# NEWS AND NOTES

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

## BELRA CONFERENCE ON SULFONE THERAPY

A meeting of British leprosy workers in Africa who were in England at the time met with medical officers of the British Empire Leprosy Relief Association, at its office at 167 Victoria Street, London S.W.1, on September 17, 1951, to consider the status of sulfone treatment. Those present were:

Dr. E. Muir, Medical Adviser, B.E.L.R.A.
Dr. R. G. Cochrane, Medical Secretary, B.E.L.R.A.
Dr. John Lowe, Medical Research Worker to the Government of Nigeria.
Dr. T. F. Davey, Area Superintendent, Nigeria Leprosy Service, Uzuakoli.
Dr. and Mrs. Barnes, Ogoja Leprosy Settlement, S.E. Nigeria.
Dr. J. Ross Innes, Interterritorial Leprologist, E. African High Commission.
Dr. J. A. K. Brown, recently appointed Adviser on Leprosy to the Government of Uganda.

Drs. Lowe and Cochrane were appointed to prepare the findings of the meeting, which are reproduced here verbatim.

1. *General.*—(1) The development of sulphone therapy has now reached the stage when it can be strongly recommended as the basic routine treatment of all active cases of leprosy. Some of us consider that hydnocarpus oil treatment by intradermal injection is a useful supplementary treatment.

(2) The mode of action of sulphones is not completely understood. It is probable that the more complex (disubstituted) sulphones are rendered active by being broken down to simple compounds (DDS and probably monosubstituted and other sulphones). The therapeutic action of sulphones can be obtained by administering any of these.

(3) The giving of disubstituted sulphones in the usually recommended doses by mouth is an effective, but uneconomic, method of treatment, and need not be further considered here.

(4) Our experience of disubstituted sulphones by injections is practically confined to sulphetrone. Such injections are considered to provide a cheap and effective form of treatment.

(5) Monosubstituted sulphones are reported to be active *per se*, and, when given orally, to provide a safe and effective treatment of leprosy. Our experience of them is very limited. Their cost at present excludes their use on a large scale.

(6) DDS (parent sulphone, diaminodiphenyl sulphone) is highly active and is so well absorbed and so slowly excreted that its effective dose is very low. Its oral administration is simple and effective, but its insolubility renders injections troublesome.

2. *Complications of treatment, toxic and otherwise.*—The complications of treatment here mentioned have been seen in all forms of sulphone therapy. They are much less common and less severe with the drugs and doses now recommended than in the past, but they still may occur. Sulphone treatment needs workers capable of detecting and dealing with these complications as they arise.

(*a*) Reaction, neuritis, etc., though seen in cases without treatment, is more common in cases under sulphone therapy, particularly in the early phases. If it is mild, the treatment has to be stopped until it has subsided. Injections of antimony are commonly used in the treatment of this complication, but results are not constant, and some favour other remedies. In time the condition subsides, but frequently recurs. For severe neuritis, procaine injections into the affected nerve have been found useful.

(*b*) Drug fever, with general dermatitis, hepatitis, lymphadenitis, etc. This complication has been recorded as frequent in West Africa, where it seems probable that a local factor contributes to its causation. The fever in lymphadenitis and hepatitis is indistinguishable clinically and serologically from glandular fever (infectious mononucleosis). The dermatitis, which may be severe and exfoliate, is similar to other severe drug dermatitis (arsenical and sulphonamide). The whole condition is caused by an intense allergy to sulphones and sulphonamides.

Early diagnosis, immediate cessation of sulphones, the avoidance of sulphonamides, and anti-histamine treatment are of great importance. A failure in this matter may lead to death.

When the condition has subsided, sulphone treatment can be resumed only after very careful desensitization, starting at minute doses. In desensitization, oral administration twice weekly of a soluble sulphone (e.g., sulphetrone) rising slowly from 5 mgm. is very useful.

The syndrome makes its first appearance always during the first few weeks of treatment, though it may recur later. The first three months of treatment need careful watching. The very gradual induction of treatment is advisable to minimize the danger.

(*c*) Anaemia. In well nourished patients treated with the doses recommended below, serious anaemia is rare. When it occurs, factors other than sulphone treatment usually contribute (e.g., malnutrition, hookworm, etc.). In severe lepromatous cases, leprosy itself frequently causes anaemia. Routine haemoglobin estimations are unnecessary. Proper clinical examination will detect any cases of anaemia. Iron administration is not necessitated by sulphone treatment, as here outlined, though in ill-nourished patients with parasitic infections it is advisable.

(*d*) Hepatitis is usually a part of the drug fever syndrome described above. It has, however, been seen separately. Treatment must be stopped until the patient has fully recovered.

(*e*) Cyanosis. This is rarely visible in dark skinned people, but in others it is not uncommon. It is reliably reported to be more common in patients living at high altitudes (above 5,000 ft.), when it may cause

serious distress. Apart from this, it is usually of little or no significance.

(*f*) Psychosis. On the higher doses previously used (particularly with DDS) this complication was not uncommon. Now, on the lower doses, it is rare. It commonly occurs only after prolonged, continuous treatment. It is characterized by excitement, by depression, or by alternating phases of excitement and depression. There may be a tendency to suicide. The psychosis slowly subsides when sulphones are withdrawn. Sulphone treatment can later be resumed at a lower dosage, or an alternative treatment, such as thiosemicarbazone, may be substituted.

3. *Recommended forms of treatment.*—The two forms of treatment which are simple, cheap and widely applicable are here outlined. Other forms of treatment, though probably not less effective, are much more costly and less widely practicable.

(*a*) *Sulphetrone* (pure crystals). A 50% solution in distilled water sterilized in an autoclave at 15 lbs. for 30 mins. or boiled for 30 mins. Intramuscular or subcutaneous injections are given:

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| First two weeks | 0.5 cc. (0.25 g.) twice a week |
| Second two weeks | 1.0 cc. (0.5 g.) twice a week |
| Third two weeks | 1.5 cc. (0.75 g.) twice a week |
| Fourth two weeks | 2.0 cc. (1.0 g.) twice a week |
| Fifth two weeks | 2.5 cc. (1.25 g.) twice a week |
| Thereafter | 3.0 cc. (1.5 g.) twice a week |

(*b*) *DDS.* Supplied in 100 mg. and 50 mg. tablets. Tablets given orally twice weekly.

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|---|---|
| Weeks 1- 4 | 100 mg. twice a week |
| Weeks 5- 8 | 200 mg. twice a week |
| Weeks 9-12 | 300 mg. twice a week |
| Thereafter | 400 mg. twice a week |

For children the dose is reduced, but not necessarily according to body weight.

The above is a *standard* dosage regime and should be followed where possible. A good clinical response can be obtained with smaller doses and with less frequent administration; weekly treatment is practicable and appears effective. Some workers suggest parenteral sulphone (DDS) in cocoanut oil suspension once in 14 days, and report a clinical response. These facts make out-patient treatment widely practicable.

4. *Choice of treatment.*—The opinion of this group divided. Some advocate injections of sulphetrone because they consider it less toxic, and because they consider administration of the proper dose is easier to control, and abuse of the treatment easier to prevent.

Others think that DDS is no more toxic, is cheaper and much easier to administer. In the administration of the oral dose twice weekly, the patient should not be given tablets to take away with him unless the physician can trust him to use them according to his instructions, thus preventing serious abuse of the drug. In any case, the importation and distribution of any sulphone drug should be carefully controlled, and its administration supervised by trained medical personnel.

5. *Duration of treatment.*—Progress under treatment, though usually

sure, is often very slow, and clinical improvement is usually much quicker than bacteriological improvement. Tuberculoid cases with widespread disease should be treated for at least a year to 18 months. The treatment of bacteriologically positive cases must be continued until the patient becomes and remains bacteriologically negative, and loses all clinical signs of activity. Until now the continuation of negative results for one year has commonly been the criterion for discharge. In one country a considerable relapse rate has been recorded on this regime, and it has been recommended that patients should continue treatment for a much longer period. The length of treatment should vary with the severity of the case and the time required to become negative. Where it is practicable the advisability of necessary periodic after-treatment with sulphones might be seriously considered.

6. *Sundry points.*—(1) Sulphones in prophylaxis. It has been suggested that sulphones should be used in persons seriously exposed to infection, as a prophylactic. Such sulphone administration would be unlikely to have any harmful effect. No evidence is yet available of the value of such prophylactic treatment. This is a matter needing careful investigation.

(2) Sulphone resistance. So far no clear indication of any kind has been seen to show that prolonged or intermittent sulphone treatment produces sulphone resistant bacilli in the person treated.

(3) The influence of sulphone treatment on anti-leprosy work in general. Sulphone treatment itself is not the answer to the wide problems of leprosy. Early diagnosis, the early institution of treatment, segregation of infective cases, other remedial measures (including surgery) and rehabilitation of patients, all these activities are vital. Many of these activities have, however, already been facilitated and encouraged by improved results of treatment, and the opportunity now afforded for these increased activities should be seized and used fully.

7. *Other drugs in treatment.*—Streptomycin, though having some action in leprosy, appears unlikely to play any major part in treatment.

The thiosemicarbazones are giving promising results, but there is no indication that they are in any way superior to sulphones. They are more expensive and less widely applicable. They appear unlikely to rival or replace sulphone treatment, but they provide a useful alternative treatment in patients in whom sulphone administration presents difficulties (particularly allergy) or produce inadequate response.

BCG has been found useful, particularly by workers in Brazil, in turning negative lepromin tests into positive. In the experiment referred to, 30 children of leprous parents were given 0.1 gm. of BCG orally once a week for three weeks, the lepromin test being done on the same day as the first dose of BCG was given, and all but four gradually developed positive results. After a year all the 30 children showed positive lepromin tests. At the same time, as a control, 15 children were lepromin tested but were not given BCG, and all gave negative results. If these findings are confirmed, and if BCG is found to increase the resistance of children to leprosy, we shall have another important tool in combatting the disease.

## THIRD ALL-INDIA LEPROSY WORKERS' CONFERENCE

This conference, held in Madras in October 1950, was reported at considerable length in the first issue of *Leprosy in India* for 1951 (vol. 28, pp. 1-111), with a list of the 106 delegates and other such information, abstracts of the various papers presented and the full text of 15 selected papers, and summaries of the discussions at the various sessions. Abstracts of the papers read at the meeting were provided in due course by our Contributing Editor for India, Dr. Dharmendra, but because of the amount of such material already in hand their publication has had to be postponed until our next issue. Here follow summaries of the principal addresses at the inaugural session.—EDITOR.

*Inaugural Address*, by The Hon'ble DR. T. S. S. RAJAN, Minister for Health, Government of Madras (pp. 4-8).

The speaker stated that leprosy is mainly a rural disease, and that emphasis should therefore be laid on antileprosy work in the villages. In his opinion, the chief concern of the government should be control, together with medical aspects of the problem like treatment; other aspects like relief, rehabilitation, etc., are the concern of voluntary bodies and social workers. Pointing out several lacunae in the present knowledge of leprosy, he said that there is need of planned and determined research of the highest scientific character. He then referred to, among other things, the short- and long-term plans of the government of Madras for control, the former being that of increasing the accommodations for isolation of infective cases, and the latter consisting of intensive rural service in endemic areas. The speaker suggested that the next conference might with advantage be held in typically rural surroundings where some leprosy work was being carried out.

*Presidential Address*, by DR. E. MUIR. Past and Future Anti-Leprosy Work in India (pp. 8-13).

Although much more is now known about leprosy than in 1920, the speaker said, it is nevertheless questionable whether that progress has caused any diminution of the disease in the country. Mentioning briefly the advances of knowledge that have been made, he then considered the present methods of control, discussed their shortcomings, and enumerated certain accepted principles regarding the transmission of the disease in the community.

At present there are two main methods of control in force in India, one the residential institution and the other the outpatient clinic. As regards the former, only about one-fifteenth of the total number of infectious cases could be isolated, and there is danger of attracting large numbers of such patients to the neighborhood of each in the hope of getting treatment. The clinics were originally established in 1920 for the P.T.S. (treatment, survey and propaganda) program, but the last two items—the most important ones—had been neglected in most instances. Although knowledge of the disease is still very limited, and there is still urgent need

for further research, there is sufficient knowledge to control leprosy if only that knowledge were translated into action. Until that is done there is not likely to be much progress in control.

He recommended antileprosy work in the villages as a method of control, under the present circumstances prevailing in India. Work along a line similar to the P.T.S. method should be carried out in the villages from each center. The central aim should be to get each village, or group of villages, to isolate effectively its own open cases in such a way that they will not spread the disease, and the details of such work and the personnel required were dealt with briefly. This program, he proposed, should be given a thorough try-out in different parts of the country, in preference to founding more large colonies of the present type. He ventured to say that until some such scheme is generally adopted, little or no advance in control is likely to be made. The discovery and use of more effective drugs will certainly help, but one should not delude himself into thinking that drugs alone, without this kind of village work, will control leprosy.

The medical delegates of the conference organized the Indian Association of Leprologists, the aims of which include, among other things, the promotion of the study of and research in leprosy and the creation of public opinion in matters relating to the prevention and care of leprosy. Provision is made for membership on the part of qualified medical practitioners who are or have been engaged in leprosy work in India, and for associate membership on the part of similar leprosy workers in other Eastern countries such as Pakistan, Burma, Malaya, Indonesia, etc. Dr. Dharmendra, of Calcutta, was elected president; Dr. A. C. Rebello, of Bombay, vice-president; Dr. P. Sen, of Calcutta, secretary, and Dr. H. Shama Rao, of Madras, treasurer. Nineteen others were elected representatives. The constitution of the association was to be drawn up later. —DHARMENDRA

## LEPROSY IN CHINA, 1951

With the dropping of the Bamboo Curtain over China, reliable reports of the leprosy situation have been sparse and very incomplete. It may be that much work is being carried on quietly, as best it can under the circumstances, but there is reason to fear that much has been swept aside. In general, the matter has been taken out of the hands of foreign workers who have pioneered in this field. Many of them are known to be held—sometimes under close confinement—in spite of official authority to depart, this situation demonstrating the inability of the leaders to control the powers they have set loose.

Some reports have come through which reveal active interest in the whole problem by provincial medical officers and

others. A meeting was held in Sian at which it was agreed to link up the leprosy work with the "international leprosy organization," but nothing further has been heard of that. There are reports of plans for establishing leprosaria for 5,000 patients in different parts of the country. But it seems likely that, while this interest and forward planning reveals the desire of the health authorities to do something effective, any steps to implement such plans are prevented by higher or rival powers—political, police or even local officials.

There are, however, well authenticated reports that near Hangchow, Chekiang, a new leprosarium is being established for the care of 200 soldiers of China's Liberation Army, near the new agricultural colony which, under the Mission to Lepers and in close cooperation with the Kwangchi Hospital, Dr. James L. Maxwell gave his life to establish. The authorities have watched closely the development of that colony, and the interference of the police and other local officials has been matched by the assistance of the health officials.

It is also reported that the government has offered to take over the agricultural colony referred to, and since the program has been well established the transfer may be made. It is anticipated that much of the Mission to Lepers' fund for buildings and equipment which has not been expended will not be drawn on, as the government will take over the responsibility for further developments.

The leprosarium at Lanchow, Kansu, maintained by the China Inland Mission, has now been taken over by the government along with the mission hospital. All foreign workers have had to leave, but faithful Chinese friends have been found to carry on the work. From the displaced missionaries passing through Hong Kong there has been received a request for 50,000 tablets of DDS and, a permit for duty-free import having been received, the drug can be turned over to the China Travel Service for shipment. It is reported that there are somewhat more than 100 patients now in this leprosarium, and that apart from the need for drugs all goes well.

In Hainan, where the American Presbyterian Mission supervised the treatment in a government leprosarium, the work has been entirely taken over. Missionaries are no longer permitted to visit the institution, although the Chinese manager is allowed to consult with them. All efforts to help maintain supplies of drugs have so far been unsuccessful.

From Tung-kun, Kwangtung, also, it is reported that the missionaries formerly responsible for the work have not been permitted either to visit the colony or to leave. Treatment has been by "tissue therapy" (see below). Fields, bought at considerable cost to help the patients be less dependent on outside help, have been taken back by the farmers from whom they were purchased, and although the injustice is admitted by officials of the new regime nothing is done to redress the wrong.

Word has come through that the nearby Catholic leprosarium at Shek-lung has been taken over by the new regime, and that the nuns are no longer permitted to work. Of the patients there who were formerly supported by the Hong Kong government, 68 promptly absconded, and the

leprosarium which is being established in the Hong Kong area had already taken in some 40 patients who had slipped out of Shek-lung earlier.

A small leprosarium established within recent years in North Kwangtung was dispersed by the local officials. No word has been received as to the fate of the missionary in charge, and it is feared that he has died while under solitary confinement.

In a small colony in West China established by one of the missions all of the patients, who had become Christians and were living without giving any cause for offence to their neighbors, are reported to have been massacred by the new local officials.

Yet another mission Home, established fifty years ago by the Mission to Lepers, was closed down by local officials who had been trying to get it moved from the town to the country. No steps were taken to provide alternative accommodations; some patients found shelter in a temple along with the priests who lived there, while others were transferred to other Homes.

It is reported that the Nanchang leprosarium has now been taken over by the People's Relief Society, and that no further grants should be remitted.

Certain leprosaria attached to medical schools or universities have been taken over along with those institutions, and it is believed that the work is being continued. From one of them it has been reported that the leprosy hospital, moved to a better place but still too small to admit all patients who are willing to stay, is now supported entirely by the local government, and that no attempt should be made to send in either money or drugs.

From many colonies and homes no news whatever has been received, and one cannot tell whether the work is being carried on quietly, relying on local support and government contributions, or whether the patients have been dispersed. In general, where colonies have continued they have usually received some government aid and have been instructed not to accept funds from foreign sources.

About outpatient clinics, not much can be said. With the introduction of the sulfone drugs an increasing number of mission hospitals had begun to treat leprosy patients in such clinics. Some of these may have been maintained, as is the case with a large one connected with a certain university hospital. In Hankow a flourishing one was built up under the supervision of a missionary, since returned home, who reported active interest and plans for maintaining the work and also for developing a large leprosarium.

On the other hand there is definite news that in certain mission hospitals where the largest clinics were held, these have been entirely discontinued or that the numbers of patients have dropped to a very few. In one case the missionaries responsible have been held for nearly a year under "house arrest," while the Chinese doctor who gave his time to assist in the work has been arrested.

From certain places it is learned that the government not only does not interfere with religious instruction, but that it approves the teaching of Christianity to those suffering from leprosy. This is probably the view of local officials rather than the accepted view of the leaders of the new regime.

Within recent years there has been a growing interest on the part of Chinese Christian doctors and lay workers in the leprosy problem. Whereas

a few years ago it would have been difficult to find more than a very few who were doing even part-time leprosy work, there are now many who are carrying on the work formerly done almost entirely by missionaries. It has always been the aim of the Mission to Lepers to stimulate Chinese interest and support rather than to carry the whole burden alone.

There is interest in an official statement in the Chinese press (see Appendix, below) that a new "tissue therapy," a Russian panacea, is being applied to large numbers of leprosy cases, as well as in a variety of other conditions. No detailed report of results has been seen. However, word has reached us from one colony that, while the patients there benefited greatly from the treatment, it has had no effect on the progress of the leprosy; and, further, that while the Chinese professor responsible for introducing the treatment had given one course and had promised to return, nothing more had been seen of him several months later. —NEIL D. FRASER

## APPENDIX: TISSUE THERAPY IN CHINA

(Translation of an official dispatch from Peking which appeared in the *Ta Kung Pao* of Hong Kong, September 24, 1951.)

Over six months ago (March 3) the Ministry of Health issued a directive on the promotion of tissue therapy. In order to examine the work done in the past six months, to exchange experiences and to further promote its practice, the ministry called on September 3rd a National Symposium on Tissue Therapy, with 58 representatives participating from 44 different medical, research, and health organizations. At the meeting Soviet expert Professor Ma-ya-t'e [transliteration] and Soviet Dr. Ma-erh-k'o-wa [transliteration] introduced the experiences and the present situation in the U.S.S.R. regarding tissue therapy and answered questions about the technical aspects of the method. The representatives from the various localities reported on their own experiences and the present conditions in the use of tissue therapy, and 14 papers reporting researches done and clinical applications were presented to the meeting. Five provisional measures were drawn up concerning the selection of cases for the application of the therapy, and the methods of preparation and application [of the material employed], and views were expressed as to the direction of future research work and the division of labor for the purpose. Huang Ting-ch'en, Director of the Health Administration, and Vice Minister of Health Ho Cheng wound up the meeting, giving necessary instructions.

Simultaneously with the meeting a small exhibition was held, displaying 142 kinds of publications, 73 slides of tissue preparations, 262 charts and statistical tables, and a natural ice box as well as transplantation tubes.

According to figures given at the meeting, 300 medical or clinical units in 100 cities and villages throughout the nation have adopted this therapeutic method, and incomplete statistics revealed that 28,000-odd cases have been treated, of which over 60 per cent showed good results, more in the cities than the villages in geographical distribution. Numerous exemplary cases have been found during the past six months. The China

Medical University mobilized 150 medical workers, treated 3,000 cases, and laid certain foundations for research. The P'uyang Administrative Area Hospital treated almost 3,000 cases under difficult rural conditions. The Harbin Medical University, the Shangtung Provincial Medical College, the Tungchi University Medical College, the Wuhan University Medical College, the Hupeh Provincial College, and the medical colleges of other localities have all made endeavors to promote the therapy. The China Medical University has conducted research in the prevention of frostbite. For the treatment of leprosy cases, certain units in the Central-South, the Southwest and the Northwest have carried out experiments, and reports of efficaciousness are already available on some of the cases treated. This gives good hope to the nation's one million lepers. The Northwest Veterinary Institute is applying the tissue therapy in the field of animal diseases.

However, certain medical personnel still take a wait-and-see attitude, entertain doubts, and even have no confidence in the method. Some openly state that since this method has never been reported in the English and American periodicals, it is considered unreliable. Some doctors advise the patients not to use the tissue therapy, ignoring the thousands upon thousands of cases which have benefited by it. Some physicians and drug factories engage in speculations by adopting the method for treating all diseases. Individual private drug factories make emersion preparations for great profit. Other physicians and medical units take an overoptimistic attitude and blindly apply the treatment to unsuitable cases, without exercising adequate care, resulting in pus formation and delay of other effective forms of treatment. Even influenza has been caused, leading to death. All these deviations and wrong viewpoints should be rigidly examined and criticized.

## LEPROSY NOTIFIABLE IN ENGLAND

On June 22nd, 1951, the Public Health (Leprosy) Regulations came into operation. These regulations, a copy of which every practitioner will receive in due course, provide for the notification of leprosy. Henceforth every practitioner attending on, or called in to visit a patient suffering from leprosy in any building used for human habitation shall, as soon as he becomes aware that the person is so suffering, or if he is aware at the date of the coming into operation of these regulations, send to the Chief Medical Officer of the Ministry of Health a certificate in the form set out in the schedule of regulations.

It should be clearly understood that this special provision for notification direct to the Ministry is considered advisable for the following reasons:

1. It enables strict secrecy to be maintained, and provides means whereby any additional suffering on the part of the patient and his friends can be prevented, because in the past the whole family of the patient has sometimes been affected by the local disclosure of knowledge of the patient's condition.

2. If the full benefit of all recent advances is to be brought to the patient, accurate knowledge of the location of cases of leprosy is essential.

It should be very clearly stated that there are within the regulations no statutory powers of any kind whereby a patient suffering from leprosy can be removed to a hospital. It is considered that any such powers are undesirable, for this would lead to concealment of the disease and defeat the purpose of these regulations, viz., to bring to the patient suffering from leprosy the maximum aid possible of all the services of the State.

The number of cases of leprosy coming to notice in this country is quite small, and almost without exception they have been infected abroad. A considerable proportion of the patients are foreigners and colonial subjects. Generally it has been possible to arrange for repatriation of these patients to the country of their origin, but since the war some cases have arisen in which repatriation was impossible owing to the fact that the patient was either a British subject or a national of a country to which, for various reasons return was impracticable.

Certain non-infectious patients are known to be receiving treatment under private arrangements, others are being treated as out-patients at hospitals, or admitted temporarily to infectious diseases hospitals, or to a small but very valuable private hospital restricted to British nationals. It must be admitted that in the past arrangements for the treatment of infectious cases sometimes presented great difficulty, but this will now be relieved by steps which are announced in a letter from Sir John Charles, the Chief Medical Officer of the Ministry of Health, to all medical officers of health. Firstly, there is the appointment of an Adviser in Leprosy, Dr. Robert G. Cochrane, The British Empire Leprosy Relief Association, 167 Victoria Street, London, S.W.1. This officer is now available to any doctor who may need advice on the diagnosis and treatment of leprosy. He will associate himself with practitioners notifying cases, and will also be available to examine close contacts. Secondly, there is the opening of a hospital especially adapted for the reception of leprosy patients. This hospital is provided by University College Hospital as an annex to the Hospital for Tropical Diseases, and is situated near Redhill, Surrey.

These three new measures—the notification Regulations, the Adviser in Leprosy, the special hospital—mean that no individual leprosy patient need be left without the best possible medical attention and advice under conditions which will enable him to live a more normal and happier life than is otherwise generally possible for anyone who knows that he has leprosy. At the same time they will operate to remove any risk of infection of others which for centuries now has been negligible in this country. It is equally remarkable that the general public have an exaggerated horror of the disease, and a quite irrational fear of infection. It is important for the public to learn that leprosy is an ordinary medical disease, not highly dangerous or infective, and to extend to the person who has been unfortunate enough to contract the disease, sometimes in the service of the Crown, that sympathy and understanding which he deserves.—[From *Leprosy Review* **22** (1951) 81-82.]

## REPORT OF THE C.C.I.C.M.S. FOR 1950

The report of the secretary of the Council for the Co-Ordination of International Congresses of Medical Sciences for 1950, the first year of its independent existence [see THE JOURNAL **17** (1949) 477], has been distributed in mimeographed form. Since the organizing meeting, held in Brussels in April 1949, the Council has been granted legal status in Belgium. It has been recognized by the World Health Organization as a nongovernmental organization for admission into official relationship, and has also been given consultative status with UNESCO. The International Society of Clinical Pathology, represented by Sir Alexander Fleming, has been elected to the ninth seat on the Executive Committee, which was left unfilled by the Brussels meeting.

Twenty-eight of the organizations represented at that meeting have ratified the statutes; five have failed to do so apparently because of administrative delays; two have the matter in abeyance, pending decisions regarding the payment of membership affiliation fees; one has refused to sign because it has never considered its signature at Brussels as valid; and another has refused because it does not approve of any "interference" and will not pay the fee. On the other hand, it is reported with satisfaction that eight new organizations have applied for membership.

The Council was represented at several international conferences held during the year. The secretariat has aided in the coordination of certain such congresses with respect to the times of meeting. As yet only two numbers of the *Bulletin* have been published; the third and fourth numbers were being printed as a single issue, and the first one for 1951 was in preparation. Various other activities are mentioned.

In 1949 Council expended $7,000 in subsidies for five international congresses; in 1950 it expended $33,644 in aid of 27 such meetings, in amounts ranging from $250 to $3,000. Most of these appropriations were for aid in the organization of meetings or for publication of their proceedings; in four instances they were for part cost of travel of participants. Certain congresses have been given aid with respect to technical facilities, such as simultaneous interpretation.

The Council has organized two symposia following certain congresses, reimbursing the participants for the cost of their travel in Europe and in a few exceptional cases contributing to the expense of overseas travel. One symposium, held in England, was on the geographical pathology and demography of cancer; the other, held in France, was on the biology of muscle and the diseases of voluntary muscle. Two advanced courses were organized, one on cancerology and the other on social pediatrics. With grants for travel fellowships to enable young scientists to attend the meetings, two congresses were enabled to invite participants from several countries.

A budget statement shows grants from UNESCO totalling $23,750 and from WHO of $43,900, and expenditures totalling $47,740.01. Of the balance of $19,909.99, the sum of $5,432.84 from UNESCO was to be surren-

dered, while the rest, $14,477.15 from WHO, was to be transferred to the 1951 account. The first affiliation fees had been paid in by member organizations, it is said, but this item does not appear in the financial statement.

Naturally, it is pointed out, an organization such as the Council needs a "breaking-in" period, and certain errors and shortcomings will be avoided in the future. Already its activities tend to outgrow the framework of the constitution. The task for 1951 was to consolidate its position in order to develop the future program on a firm basis.

## WHO AND LEPROSY

In an editorial note in this issue it is stated that the leprosy panel at the time of writing comprised seventeen members. We are informed that the new members, additional to those previously announced [THE JOURNAL **19** (1951) 230], are Dr. Felix Contreras, of Madrid, Drs. Lauro de Souza Lima and Nelson de Souza Campos, of São Paulo, and Dr. V. R. Khanolkar, of Bombay. It is understood that the Panel may be enlarged to a total of twenty members.

It appears that, although the budgetary allocations of WHO funds provide only for the meeting of the Committee of Experts mentioned in the editorial referred to, there are other possibilities within the budget for Technical Assistance for Economic Development (TAED) of undeveloped countries. These have provided for the leprosy surveys which have been made in Ceylon and Burma, and for certain other things. For 1952 there have been received a request from Afghanistan for a consultant for a leprosy survey, one from Ethiopia for help in leprosy control, and one from Iraq for the services of a leprosy expert.

# NEWS ITEMS

**United States:** *Proposed legislation.*—A bill introduced in Congress proposes that the Public Health Service should have a public information program concerning leprosy for the purpose of fostering a spirit of tolerance and understanding on the part of the public for persons who have leprosy. Authorization would be provided for the acquisition of additional hospitals for treatment of the disease, for the payment for hospitalization and treatment of certain persons who may be afflicted and who cooperate in the treatment specified, and for a research program to discover causes and cures for the disease. A National Advisory Council would advise the Surgeon General, U.S.P.H.S., on programs, rehabilitation, reemployment, financial assistance, and compensation to patients for their disability. (F. A. Johansen.)

*Registry of Leprosy Pathology meeting.*—It is reported by Mr. Perry Burgess that on December 21st, last, the Leonard Wood Memorial Committee on the Armed Forces Registry of Pathology met at the Institute's headquarters in Washington, D.C. The meeting was attended by Dr. Robert G. Cochrane, of London, England, and those members of the Memorial's Advisory Medical Board who were available. Dr. J. A. Doull, medical director of the Memorial, returning from a world tour during which drug evaluation units were established at Pretoria in South Africa, Cebu in the Philippines, and two institutions in Japan, was unable to attend because his plane was grounded while crossing the country. Mr. Burgess has supplied a copy of a formal resolution adopted by the Municipal Council—the patients' representative body—of the Eversley Childs Sanitarium at Cebu, thanking the Memorial for the establishment of the evaluation unit at that place.

*American Leprosy Missions.*—Sixty Protestant mission boards, operating through the American Leprosy Missions, Inc., of 156 Fifth Ave., New York, will spend $535,917 this year on 148 colonies in 31 countries, a field which takes in about 50,000 patients. The budget for this year, according to a report in the *J. American Med. Assoc.*, provides $350,000 for food and other daily needs of resident patients, plus salaries for doctors and superintendents; $170,000 for new hospitals, churches, schools, and homes; $30,000 for drugs and medicines; and $40,000 for three new colonies, one in the Belgian Congo, one in Tanganyika, and one in the Barrio Grande of Paraguay. Figures are given of the allocations for the 29 stations in India, the Chiengmai colony in Thailand (the largest single unit), Asia as a whole, Africa, South America, Europe, and North America. An emergency grant of $25,000 for China will be held in reserve "until political conditions permit resumption of work in the colonies there."

*Tenth anniversary of the Carville Star.*—On September 23, 1951, THE STAR, the magazine of the Carville patients begun 10 years ago as a mimeographed sheet but now a professional-looking magazine printed in its own plant in the leprosarium, marked its tenth anniversary with a celebration attended by numerous prominent visitors. Stanley Stein, the founder and editor, received congratulatory messages from President Truman, Tallulah Bankhead, and other notables.

*Stanley Stein visits New York.*—Last December, twenty-one years after Stanley Stein—then a pharmacist—left New York to enter the Car-

ville leprosarium, he returned to the city for a brief furlough. Totally blind for many years, he nevertheless had a busy time and "saw" much during his visit. The well-known actress, Tallulah Bankhead, an admirer of his work, arranged for him to see all of the new plays and contributed otherwise to his visit. At a press conference he told several widely read columnists about his fight to overcome the prejudices surrounding leprosy. Although discharged and eligible to stay away—the disease overcome by the sulfones after it was far advanced, so much so that he cannot read Braille—he has returned to Carville to continue that work and expand it.

**Hawaii:** *Full-time director appointed.*—In December, announcement was made of the appointment of Dr. Ira D. Hirschy as director of the Division of Hansen's Disease of the territorial Board of Health, the first physician to occupy that post on a full-time basis. Mr. Lawrence M. Judd, who had occupied it on a provisional basis for two years, had resigned a month earlier because newly adopted regulations required that it be filled by a physician. After graduating in medicine from the University of Michigan school of medicine, Dr. Hirschy interned in the Queen's Hospital in Honolulu in 1934-1935, after which he served at the Kalaupapa leprosy settlement from 1936 to 1941. After obtaining the degree of Master of Public Health at the University of Michigan in 1942, he joined the army and served in Washington and the India-Burma theater, after which he represented UNRRA in China until 1948, when he joined the SCAP staff in Japan; it was from there that he returned to Hawaii. It is reported that during the calendar year of 1951 only 13 new cases were admitted for treatment in Hawaii.

**Mexico:** *Visit of Dr. Malo Juvera to the United States.*—Dr. Felipe Malo Juvera, who is in charge of leprosy control work of the federal government of Mexico, has recently visited the Carville leprosarium and conferred in Texas with Dr. F. C. Kluth of the Leonard Wood Memorial. It is understood that more outpatient clinics will be established in Mexico, and that sulfone treatment will be extended and BCG vaccination of contacts tried out. There was also talk of isolation of the patient within the family.

**Venezuela:** *Dermatology convention.*—At the Second Convention of Dermatology, Venereology and Leprology, held in Caracas in March 1951, the papers on leprosy which were read included two on a study made in Colonia Talvar. This is a community of Germans who immigrated about the middle of the last century, settled in an area of the coastal range at a height elevation of 1,796 meters, and have maintained their language and customs. The prevalence of leprosy among them is now about 10 per cent. Another paper dealt with an experiment at the Cabo Blanco leprosarium in which lepromatous patients have for some years been given daily drafts of 400 to 600 cc. of a mixed, fresh-water plankton growth as a source of accessory food elements. At the present time work is in progress with the use of BCG in a "leprosy focus of very high prevalence." (Jacinto Convit.)

**Brazil:** *New Legislation.*—Two new laws relating to leprosy were promulgated last September. (1) All Brazilian leprosy hospitals, asylums or colonies are to be designated as sanatoria or sanatoria-colonies, without reference to leprosy. (2) Interned patients have been given the right to

vote in all general elections, a right which has been sought since 1945. The Superior Court of Elections, after seeking advice of four leprologists—two of whom were in favor and two of whom were opposed—prohibited the patients from voting in the federal elections of 1950. The parliament has now awarded the patients the right to vote, inside the colonies, because those living at large have never had any restrictions. This action has met with popular approval.

*Manufacture of sulfone drugs.*—The federal government has granted to the Instituto Butantan, of São Paulo, a subsidy of somewhat more than one million dollars (official rate) for the manufacture of sulfones for free distribution.

*New funds in Rio de Janeiro.*—The municipal council of Rio de Janeiro city has decreed that the entire revenue of the "Selo de Cooperação Popular," which is said to produce about two million dollars a year, shall be used exclusively for the benefit of the leprosy and cancer patients of Rio de Janeiro. The council also appropriated the sum of Cr$13,000,000 for the purchase of a farm for the site of a new leprosy colony.

*Brazilian leprologists on classification.*—Last September delegates of the four Brazilian societies of leprologists, those of the Federal District, Minas Gerais, São Paulo and Paraná, met in Rio de Janeiro to discuss the matter of subtyping leprosy cases in preparation for the Buenos Aires conference. It was decided that nerve leprosy (lepra neuritica) should be given a subtype in each of the main classes, lepromatous, indeterminate and tuberculoid, and that reactional conditions in tuberculoid cases merit separate grouping, especially because the borderline cases are now considered to be mutating to lepromatous.

*Drama at Santa Teresa.*—In this model leprosarium 250 inmates, under the directorship of Father Daniel, a German musician, presented last September the Christ Drama of Oberammergau with great success. The presentation lasted one week. (The above items supplied by H. C. de Souza-Araujo.)

*Dr. Agricola not to retire.*—Dr. Ernani Agricola, director of the Serviço Nacional de Lepra, states in a recent letter that he is not retiring from that position. He had contemplated doing so, but has decided to continue for the present. He had recently spent some time in Porto Alegre, in Rio Grande do Sul, teaching in the course of leprology from which 27 doctors graduated as leprologists. Other courses had been initiated in São Paulo and Rio de Janeiro. As for a rumor that WHO intended to establish an international leprosy center in Brazil, he said that there is no definite information about any such plan.

**Paraguay:** *The Santa Isabel colony.*—The *New York Times* and other newspapers recently reported interviews with Dr. Federico Rios, of Sapucay, Paraguay, who for six years has been director of the Santa Isabel colony. Under a fellowship of the Institute of Inter-American Affairs, he was in the United States for advanced studies at Tulane University and for observation of the operation of the Carville leprosarium. Located in an isolated section of a beautiful mountain country, and developed between 1942 and 1946 with technical assistance funds of the Institute referred to, the colony is described as a lively village in which the people live in their own homes and conduct their own civic affairs. A chaplain and Sisters of

Charity serve them. The place has its own police, band, sports activities and power plant, and also its own agricultural rehabilitation program. Both medical treatment and institutional therapy are featured. The visit of Dr. Rios was said to be preparatory to the launching of a project for the building of several similar settlements for the fight on leprosy in his country. Paraguay now has its National Leper Week, the second week in November, and its Help the Leper Society composed of women of social prominence who raise funds and have charge of the preventorium in Asunción, where the children of leprous parents spend the first five years of their lives. The time was when married couples who had babies fled to the hills where they could keep their children with them; now pregnant women come immediately and make arrangements for their babies to be taken to the preventorium, although they are able to visit them but once a year.

**Argentina:** *Patronato de Leprosos.*—This organization of ladies interested in leprosy and its victims has in the past enjoyed the advantage of a subsidy from the government. At present, the national government has suspended all official subsidies to charitable institutions, and this has made for difficulties in the work of the Patronato. Nevertheless, thanks to increasing support on the part of the public, it has not only been possible to continue the previous work but also to open two new dispensaries, one in La Plata in 1950 and one in Resistencia, Chaco, last year. (Sra. Hersilia Casares de Blaquier.)

**England:** *Hospital beds for leprosy patients.*—A recent visitor to England reports that Dr. Robert G. Cochrane, medical secretary of BELRA and adviser on leprosy to the Ministry of Health, has been able to arrange for a number of beds for leprosy patients in one of the London hospitals, which will permit the carrying out of certain kinds of investigative work.

**Ireland:** *New drug reported.*—Dublin research workers who in 1943 started work under a government grant to study the chemotherapy of tuberculosis have brought out a new compound which, according to news reports, is said to be giving encouraging results in the treatment of tuberculosis and leprosy. This compound, called B-283, is described as a product of lichens, one of the derivatives of which was found to resemble chaulmoogra oil. [That that substance is the B-283 product is not stated.] B-283 is being made in fairly large quantities in Switzerland, it is stated, for distribution to research centers.

**Spain:** *Card of the Congress Organizing Committee.*—At the Christmas season the Organizing Committee of the VI International Congress of Leprosy distributed a greeting card, extending wishes for a happy New Year and saying that it is making preparations for the 1953 meeting and hopes that the recipient will attend. The card bears a picture, taken in Ciudad Universitaria, showing the principal pavilion of the building in which the meeting will be held.

**Sweden:** *Society members honored.*—The Swedish Dermatological Society, at its 50-year Jubilee in October 1951, elected two honorary members. These were Dr. J. Reenstierna, retired professor of bacteriology at the University of Upsala and acting government inspector of leprosy in Sweden, and Dr. J. Schaumann, honorary professor of dermatology at the Caroline Institute in Stockholm and retired chief of the Finsen Institute in that city. (V. Hallberg.)

**Germany:** *Cases of leprosy.*—In the Western Zone of Germany there are at present 11 cases of leprosy; 2 of the patients are isolated at their homes, and the others in hospitals. In all cases the infection took place outside of Germany. One case has been reported from the Eastern Zone. The leprosarium founded in Memel (East Prussia) in 1899 had 7 patients in 1940. Only 1 patient who is soon to be admitted to a hospital in Hamburg survived the war. (E. Keil.)

**Austria:** *Cases of leprosy.*—In Vienna there are at present 2 cases of leprosy under hospital treatment. (E. Keil.)

**Jugoslavia:** *Leprosy foci.*—Before the last war there were two small independent foci of leprosy in Jugoslavia, we are informed by Dr. Vladimir Ledowsky, formerly of that country but now medical officer at Nauru in the Central Pacific. One was at the Jugoslavia-Rumania border, and the other in the province of Bosnia, in southern Jugoslavia. In Sarajevo, the capital of Bosnia, there was a small leprosy sanitarium attached to the infectious diseases hospital.

**Kenya:** *Discharged patients exiled.*—Patients in the Kakamega area of Kenya who had been discharged as cured after sulphetrone treatment, according to a press report seen, would not necessarily be accepted as such by their tribes, government medical officers had learned. Many of them, on their return to their homes, were driven out by their families, and being thus exiled returned to the doctors. Now, it is said, the chiefs are being given lists of released patients "and warned to take them back, or else."

**India:** *The Gandhi Memorial Trust.*—In a story about this Trust in a recent issue [**19** (1951) 354-356] there appeared two names of organizations which were not translated. We are informed by Dr. N. Mukherjee, of the Leprosy Research Department in Calcutta, that one of them, "Gandhi Smarak Nidhi," is the Gandhi Memorial Trust itself. The other name, "Maharogi Seva Mandal," means "Organization for Service to the Sufferers from Leprosy," which is a local body that supports and operates the Dattapur colony in Wardha.

**Burma:** *WHO leprosy survey.*—It has been reported in the *New Times of Burma* that Dr. Dharmendra, who on request of the government of Burma to WHO was sent there as a leprosy consultant, had during the three months spent there, from August to November, made an extensive survey in various parts of the country including the Shan State. In this work he was assisted by Dr. Tha Saing, special leprosy officer. The survey included the leprosy institutions of the country, group segregation camps, the "leper jail" at Pagan, hospitals, schools and other places. An effort was made, through lectures to various groups and otherwise, to stimulate the medical profession and social welfare organizations to a realization that leprosy need no longer be regarded as a curse to be forever endured, but that there are opening up great possibilities with regard to both treatment and control which, if taken advantage of, should lead to conquest of the disease. Recommendations were submitted to the officials concerned which, it is stated, the government is expected to implement. (It is understood that the reports of this and other like surveys which have been made will not be available for publication in any manner or degree unless and until cleared for the purpose by the governments concerned.)

**Ceylon:** *New leprosarium under construction.*—A new leprosy colony, which is expected in time to be one of the best in the East, is under construction at Urugaha, in Ceylon. Dr. D. S. de Simon, who recently was retired from the leprosy service, has been engaged to supervise this new work.

**Taiwan:** *Prevalence of leprosy.*—Dr. C. H. Yen, commissioner of health for Taiwan (Formosa), in a personal communication to Dr. J. A. Doull (*Leprosy Briefs*, April, 1951) wrote that in that province of China—the population of which in 1949 was 7,396,931—there are two leprosaria, the Provincial Lo-seng Leprosarium (formerly known as Rakusei-in) and the Lo-san Yuan Leprosarium (formerly known as Rakusan-en, or Happy Mount). The former is operated by the Taiwan Provincial Government, has 423 patients and a staff of five doctors, 21 nurses and nursing attendants, 2 laboratory assistants and 10 helpers. The other institution, sponsored by the Canadian Presbyterian Mission, has 20 patients and a staff of 1 doctor, 1 nurse and 3 helpers. There are no accurate data concerning the total number of existing cases. Surveys carried out at intervals by health officers and the police revealed, outside of institutions, 811 cases in 1910, 756 in 1926, 1,084 in 1930, and 832 in 1939. Japanese patients, who constituted about 6% of the total, were repatriated to Japan in 1945.

**General:** *CCICMS grant to the International Leprosy Association.*—Professor J. Maisin, chairman of the Executive Committee of the Council for the Co-ordination of International Congresses of Medical Sciences, has given notice of the allocation of a preliminary subvention of US$500, or its equivalent in other currencies, to the International Leprosy Association in connection with the expenses of organization of the Sixth International Congress on Leprosy, which will be held in Madrid in October 1953.

**Korea:** *A "neutral" island in Wonsan harbor.*—A story of a tiny, hilly, wooded island called Tae-do, in the harbor of Wonsan, is told in an Associated Press dispatch forwarded by Dr. N. D. Fraser. A leprosy colony of 100 persons established by the North Koreans in 1945, it is often crossed by shells from the Allied fleet off-shore and the Communist land batteries. Militarily, however, it is at peace, both sides leaving it strictly alone although earlier in the war, before the opposing forces knew that the only enemy there was *moun dong* (leprosy) shells from both sides occasionally burst there. The islanders live in three old Japanese barracks in a cove on the eastern or seaward side of the island, subsisting on a slim diet of millet rice and fish. The grain is supplied by the South Korean government and some charitable organizations; the fish the people get themselves, mostly by blasting with explosives obtained from old Japanese bombs left on the island. The only outside contacts are the small boat which brings supplies from one of the Allied-held islands in the harbor, occasional visits by Navy doctors of the fleet, and the more frequent calls of a US Navy Liaison officer, the son of a missionary who speaks Korean fluently.

**Japan:** *Improved conditions.*—Dr. Takeo Tamiya, in a recent letter to Mr. Perry Burgess, wrote that, "Thanks to the benevolent guidance of GHQ, everything over here has made a remarkable improvement. This is the first winter to see such Christmas decorations as we experienced be-

fore the war." He then spoke of honors which have been conferred upon Dr. Kensuke Mitsuda, of which mention is made elsewhere.

Nauru: *Clinical survey.*—In November 1951 Dr. C. J. Austin, of Fiji, visited Nauru at the request of the authorities concerned to check on the leprosy situation. A survey of the population revealed no unrecognized case. Among the 56 patients attending the outpatient clinic, there were only 4 active cases; these, together with the 11 bacteriologically positive cases in the leprosy station, make a total of 15, representing 9.3 per thousand of the present Nauruan population. (The highlights of his report are incorporated in a review article on the Nauru epidemic which is published in this issue.)

*History of the Happy Mount Colony.*—A booklet prepared by Hugh MacMillan, PhD., gives a brief history of the Happy Mount Colony developed by Dr. G. Gushue-Taylor, lists the Board of Managers, and makes an appeal for increased interest and support. There are at present 35 patients resident there, in which there are accommodations for double that number if it should be possible to reduce maintenance costs or increase the support. (N. D. Fraser.)

## PERSONALS

DR. C. J. AUSTIN, superintendent of the Makogai Leprosy Hospital in Fiji, has recently visited Nauru to survey the leprosy situation there. Later he visited the British Solomon Islands Protectorate on a similar mission.

DR. W. LLOYD AYCOCK, associate professor of preventive medicine and hygiene of the Harvard Medical School and long interested in leprosy, especially the possibility of familial susceptibility, died on October 24, 1951.

DR. FRANCIS BLAKE, a member of the Advisory Medical Board of the Leonard Wood Memorial, died suddenly at the Walter Reed Hospital in Washington, D.C., in February.

DR. ROBERT G. COCHRANE, of London, attended the Third Pan-American Leprosy Conference in Buenos Aires in December, as delegate of the Ministry of Health of England. It is understood that he was one of the two persons from outside the Latin-American zone who managed to get there, others having been held up by a strike of the ground forces of the principal air line.

DR. J. M. M. FERNANDEZ, of Rosario, Argentina, has been granted a one-year fellowship for research work in the United States.

DR. HERBERT GASS, lecturer in leprosy at the Vellore Christian Medical College in Madras, and previously for many years senior resident medical officer at the Mission to Leper's home in Chandkuri, has been appointed by that organization as honorary medical adviser for India, Pakistan and Burma.

DR. K. IYESAKA, director of the Airaku-yen leprosarium in Okinawa, has been forced by age and physical disability to resign from that post,

effective last November. He is now at the Goya Civilian Hospital, Goyeku, Okinawa.

DR. REUBEN L. KAHN, of the University of Michigan, has recently given in Rio de Janeiro a special course in serology, including that of leprosy. About 70 doctors attended.

DR. KENSUKE MITSUDA, the doyen of leprosy workers in Japan, who had previously been awarded by the government a special annuity of one-half million yen for life, was decorated on November 3, 1951, with the most esteemed Order of Cultural Merit (Bunkakunsho) for his long service in the field of leprosy.

DR. ARTURO ROMERO, who until recently was serving in the triple capacity of chief of the Departamento de Lucha Contra la Lepra of the Ministry of Public Health of Costa Rica, chief of the Dispensario Dermatologico of the Hospital San Juan de Dios in San José, and director of the Sanatorio Nacional de las Mercedes (national leprosarium), resigned from these positions last July and is now in private practice. He has been succeeded in the positions mentioned by DR. DELFIN ELIZONDO S.

MR. MICHAEL SMITH, who was erroneously reported in this department to have died last year, is reported by Dr. Dharmendra to have been in Rangoon, Burma, last November as a consultant for Messrs. Biddle Sawyer & Co. to assist them in promoting the manufacture and distribution of DDS.

CORRECTION: On the basis of information received it was stated in a recent issue [**19** (1951) 361] that DR. ALFREDO BLUTH had been dismissed as director of the Colonia Tovares de Macedo, in Rio de Janeiro. Actually, he was relieved from his temporary duty as director of that institution because he was to visit Europe. He has now returned, and is continuing as leprologist at the same place.