

NEWS ITEMS

This department carries information concerning institutions, organizations and individuals, scientific or other meetings, acts of legislature and other activities, and any and all other similar matters that may be of interest to leprosy workers. In large part such matter is collected by the Contributing Editors, but all readers are invited to cooperate with the editorial staff by sending in anything of this nature which they consider of interest.

New colony in Formosa.—It is learned from Dr. G. Gushue-Taylor, of Taihoku, Formosa, Japan, that the inauguration ceremonies of the "Rakusanen" (the Happy Mount Leprosy Colony) will probably be held in January. For several years Dr. Taylor has worked toward the building of such an institution, meeting difficulties of various kinds, not the least being due to the current depression. Land was acquired on a hillside near the sea at some distance from Taihoku, and a colony has been built that in nature is the antithesis of the prison-like asylums in which lepers so often are kept.

Leprosarium at Shanghai.—Word has been received from the headquarters of the Chinese Mission to Lepers that a plan is under way to build a modern leprosarium at Shanghai, the National Health Administration and several organizations, including the National Medical College, having pledged support of the plan. A piece of land has been acquired at Woosung, near the mouth of the Yangtse River, and funds have been voted by the Mission to commence construction. Though further details are lacking, it is said that when the scheme is realized the leprosarium will be one of the finest in that part of the world.

Children at the Orofara colony.—Certain information concerning the Orofara colony in Tahiti is contained in an item that recently appeared in European newspapers concerning an opinion that leprosy is not contagious. This theory has been arrived at by Dr. I. M. le Meé, who, it is said, has studied the disease in Tahiti and Louisiana. The 200 or so inmates at Orofara are said to lead entirely normal lives, having their own occupations and church. Of interest is the statement that every baby is removed from the place two days after birth and adopted elsewhere, and that none of these children has become leprosy.

Medical work in A. E. F.—An interesting article of editorial nature in a recent issue of *L'Etoile de l'A.E.F.*, from Brazzaville, French Equatorial Africa, points out the prevalence of leprosy, tuberculosis and especially yaws among the natives. This article, which is frankly critical, asserts that aside from sleeping sickness—which it says is under control—the native diseases are neglected. In comparing the situation with that in the Belgian Congo, it states that there are no civilian physicians in the Federation, which is five times the area of

France, and that the military physicians are handicapped by lack of funds and facilities.

Leprosy work in Burma.—Burma has adopted the "P.T.S." (Propaganda-treatment-survey) system of tackling the leprosy problem, which is an exceedingly serious one in that most eastern of Indian Provinces. A full-time special leprosy officer (Dr. Tha Din) was appointed in February, 1931, to the staff of the Director of Public Health, and placed in charge of the work. Four surveys have already been completed showing a very high rate of incidence of the disease, while a number of local doctors have been trained in modern methods of leprosy diagnosis and treatment. The Public Health and Medical Departments are working in close cooperation, and five out-door clinics are now in operation under officers of the latter department. Intensive propaganda is carried out during the course of the surveys, and there is already evidence of awakening interest on the part of the people in the modern treatment of the disease.

Another new remedy.—European newspapers have recently carried a story to the effect that two members of the University of Kyoto have invented a new remedy for leprosy in which gold and special oils are used. It is stated that, convinced that leprosy can be cured, at least in the earlier stages, they plan to establish an institute of 200 beds for this work.

Thallium optic neuritis.—At the Pan-American Congress which met at Dallas, Texas, in March, 1933, Dr. Jesus Gonzalez Urueña, of Mexico City, reported an interesting accident in quack treatment of leprosy. When the Mexican Department of Public Health inaugurated its first public clinic for lepers it was noted that many of the patients were blind or had much diminished vision, and that this was not due to the usual eye lesions of leprosy, which involve the anterior structures of the eye, but to injuries of the fundus, which is practically immune to leprotic involvement. It was found that these patients had been treated privately by a physician of the same city who was using, without scientific basis, a drug which was found to be simply a solution of thallium acetate, about 1.4 per cent. This drug, which properly used is of value in ringworm of the scalp, is dangerous when misused. In these cases it had been injected subcutaneously, in 1 cc. doses, in series which led to cumulative effects. The drug appears to be specially active when given by this route, for doses were harmful which, when given by mouth, are not injurious. Among the effects produced were total depilation, not only of the head but of the entire body. General disturbances began by rheumatoid or neuritic pains in the legs, the patient often being confined to bed for two or three months; this trouble was less common or severe in the arms. Anorexia, vomiting and diarrhea were observed, with marked emaciation, and in some cases psychotic disturbances. The most serious effects were those on the eyes, which in cases amounted to total blindness, due to optic neuritis. The thallium treatment had not had any favorable effect on the course of the leprosy, so far as could be determined.

Leprosy in Canada.—This matter was discussed in the Canadian legislature during consideration of the budget of the Health Department, according to *le Canada* (Montreal, March 18, 1933). The disease is disappearing from Canada, there being only 15 cases: 10 at Tracadie in New Brunswick, and 5 at Bentick Island, British Columbia. None of these cases actually contracted the disease

in Canada, according to Minister of Health, Mr. Murray MacLaren. The maintenance of two separate institutions, in spite of the few patients, was justified in view of the cost of transporting them: it cost \$700 to transport one from Toronto to Tracadie. (See article by Dr. Heagerty in this issue.)

Leprosy was brought to Canada by mariners according to a statement made during the discussion. The first victims were isolated on Shelldrake Island, but after the confederation the federal government constructed the Tracadie lazaret for them. The disease has now been eradicated from New Brunswick. At least one of the patients at Tracadie has been completely cured and the others improved.

Leprosy in Denmark.—Dr. T. Madsen, writing from Copenhagen, indicates the freedom of Denmark from a leprosy problem by pointing out that in many years there has been only one case there, and that an imported one.

Leprosy in North Africa.—In a recent letter Dr. Edmond Sergent, of Algeria, points out that the disease is much more prevalent in certain regions of Morocco than in Algeria or Tunis. In the latter countries indigenous cases are rare; most of the cases, which are never numerous, come from abroad, either from Alicante (Spain) or—at least previously—from the Malta islands. It would appear that only three cases were recorded in North Africa during 1932. However, another correspondent, writing from Paris, points out that the official count of cases is not necessarily the real one, a caution which applies to most countries.

Personals.—Dr. J. J. du Pré le Roux, until recently senior medical officer of the West Fort Leper Institution, Pretoria, Union of South Africa, has recently been appointed Medical Superintendent of that establishment, the principal one of the five in the Union. A special leprosy research officer has been appointed for South Africa generally, with headquarters at the Pretoria institution, according to information received from a ranking official of that Government.

Dr. Donald Dow has been appointed to the position of Medical Officer at the Dichpali Leper Hospital, Southern India.

Dr. C. D. de Langen, of Batavia, who is the director of the large government hospital there and is intimately concerned with special leprosy work, has recently returned from an extended tour on which he collected data for a new book to be entitled "Geographic Pathology." In this connection five months were spent in Central and South Africa.

Word has been received that Dr. F. Hayashi, of the National leprosarium at Nagashima, Okayama, Japan, who is travelling under a fellowship from the League of Nations, has with the consent of the authorities of the League added South Africa to his itinerary. This was done because of especially interesting features of the disease and of the antileprosy campaign in that country.

Dr. Frederik P. Gay, head of the department of bacteriology of the College of Physicians and Surgeons, Columbia University, New York, and chairman of the Research Committee of the Leonard Wood Memorial, is making a tour of the world with a view partly to familiarizing himself with recent developments in leprosy work. After a brief sojourn in Japan he arrived in the Philippines on September 15. After about two months there he will return to the United States by way of Europe.