NEWS AND NOTES

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

SECOND CONGRESS OF BRAZILIAN LEPROLOGISTS

This meeting, held at the Santa Fé colony, Tres Corações, Minas Gerais, in May 1952, with a large attendance from several states and presided over by Dr. Mario Hugo Ladeira, secretary of public health and welfare of Minas Gerais, and Dr. Ernani Agricola, director of the National Leprosy Service, was of the nature of a symposium on sulfone therapy, Prof. F. E. Rabello serving as moderator. Previously, he had set up a comprehensive list of points to be covered in the presentations. There were four papers based on this outline, by Dr. L. M. Bechelli, of São Paulo; Drs. José Mariano and José de Almeida Neto, of Belo Horizonte; Dr. A. Miguez Alonso, of Rio de Janeiro; and Dr. H. Moura Costa, of Rio de Janeiro. Dr. Ivon R. Vieira, pathologist of the Minas Gerais service, also reported on the changes in the lesions during sulfone treatment.

Dr. Orestes Diniz, chief of the Leprosy Department, Minas Gerais, has supplied THE JOURNAL with full translations of these papers and of the discussions, but they cannot be printed in full. There is, however, a concluding summary by the moderator, and this is reproduced here with some condensation. Certain other points of interest are also dealt with briefly.

1. What is probably the high point brought out is that I (indeterminate) cases improve under sulfone treatment without any of the classical transformation to the L type often seen under chaulmoogra treatment, in spite of the fact that in many cases the Mitsuda reaction remains negative. This fact indicates that the dispensary, which is now the prophylactic unit *par excellence*, has a reliable means of liquidating the disease. However, it will be a long time before all of the benefits of this new weapon can be attained, for only 30 to 50 per cent of such cases appear at the dispensary.

2. Emphasis must be laid on all that can now be done for the L forms—clearing up of the skin and especially of the mucous membranes, although at times bacteriological negativity is indefinitely delayed. (Amendiola had said that whereas tracheotomies were frequent in the presulfone period, none has been performed in his institution since that time; now operations are being performed to do away with the tube and to repair the damage of tracheotomy. Some stress had also been laid on the nondevelopment of lesions of the eye under sulfone treatment.) A pos-

sible social recuperation can be foreseen: the patient can attend the dispensary after the superficial lesions have cleared up, although he may have small numbers of germs in limited foci.

3. Important also is the limited toxicity of the sulfones. As yet, no case of death directly attributable to the drugs is known.

4. Regarding possible mutation of form, specifically the epituberculoid (i.e., borderline) condition developing in L cases during treatment, a phenomenon first described by de Souza Lima *et al.*, it is surprising that some observers have not yet seen it. Azulay has not found it [histologically] in 489 L cases studied, and Vieira met with it in only 7 per cent of his material. This phenomenon is important with respect to the relationships of the various forms of leprosy.

5. Attention should be drawn to the possibility of altering the condition (which I have called the "dead point") consisting of persistent eruptions of the erythema nodosum type. It is an extremely curious fact that L cases under sulfone treatment frequently behave like the syndrome of tuberculinic hypersensitivity. To treat these I have suggested cross desensitizing with tuberculin, and Souza Campos and Souza Lima have proposed BCG.

6. Also on the debit side is the fact that bacteriological negativity is delayed for an average of 3 to 5 years, and in a large percentage of cases does not occur. Mariano and Almeida Neto, in 313 L cases treated, got only 58 per cent negatives after 5 years, the highest figures being attained in the third year and then declining; Moura Costa got 47 per cent negativity in 62 cases observed for 1½ years; Aureliano de Moura, in 1,200 cases, after 5 years had transferred only 31.5 per cent to the dispensary. (He had also said that clinically the best results were obtained in from 3 to 4 years, and that what has not been obtained by then will only exceptionally be obtained later.) The provisional deduction is that the bacteriostasis obtained is somewhat precarious, although it is useful in the sense of substantially controlling the quantity of germs existing. A fact observed by many of us is that relapse in L cases is serious when it occurs after prolonged interruption of sulfone medication.

7. On the debit side, again, is the curious phenomenon of precipitation of trophoneuritic symptoms. These may be attacks of neuritis followed by amyotrophy or even more serious sequelae. However, we need not perhaps fear the occurrence of these symptoms in those cases in which they used to appear spontaneously, although in 99 tuberculoid cases Bechelli met with neuritic sequelae in three.

8. Finally, we need more ample and accurate knowledge regarding sulfone resistance, and the time and form of relapses. We also need more accurate control of symptomatic cures and their possible transformation into biological cures.

Some unusual statistics of the Epidemiological Section of the São Paulo service regarding mortality before the introduction of the sulfones (1924-1945) and since then (1946-1950) were presented by Bechelli.

Beginning with 354 cases in 1924, the case-population considered—excluding patients discharged as cured or transferred—increased to 17,663 in 1945, the average being 8,174. Working out the death rates, these are found to fluctuate between 56 and 35 per thousand (after the first year,

when it was 65), with an average of 43.5 per thousand. There was, however, a downward trend in the latter part of this 22-year period, for the average death rate for the first half is 56.2, against 41.2 for the second half. There was a much more marked decrease in the recent period, during which the case-population increased from 18,401 to 23,657, averaging 20,801. The average annual death rate for this period works out at 23.0 per thousand.

The bacteriological examination came into the discussions, with regard to methods and the regulations regarding parole, in an unusual way.

Certain of the participants (Mauro, Azulay and others) spoke of the effects of bad technique in obtaining materials for examination.

Apparently referring to the examination of smears, Boglialo favored the use of the fluorescent method as better than the standard Ziehl-Neelsen staining, and agreement was registered by Americano Freire and Rabello. Two of these speakers held that the Fontes staining process is better than Ziehl-Neelsen, and one of them included the Gram-Weigert method and the Nachtblau method of Hallberg in that category. Regarding the examination of biopsy specimens, Azulay talked of using various methods, including Gram staining.

Rabello said that the criteria of cure based on [smear and?] biopsies need modification, and suggested monthly biopsy of the liver to determine the condition in the viscera. Now, he said, we do not have biological cure, but only symptomatic cure as in tuberculosis. Boglialo agreed that sterilization can only be properly determined by better knowledge of the visceral lesions, and that viscerotomy of the liver can be done, but held that it would probably not give decisive results in leprosy. Diniz said that liver biopsy is being done in Minas, and the number of positive results is high. Americano Freire, agreeing about the desirability of more frequent puncture biopsy of the liver and other organs, said that since the advent of the sulfones the problem of finding a greater number of elective methods is more important than before, to decide about the sterilization or at least contagiousness of the patients. Such methods should be used before deciding to discharge a patient.

Orsini remarked that after this meeting it will be more difficult to obtain discharges of patients, it having been shown that more careful examinations will reveal many mistakes. Rotberg agreed with him [apparently with respect to the first point] and expressed the opinion that the rules are too rigid. Salomão, however, said that until the chain of dispensaries can be extended the rules for discharge should not be relaxed. Bechelli thought that clearing up of the viscera probably precedes clearing up of the skin. Regarding biopsy of the liver, he held that it is not sufficiently conclusive, and is possibly risky.

DATA ON LEPROSY IN JAPAN

A mimeographed pamphlet containing 21 tables of data pertaining to Japanese leprosaria, put out at the end of 1951 by the National Sanatorium Section, Medical Affairs Bureau, Ministry of Welfare, has been received from Prof. Kanehiko Kitamura. Information regarding the locations of these institutions,

of which 10 are governmental and 3 private, and the men in charge of them, was supplied by Rev. Howard D. Hannaford and is included in the following list, which gives the numbers of patients as of August 1951. The order of arrangement and the spelling of names are as in the official report. At least one change of directorship is known to have occurred.

Government institutions:

Matsugaoka Hoyo-en. Shinjo-mura, Higashi Tsugaru-gun, Aomori-ken; Dr. Hidenao Abe, director; 629 patients.

Tohoku Shinsei-en. Nitta-mura, Tome-gun, Miyagi-ken; Dr. Yutaka Kamikawa, director; 540 patients.

Kurifu Rakusen-en. Kusatsu-machi, Azuma-gun, Gunma-ken; Dr. Ryoichi Yajima, director; 1,064 patients.

Tama Zensho-en. Higashi Murayama-machi, Kitatama-gun, Tokyo; Dr. Yoshinobu Hayashi, director; 1,179 patients.

Suruga Ryoyo-sho. Koyama, Fujioka-mura, Sunto-gun, Shizuoka-ken; Dr. Shigetaka Takashima, director; 317 patients.

Nagashima Aisei-en. Mokake-mura, Oku-gun, Okayama-ken; Dr. Kensuke Mitsuda, director; 1,550 patients.

Ogu Komyo-en. Mokake-mura, Oku-gun, Okayama-ken; Dr. Ryoichi Jingu, director; 879 patients.

Oshima Seisho-en. Anji-mura, Kida-gun, Kagawa-ken; Dr. Taiji Nojima, director; 655 patients.

Kikuchi Keifu-en. Goshi-mura, Kikuchi-gun, Kumamoto-ken; Dr. Matsuki Miyazaki, director; 1,336 patients.

Hoshizuka Keiai-en. Nishimata, Kanoyashi, Kagoshima-ken; Dr. Einosuki Shionuma, director [but now at Nagashima]; 1,002 patients.

Private institutions:

Minobu Shinkei-en. Minobu-machi, Minami Koma-gun, Yamanashi-ken; Buddhist, connected with the Nichiren sect; 45 patients.

Koyama Fukusei Byoin. Koyama, Fujioka-mura, Sunto-gun, Shizuoka-ken; Roman Catholic; 100 patients.

Tairo-in. Kurokami-machi, Kumamoto-ken; Roman Catholic; 94 patients.

The number of patients in the above list totals 9,390, of which 9,151 were in the government institutions and 239 in the private ones. There were also 2,137 registered patients not in the leprosaria. One table gives the sources of all patients by prefectures, with 875 listed as repatriates. Analysis of this table would be of no significance without total population data. There were 263 unaffected children in the government institutions, 139 males and 124 females, of which 222 were attending school.

Nine tables deal with various factors concerning the patients in the national leprosaria as of April. Males were 63.5 per cent, females 36.5 per cent (1.7:1). The type distribution was: lepra tuberosa, 5,573 cases (63.4%); lepra nervosa, 2,458 cases (28.0%); lepra maculosa—i.e., tuberculoid—760 cases (8.6%). Age groups: 1-19 (7.7%); 20-29 (25.4%); 30-39 (29.1%); 40-49 (19.9%); 50-59 (10.5%); 60 or more (7.4%). The youngest of the children were 5 years of age. The total of those 15 or under was 230.

A table of the ages at onset of the disease shows an increasing frequency in the earlier five-year age periods (0.8, 6.2, 18.1 and 23.1%), the 16-20 year group being the highest, after which there was a steady decrease in frequency (21.1, 13.0, 6.7, 3.8, 2.7, 1.7, 1.1, 0.8 and 0.9%), the last two being for the 56-60 and over-60 groups, respectively. Another table gives the periods between onset and admission—which ranged up to over 50 years—of 2,638 cases admitted to Tama Zensho-en and Nagashima. The following averages have been worked out: For males, 8.2 years; for females, 8.8 years. According to type: for tuberosa, 7.3 years; for nervosa, 11.9 years; for maculosa, 3.5 years. These last figures are of interest, suggesting that the tuberculoid cases were especially conspicuous and recognizable, presumably because of reactional onset; 89 of the 147 (60.5%) were admitted within the first two years.

Although no data on annual admissions are found, one table gives the discharges for the fiscal year 1950-1951. Of the 408 discharged, 244 died, 90 absconded, 21 were transferred, and 50 were released improved. The released, by types: tuberosa, 12; nervosa, 14; and maculosa 21. Based on the above total figures for these groups, the rates per thousand work out to be 2.2, 5.7 and 28, respectively. The deaths, by types: tuberosa, 157; nervosa, 65; maculosa, 13; which figures give 28, 26.5 and 7 per thousand, respectively. (There are no data by sex.) The most common causes of death (at Tama Zensho-en and Nagashima) were tuberculous diseases (40%) and kidney disease (21%), the other deaths being scattered.

Apparently about 62 per cent of all the patients were physically handicapped, with blindness affecting 15 per cent of them. There were 10 per cent with tuberculous complications.

The next set of tables has to do with the educational status of the patients, their religious beliefs (in three institutions 73 per cent were Buddhist, 18 per cent Christian, 3.5 per cent Shinto), their activities in the leprosaria, and their economic condition. The final set gives data on treatment, entirely with sulfones of one kind or another, and the food given the patients (calories, 2,576; protein, 92.7 gm.; fat, 28.5 gm.).

The last table concerns the personnel. In the government leprosaria, with 9,215 patients, there were 75 physicians and 293 nurses (averaging 8 and 32 per thousand, respectively), and 748 others.

In another publication, put out by the same office at about the same time and cited in *Leprosy Briefs* of the Leonard Wood Memorial, there were data which indicate decreasing prevalence of the disease in Japan.

The rates per thousand for cases among conscripts, together with men of conscript age under treatment in leprosaria, declined from 1.0 in 1910 to only 0.26 in 1935. This is supported by prevalence figures for the entire population based on the periodic leprosy censuses (so called). In 1906, 23,815 cases were so recorded, or 0.50 per thousand. At the next two censuses, in 1919 and 1925, these figures were 16,261, or 0.29 per thousand, and 15,334, or 0.28 per thousand. After that, in 1930, 1935 and 1940, although the numbers of cases increased from 14,261 to 15,193 and to 15,875, the rate stood steady at 0.22 per thousand.

NEWS ITEMS

Canada: *Leprosy Statistics.*—In March 1952, according to statements seen, one of them from an official source, there were 16 known cases in Canada, with perhaps one more; attempts were being made to trace a suspect contact who might or might not be infected. Except for 3 very old cases, not under treatment for the disease, all of them are imported. There were 10 cases in the leprosy hospitals at Tracadie, N.B., and Bentinck Island, B.C. (only 2 at the latter place), of whom 6 were under active treatment, the others being maintained because of infirmities. Six arrested cases were living at home in various parts of Canada under periodic surveillance and treatment of local health authorities, some of them continuing to take diasone to prevent relapse. Fresh cases diagnosed since 1938 have been mostly in Canadians who had been abroad and probably infected there. It is believed that the endemic foci which existed in New Brunswick and British Columbia have died out.

United States: *Dr. Johansen honored.*—On Sunday, May 10th, Dr. Frederick A. Johansen, who on that day celebrated his sixty-fourth birthday, which under the regulations of the Public Health Service made his retirement compulsory, was honored by special ceremonies tendered by the patients and staff of the Carville leprosarium. He had served at that institution for 29 years, since 1947 as the medical officer in charge. Numerous visitors attended the ceremonies, including Mr. Harry L. Elias, executive secretary of the Leonard Wood Memorial in New York, and among the many telegrams received were one from Mrs. Oveta Culp Hobby, secretary of the newly formed Department of Health, Education and Welfare to which the Health Service belongs, and one from Dr. Leonard A. Scheele, surgeon general of the service. In many respects, including the coverage of the Louisiana newspapers and commendations in their editorial columns, the event was a most unusual one. Dr. and Mrs. Johansen, who were to leave at the end of the month, are to make their home in Long Beach, Mississippi. It is reported, however, that he has received offers of positions elsewhere, including one from the governor of American Samoa to become health commissioner there.

Editor of The Star *honored.*—Stanley Stein, editor of *The Star* (Carville), was awarded the Damien-Dutton Award plaque, executed by a world-famous sculptor, "for outstanding contribution to public knowledge of the true facts of Hansen's disease." The plaque was awarded at the World Missions Exhibit at Saint Louis, Missouri, and was received for Stanley Stein by Sister Vincent Louise, D.C., of the Order of St. Vincent de Paul, who recently returned from China.

Middle East visitors at Carville.—The federal leprosarium at Carville has been visited recently by H.R.H. Prince Abdullah Feisal, minister of the interior and of public health of Saudi Arabia, travelling under the auspices of the U.S. State Department. Although there is little leprosy in his country, whereas tuberculosis is one of the principal problems, he took time out of a crowded schedule to see briefly what is being done for the patients in the United States. A week was spent at Carville by Dr. Bagher Modjahedi, of Teheran, Iran, who has been attending the Harvard School of Public Health under the Point Four program. There are two leprosy institutions in Iran, he told the *Star*, one at Azarbaijan and the other at Meshed. He did not know how many cases there are in the country.

Expectations of surgical rehabilitation.—In an interview with the Associated Press by Raymond Currier, executive secretary of the American Leprosy Missions, Inc., he is reported to have said that there are 10 millions of sufferers from leprosy in the world, and that more than one-half of them have been crippled to some degree. There is hope, however, for their rehabilitation in the new techniques developed by Dr. Paul W. Brand, a 39-year-old British surgeon working at the Vellore Christian Medical College, in India, who has perfected new methods for restoring paralyzed hands. He has already restored some 200 crippled patients to active lives by his operation, which involves transplantation of the tendons of undamaged muscles to do the work of the damaged ones. Dr. Brand had just completed a tour of the United States, consulting with American doctors on the new operation. Dr. Daniel Reardon, of Tulane University, has been using the new operation at the federal leprosarium at Carville, La.

Dangerous communicable diseases.—In the *Journal of the American Medical Association* (May 2, 1953), an inquirer asked for advice about the protection of a handler of bodies of persons dead from communicable diseases. In the consultant's reply it is stated, among other things, that at least one state lists 12 such diseases in which the undertaker must "thoroughly disinfect by arterial and cavity injection with an approved disinfection fluid" and take other measures. These diseases include, along with cholera, plague, smallpox, and epidemic cerebrospinal meningitis and others, leprosy.

Prisoner with leprosy freed.—The Superior Court of Connecticut released from county jail without bail a prisoner awaiting trial on charges of possessing burglar's tools and tampering with an automobile for the reason that, because he had leprosy, confinement was "not only injurious to his own health but a source of considerable unrest to other inmates of the jail."

Federal support of Hawaiian patients.—Until very recently the Territory of Hawaii has borne the entire costs of the antileprosy work of that area, whereas in the continental United States the federal government has borne the expenses for the care and treatment of patients at the Carville leprosarium. Some time ago Hawaii appealed for federal aid, and the last congress enacted legislation making the Territory eligible for such support and appropriated $500,000 toward the payments which the surgeon general of the U.S.P.H.S. had been directed to make to the Territory. This amount covers less than one-half of the amount needed for the fiscal year at the rate of reimbursement of $9.26 per patient per day established by the surgeon general, but the present congress has been asked to continue the support, which is dependent upon annual appropriations made specifically for the purpose. This aid relieves the taxpayers of the Territory to the extent of the funds provided, as the various states have been relieved since the federal leprosarium was established. It does not, however, materially alter the program of the Territory, which continues its full responsibility of operating the two institutions—Kalaupapa with 235 patients and Hale Mohalu with about 100—as well as the outpatient clinics, the case-finding program, and the follow-up of released patients. (Dr. Ira D. Hirschy, director, Division of Hansen's Disease, Department of Health, T.H.)

Mr. Judd to American Samoa.—Mr. Lawrence M. Judd, formerly governor of the Territory of Hawaii and later head of the leprosy service

there, has been appointed by President Eisenhower to the position of governor of American Samoa. In view of his interest in leprosy it is expected that he will forward plans which have been heard of to develop a leprosarium in that area so that patients need not be sent to Makogai in Fiji as in the recent past.

Leprosy hospital to be established in American Samoa.—A new hospital for leprosy patients is to be established in American Samoa. The disease was not discovered there until 1920, it is stated, and the cases now total 37, of which 29 are under treatment at the Makogai settlement in Fiji. Dr. Saipele Matagi, a Samoan who got his medical degree at the Central Medical School in Fiji and who later worked for six months in the leprosy institutions in Hawaii, is to head up the new program. It would seem that there has been some difference of opinion as to the feeling of Samoan patients about being sent to Fiji for treatment rather than to Hawaii or Tinian, but in any case they would prefer to be taken care of in their home territory. (The Carville *Star.*)

Mexico: *Leprosy institutions.*—The Zoquiapan leprosy hospital, said to be the only institution of its kind in Mexico, established in 1939 some 60 km. south of Mexico City, had 450 patients last year. There are, in addition, isolation wards for leprosy patients in certain of the general hospitals, and 20 special dispensaries have been established under the Ministry of Health and Welfare. An active group, the Asociación mexicana de Acción contra la Lepra, has established two small places for children, the Casa de Nazareth (1948) with 21 children, and the Posada del Niño (1949) with 20 children. A story of the work in Mexico appeared in the July 1952 issue of *Today's Health,* a publication of the American Medical Association.

Trial of isoniazid.—A Mexican group of investigators, headed by Dr. Fernando Latapí, is said to have reported that the results of 9 months of treatment of 14 cases of leprosy in two hospitals in Mexico City and Guadalajara were encouraging, justifying continuation and expansion of the experiment. The 13 lepromatous cases treated had all shown improvement, in some instances marked, with reduction of the numbers of bacilli. The single tuberculoid case had not responded to the treatment. (Science News Letter.)

Colombia: *Protestant ministry resumed at Agua de Dios.*—Despite official government disapproval, the Protestant ministry to leprosy patients at the Agua de Dios colony has been resumed on an informal basis. Visits have been allowed by friendly local administrators, and regular services are being held. The Protestant patients have been supplied sulfones for treatment during the past two years. It is also said that at Cachipay the Mennonite home which cares for children of patients in the nearby government hospital (which one not stated in the report seen) has resumed a building program which had been interrupted by political conditions in the country.

Bolivia: *Activation of antileprosy work.*—One Dr. Pacheco, of Bolivia, has recently spent several weeks at the U.S.P.H.S. Hospital at Carville, La., in preparation for organizing an antileprosy campaign in his country. To participate in the work is a Catholic Sister who spent 18 years in

China and has recently been released from there, and who also has been for a time at Carville.

Surinam: *Consolidation of leprosaria planned.*—It is now proposed to consolidate the three leprosaria—one governmental, one Catholic and one Protestant—which have been operated for many years in and near Paramaribo. This plan is in the hands of a centralization committee, which has not yet decided where the consolidated institution shall be. One opinion is that Groot-Chatillon should be enlarged, but there is objection to that because of its unsuitable location. The leprosy clinic which has long operated in thoroughly inadequate quarters in the city will soon have a new building with plenty of room-space and a good laboratory. (Dr. S. J. Bueno de Mesquita.)

Brazil: *Mass BCG vaccination in Goiás.*—Dr. Nelson de Souza Campos, formerly with the leprosy service of São Paulo, is engaged in a project of mass oral BCG vaccination of the people of the state of Goiás, sponsored jointly by the National Tuberculosis Service and the National Leprosy Service. The vaccine is being given, without any preliminary skin testing, in doses ranging from 200 to 500 mgm. according to age. He has written that after a little more than three months of work about 100,000 persons in the city of Goiânia had been so vaccinated. The working team is shortly to start in a selected municipality—i.e., a limited area—and undertake a scientific demonstration of the effects of the vaccination with respect to leprosy. This will involve clinical and dermatological examinations, a leprosy census, preliminary testing with tuberculin and lepromin, BCG vaccination, subsequent tuberculin and lepromin tests, and future observation of the population for four or five years.

New terminology for classification.—In May there was a meeting of Brazilian leprologists in Curitiba, Paraná, at which certain new terms were adopted. The two "polar" types, lepromatous and tuberculoid, were not changed. The group which the Havana congress agreed should be called "indeterminate" is to be known as "infrapolar." The group often called "borderline" is to be recognized and called "bipolar." (H. C. de Souza-Araujo.)

Postage stamp for aid to preventoria.—In 1949 a law was passed providing for a special postage stamp for compulsory use throughout Brazil for one week of the year, to raise funds for the 30 preventoria in the country. For the antileprosy week in 1952, October 25-30, one million stamps were printed, but these disappeared within 24 hours, all bought up by collectors. (H. C. de Souza-Araujo.)

Souza-Araujo's leprolin in neurosyphilis.—Dr. J. Alves Garcia, of the Psychiatric Institute, University of Brazil, Rio de Janeiro, has reported to the Instituto Oswaldo Cruz that he has found this product to be superior to other antigens and vaccines to produce fever in patients with neurosyphilis. It enhances the value of malaria parasites, especially in colored patients who are refractory to benign plasmodia. Under treatment with this product ulcers, gummas and other peripheral lesions undergo healing. The Instituto makes it for distribution without charge. (H. C. de Souza-Araujo.)

England: *Aid for the laboratory of Dr. Cochrane.*—The American Leprosy Missions has announced, as one of its contributions to the advancement

of leprosy work, a recent grant of $2,000 for the laboratory of Dr. Robert G. Cochrane in London.

France: *Appeal to the United Nations.*—An appeal to UN to make a world survey of leprosy and to call an international convention to define the legal status of leprosy patients has been made by one M. Raoul Follereau, president of the Ordre de la Charité. He has charged "inexcusable indifference" to the rights of leprosy victims on the part of most governments, and condemned leprosy institutions which resemble prisons or "mass burial grounds," urging UN to recommend their transformation into sanatoria where the patients would be treated as any other sick persons. [Leprosy Missions Digest.]

Sweden: *Decline of leprosy.*—The following report by Prof. John Reenstierna, who was appointed inspector of leprosy in 1926, appeared in an editorial note in the January 1953 issue of *Leprosy Review.* "Leprosy came to Sweden by the end of the 13th century. Soon afterwards there existed several small leprosy institutions called 'spitals,' in this country. The inmates were not numerous. In the middle ages leprosy was confounded with syphilis. No real statistical reports existed before the end of the 18th century. The largest number of cases known in Sweden was in 1873. It amounted at that time to almost 200. After that there was a steady decrease: 89 cases by the end of 1907 (reported to the 2nd International Leprosy Congress at Bergen in 1909); 37 cases by the end of May, 1923 (3rd Congress, Strasbourg, 1923); 9 cases by the end of 1937 (4th Congress, Cairo, 1938); 5 cases by the end of 1947 (5th Congress, Havana, 1948). By the end of 1951 the number was 4 cases, all women. Two were Swedish subjects, belonging to the neural form; the other two, Estonian refugees, were of the lepromatous form. Their ages were 77, 69, 64, 44 respectively. The old Swedish leprosarium at Jaervsoe was closed at the end of 1940."

East Africa: *The projected research unit.*—Difficulties have arisen in the establishment of this place [see THE JOURNAL **20** (1952) 543]. The British Empire Leprosy Relief Association has voted a grant of £18,500 for capital expenditures, and £4,000 a year for recurrent expenses, to help start the project, and a site was chosen in Tanganyika. Since the project remains a government one, under the control of the East Africa High Commission, the plan was submitted to a local authority, the Standing Advisory Committee for East African Medical Research. This committee disagreed with the selection of site, and a search for a more acceptable one has been handicapped by lack of funds and other complications.

Syria: *The oldest leprosy hospital.*—The oldest established hospital for the care of leprosy patients was founded in 600 A.D. in Syria, by King Walid whose name it bears. This information was given to the Carville *Star* by Dr. N. T. Chaglassian, professor of dermatology at the American University, Beirut, Lebanon, who had visited Carville and other places to obtain information about leprosy during a trip to the United States under the Point Four Program. There were 124 cases at the Walid hospital, of which 45 were from Lebanon, there being no institution for them in that country. The hospital is operated by the Sisters of Charity of the order of St. Vincent de Paul.

India: *Rioting in Bombay.*—It has been reported by press services that in February a mob of rioting patients of the Acworth Leper Home in Bombay bombarded the staff with knives and stones in a demonstration against alleged bad food and clothing. Six staff members and six of the patients were injured before police broke up the riot with tear gas and arrested four of the ringleaders.

Malaya: *The story of a murder.*—The trial in Penang of an inmate of the Pulau Jerejak Settlement for the killing of a hospital attendant was reported last December. The defendant related that he had attempted to export some papayas for sale for pocket money; that the attendant had first told him that that was prohibited, but later had said that he could do it if he would give him, the attendant, some coffee money; and that in an altercation he had become confused and struck the attendant, with fatal effect, with a file which he used in fishing. A ray was brought into court for a demonstration of how the file was used in skinning fish. (*Singapore Standard.*)

China: *Leprosarium inmates burned alive.*—Chinese Communists recently burned to death about 100 inmates of the Hing-Chuang leprosarium in Yunnan, which was set afire after all exits had been blocked. Only 3 patients escaped from the holocaust, which had been ordered by the subprefect of Yung-jen. This report, quoting a missionary expelled from China, came from the Fides, the Catholic news agency, in Rome.

Korea: *Leprosy patients exchanged.*—It has been reported that among the sick United Nations prisoners of war exchanged by the Communists in April, three South Koreans had leprosy, definitely or possibly. All three were kept segregated during the exchange, and were shipped immediately to a South Korean hospital in Seoul, although one of the American medical advisers said that there was no need for segregation "since leprosy is not a readily communicable disease." It was generally agreed that they must have acquired the infection before their internment.

Japan: *Japanese Leprosy Association.*—The 26th annual meeting of this organization is to be held in Kumomoto, April 8-11, 1953, under the chairmanship of Dr. Matsuki Miyazaki, director of the Kikuchi Keifu-en National Leprosarium, of that place. Besides papers of members there will be a symposium on erythema nodosum leprosum, and two special addresses. One of these is to be on the physiology of leprosy, with special reference to the regulation of body temperature, by Dr. Ogata, and the other on the pathology of leprosy, especially the concept of the allergic disposition, by Dr. Suzue. (Prof. Kanehiko Kitamura.)

New Zealand: *Vessels acquired by the Lepers' Trust Board.*—The Lepers' Trust Board of New Zealand has acquired three 50-foot vessels for the use of missions doing medical work in the British Solomons. These vessels have single diesel engines and auxiliary sails, ketch rigged. The individual missions to which they are to be donated will decide internal arrangements to suit their own needs, except that accommodations are to be provided for the leprosy medical officer when needed. They are to be used for general medical purposes as well as leprosy work, and will carry equipment and a tent for emergency surgery ashore. (Dr. C. J. Austin.)

WHO: *New Director-General.*—At the recent World Health Assembly Dr. M. G. Candau of Brazil was formally invested as director-general of the World Health Organization for a period of five years, succeeding Dr. Brock Chisholm of Canada, resigned. For a year Dr. Candau had been serving as deputy director of the Pan American Sanitary Bureau in Washington, Regional Office for WHO in the western hemisphere.

Financial crisis threatened.—A financial crisis resulting from a reduction in funds available for technical assistance programs was recently discussed by the WHO executive board in Geneva. Technical assistance funds committed for 1953 amount to nearly $10 million, and a $5 million cutback is threatened as the result of a review of the total technical assistance program, with lower priorities for many projects. It was pointed out that WHO is engaged in a total coordinated program irrespective of source of funds, and that no sharp distinction is possible between the regular and technical assistance programs. There are 167 technical assistance projects now under way, and the present rate of expenditure for them is already $6,500,000 for this year, while the staff recruitment and supply procurement for other projects are already well advanced. The objectives for the technical assistance program in 1953 are endangered because many countries have not yet fulfilled their pledges; hence cuts in allotments to all agencies receiving technical assistance funds have been made.—[*J. American Med. Assoc.* **151** (1953) 833.]

PERSONALS

DR. C. J. AUSTIN, who for twenty-three years was in charge of the Makogai Leprosy Hospital in Fiji, has retired from that position and will enter private practice in Auckland, New Zealand. He has been appointed a member of the New Zealand Lepers' Trust Board and of its Leper Relief Ships' Committee, and may later undertake missions for that organization.

DR. R. BOENJAMIN, director of the leprosy service of Indonesia, is spending three months in the Philippines on a fellowship grant from WHO, observing the work in the leading leprosaria there.

DR. ADELMO BUZZELLI, assistant medical director of the Kalaupapa Settlement in Hawaii since last November, has been granted American citizenship. A native of Italy and a graduate of the University of Bologna specializing in dermatology, Dr. Buzzelli came to Hawaii from the St. Vincent Hospital in Los Angeles.

DR. HOWARD I. COLE, formerly chief chemist of the (then) Culion Leper Colony and subsequently appointed by the League of Nations to the International Center in Rio de Janeiro, and during the last war lieutenant colonel in the Chemical Warfare Service, U.S.A., is retiring from his position in the office of the Secretary of Defense, Washington, D. C. Dr. and Mrs. Cole will reside in Portland, Oregon, after the completion of a European trip during which they will attend the Madrid Congress.

DR. JAMES A. DOULL, medical director of the Leonard Wood Memorial, is one of the co-authors of The History of American Epidemiology, a book recently published by the C. V. Mosby Company of St. Louis.

DR. EDWARD M. GORDON, JR., recently director of the U.S.P.H.S. Hospital in Chicago, has been appointed medical officer in charge of the U.S. federal leprosarium at Carville, La., vice Dr. F. A. Johansen, retired. Dr.

Gordon is a graduate of Tulane University, New Orleans, and has been with the Hospital Division of the Service for many years.

DR. MARIO GIAQUINTO has been appointed to the Division of Communicable Disease Services, of which Dr. W. M. Bonne is the director, to be in charge of the activities concerning a group of endemo-epidemic diseases of which leprosy is one.

DR. FLORA INNES, once stationed at the Peel Island leprosy hospital, Australia, and sister of Dr. James Ross Innes, is reported to have died recently.

DR. JAMES ROSS INNES has been appointed to Her Majesty's Colonial Research Service as a senior medical research officer, grade I. He continues his present activity as interterritorial leprologist to East Africa under the East Africa High Commission.

DR. JACK W. MILLAR, LT., MC, USN, who for the past year has been on assignment from the Navy to the office of the medical director of the Leonard Wood Memorial in Washington, will return to Harvard University this fall to complete his work for the degree of Doctor of Public Health in Epidemiology, after which he will return to duty with the Navy.

DR. JOSE O. NOLASCO, pathologist, Culion Sanitarium, Philippines, has been awarded a six-months study fellowship by WHO for the purpose of studying dermatological histopathology and tissue culture technique in the United States.

DR. ALBERTO OTEIZA, director general of Patronato para la Profilaxis de la Sifilis, Lepra y Enfermedades Cutáneas in Cuba, resigned from that position shortly after the recent change of government in that country. Appointed to the position was DR. RAUL MACHADO, who previously had been at the Mazorra Hospital for the Insane.

DR. NORMAN R. SLOAN is leaving the South Pacific Commission under which he has recently had assignments in New Guinea, the Trust Territory and the Samoas. He and Mrs. Sloan are taking positions as doctor and nurse on Canton Island.

SR. MARIE-SUZANNE, of Lyons, France, is working with Dr. Penso at the Institutó Superior Sanitar in Rome on a one-year fellowship.

DR. JOHN VALENTINE, who for the past year and more has served as the physician in charge of the Trust Territory leprosarium on Tinian, is leaving that connection in June.

GORDON A. RYRIE, M.B., Ch.B.

Gordon Alexander Ryrie, for some 17 years medical superintendent of the Sungei Buloh Leprosy Settlement in Malaya, died at Kirkcaldy in Scotland on March 9th, aged 53 years.

Born in 1899, he graduated in medicine from the University of Edinburg in 1926, and two years later entered the Colonial Medical Service. A strong individualist and somewhat of a rebel by nature, he found it hard to fit into the usual routine of that service, but when later in 1928 he was assigned to Sungei Buloh for a three-month tour he found there a congenial task, although few would have chosen it. He stayed on until after the last war, in 1945, with a year's compulsory interruption.

He found the old type of leprosy institution, with internment enforced by armed guards. He dismissed the guards, emptied the inmate jail, succeeded in stamping out opium smoking, installed modern sanitary arrangements, and built up the institution from a miserable collection of huts to a model community—into something more like a township than a prison, one of the largest and best-equipped of leprosaria. The old atmosphere of hopelessness and resentment among the 1,500 inmates was changed radically; Ryrie's personal interest in them and his devotion to their welfare won their confidence and devotion. He appointed many of them to nursing, sanitary, administrative and other duties. Arrangements were made for education and for sports and other recreations. Mrs. Ryrie taught in the school, and took a large share in the welfare work. The patients were given the best treatment available, and Ryrie endeavored by research to improve it. He contributed particularly to the study of the racial differences of the disease as found among the native Malayans, the Indians and the Chinese.

When in 1942 the Japanese invaders reached Kuala Lumpur and most of the European civilians withdrew, Ryrie sent his wife out but refused to abandon his patients. Sharing with them the shortage of food and medical supplies, which led to famine and uncontrolled advancement of the disease, he continued with them for two years. Repeatedly during that period his life was threatened, but he was saved by the devotion of the indigenous inhabitants whose good will the invaders were

anxious to preserve. Finally, however, he was put into a concentration camp at Singapore for suspected underground activities.

Before and during his incarceration he sustained privations from which he never afterward recovered. Characteristically, after liberation he refused to be repatriated but made his way back to Sungei Buloh, although suffering from malnutrition, malaria and dysentery and refused official permission to do so. He found that much that he had built up had been destroyed. His condition, however, was such that he soon had to be sent to England. After a long period of illness he was appointed (late in 1947) medical secretary of the British Empire Leprosy Relief Association, but continued and progressive ill health compelled him to relinquish that post at the end of 1950 and he retired to his wife's home in Fifeshire.

Ryrie had a rare facility in writing, and had he not gone into medical work he might have been a successful literary man. His chief characteristic was his kindness of heart. The sufferings, physical and mental, of his patients made an appeal which he could not resist. Had his health permitted he would willingly have returned to the East and continued his work to the end. To Mrs. Ann Ryrie we extend our deep sympathy in her loss. —E. MUIR

[In an obituary in the March 21st issue of the *British Medical Journal,* partly editorial and partly contributed by Dr. Muir and by Dr. A. G. Badenoch, there are numerous further details, including a dramatic episode (also related to us personally by Ryrie during the Havana congress—when he was virtually incapacitated by agonizing neuritis—which occurred during the occupation when a certain person demanded a bribe for not reporting him to the Japanese on suspicion (well-grounded, by the way) of underground activities. Ryrie's death, Dr. Badenoch ends his statement, marks the passing of a good and faithful servant of humanity—EDITOR]