was right, he was eager to enforce almost dogmatic acceptance of his ideas, and gave a remarkable and unprecedented stimulus to dermatology throughout Australia. In 1910 he commenced practice as a specialist in diseases of the skin in Sydney, and in 1912 was appointed Senior Physician for Diseases of the Skin to the Royal Prince Alfred Hospital and Lecturer for Diseases of the Skin to the University of Sydney. He acquired and developed, in addition to dermatology, a wide knowledge and enthusiasm for x-ray therapy and was the main pioneer of this form of treatment of cutaneous cancer and pre-cancer in Australia.

In 1926 he obtained his Doctorate in Medicine with a thesis entitled "Rodent Ulcer," which was published the following year in the *Medical Journal of Australia*. In 1927 he returned to England and Europe for a refresher course, and on his return at the end of the year was appointed Honorary Dermatologist and Physician-in-Charge of the leprosy patients at the Prince Henry Hospital. He visited these unfortunates every Saturday morning for twenty years, and fought continuously to improve their lot, earning their undying gratitude.¹

¹ Dr. Molesworth was one of those who recognized cases of tuberculoid leprosy before that form of the disease was generally appreciated,

In 1937 the first edition of his book *An Introduction to Dermatology* was published, the first text-book on dermatology to be written by an Australian. In 1938 he became a foundation member of the Royal Australasian College of Physicians, and in 1942 was elected an Honorary Fellow of the Royal Society of Medicine.

Among his numerous contributions to medical literature generally may be mentioned his paper on "Die Behandlung des Haut- und Lippenkrebses," which appeared in the *Dermatologische Wochenschrift* in 1934, and his paper on "The Effect of Angle of Incidence upon the Dose of X-rays Absorbed by the Skin," the latter written in conjunction with A. R. Riddle, which appeared in this same Journal in 1935. The latter paper received general opposition when it was published, but further work by other authorities confirmed Dr. Molesworth's findings, which are now accepted as correct.

He became an international figure in dermatology and cutaneous x-ray therapy and was well versed in the art of deep x-ray therapy as well. He was an energetic member of the Cancer Research Committee in Australia, which he assisted in forming, and also sat for many years on the Medical Board of New South Wales.

In his later years his health deteriorated, but not so his enthusiasm and abounding energy. He became a foundation member of the Dermatological Association of Australia in 1949 and attended the inaugural meetings though feeling far from well; he even attended a clinical meeting for a visiting dermatologist from the U. S. A. last year on the day he came out of the hospital, where he had been suffering from pneumonia aggravated by heart trouble. During a routine x-ray examination it was discovered that he also had a bronchogenic carcinoma, but he faced his coming nemesis with great courage and never once complained.

He will be long remembered throughout Australia and particularly by his students who now specialize in dermatology.

Dr. Molesworth is survived by a widow, two daughters and a son, Dr. E. J. C. Molesworth, also a dermatologist, who bore

Footnote—Continued.

and when sections which he took to London to demonstrate were held to be tuberculosis, he took them to Jadassohn for confirmation. He discussed the cases in the *Medical Journal of Australia* 2 (1926) 365-381, and A. H. Tebbutt wrote on them particularly in the same publication, pp. 381-386.

—EDITOR

the brunt of the work in his practice during his later ailing years. Australia, the Empire and the world at large is much the poorer through the passing of a truly great dermatologist.—
[From the *British Journal of Dermatology* **63** (1951) 66-67.]