

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 SITUATION IN GREECE

In July, Dr. E. Muir spent some time in Greece to investigate the leprosy situation there, as the result of a request to the Mission to Lepers (London) from Lady Norton, wife of the British Ambassador in Athens, to arrange for the visit of a leprosy expert. The investigation was aided by the Greek authorities concerned and by the Public Health Division of the Economic Cooperation Administration, from which a copy of Dr. Muir's report has been received.

The existing law (dated 1920) makes the control of leprosy primarily a police matter. "The reporting to the Police Authorities concerned of all certain or suspect cases of ailment or death from leprosy is mandatory on the part of the physician who has visited the patient, of the head of the family, of the director of the hospital, of the chief of the prison, or of any other state, municipal or private institution where the patient is actually treated." The law, the report comments, is not only inhumane: it is foolish and fails of its object, repelling patients by fear of the police and driving them into hiding. How reported cases and suspects are processed and committed to the leprosaria is not stated. The method of discharge, it is said, is cumbersome and illogical. The physicians of the leprosaria have no power to discharge patients who no longer require isolation, nor is there any other machinery by which such discharges can be accomplished. "The accommodation required for active 'open' cases is thus filled by those who are not now (many of them never were) a danger to the public."

How the work of the four existing leprosaria is integrated—if there is any attempt at integration—does not appear. It is made amply clear that there is no full-time leprosy officer in the country, nor—with the exception of Dr. Markianos, in charge of the treatment of the patients in the Athens leprosarium—any with special training in the disease.

The statistics of the leprosaria are given as follows:

<i>Institution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Athens Leprosy Station.....	265	258	523
Spinalonga Island	126	135	261
Samos Island	39	33	72
Chios Island	16	15	31
Totals	446	441	887

The Athens leprosy station (Saint Barbara) is a section of the hospital for communicable diseases, located about 5 kilometers from the center of the city. The personnel of the hospital to which it is attached give part-time service, the treatment of the patients being under the direction of Professor Markianos, and visits are made by a dentist, an ophthalmologist and other specialists as needed. The station is well equipped, and there is a good laboratory with the services of a microbiologist in the afternoons. It appears that this laboratory (or at least some one in Athens) makes all of the bacteriological examinations for the other institutions in the country.

The patients, who here as elsewhere appear to be well fed, live mostly in dormitories which are about 50 per cent over-crowded. For patients needing nursing and hospital attention there are beds in special wards. The attendants there are also patients; there is no qualified nurse available. Diasone and promin—mostly the former—are used in treatment, and the patients appear to be doing well. They themselves decide whether or not they can take the diasone tablets, and how much they can tolerate. Blood counts are done periodically, but no records of hemoglobin determinations were found. The patients' records are written in books, which makes them difficult to find and impossible to transfer when a patient is transferred. The lepromin test is not employed, here or elsewhere.

This institution, it was found, is suitable for communicable diseases which require short periods of hospitalization, but not for the long-time care required by leprosy patients. There is no space for out-door employment or exercise, which are so important for the well-being of such patients. One of the recommendations offered is that this institution should be removed to a more suitable location, with sufficient accommodations and arable land for cultivation.

The Spinalonga Island colony, the leprosarium of Crete, is on a small island reached by a one and one-half hour motorboat trip from St. Nicolas, on the Coast of the Gulf of Merabello. In ancient times the Venetians used it as a fortress, and later it served as a jail; it was converted to its present use in 1904. One motive for doing that was probably that of economy, the place being too difficult of access to be convenient for use as a jail but—with its permanent stone buildings—too good to be allowed to go to ruin unused. Another motive was evidently the misconception of leprosy which made it seem desirable to remove its victims as far as possible from contact with others.

This location has points in its favor. For most of the year the climate is that of a health resort. There is good fishing, sailing and bathing, and in these things the patients find enjoyment and recreation. On the other hand it is unsuitable because of its remoteness and difficulty of access, the absence of land for cultivation, and the scarcity of water (ordinarily water

is caught in tanks from the roofs, but in periods of scarcity it has to be brought from the mainland in tankers), and the fact that it serves to maintain the ancient idea that persons with leprosy should be exiled to a remote place.

The principal criticism of the present situation is that the physician in charge is also the district health officer of the surrounding region, with headquarters in St. Nicolas, and can only infrequently make the time-consuming trip to the island. Such patients' records as exist are kept at his headquarters, and they were found to be very incomplete, without even the results of bacteriological and other examinations made in Athens upon which the incarceration and retention of the patients depend. There seemed to be a marked divergence of opinion between the doctor and the patients as to when or how often such examinations had been made, a difference which could not be resolved by reference to the records. Several of the patients examined showed no evidence of leprosy, and were said to be bacteriologically negative.

The provisions for subsistence and the accommodations for the patients are described as adequate, and the sanitation is good considering the scarcity of water. Nothing is said of treatment, or of provisions for the care of sick patients. The opinion is expressed that the place should be gradually abandoned and replaced by another on the mainland, within a reasonable motor distance from Athens, where it and the institution in that city could be supervised by the same staff.

Regarding the Samos Island leprosarium, its location is not stated, and nothing is said of the nature of the accommodations except that they are good but inadequate. Of the 72 patients credited to the place, 14 were on "extended home leave," and the physician in charge said that he would not know where to put them should they return. Nearly one-half of the total—including those on leave—were bacteriologically negative, and some of those examined showed no evidence of ever having had leprosy. For example, one had only a Dupuytren's contracture of the fingers, and another has never had more than a slight bending of one finger, for which reason he had been confined for 23 years. Of the 56 patients actually seen, only 28 were from Samos itself; the rest came from nine other islands and regions, special mention being made of the small island of Tilos because the population of only 1,200 was represented by 7 cases.

The leprosarium on Chios—like Samos an island of some size off the west coast of Turkey—is spoken of as a private one receiving a grant from the government, the patients being given food and clothing by the municipality. This place, said to date back 600 years, has good accommodations for 100 patients. From this island all persons suspected of having leprosy have heretofore been sent to Athens for bacteriological examination, whence the only information received has been whether the findings were positive or negative. Recently an order has been issued that periodical bacteriological examinations should be made, the specimens to be sent to Athens for this purpose; lacking specific instructions the material sent was blood from an arm vein.

All but two of the 31 patients here were examined. Of the 26 patients from Chios itself, 21 were from the southern third and only 5 from the northern two-thirds, explained on the ground of better communications in

the south and the fact that a survey for trachoma in that region had revealed several cases. It was believed that in the north there were many cases in hiding. Several of the patients examined were found to be without evidence of active disease, fit for discharge.

With regard to the prevalence of leprosy in Greece as a whole, estimates range from 800 to 3,000. The opinion is expressed that the truth probably lies between these figures.

Records seen in Canea, the capital of Crete, showed that a total of 57 cases had been reported in that region since 1911, nearly 20 years. In each of 10 of those years only one case had been recorded; the largest number was 6. Most of the total (65%) had come from the two most westerly and remote areas; only 5 cases had come from the town of Canea itself or its immediate environs, the most heavily populated area. This suggests that, as in Norway, England and Scotland in the past, the disease tends to linger in the most distant and secluded parts of the country. Visits were made to two endemic villages on Crete, and notes are given of a few old cases seen.

From the observations made in Crete and Chios, it is indicated that at least in those areas leprosy is not actively spreading. Almost all cases are of the lepromatous type, but mild; tuberculoid cases are relatively few. It should be possible, the writer believes, to eradicate the disease from the country in a short period of years provided proper measures are applied. No progress can be made, however, until a full-time leprologist, adequately provided for, is made available. A foreign expert should be brought in for at least a year, during which time he should train a Greek doctor to carry on the work and set up the campaign along the lines to be followed in the future. Such a plan would require active support of the government, assurance of continuation over a long period of years, and modifications of present procedures and of the law now in effect.

For the treatment of the patients the sulfones are recommended, specific mention being made only of DDS. It is said that it is easier to administer it twice a week than daily, and that less toxic symptoms occur. A table of advised dosage shows that, for patients over 15 years of age, the semi-weekly dose should be four tablets after the eighth week.

Late last year it was reported in the *Carville Star* that Dr. Nikon K. Belezos, professor of dermatology in the University of Athens, had spent several weeks at Carville to acquaint himself with the methods of treatment employed there. His visit to the United States had been arranged through the American Commission in collaboration with the Ministry of

Hygiene of the Greek government for the purpose, it is stated, of furthering a program to improve conditions of patients with leprosy in that country.

When asked about the recent revolt and "escape" of the Spinalonga patients and the threat of those in Athens to leave their hospital and stage a parade through the streets in support of the Spinalonga group, Dr. Belezos is quoted as saying, "It is true, conditions for our Hansen's disease patients are deplorable, but no worse than conditions in our other hospitals. The Hansen's patients receive good medical care [but] we do not have sufficient money to buy all the medicines we need." Recently, however, a quantity of sulfone drugs had been acquired.

THE LEONARD WOOD MEMORIAL ENLARGES ITS PROGRAM

Mr. Perry Burgess, president of the Leonard Wood Memorial (American Leprosy Foundation), which for twenty-five years has been active in laboratory and field research in leprosy, announces the inauguration of a three-year investigation of the effectiveness of certain drugs, including sulfones and streptomycin, which have given promising results at the U. S. Public Health Service Hospital (National Leprosarium) at Carville, Louisiana, or elsewhere.

The plan envisages carefully controlled studies carried on at several foreign leprosaria with the cooperation of the governments concerned. Almost 1,000 patients will be included in the first series. Dr. James A. Doull, medical director of the Memorial and Dr. Lucius F. Badger, leprosy control officer of the U. S. Public Health Service and consultant to the Memorial, left on September 24th for Pretoria, South Africa where the first unit will be established at the large Westfort Institution under the direction of Dr. A. R. Davison. From Pretoria these two leprologists will travel to Egypt, Ceylon, and India, to explore the facilities in those countries, and then to the Philippines where a unit is to be set up at the Eversley Childs Sanitarium, Cebu, under the direction of Dr. José N. Rodriguez and Dr. José G. Tolentino. This fine institution was built twenty years ago by the Memorial through a gift from Mr. Eversley Childs, president of the Bon Ami Company. From the Philippines they go to Japan to observe the advantages offered for such studies in that country.

The plans have been painstakingly arrived at with the aid of a committee of pharmacologists who have voluntarily carried on consultations with the medical director and the Memorial's Advisory Medical Board during the past two years.

The Memorial is making a large contribution of cash and professional services, but such a program could not be under-

taken without special financial aid. This has been provided by the U. S. Public Health Service, the Veterans Administration, and by grants of cash, drugs or both by leading pharmaceutical manufacturers: Abbott Laboratories; American Cyanamid Company (Calco and Lederle Laboratories Divisions); Merck and Company; Parke, Davis and Company; Chas. Pfizer and Company; E. R. Squibb and Sons, and Winthrop-Stearns. A substantial contribution also has been received from Pan American World Airways.

LEPROSY INSTITUTIONS IN SPAIN

Because the next international leprosy congress is to be held in Madrid, in 1953, there is particular interest in the leprosy institutions and antileprosy activities in that country. In the preceding issue of *THE JOURNAL* there appeared a note by Dr. E. Muir of observations made during a recent visit there, and also several abstracts which bear on the matter.

The principal leprosarium is, as yet, the Sanatorio-Colonia San Francisco de Borja, at Fontilles (Alicante), a Jesuit institution founded by Rev. Carlos Ferris, S. J. apparently about the beginning of the present century. There is an older and smaller one on Las Palmas in the Canary Islands, but little is ever heard about it. National leprosaria now under development by the government are one at Trillo, in Guadalajara, on the Tagus River, planned for an ultimate capacity of 500 patients; one at Toen, near Orense, for 200 patients; and a second one in the Canaries, at Abona on Teneriffe, also for 200. Mention is made of small "regional" ones, with no specific information about them.

An interesting article on the situation in Spain published by Dr. Felix Contreras in *THE JOURNAL* several years ago [15 (1947) 178-182] in which an estimate of approaching 4,000 cases in the country was made. This article contains a list of special institutions established between 1067 and 1781, tells of the recent recrudescence of the disease in the eastern part of the country, and names the places where persons with leprosy were being taken care of. The small ones, usually passed over, are—besides what has been called a "classification and distribution center" at the San Juan de Dios Hospital in Madrid, where there were 12 patients—the San Lazaro Hospitals in Granada, Santiago de Compostela, Barcelona ("Masdeu," Horta), and Seville, with 35, 32, 29 and 9 patients, respectively; and there were 5 patients at the Santa Cruz and San Pablo Hospital in Barcelona.

A visitor at Culion, one Sr. Antonio Perez de Olaguer, a Spanish writer, has told something of the Horta leprosarium at Barcelona. It is a private institution, supported by an organization called the Amigos del Hospital San Lazaro, of which Don Antonio is president. It is affiliated with and regarded as a department of the Hospital de la Santa Cruz y San Pablo, although it is located some 2 to 3 kilometers away. It has a maximum capacity of 30 patients, who are well cared for. Most of them had gone there voluntarily; but once there, they are not allowed to leave, and when they do so police go after them. At the time of this interview a

new leprosarium was being constructed in another location, the intended capacity about 300, there being enough leprosy cases in the Barcelona area for an institution of that size although the actual number is not known. The main local focus is at Tortosa, near the sea between Barcelona and Valencia. It was the original intention of the government, we were informed, that the new leprosarium at Trillo should be for all cases found in the country, but the people objected so strongly to such centralization that it was decided to establish other regional institutions.

THE ORDER OF SAN LAZARUS OF JERUSALEM

This organization, the name of which appears occasionally but about which little is known, would seem to be one of those which are interested in the social problems of leprosy.

In a leaflet put out in Spain in 1947, entitled "A Todos Interesa Conocer que..." (It is of Interest for All to know that...), it is stated among other things that there are 8,000 to 10,000 persons with leprosy in the country (and 10 millions in the world) and that the number is increasing; that the Order regards them as brothers, and asks that they be not called by names which may offend them; that it cooperates officially for the establishment of the Seguro del Leproso (insurance for leprosy persons), and gives social assistance to their families, especially young children; and that private assistance is of the utmost importance in the antileprosy campaign of the government. The public is called upon to aid in the leprosy census, many persons with the disease avoiding detection; and such persons are called on to go to a hospital or a dermatologist, or to write to the representative of the Order, who will put them in touch with someone who can treat or help them, "under the utmost secrecy."

From one Baron Woldemar de Barkow, of California, who bears the fulsome title of Referendary and Delegate of the Grand Priory of the Western United States of America of the Sovereign Military and Hospitaller Order of Saint Lazarus of Jerusalem, there has been received a brochure about that organization entitled "A Short History of the Most Ancient Order of Chivalry, Past and Present." The existence of the order in tradition as one of the three oldest orders of chivalry in Christendom is traced back to a brotherhood founded in 72 A. D. at a leprosy hospital built outside of Jerusalem by the High Priest John Hyrcanus, who ruled there from 135 to 105 B. C. The order is supposed to have existed as such in 369 A. D. when St. Basil the Great was Archbishop of Caesares and built a large leprosy hospital there, and to have founded their principal hospital, or Lazar House, at Jerusalem in 530 A. D., outside the walls of the city near the postern of Saint Ladre (Saint Lazarus), supposedly on the site of John Hyrcanus' ancient hospital. During the time of the crusades, leprous knights of other orders were placed under its care; and in due course they, and others with chronic diseases really not of leprous nature, converted the order into a Knightly Militia which was destroyed by the Moslems in the 13th Century—but not before the order had been established in Europe. After various vicissitudes it, apparently, virtually ceased to exist about 1830, but it was reestablished in 1930. The first sentence of its Statutes and Regulations states that "from its origin and devotion to the care of lepers" the order claims the title of Hospitaller.

NEWS ITEMS

Nigeria: *The Garkida leprosy colony.*—How one of the several great agricultural colonies in Nigeria is set up and operated is told in an informal report in a recent issue of the *Leprosy Missions Digest* by Dr. Howard A. Bosler, medical superintendent of the one at Garkida. Located in a fertile river valley, with more than 5,000 acres (about 8 square miles) of area, the colony now has more than 1,900 patients—in the past 20 years about 4,700 cases have been treated—representing 42 tribes, each with a different language. Most of the people live as farmers in 12 separate villages, raising corn, rice and other crops; mention is made of twenty tons of peanuts raised by the patients, the residue of which after pressing the oil would be consumed by them as a source of protein. A herd of 150 cattle is maintained to supply milk for the nursery and the seriously ill patients. Apprenticed masons and carpenters, under training by skilled artisans, do the construction work. One of the patients, a leader, teaches several crafts: shoemaking, leather work, weaving of baskets and sleeping mats, and pottery making. There is a corn store and canteen, where the people can buy anything they want. "We don't dole out anything in this institution. Everybody buys what he wants and that's a fine morale builder." In the villages the women carry on their home life "in a better way than they ever did in their pagan communities," and the children help in various ways according to their abilities. At the clinic-hospital, which has two wards for seriously ill patients, there are 74 medical workers—apart, apparently, from two registered missionary nurses working in the wards—who give all injections and do other work including bacteriological examinations and blood sedimentation tests in the laboratory. The technicians are ex-patients who have stayed on for this work. A school, under the charge of Mrs. Bosler, has an enrollment of 500 children and young people under 20 years of age; the 20 teachers use three of the languages of the region. Twenty years ago none of the patients could keep records; they could not even read or write—the language had not yet even been printed—or do anything but menial work. The church is run by the Africans, and its problems are solved by them. Any of the cured patients in the medical or teaching work who wish to do so may return to their home areas to do missionary work. Such leaders have been instrumental in sending hundreds of early cases to the colony.

Israel: *Jerusalem home changes hands.*—The historic Moravian Home called "Jesus Hilfe," for eighty-five years supported mainly by Moravians in the United Kingdom, has been transferred to the control of the Israel government by mutual arrangement and consent. According to the *Leprosy Missions Digest*, Dr. F. Sagher, of the Israel Department of Public Health, is giving the institution his services. The Moravian sisters, heretofore in charge of the patients, have left, the government taking full responsibility for the work. It has been learned that it is planned to change its location.

Netherlands: *A leprosy home established.*—The following is a letter to the *Carville Star* which tells of the opening of a home for persons with leprosy. "I have left the Harbor Hospital and settled myself at the village of Hurde at Heidebeek House with twelve patients. It is the only Hansen hospital of the Dutch government. In the whole country there

are only 60 or 70 patients. Queen Juliana was present at the opening of Heidebeek House. The Queen is much interested in Hansen patients and sent a royal gift to the organizers of our home. Several social agencies are also interested...."

United Kingdom: *Another source of DDS.*—A pamphlet entitled *Recent Advances in the Chemotherapy of Leprosy with Diaminodiphenylsulphone (DDS)* is being distributed by Biddle, Sawyer & Co., Ltd., 4 Grafton Street London, W.1. This firm is supplying tablets containing 50 and 100 mgm., a 20 per cent stabilized suspension in coconut oil, and the drug in a recrystallized form with which the user may make his own preparations.

Brazil: *New patients' publication.*—Patients of the leprosy hospitals in Brazil have established an organization called "Associação Editorial Tópicos" for the purpose of publishing a periodical to be entitled *Tópicos*, according to a letter forwarded by Mr. Perry Burgess. Said to represent patients hospitalized all over the country, and to consist of patients exclusively, the purposes of the organization are (a) to promote an educated public opinion with regard to leprosy, (b) to work up public opinion regarding the free readmission of discharged patients, and (c) to assist needy and discharged patients. The periodical is to be a pocket-sized magazine. The headquarters will be at the Padre Bento Sanatorium, Cuarulhos, São Paulo. The announcement is signed by Walter Vasquez, editor.

Peru: *Distribution and type of leprosy.*—A correspondent writes that Dr. Lauro de Souza Lima, during his visit in Peru last year, found that of the more than 3,000 estimated cases a great majority are in the eastern part of the country, with another important focus in the Sierras; elsewhere the distribution is spotty and the concentration low. The lepromatous type greatly predominates, and there is a high incidence among children, most of them also with that form of the disease. Hence, it is said, although the population is some 8 millions, "the endemia is not so mild."

United States: *Clinic in New Orleans.*—A weekly clinic has been established in New Orleans for the treatment of leprosy patients who do not need to be hospitalized, it is reported. This is the realization of a plan long contemplated but hitherto blocked, for one thing by opposition of the local medical society which has now been withdrawn. The clinic is in charge of Dr. William H. Meyer, of the U. S. P. H. S., for some time a member of the staff of the federal leprosarium at Carville but recently transferred for field work in Louisiana.

Leprosy in veterans.—In 1950, it is reported by Dr. G. R. Callender in *Tropical Medicine News*, the records of all World War II veterans drawing compensation from the Veterans Administration were reviewed. There were 54 of them, the individuals involved including 27 Filipinos, 6 Hawaiians, 2 Samoans and 1 Puerto Rican, those regions being the probable places of origin of the disease in those cases. Patients of American origin comprised 14 from Texas, 2 from Louisiana and 1 from California. One case is ascribed to Australia, this being one of the two supposedly inoculated by tattoo; the other of them was not included in this group. The presumptive evidence is strong that in most instances the disease was

acquired in the home environment rather than in the service, but it is pointed out that it is too early to expect that all veterans who were exposed by contact to the disease to have developed lesions.

Revised regulations in California.—A revision of the regulations relating to communicable diseases of the state of California, adopted in 1950, provides for two types of isolation of leprosy, strict and modified. The health officer must consider whether the patient may be cared for in his own home, depending on whether or not the case is to be regarded as infectious, and he "should, whenever possible, be advised by a physician specially qualified in this disease." Commenting on these regulations, the *Carville Star* points out an anomaly in that a patient with tuberculosis, a much more infectious disease, is under the revised regulations "considered as fulfilling the requirements of modified isolation as long as he is under adequate medical supervision"; only when he refuses to observe instructions is more stringent isolation prescribed. The difference is regarded as "pandering to an ignorant public's superstitions." Quoting from a report by Dr. George W. McCoy, it is stated that of about 500 cases reported in California in the present century, only 23 are regarded as having been infected in that state, and of them only 7 had never been out of it.

Recent statistics of Hawaii.—In 1950, 34 new cases of leprosy were certified, of which 18 were committed for hospitalization and 16 were granted immediate temporary release as noninfectious. During the year 43 cases under temporary release were granted full discharge, while 3 were recommitted. In the first six months of 1951, 34 cases under temporary release were granted full discharge, while reactivation occurred in 3 cases. During this period 9 new cases were certified, 5 of which were committed and 4 were given temporary release. As of June 30, there were 256 "active" cases in the leprosaria, 172 at the Kalaupapa Settlement and 84 at the Hale Mohalu station, and 190 cases were of the temporary release status.

South Pacific: Notes on the Solomons and Samoa.—Up-to-date information on the situation in these areas is contained in reports to a conference of the Lepers' Trust Board in New Zealand late in 1950, the proceedings of which are dealt with in the abstract section of this issue.

Philippines: Lepromin committee appointed.—The Leprosy Division of the Bureau of Hospitals proposes to require that the lepromin test be applied to all newly diagnosed cases, in connection with classification and prognosis. Since there is no universally accepted method of preparing the antigen used for that test, a committee—composed of Drs. C. B. Lara, J. O. Nolasco and H. W. Wade, the last-named by agreement—has been appointed to study the different methods of preparing that material and make recommendations regarding that and other related matters.

Japan: Leprosy research committees.—There are three special committees of this nature in Japan, according to Dr. Kanehiko Kitamura, of Toyko. One of them, sponsored by the Ministry of Education, has functions of general scope; another, under the same sponsorship, is (apparently) of special nature (its functions not stated); and the third, sponsored by the Ministry of Public Health and Welfare, is concerned

with the chemotherapy of leprosy. The members of the main group are almost all leading specialists, chiefs and staff members of the national leprosaria and professors of medical colleges all over the country. The funds of this group for 1951 are 800,000 yen. The two main subjects of its investigation are cultivation of the bacillus and animal experimentation (9 members), and chemotherapy (12 members). Some of the results obtained so far are: The cultivation of the bacillus, including that by Dr. K. Nakamura, remains unsuccessful. No definite results have been achieved in the field of animal experimentation. With respect to chemotherapy, it has been found that, clinically, diasone and promizole are far more effective than promin. Tibione is nearly as effective as promin. It has been proved experimentally that diasone and promizole are more neurotropic than promin, and that promin—unlike other sulfa drugs—has some stimulating effects upon the reticuloendothelial system.

✓ *Japanese Leprosy Association.*—This organization has been recognized as an affiliate of the Japanese Medical Association, becoming its 35th section. As such, the 24th annual meeting of the Leprosy Association was held during the 13th general meeting of the larger body on April 3 and 4, in Toyko, under the chairmanship of Dr. M. Terada, of Toyko. Besides 84 papers on miscellaneous topics, there were four special addresses, one by Dr. Terada on electron microscope studies of viruses and acid-fast bacilli, and three on the treatment of leprosy with promin and similar compounds: pharmacological aspects, by Dr. K. Tanioku, of Toyko; pathological aspects, by Dr. K. Mitsuda, of Nagashima; and clinical aspects, by Dr. Y. Hayashi, of Tokyo. The next (25th) meeting will be held in Okayama in April 1952, under the chairmanship of Dr. R. Jingu. The main topic to be discussed there is leprous erythema nodosum.

La Lepro.—This periodical, the official organ of the Japanese Leprosy Association, is being issued bimonthly, each number containing several articles published in Japanese with abstracts in English. The editorial board is: Dr. Y. Hayashi, Toyko; Dr. K. Kitamura, Toyko; Dr. K. Mitsuda, Nagashima; Dr. T. Nojima, Oshima; Dr. Y. Satani, Osaka; Dr. T. Tanimura, Osaka. The assistant editor in charge of the editorial office is Dr. S. Nishimura, that office being located at the Hifubyo-Kenkyujo (Institute of Skin Diseases), Department of Dermatology, Faculty of Medicine, University of Osaka, in Osaka.

Dr. Mitsuda honored.—Dr. Kensuke Mitsuda, chief of the national leprosarium in Nagashima and doyen of leprosy workers in Japan, was recently awarded by the government—together with other distinguished persons in various fields—with a special annuity of 500,000 yen a year.

[The foregoing information was all supplied by Dr. K. Kitamura.]

6 *Korea: Features of the situation.*—A recent visitor at the U. S. Public Health Service Hospital at Carville, as reported by *The Star*, was Dr. Joon Lew, professor of dermatology at the Severance Medical College in Seoul, now destroyed. Dr. Lew, who had studied leprosy in Japan with Mitsuda, is the founder and executive director of the Korean Leprosy Association. There are four large leprosy settlements in the country, he is quoted as saying, run by the government and American missionaries, but they do not have sulfone drugs or even chaulmoogra oil for treatment. There are 30,000 persons with leprosy in the country (a great majority in South Korea), but in peacetime only 10,000 could be treated in these

institutions; the lot of the rest of them was miserable. Before the war the association had started to found rural colonies in all parts of the country, and 20 of them were established which gave aid to about 5,000 sufferers. As for the rest, "These are the people who become beggars, after many of them wasted their money and their property trying to find a cure with unscientific treatments given secretly."

8 **India:** *News from Tsinan.*—After Dr. H. Jocelyn Smyly returned to Tsinan, Shantung, in 1948 little news of him came through until the latter part of 1950. The buildings of the Cheeloo University Hospital had suffered considerable damage during the battle of Tsinan, but the home for leprosy patients some distance away has been little damaged; of the 54 patients, two had been injured by shell fragments. With the change of government, what had been advisable before had become a necessity, that the administrative responsibility of both institutions should be in the hands of Chinese. There was difficulty with respect to the leprosy hospital for a while because of lack of a physician who could take charge, but at the time of the last report a competent man had accepted the position. Supplies of sulfone drugs from the Missions has come through. (It appears that there are difficulties in getting funds through to mission leprosaria where trustworthy people are still in charge, and the whole situation is difficult. The American Leprosy Missions has had to stop such remittances, leaving the British organization to carry the load for the present.)

Destruction at Tarn Taran.—An unusual disaster at the leprosarium at Tarn Taran, in the Punjab, has been reported. The heaviest rains which had ever been experienced there had damaged the buildings so heavily as to create havoc. The roofs of forty houses had fallen, and only about fifteen rooms were in good condition. Some *pakka* walls had sunk and cracked, and the mud walls that partitioned the rooms had collapsed. The patients' vegetable plots were totally under water and ruined, but they were getting some consolation from catching fish in large quantities. In the midst of the anxiety they were making entertainment of boat races, using tubs for boats and pieces of wood for oars.

6 *Social consequences of leprosy.*—Under this heading, *Without the Camp* records two cases reported from a station in India. A man brought his wife of four years to the place with an order from a magistrate asking whether she had leprosy or not. His mother had chosen another wife for him, since Hindu law allows leprosy as a cause for divorce, but the wife was fighting for her place in the family. She did have the disease, and after the court business was over she returned alone to the leprosarium as a patient. The other case cited was that of a young girl of about twelve years. Her father brought her for diagnosis, not to be treated if she had the disease—which she did—but so that he could marry her off in a hurry before her prospective husband and his family should learn of it.

PERSONALS

DR. DHARMENDRA, of the Leprosy Research Department of the School of Tropical Medicine, Calcutta, went to Burma in August as a consultant of WHO, planning to spend three months there surveying the leprosy situation.

DR. P. J. DE FONSEKA, of the Ceylon leprosy service, is being sent to the United States on a Point Four Program scholarship to study at Harvard University for a year, for the degree of Master in Public Health, after which his government will arrange for a few months travel to visit leprosy stations.

DR. W. F. JOSEPH, for some ten years resident medical officer at the Mission to Leper's home at Chevayur, near Calicut, Madras, died suddenly on November 15, 1950.

DR. MOHAMMED KHALIL ABDEL KHALEK BEY, director of the Fouad I Research Institute and Hospital for Tropical Disease in Cairo, who will be remembered by those who attended the International Leprosy Congress in that city in 1938 as the head of the organizing group, died suddenly on October 7, 1950.

MR. HARRY A. KLEUGEL, who served as executive officer of the Board of Hospitals and Settlements of Hawaii from the time of its formation in 1931 until it was abolished in 1949, died on March 11, 1951.

BISHOP GEORGE LAPP, who as a Mennonite missionary was for some years in charge of the leprosarium at Dahmtari, India, died in January 1951.

DR. E. E. MURRAY, of the American Presbyterian Mission in Hong Kong, has recently been visiting leprosy institutions at Chiengmai, in Thailand, and various places in India, on his way to England and the United States.

DR. V. PARDO-CASTELLÓ, of Havana, has been asked to prepare a monograph on leprosy by one of the American publishing houses.

DR. GRANVILLE A. PERKINS, for several years chief chemist of the Culion Leper Colony and since 1929 a member of the staff of the Carbide and Carbon Chemicals Company, New York, has been appointed vice president of that company in charge of research.

DR. GEORGE M. SAUNDERS, for a time epidemiologist of the Leonard Wood Memorial, has been appointed medical director of the Socony-Vacuum Oil Company and at the same time associate clinical professor of industrial hygiene of the Postgraduate Medical School, New York University.

DR. H. C. DE SOUZA-ARAUJO has returned to Rio de Janeiro after spending several weeks in England and Europe. In London he gave lectures before the Royal Society of Tropical Medicine and the Institute of Hygiene of London University, and in Paris two others at the Institut Pasteur and the Hôpital St. Louis.

JAMES LAIDLAW MAXWELL, C. B. E., M. D., B. S.

Dr. James L. Maxwell died suddenly in Hangchow, China, on August 10th, of cerebral malaria after a brief illness.

Dr. Maxwell was the son of Dr. James Laidlaw Maxwell, a pioneer missionary to Formosa who in 1865 established there the Tainan Mission Hospital. He was educated at the London University College School, St. Bartholomew's Hospital and London University. In 1900 he returned to Formosa under the English Presbyterian Mission to succeed his father at the Tainan Hospital, where he continued in charge till 1923, except for the years of the first world war when he served in the Royal Army Medical Corps.

In 1923 Maxwell went to Shanghai as the executive secretary of the China Medical Missionary Association. At that time medical education and research in China was largely in the hands of European and American medical missionaries, and for the next six years Maxwell's organising ability found full scope in the development and coordination of the various medical missionary institutions.

In 1929 he became head of the Department of Field Research of the Lester Institute, Shanghai, a post for which he was particularly suited by his wide knowledge of China and the activities of its various medical colleges and hospitals. He was able to assist those engaged in research in distant parts of China by his advice and by providing literature from the Institute's library, of which he was in charge; and he was held in high esteem because of the stimulus and encouragement he gave his colleagues in his tours of mission hospitals. He wrote a textbook on the diseases of China which has passed to a second edition.

In 1937 Maxwell became director of the Institute of Hospital Technology, but after the outbreak of war with Japan he was seconded as general secretary of the International Red Cross for Central China. Courage and modesty are two companion virtues, and Maxwell possessed them both in high degree. In consequence we know little of the troubles and dangers that he must have passed through as Japan penetrated more and more into China. Nor do we know of the tremendous help which his organising power and knowledge of China must have been to the Red Cross. At last, in 1940, it was necessary for him to come home.

Fresh from his harrowing experiences in China, Maxwell—although too old to be accepted for war work at home, he being 65 at the time—at once plunged into general practice at Bedford, thus setting free others for the services. He continued this work strenuously till the end of the war, when impaired health forced him to retire. After a major operation, however, his health was restored and he found himself ready and eager for fresh work.

Throughout Maxwell's service in China he always showed a great interest in and sympathy for those suffering from leprosy, a disease in which he had become interested while in Formosa. In 1927 he was appointed medical adviser for Eastern Asia of the Mission to Lepers, an office which he held till 1940, and after leaving China he continued to serve on the council of that body and later became a vice president. He attended the Leonard Wood Memorial Conference in Manila in 1931, at which the International Leprosy Association was founded, and he continued to be an active member of the Association until he retired. He published (1937) a practical textbook on leprosy especially for use in China.

Although then 74 years of age, he volunteered in 1949 to return to China in an honorary capacity to take charge temporarily of the leprosy hospital of the Mission to Lepers at Hangchow and to forward the project of an agricultural leprosy settlement at Zang-peh, outside of the city, intended as a demonstration of the modern approach to the problem in such areas. He and Mrs. Maxwell sold their home and went there in full knowledge of the fact that the Communists were surging southward; they arrived there three weeks before the Communists entered, and they stayed there. During the next two and one-half years Maxwell laboured to establish the agricultural colony, and had the satisfaction of seeing the scheme go forward and begin to do a useful work. Maxwell understood and loved the Chinese, and they reciprocated his affection and regard. Even the Communist government appreciated his knowledge and experience and sought his aid and advice [see news item in the preceding issue of *THE JOURNAL*].

On the first of August, however, he wrote that he was tired, that he as a foreigner could do no more, and that under the present political conditions his further stay in China might be an embarrassment to his Chinese friends. He had planned to leave for home in September. Probably if he had had the choice he would have asked to die thus among the people he had served

so long and faithfully. We offer our sincere sympathy to Mrs. Maxwell, who also trained at St. Bartholomew's Hospital and who was his constant companion and help and shared all his trials and dangers.

—E. MUIR