NEWS AND NOTES

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

THE ANTILEPROSY WORK OF THE GANDHI MEMORIAL TRUST

In 1948, after Mahatma Gandhi's death, a fund of considerable magnitude was raised in his memory and named the Gandhi Memorial Trust. Leprosy being one of the problems in which he was interested, a part of this fund (Rs.9,500,000, or about $2,000,000) was set apart for work in that field. The plans for utilizing this special fund are in the hands of two committees.

The first one, known as the Leprosy Advisory Board of the Gandhi Memorial Trust, consists of fifteen members, of whom some are doctors expert in leprosy work and others are leprosy social workers. At its first meeting, held at Sevagram on Feb. 24, 1951, the board recommended to the trustees that:

> "The aim of leprosy work under the Trust should be control and eradication of leprosy in India and not mere relief operations. To that end the Board is of the opinion that the Trust should encourage and undertake pilot projects wherever conditions are suitable. The underlying principle of these pilot projects should be to trace and treat all cases of leprosy in a particular area and to keep all contacts of leprosy cases under careful observations."
>
> The board also recommended that the Trust should undertake the training of lay and medical workers, including personnel for scientific investigations.

Another committee, with executive powers to implement the various schemes proposed under the recommendations of the Advisory Board, was appointed in 1952, its name being the Gandhi Memorial Leprosy Foundation. It consists of seven members, of whom five are also the members of the Advisory Board, the chairman of the Trust itself serving as its chairman. This committee has decided to treat India as one unit as far as leprosy work is concerned, and a plan of work for the next ten years has been prepared. The antileprosy work of the Trust will now be guided and supervised by this committee. Dr. R. V. Wardekar is secretary of both the Advisory Board and the Leprosy Foundation. (For details of the plan of operation, see abstracts in this issue of two memoranda by Dr. Wardekar.)

LEPROSY WORK AND WORKERS IN INDIA

Apart from the work of two or three research and teaching centers, and of the 100 or so leprosaria of one kind or another —most of them mainly asylums for people driven there by necessity—where a total of some 15,000 patients are taken care of, little is known abroad of what is actually going on in this field in India. Detailed reports of the periodical All-India Conferences appear in *Leprosy in India*, but they do not contain much general background information. Announcements are seen of special courses for physicians which have been given from time to time, mostly at Calcutta, but little or nothing is known of what use they make of the training afterward.

There are a certain number of full-time positions for such doctors in the government services, leprosaria, or elsewhere, but they are relatively few. It appears, however, that increasing numbers of physicians throughout the country are treating leprosy patients as part of their practice, which would seem to indicate that the avoidance of contact with such people, the taboo, is gradually being broken down. It also appears that increasing numbers of local organizations have been formed whose aim is to alleviate in one way or another the lot of leprosy victims in their areas. Along with this there has appeared a considerable body of social workers concerned with the matter. Incidentally, many ex-patients—not all of them actually "ex" so far as active disease is concerned—are seeking to serve as social workers, and there is reason to believe that some of them are also treating patients.

An interesting feature of the situation is that the "social worker" element has tended to exceed their proper functions. Thus one of the resolutions adopted by the Third All-India Conference, held in Madras in 1950 [*Lep. India.* **23** (1951) 41], was:

> "In view of the increasing association of social workers with leprosy work, and in view of the fact that it has been observed in this country and in other countries that sometimes social workers are apt to take views and make pronouncements which are disproportionate and unbalanced, this Conference calls upon all social workers to be guarded and constructive in their views and actions, always taking care to avoid making statements which conflict with expert medical opinion."

This trend had gone so far that there was a risk that qualified physicians in leprosy work might decline to participate in the All-India conferences, and this gave impetus to the organization of the Indian Association of Leprologists at the Madras conference in 1950 [the JOURNAL **20** (1952) 128]. At

the recent fourth conference, held in Puri in 1952, this new organization participated but to a certain extent maintained its own individuality. Thus a report of that conference (to appear in our next issue) shows that two sets of resolutions were adopted, one by the conference as a whole dealing with essentially social aspects, and one by the leprologists' organization, bearing more on the medical and control problems.

WORK IN MOHAMMEDAN NIGERIA

Since 1893 the Sudan Interior Mission had been trying to obtain permission to send missionaries into the Mohammedan northern provinces of Nigeria, where leprosy is rife, but it was closed to Christian teaching. Finally Dr. Albert D. Helser, one of the leaders of that mission, insisted on presenting his case to the Mohammedan ruler himself, and obtained permission for the mission to enter the territory on the condition that they build one leprosy colony for every five other mission stations. Both British and Mohammedan authorities promised substantial financial aid.

In 1936, just outside the Moslem city of Kano, capital of Hausaland, there was opened the first of a projected series of five model leprosy settlements, one for each of the northern provinces. The first patients were a small group of ragged, starving beggars, many of them fearful of the strange Christians. As time went on three other settlements were established, at Katsina, Sokoto and Bauchi. The fifth, at Minna in Niger Province, where one out of every 20 inhabitants has leprosy, will be opened this year. This time hundreds of patients had begged for admission before construction had yet begun.

The Sudan Interior Mission now has one of the largest staffs in full-time leprosy work in the mission field. At the four settlements in the north, and at Omu Aran and Oji River in Central Nigeria, there are a total of 6 doctors, 10 nurses, 6 industrial supervisors, and 5 nursery supervisors. The total patient population numbers almost 4,000, of whom 800 are Christians. Under sulfone treatment, 219 patients were discharged in 1951, and before the end of 1952 more than 400 more had been discharged.

Each settlement has a separate home for healthy children of the patients. School surveys are being carried on jointly by government and mission doctors and nurses, the cases found being put under treatment at ordinary hospitals and clinics without being sent to the leprosaria. Increasing numbers of segregation villages have been and are being established by the government of Nigeria, on land—1 to 3 square miles—provided by the provincial governments, where the patients live normal lives, earn their own living and still have the advantages of good medical care. In Owerri province of Eastern Nigeria, with the Uzuakoli settlement as the center, there are 40 such villages with 8,800 patients at strategic points, the

system served by more than 100 African assistants. These places, the school surveys, and modern sulfone therapy are helping to change the situation in that country. (*Leprosy Missions Digest.* Oct.-Dec. 1952. See also in this issue an abstract of a report by Dr. R. G. Cochrane of a recent tour of Nigeria.)

WORLD DISTRIBUTION OF LEPROSY

The American Geographical Society is publishing, as supplements of the *Geographical Review,* a series of atlases showing the world distribution of diseases or their vectors. Six such atlases, or plates had been produced up to this year: Plate 1, Poliomyelitis, 1900-1950; Plate 2, Cholera, 1816-1950; Plate 3, Malaria Vectors; Plate 4, Helminthiases; Plate 5, Dengue and Yellow Fever; Plate 6, Plague. Each plate measures approximately 38 by 25 inches (96 x 63 cm.) and contains several maps presenting various features of its subject, with summary statements on epidemiology and more or less numerous bibliographical references.

Plate 7, Distribution of Leprosy 1952, has now been published. This has a single large world map, an "elliptical equal-area projection," on which the regions in which leprosy occurs are shown in colors and the locations of leprosaria are indicated. Nine degrees of prevalence are distinguished by different colors and hatchings. The leprosaria are places "where patients are housed and treated. . . . governmental, denominational, or both"; outpatient clinics and dispensaries are not included.

On the same side are also a statement regarding the epidemiology of the disease, and a table of the numbers of cases in the various countries, known and estimated. Much of the reverse side is covered by a list of the leprosaria shown on the map, by countries and places; one of foci (F on the map) of which rates are not known; and a bibliography, general ("basic sources") and selected by countries, several of them published in 1952.

These tabulations, with the stated numbers of leprosaria but not their locations, are as follows:

Place	Lepro-saria	Known cases	Estimated cases	Place	Lepro-saria	Known cases	Estimated cases
Aden	1	29	?	Ethiopia	3	1,048	50,000
A.-E. Sudan	4	8,602	?	Fiji	1	429	?
Angola	9	96	?	Finland	1	9	?
Antigua	1	90	?	Formosa	2	443	4,000
Argentina	12	6,032	12,000	France	3	300	?
Australia	4	724	?	Fr. Cameroons	33	23,000	?
Bahamas	1	21	?	Fr. Eq. Africa	29	30,000	50,000
Bali		2,178	?	Fr. Guiana	2	1,131	1,850
Barbados	1	74	200	Fr. India	1	1,967	?
Basutoland	1	8,138	?	Fr. Morocco		259	?
Bechuanaland		50	?	Fr. Oceania	2	387	?
Belgian Congo	105	71,850	200,000	Fr. W. Africa	29	70,000	200,000
Bermuda	1	5	?	Gambia	3	267	700
Bolivia	5	500	1,400	Gold Coast	8	2,048	8,000
Borneo	3	600	?	Greece	4	887	3,000
Brazil	36	61,191	?	Grenada		12	?
Br. Guiana	1	1,172	?	Guadeloupe	1	1,000	1,600
Br. N. Borneo		42	?	Guatemala	1	?	200
Br. Solomons	2	221	900	Haiti		7	1,500
Br. Somaliland		?	200	Hawaii	3	475	?
Burma	11	1,727	111,000	Honduras		?	200
Canada	2	8	?	Iceland	1	12	?
Cape Verde Is.	1	(...)	(...)	India	85	140,000	1,700,000
Caroline Is.		75	?	Iran	1	520	2,000
Celebes	9	3,500	?	Iraq	2	270	?
Ceylon	4	3,959	?	Israel	1	34	150
Chile (Easter)	1	51	?	Italy	4	364	?
China	41	3,395	1,000,000	Jamaica	1	529	?
Colombia	4	8,412	30,000	Japan	13	8,510	50,000
Costa Rica	2	194	?	Java	3	10,000	?
Crete		261	?	Kenya	6	552	35,000
Cuba	2	2,840	5,000	Korea	20	13,276	40,000
Curacao	1	(...)	(...)	Latvia	1	(...)	(...)
Cyprus	1	98	?	Leeward Is.		75	?
Dominica	1	50	?	Liberia	5	1,150	2,300
Dominican Rep.	1	262	?	Lombok		310	?
Ecuador	1	124	1,000	Loyalty Is.	4	416	?
Egypt	3	11,000	30,000	Macao	2	70	3,000
El Salvador	1	?	200	Madagascar	11	15,711	40,000
Eritrea	1	559	2,750	Malaya	5	1,823	?
Estonia	4	113	?	Malta	2	109	260

Place	Lepro-saria	Known cases	Estimated cases	Place	Lepro-saria	Known cases	Estimated cases
Marianas Is.	2	15	?	St. Lucia	1	50	?
Marshall Is.	1	3	?	St. Thomas		32	?
Martinique	1	177	900	St. Vincent		11	?
Mauritius	1	48	?	Samoa		25	?
Mexico	3	8,000	24,000	Sarawak	1	418	?
Moluccas	4	1,150	?	Seychelles	1	47	?
Morocco	1	(...)	(...)	Sierre Leone		3,656	?
Mozambique	11	4,276	30,000	Singapore		536	?
Nauru I.	1	68	?	Somalia (It.)	3	(...)	(...)
New Caledonia	3	1,063	?	Spain	14	1,708	8,000
New Guinea	2	350	2,000	Sp. Guinea	2	?	8,000
New Hebrides	3	88	?	Sumatra	10	3,250	?
Nicaragua	1	?	200	Sunda Is.	10	3,500	?
Nigeria	28	150,000	400,000	Surinam	3	726	1,200
Norway	1	11	?	Swaziland	1	?	200
Nyasaland	7	4,896	30,000	Sweden		6	?
Pakistan	4	(...)	(...)	Syria		70	250
Panama C. Z.	1	109	?	Tanganyika	23	8,000	100,000
Paraguay	2	1,183	9,000	Thailand	7	1,785	60,000
Peru	4	1,137	3,000	Togo	2	10,298	?
Philippines	9	5,899	18,500	Trinidad		462	1,000
Portugal	2	1,416	3,000	Turkey	2	400	?
Port. Guinea		327	?	Uganda	8	3,560	80,000
Port. India	1	(...)	(...)	U. So. Africa	8	6,161	8,000
Puerto Rico	2	197	?	United Kingdom	1	100	?
Reunion I.	2	832	?	United States	1	390	2,000
Rhodesia, N.	10	1,714	20,000	U. S. S. R.		3,000	?
Rhodesia, S.	3	1,739	7,000	Uruguay	1	25	1,000
Ruanda-Urundi	3	?	600	Venezuela	4	2,795	3,000
Rumania	2	4,000	?	Viet-Nam	14	4,000	15,000
Ryukyu Is.	3	1,582	?	Wallis I.	1	48	?
St. Croix	1	90	?	Zanzibar	2	129	?
St. Kitts	1	(...)	(...)				

The inquiry on which this product was based, addressed to governments, leprosy organizations and various individuals, called for information regarding (1) the number of *recorded* cases in each country, state or province; (2) the *estimated* numbers of cases where there is a reliable basis for arriving at such a figure, i.e., findings of sample studies or of surveys; and (3) the location of leprosaria where patients live permanently. The work was clearly done in painstaking fashion, and the result is a unique and valuable production. It will be realized, nevertheless, from examination of the atlas, or even of the above tabulation, that the data are

capable of considerable improvement. It has been intimated that should enough new and accurate information be provided a revised edition may be published later. Such information would be welcomed by Dr. Jacques M. May, Director, Medical Studies Program, American Geographical Society, Broadway at 156th Street, New York 32, N. Y.

Copies of any of the atlases may be obtained from that organization at $1.25 each, remittances to be sent with the orders. Those interested may subscribe to the *Geographical Review*, a quarterly periodical, for $7.50 a year. Subscribers receive sheets of the atlas as they appear, at no additional cost.

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES

(COUNCIL FOR THE CO-ORDINATION OF INTERNATIONAL CONGRESSES OF MEDICAL SCIENCES)

The second General Assembly of this organization, the first of which was held in Brussels in 1949 [the JOURNAL **17** (1949) 477], convened in Geneva April 8-9, 1952, and the proceedings are reported in its *Bulletin* **3** (1952), Nos. 1-2 (Jan.-June). Besides representatives of Unesco and WHO, which supply most of its funds, and also of the International Labor Office, the meeting was attended by delegates from 46 member organizations (not including the International Leprosy Association) and observers from 11 other nongovernmental organizations in the field of theoretical and clinical medicine.

Among other accomplishments reported was "a certain measure of coordination," direct or indirect, of meetings of 10 international organizations held in 1950 and of 5 held in 1951. Several symposia had been arranged: Geographical Pathology and Demography of Cancer (England, 1950); Biology of Muscle and the Diseases of Voluntary Muscle (France, 1950); Bacterial Growth and its Inhibition (Italy, 1951); Influence of the Pituitary Gland on the Suprarenals and Biological Reactions (Switzerland, 1951); and Anorexia of the New-Born (England, 1951). A postgraduate course on cancerology had been organized in 1950, and one on anesthesia in 1951. Contributions had been made toward the travel expenses of young workers to certain meetings. One-half of the Council's resources had been distributed as subsidies to member organizations (including the International Leprosy Association) to aid in the preparation for their meetings or in the publication of their proceedings. Long-term activities in which the Council is concerned include the matters of indexing and abstracting, and a directory of medical institutions and personalities. Directive resolutions to the executive committee on these matters were adopted.

The total income for 1950 and 1951 was $60,000. In 1952 Unesco had reduced its subvention from $23,750 to $21,000, and WHO had indicated that its share might be decreased, all of which was disconcerting in view of the expansion of the Council's program. The problem of fees of member organizations on the basis established at the Brussels meeting had proved complex and confusing, the money often difficult to collect and a burden

on the annual budgets of many of the member bodies. The executive committee had proposed a drastic simplification, abolishing annual subscriptions. The Assembly, however, did not agree, deciding that each member organization should make an annual payment not to exceed $100, the amount to be decided by the executive committee, and that there should be a fee of $1 for each effective participant at congresses.

The name of the organization was changed to the Council for International Organizations of Medical Sciences (see the heading of this note). The executive committee was increased from 9 to 12 members. Professor Maurice B. Visscher (United States) was elected chairman, and Professors Velter (France), Fanconi (Switzerland) and Møller (Denmark) were elected vice-chairmen. Dr. J. F. Delafresnaye continues as executive secretary, at the headquarters office at Unesco House, 19 avenue Kléber, Paris 16e, and copies of this report may be obtained from him for $0.40 or 2 shillings. (The general secretary of the International Leprosy Association has a few copies available for interested members on request.)

ARRANGEMENTS AT MADRID

Supplementary information about the International Congress of Leprology to be held in Madrid, October 3-10, up to the time this note goes to press concerns chiefly travel arrangements and hotel reservations.

For America, Canada and the Philippines, the Organizing Committee has appointed the American Express Company as its official travel agency, and for the rest of the world the Wagon Lits-Cook agency.

The management of the Spanish railroads has granted for all *congresistas* the concession of a 28 per cent discount on its fares. Similarly, the French railroads have granted a 20 per cent discount on their network.

Delegates wishing to reserve hotel accommodations in Madrid will have to pay in advance for one day, at the time of making the reservation. On consulting Thos. Cook and Sons, in London, about such advance payments in the sterling area, Dr. E. Muir was informed that it is possible to pay the money to them in the currency of any non-dollar country, and they will remit it to their branch in Madrid. We have no information on this point regarding bookings made through the American Express Company.

The following information regarding rates at Madrid hotels for rooms, with private bath, has been received from the American Express Co. There is a 15 per cent tax on rooms (not included in rates) and on meals.

Hotel	Single	Double
Palace	$4.00-$6.50	$5.96-$11.93
Ritz	5.30- 9.25	6.63- 11.93
Wellington	4.65- 5.30	8.00
Carlos V	1.99- 2.25	3.05- 3.71
Crillon	2.65	4.77
Emperador	2.39- 2.65	4.37- 4.77
Gran Velazquez	.....	3.98- 9.25
Menfis	1.86- 2.39	5.83- 7.16

The above rates do not include meals.

It is suggested that those planning to attend make reservations directly with hotels as soon as possible.

In order that those who will attend the Congress may derive the most benefit possible from the scientific sessions, the organizers desire that emphasis be given the following desiderata: (*a*) that the papers to be read shall be on timely topics and contributory to advance in knowledge regarding leprosy and its manifold problems; and (*b*) that the program should not be overcrowded so that there will be ample time for discussions. In connection with the latter point, what was said in our last issue on this subject is reiterated.

Although the rules of operation cannot be finally established until the Council meets, shortly before the opening of the Congress, it is probably that the rules concerning papers to be presented will be similar to those adopted at the Havana Congress. These are, (*a*) that no individual may read more than two papers, any others to be "read by title"; (*b*) that no paper may be read in the absence of the author (or all of the authors), others also to be "read by title"; and (*c*) that no paper will be accepted for the program which has already been published. This last condition does not, of course, prohibit the inclusion in a paper a statement of matter already published as background for a further contribution.

It is especially important, for the benefit of both the speakers, who want their presentations to be understood, and for the members of the audience, who want to understand them, that papers should be read slowly enough so that the interpreters can translate them satisfactorily for the simultaneous translation system. Consequently, anyone on the program whose paper cannot be read at a deliberate pace within the allotted ten minutes should prepare a *condensation* to be read. In all such cases the complete papers will be handed in to the secretariat for publication in the transactions.

NEWS ITEMS

India: *The William Jay Schieffelin Sanatorium.*—In a summary annual report the president of the American Leprosy Missions, Mr. Emory Ross, told briefly of progress—despite a curtailed general budget—of this institution in India, which is being developed under the joint sponsorship of his organization and the Mission to Lepers (London) and the Vellore Committee. This new sanatorium, planned to serve as a model center for research and for training doctors, nurses and laymen interested in leprosy work, is being constructed on 250 acres of land at Karigeri, Madras. It will be run in connection with the Vellore Medical College, which will appoint the medical staff and other personnel. The ground-breaking ceremony was held on September 6, 1952. (*Leprosy Missions Digest.*)

Nerve surgery at Vellore.—At a meeting of the Mission to Lepers held last autumn in London, Dr. Paul W. Brand, professor of orthopedic surgery at the Christian Medical College in Vellore, told in layman's language of the work in orthopedic surgery he has been doing for leprosy patients. Even when there is severe mutilation of the hands due to destruction of the other nerves, the median remains unaffected as far as the wrist and can be utilized to activate the fingers and thumb. The first patient on whom he performed the operation was, by choice, a man who was in such hopeless condition that he could not use his hands even to raise his food to his mouth, and who could not be damaged by the operation if it should prove unsuccessful. A little later he could be trained as a typist, and then—with his revival of spirit—he was found to be an educated man. From others later, however, there were complaints. On discharge they could not get work, and no longer did they have success in begging. "We used to sit by the road and hold out our hand. Now we hold out this kind of hand and nobody is sorry for us." So, actually, they had been done no good. Following that, a trade-training center was started, to enable the rehabilitated patients to become wage-earners.

Cyclone at Purulia.—On April 25, 1952, a cyclonic storm hit the Purulia Leprosy Home and caused much damage. The wind was so severe that it tore windows from their frames and broke bolts holding doors closed. Many trees were broken or torn bodily from the ground, some of them damaging house roofs as they fell. A group of eight new school buildings was badly damaged, six of them being completely unroofed, as were some other structures including the administration building. Three of the patients' cottages would have to be rebuilt completely. None of the patients, however, was injured. Repairs would cost the equivalent of many thousands of dollars. (*Without the Camp.*)

Ceylon: *New leprosarium opened.*—The new Urugaha Leprosy Colony was opened in August 1952, with Dr. D. S. de Simon, who supervised its construction, as superintendent. For some reason not understood only 7 patients had been sent there in the next five months, although the two old places, Hendala near Colombo and Mantivu on the east coast, are overcrowded. There would seem to be some difficulty in the leprosy service of that country, for it is understood that three of its physicians have recently resigned.

Indonesia: *Leprosy statistics.*—The most recent figures for Indonesia are: Number of estimated cases (population 75,000,000), 75,000; registered cases, 22,000; hospitalized cases in leprosaria or other institutions, 4,000; treated in outpatient clinics, 3,000. Sulfones are used exclusively in treatment. (Dr. R. Boenjamin.)

Taiwan: *Home for healthy babies.*—The Joint Commission on Rural Reconstruction has taken steps toward the creation in Taipei of a home for healthy babies of leprosy patients to be called the An-Lok Orphanage. The view of the Commission is that the most important factor in the spread of leprosy is the infection of contact children. It had reported that facilities for the detection of leprosy in Formosa are practically nonexistent; estimates run from 3,000 to 6,000. (*Leprosy Missions Digest.*)

Egypt: *The antileprosy organization.*—The medical director, Leonard Wood Memorial, has recounted in *Leprosy Briefs* information given him by Dr. M. A. K. Dalgamouni, director of the leprosy service of Egypt. Even in ancient times, it is said, attempts were made to control the disease by segregation, there having been a colony somewhere north of the Delta called Avaris, or City of Mud. According to legends, one of the reasons for the expulsion of the Jews was that leprosy was prevalent among them. In more recent times asylums were established, but later these became filled with patients suffering from various chronic diseases. Leprosy occurs in all parts of the country, the estimated maximum being somewhat below 30,000. Of outpatient clinics, there is one principal one in each of 10 of the 15 provinces, with a total of 45 branches in the respective districts and about 11,000 registered cases—about 2,000 attending regularly—and an average of 80 new ones being discovered each month. There are 2 leprosaria, one of them Amria at Alexandria (300 cases) and the main one Abu-Zábal, near Cairo (700 cases), which was being enlarged to accommodate 300 more. The former hospital in the city for females and children has been discontinued. There are also 4 isolation camps in the country for temporary housing of some 100 patients. At the time of Dr. Doull's visit there were 17 government physicians on duty in the service—3 at Amria, 4 at Abu-Zábal, and 10 at the clinics—with 9 vacancies.

Ethiopia: *Observations of Dr. Dalgamouni.*—Dr. M. A. K. Dalgamouni, director of the leprosy service of Egypt, was sent by WHO to Ethiopia as consultant on leprosy control in December 1950. His report and recommendations are not available, but some information was given by him to the medical director of the Leonard Wood Memorial during his recent visit in Egypt. The situation was said to be much the same as reported in the JOURNAL 15 years previously [**4** (1936) 386]. The old Capuchin leprosarium at Harrar, the St. Antonio Hospital, with about 250 patients and 1 resident physician, was being operated by French missionaries with very little help from the government but some donations of sulfones by different companies. The leprosarium at Addis Ababa, set up in 1932 with the aid of the American Leprosy Missions, had about 340 leprosy patients and a few others; the medical work was under a half-time physician, and the administration under a former patient, apparently disease-arrested; the government supplied sulfones sufficient for about one-fifth of the patients, the others buying their own or going without. There were no outpatient clinics and no statistics on prevalence. Dr. Dalgamouni had examined

1,500 school children and found one definite case (tuberculoid), and 14 pupils with hypopigmented but nonanesthetic patches. (*Leprosy Briefs.*)

New leprosarium in Shashame.—The Sudan Interior Mission, with aid from the American Leprosy Missions, has constructed a new leprosy colony in Shashame, in the Arrusi-Galli tribal area, on 400 acres of land granted by the government. Emperor Haile Sellassie visited the place after 100 patients had been transferred from a government hospital, and gave assurances of continued government support.

Belgian Congo: *Government grant for Kapanga.*—As an outstanding example of increasing awareness that governments are showing of their own responsibilities toward leprosy victims as well as of the importance of mission work in this field, Mr. Emory Ross, of the American Leprosy Missions, says that in one of the most generous gifts ever made to a mission station the Belgian government has offered $240,000 to the Methodist settlement at Kapanga to convert it into a large model agricultural center. The mission is to have complete control of the work, and will provide a full-time specialist and nurse.

Portugal: *Leprosarium at Coimbra.*—Two recent visitors to this large institution, one from England and the other from the United States, have reported themselves as impressed by their observations. In operation only since about 1947, it has some 650 patients and 200 outpatients. The doctors are said to be keen and doing good work, but no subscription to the JOURNAL is addressed there.

England: *Dermatology congress.*—At the Tenth International Congress of Dermatology held in London last July some 18 papers on leprosy were read, an unusual number for a general dermatologists' gathering. One was a study of the leprosy situation in the Canary Islands, by Dr. A. C. Gyorko, which has been published as a monograph (see abstract in this issue). Another was by Dr. Harry L. Arnold, Jr., of Honolulu, on the pilomotor response to nicotine, soon to appear in the JOURNAL. Dr. Roberto Nuñez Andrade presented a study of the situation in Mexico.

Subscription price increased.—The British Empire Leprosy Relief Association has announced that it has been compelled to increase the subscription rates of *Leprosy Review,* which because of the greatly increased cost of production was being published at a loss. The new rate is 15 shillings per year, including postage, up from 10/-, and the price for single copies is now 3/6d plus postage, up from 2/6d.

United States: *Carville budget cut.*—The U. S. Public Health Service has been compelled to close four of its hospitals, except for outpatient service, because of reduction of the appropriation for the Veterans' Administration, which used to contract with the Service for the care given veterans in its hospitals. The reimbursement for such patients at the Carville leprosarium has been discontinued. Limitations of funds of the Service itself has made it necessary to make staff reductions in all its hospitals, including Carville, although that has not affected the medical care and treatment of the patients. (The *Star.*)

Search for antileprosy drugs pursued.—Dr. H. Herbert Fox, of Hoffman-La Roche in New Jersey, who led in the development of the hydrazides for tuberculosis by that company, had said, "I have recently turned my

attention specifically to a systematic investigation of the chemotherapy of Hansen's disease, and I have every intention of persisting in that investigation until the victims of Hansen's disease have the same hope for the future that is now available to the tuberculosis patient." (The *Star.*)

Rehabilitation work at Hale Mohalu.—At this station, at Pearl City near Honolulu, active rehabilitation work has been carried on since early 1952 by a representative of the Vocational Rehabilitation Service of the Territorial Department of Public Instruction. He has reported that by the end of the year 22 patients were receiving instruction in general clerical work, accounting, refrigeration and air conditioning, sewing, remedial work, and automobile mechanic work. The methods of instruction vary according to the subjects, some being under local or visiting instructors and some in part by correspondence. Five individuals had already been rehabilitated and were working on an equal basis with other workers. A total of $8,372 had been expended by June 30th, the end of the 1951-1952 fiscal year. (The *Star.*)

Hawaii's Ka Malamalama.—The Division of Hansen's Disease of the Department of Health, Hawaii, began last year the publication of a four-page periodical intended to supplement other means of communication between the patients of the two (leprosy) hospitals and with families at home. The name, *Ka Malamalama,* meaning "The Light," was chosen from among several names suggested by patients. The publication will be mailed to people in other lands on request, according to an introduction by Dr. Ira D. Hirschy, director of the Division. One of the stories in the first issue is of a patient at Kalaupapa who has installed a "ham" radio outfit by which telephone contact may be made by the people there, without charge, with almost anyone in the islands. Another tells of the building of a new rifle range by the Kalaupapa Gun Club. A veterinarian was to visit the place to advise the patients regarding their animals, with special reference to their dogs. At Hale Mohalu, near Honolulu, the student patients had performed an adaptation of Madame Butterfly, and the patient body had had their annual picnic at Makua, a private beach reserved for them. The second issue tells of various other activities, including the acquisition of a new softball field.

Starists' nomenclature.—Because of interruption in our exchange with the Carville *Star* last year, and the consequent necessity of examining several issues at one time, we have perhaps been more struck by the recent extension of its campaign for a special reformist nomenclature than would have been the case otherwise. Several examples had appeared before we came upon an admonitary glossary in the June 1952 issue, of which the following are the high lights (capitals not ours): Do not use "leprosy"; use "Hansen's disease," "HD," or "Hansenosis." Do not use "leper"; use "patient" or "person with HD"—but the terms "Hansenotic" and "Hansenite" have also appeared. Do not use "leprologist"; use "Hansenologist" or "specialist in HD." Do not use "leprosarium"; use "Hansenarium" or "HD hospital." Also interdicted are "colony" ("hospital" or "community"); "inmate" ("patient"); "paroled," "parolees," or "released" ("discharged" or "recovered patients"); or "absconded" ("returned home"). A reverse variant of the familiar "Hansen's disease (leprosy)" was encountered in "leprosy (Hansen's disease)." Although the American Mission to Lepers changed its name to American Leprosy Missions, that is no longer satisfactory; it is now the "American (HD) Missions." The name of the Inter-

national Leprosy Association is now similarly edited to "International Association of (Hansen's Disease)." And elsewhere: "It is impossible that the group of die-hards who wish to retain 'leprosy' as a scientific name, talking about their dislike for eponyms and claiming that scientists are not impressed by the connotations of words, could hold out against such evidence as [that cited], unless their interest lies somewhere other than in the best interest of the patient. . . ." Also: "We shall challenge misinformation wherever it rears its ugly head, and from whatever source, without fear or favor. We are more than ever determined to promote the official acceptance of a scientific nomenclature that would dissociate Hansen's disease from its historical misnomer, a misnomer so dominated by the emotions that it sets up a psychological barrier to modern public health and humanitarian methods of control and management."

Brazil: "A Voz da Mirueira".—We have recently received copies of Nos. 17 and 18, Vol. 2, of a four-page newspaper type of periodical of this name, published "in defence of the interests of hansenianos" at the Colonia da Mirueira, Recife, Pernambuco. In one of these issues there is a list of "terms of hansenology," that being the name of the science of the "Mal de Hansen," alternatively "hanseniose." A specialist in this disease is a "hansenólogo" or a "hansenologista"; a person attacked by it is a "hanseniano"; the institution in which such persons are cared for is a "hansenocomio"; and the fear of the disease is "hansenofobia."

Plan for mass trial of BCG vaccination.—The application of BCG vaccination to leprosy contacts has as yet been limited to groups of children in institutions in the State of São Paulo—the Santa Therezina and Jacarey preventoria, the Dom Duarte Educandario, and the Padre Bento leprosarium. The federal tuberculosis service now plans to undertake mass BCG vaccination in the State of Goiaz, and observations will be made on any effect that that may have on the incidence of leprosy.

National Congress of Hygiene.—The Tenth National Congress of Hygiene was held last October in Belo Horizonte, Minas Gerais, Dr. Orestes Diniz serving as general secretary. Thirteen of the papers read were on leprosy, dealing especially with BCG vaccination: (H. C. de Souza-Araujo.) (Abstracts of these papers and other pertinent material, supplied by Dr. Diniz, will be printed in our next issue.)

The Passion Play at Santa Thereza.—The patients at this leprosarium, Santa Catharina, presented last November a Passion Play in which about 250 of the 500 inmates took part, under the direction of Fr. Daniel, O.F.M., a German Catholic priest. The presentation was attended by more than 20,000 people, and it was so well done that a movement has been started to obtain funds for building a Greek theater for future performances. (Dr. H. C. de Souza-Araujo, who supplied this note, including a brief history of the Passion Play of Oberammergau, also sent a photograph of a part of the crowd of spectators.)

W.H.O.: *Resignation of Dr. Chisholm.*—It has been announced that Dr. Brock Chisholm, director general since the Organization was established, has decided not to accept the offer made by the Fifth World Health Assembly to renew his contract, which expires in July. The major reason for his decision is his belief that a permanent organization should not have the same head for too long, especially at the beginning, that there should not be too firm an identification of a world organization with one person.

Adviser to Ethiopia.—Dr. J. W. Tesch, of the health service of Rotterdam, has been sent to Ethiopia for a period of one year at the request of the Ethiopian government to serve as public health adviser and to coordinate WHO activities, which include projects in the control of venereal disease, tuberculosis and leprosy. (WHO *Chronicle.*) Previously, after Dr. Dalgamouni's visit, Dr. Mustafa Kamel—also of Egypt—was reported last year to have been sent there for a year as leprosy adviser to the government, but nothing further has been seen about that.

Agreements with Iraq.—In April 1952 the Iraq government and WHO signed seven agreements under which WHO offers assistance to Iraq in various health problems. "Since the incidence of leprosy in Iraq is high, WHO is to send an expert to study the epidemiological characteristics of the disease there and to advise the government on how best to combat it. It is also expected that the equipment of the leprosy colony at Amara will be modernized." (WHO *Chronicle.*)

PERSONALS

DR. PAUL W. BRAND, orthopedic surgeon with the Christian Medical College at Vellore, Madras, will become a member of the staff of the Mission to Lepers in April. He will continue his teaching work at the college; develop further the orthopedic work with leprosy patients, helping at the Karigeri Research Sanatorium (when it is established); and train the doctors of the Mission's Indian leprosy homes in orthopedic work. Mrs. Brand, also a physician, has specialized in ophthalmology and eye surgery.

DR. R. CHAUSSINAND, of the Institut Pasteur in Paris, for the past year part-time consultant for leprosy of WHO, has been notified that that appointment will be discontinued as of March 31st because of lack of funds for the purpose in the budget of the Division of Communicable Disease Services.

MR. WILLIAM M. DANNER, for many years general secretary of the American Mission to Lepers (now the American Leprosy Missions, Inc.) died in Washington, D. C., on November 14, 1952, at the age of 89 years.

DR. DHARMENDRA, of the Leprosy Research Department of the School of Tropical Medicine, Calcutta, has been invited by WHO to serve for a year as expert advisor on leprosy to the government of Iraq. Acceptance of this invitation will depend upon approval by his own government.

DR. ORESTES DINIZ, head of the antileprosy service of Minas Gerais, has been offered appointment as director of the Instituto de Leprologia of the National Leprosy Service.

DR. G. W. GROSS has returned to Germany after a short term at the Chandkhuri settlement in India, where he did useful work in surgery, notably a bone-grafting and plastic operation for disfigured noses.

DR. EUGENE R. KELLERSBERGER, general secretary of the American Leprosy Missions, Inc., will retire from that position in August. He and Mrs. Kellersberger will nevertheless attend the Madrid congress in October.

DR. JOHN LOWE, senior specialist of the Nigeria Leprosy Service, has been made a Commander of the Order of the British Empire (C.B.E.) by Her Majesty Queen Elizabeth, in recognition of his work in leprosy. Recently he has remitted to the International Leprosy Association £100, this

being approximately the amount of a prize awarded him for outstanding contributions to progress in leprosy therapy by the Brazilian Academy of Medicine, in payment for a life membership. (For that, the by-laws of the Association specify £20 sterling or $100.)

DR. H. C. DE SOUZA-ARAUJO, of the Instituto Oswaldo Cruz, a member of the WHO Expert Panel on Leprosy, has been elected an honorary member of the "José de Alencar" Academy of Letters of Curitiba, Paraná, and also an honorary fellow of the Instituto Historico e Geografico Brasileiro, the oldest cultural institution in that country. These elections were in recognition of his studies of the history of leprosy in Brazil.

DR. LAURO DE SOUZA LIMA, director of the leprosy service of the State of São Paulo, Brazil, is reported to have accepted a short-term assignment by the Pan-American Sanitary Bureau, to investigate the leprosy situation in Paraguay and make recommendations for control measures in that country.

DR. STEPHEN STURTON, for many years director of the general hospital in Hangchow, China, and close associate with Dr. James L. Maxwell in his last work there, but more recently limited by the Communist authorities to work in the x-ray department, arrived at Hong Kong last September.

DR. R. V. WARDEKAR, secretary of the Gandhi Memorial Leprosy Foundation, has recently returned to India after making a round-the-world trip under the Point Four Program, during which he visited among other places London, New York, Carville, Honolulu, Manila and Culion, and Bangkok.