

NEWS AND NOTES

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

LEPROSY CONTROL PROJECT IN BURMA

The effects of leprosy control, at short notice, can only be measured in terms of the number of cases treated in proportion to the estimated total of cases. The idea is that regular treatment with modern drugs of a substantial proportion of cases will reduce the virus reservoir and the consequent development of new cases.

In Burma there is no question of a substantial proportion of cases being treated, since the number treated may amount to around 5,000 while the number of manifest cases is at least on the order of 100,000. The latter estimate, based on pilot surveys, indicates a prevalence of manifest leprosy to the extent of 5 cases per 1,000 of population. The immediate goal is regular treatment of 30,000 cases in 32 supervised foci. This, we believe, can be reached within two years.

First of all, leprosy treatment has been incorporated in the mass education program for the Union of Burma. This program is carried out by young men and women, many of them teachers by profession, 250 already in the field and another 300 to follow soon. This personnel, trained to give advice and set an example in respect of all kinds of educational items, know how to recognize obvious cases of leprosy and they have learned how to administer routine treatment—up to 0.1 gm. DDS, 6 days a week. Ultimately, this mass education scheme will cover the whole of the Union of Burma, including its most remote corners. In only two places, just visited, the number treated by mass education workers alone amounted already to 458.

Secondly, 16 experienced public health assistants are taking a 6-months course in the diagnosis and treatment of leprosy. These trainees will be put in charge of case finding and treatment in 16 foci where the prevalence is above the average, mostly in Upper Burma. Meanwhile, district leprosy relief associations have been founded or revived in each of these foci, and the establishment of as many shelters for treatment and care of very advanced cases and destitutes, on a voluntary basis, is in progress. All the work will be carried out under the su-

pervision of the local civil surgeons. The maintenance of the institutions, where due attention will be paid to occupation and rehabilitation, will be provided for by the government. Given funds and suitable personnel, the number of foci supervised will be increased from 16 to 32, which as said is the immediate goal for the next two years.

The third item is control of leprosy in Rangoon. The School Health Service is engaged in detecting early cases among school children. Over 150 cases, found so far in a number of schools examined, receive treatment in a "Special Skin Clinic" attached to the main child health center in Rangoon. Treatment of adult cases takes place in such special skin clinics attached to general outdoor clinics, one in Rangoon West and one in Rangoon East. Next, the establishment of a central clinic and research station, from which to direct the nationwide program, is in consideration, as is the establishment of a large occupational sanatorium and hospital near Rangoon for advanced cases and destitutes.

The name "Special Skin Disease," introduced because of the stigma attached to the Burmese version of the name leprosy, is gaining a foothold wherever proper propaganda has been made. Accordingly, leprosy asylums or colonies are now known as "Shelters for Treatment Skin Disease," the Burmese version of which is readily accepted. The new terms are easily understood, even by illiterates; they appeal to the public. (Remarks by Dr. P. H. J. Lampe, WHO Leprosy Specialist, at the Puri All-India Conference, January 4, 1953. Dr. U. Tha Saing, Special Leprosy Officer, is in charge of the implementation of this project.)

6 PREVENTIVE VILLAGES IN BURMA AND THAILAND

The establishment of what have sometimes been called the "Outside Village Colonies" in Burma and Thailand began in both countries before the war. The ones established in Burma were, especially at the beginning, much like those in certain parts of Africa. They were really branch colonies of the central colony at Kengtung City, Kengtung State, Burma. They were built where no villages had been before, and all who lived in them had leprosy except some of the children. Food and clothing as well as medicines were provided, in large part. These village colonies were established where the incidence of leprosy was found to be high, and varied in size from 30 to over 250 persons. The purpose was to prevent people with leprosy from migrating long distances to the central colony, and to prevent increase of the incidence of the disease locally.

The village colonies of Thailand, initiated by Dr. James McKean and much extended by his son Hugh McKean, were developed at the same time that the Kengtung work was established. There were, however, some important differences. Here the village was started by an improved patient returned from the central colony at Cheingmai, who gathered around him others for whose treatment he assumed the responsibility. After some time of this treatment a certain proportion of these patients built houses near together to form a sort of isolation center. This center might be a new village at some distance from other villages, or it might be a part of an already established village. No aid except for medicine was given these people. Family units were gathered together, and many individuals might not have leprosy at all, although one member of the family was sure to need treatment.

Besides those who lived in the village so developed, many others from far and wide come for treatment. There is no restriction as to who may or may not come. The land obtained is usually by possession; that is, if a citizen of Thailand lives upon a piece of ground otherwise not claimed for three years, that land can be claimed as his own. The people grow their own crops, do their own trading, and live in every way like the other people of their area. In the case of cripples, they usually beg from the nearby villages and make a fairly good living. Often they live partly by working and partly by begging.

In Burma the land for the villages was chosen by agreement with the local officials. In a few instances this has also been done in Thailand, and it is now being done as an accepted and better way of making a colony village more permanent. Difficulties are usually met with from the local officials, but excellent support is obtained from the higher officials. During the war, of course, support and medicines were lacking both for the Burma and the Thailand villages.

The Burma villages survived the war surprisingly well. Ten years later treatment work was again resumed, despite much political unrest. The villages were all intact except one, and that one has been reestablished. There are nine of them, besides the central colony, separated by about 200 miles and all lying within this diameter. They minister to about 950 patients. At present food and clothing is supplied to only the most needy cripples. Unfortunately, the political situation prevents me from visiting these villages in Burma, but we have recently trained the man who is in charge of the active work,

and are in frequent communication with the missionary who handles the funds for us.

The Thailand villages suffered during the war but have been strengthened and enlarged during the last three years since I took charge of the McKean Leprosy Colony (Chiengmai Leper Asylum) and the supervision of the work in the 20 outside village colonies in this country. These colonies, which are scattered in areas 400 miles apart, vary in size from 22 to 375 individuals. There are 2,028 patients under treatment, and the work is still growing. The assistants, i.e., those who administer the medicines and keep the records, are all patients who have been trained in the central colony, and periodical supervisory visits are made. The cases are classified, but no bacteriological work is attempted outside the central colony.

We estimate that there are 40,000 cases of leprosy in the area served by these villages, so it is obvious that much more work needs to be done. A public health program can be pushed, and is pushed, with a minimum of equipment. The many weaknesses of the system are recognized, but it is an attempt to do something toward lowering the incidence of disease in this area.

A third form of preventive village work is being developed in Northeast Thailand, where the incidence of leprosy seems to be fully twice as great as that in the North where we are. The plan of this work is to train key missionaries (17 have taken the course) who in turn develop preventive treatment clinics in the areas where they live. Their assistants are patients of the clinics in which they work. No food or clothing or medicines other than the antileprosy drugs are given. In fact, the work is developed on a new basis—new to us in Thailand. A basis of self-support is maintained in that all patients who are able to do so pay 5 to 10 cents each week for administration charges. This pays for the assistants, cost of travel, and books for records. This work was started two years ago, and there are now 28 centers in which 4,125 cases are being treated. Each center is visited regularly every week. In only a few places are leprosy villages being established, although it can be expected that this will develop later.

—RICHARD S. BUKER

TINIAN AND THE LEPROSARIA OF MICRONESIA

Announced as published irregularly by the staff and patients, there have appeared two-page mimeographed bulletins, *Notes from the Tinian Leprosarium*, which contain some information about that institution with feature stories by patients

from the three isolation stations in Micronesia under the Japanese regime. These stories being unique, they are reproduced here in condensed form.

The Tinian leprosarium was established in September 1948 by the U. S. Navy, which then administered the Trust Territory. The first physician was Dr. Jack W. Millar, who was succeeded in 1950 by Dr. Gordon McNeilly, and he in turn in 1951 by Dr. William deShazo. When the Trust Territory was turned over to civilian control on July 1, 1951, Dr. Raymond W. Bowidat replaced Dr. deShazo, to be followed in August by John Valentine, M.B., Ch.B., of New Zealand. On January 1, 1953, the Navy again took over the islands of Saipan and Tinian, thus temporarily resuming responsibility for the leprosarium. The Trust Territory administration is obligated within 18 months to remove the institution to one or more new sites to be selected during a survey of the Territory being made by Dr. Norman R. Sloan, who spent most of December at Tinian, and Dr. Valentine.

As of January 1st, there were 108 patients at Tinian, many of them eligible for discharge, 26 patients having recently been returned to their home islands, mostly Yap, Ponape, Truk and Guam. A total of about 450 patients have been admitted since the place was started, and 340 have been discharged.

ADDENDUM: Since the foregoing was written, it has been learned that after their survey Drs. Sloan and Valentine (the latter now resigned) recommended that two small leproseries be established, on Yap and Ponape. Since these islands are in the areas of the heaviest known incidence of leprosy, visiting by relatives—an important consideration in Micronesia—will be facilitated. Under revised regulations only open cases and those requiring special care will be treated in these institutions. Treatment will be supervised by the personnel of nearby district hospitals, it being expected that an assistant medical practitioner will be in residence in each place, while a full-time leprosy officer for the Territory is recommended for epidemiological and other work.

YAP LEPER ISLAND

This story, by-lined by Venito E. Gurtamag, relates that in 1925 the Japanese doctor on Yap called a meeting of all district chiefs to decide where a leprosarium should be established, and they suggested Pikel Island "(now called Leper Island)" about 20 minutes by canoe from the east end of Yap. With lumber and carpenters supplied by the Japanese authorities and labor supplied by the district chiefs, three buildings were constructed, a men's and a women's ward and a storeroom.

On July 16, 1925, the chiefs gave a grand opening party, games, dancing "and plenty of good food being enjoyed by all present." The 10 patients then sent to the island ultimately increased to about 30, several of

them from distant places including Saipan, Rota and Okinawa. The patients were not allowed to leave the island, so Chief Waayan sent a man to look after them and to serve as contact man with the authorities, and he issued the supplies which the latter provided monthly.

During the war supplies became short and the chiefs provided food, but when the hostilities prevented that the patients "had to eat leaves off the trees to keep themselves alive." Some deserted to various districts on Yap, and any which the Japanese found were killed.

When the Americans gained control there were still 20 patients at the colony; food was then provided, and the chiefs sent men to repair the buildings damaged by bombs. In September 1948 they were called upon "to get all the lepers from the various districts," and about 65 were located and taken to Tinian. "From that day until now they have received free medical care and are a very happy people."

ELE LEPROSARIUM, MARSHALL ISLANDS

This story is by-lined "by Kieksor Tamura and Sane Limy, as narrated to C. S. Nakama." The leprosarium on the island of Ele, just south-east of Jaluit, was established in 1927. Kieksor, a Marshallese male, was sent there in 1933 at the age of 10, as a suspect found by a Japanese physician in a routine check-up at school; Sane, a Ponapean female, was sent from that island to Ele in 1939 at the age of 29.

The population of the leprosarium was approximately 27 patients, Marshallese, Ponapeans and Trukese. They were given a red pill once a day, and seemed to derive some benefit. The food was adequate, although limited in variety. The Japanese doctor and nurse were kind and appeared to have the welfare of the patients at heart.

When Ele was bombed by American planes early in 1945, the patients escaped by canoe to the neighboring island of Pakse, but that island was soon bombed in turn and they sought haven on Bokkan. In 1948 eight patients were sent from there to Tinian, of whom five have been returned to their homes as arrested cases, while one has died. Contentment with the life at Tinian is expressed, and anticipation of return home after complete arrest.

THE LEPROSY ISLAND IN THE PALAUS, NGURUR

This story, by Paulos M. Smith, follows closely the pattern of the first one. In 1929, a Japanese physician having discovered several cases in the Palaus, called a meeting of the district chiefs to decide where a leprosarium should be established and Ngurur Island, about one hour by canoe from the western end of Koror, was chosen. The district chiefs provided materials and labor for the construction of 9 houses for the healthy people who were to work among the patients, and the Japanese authorities built 3 wards and a storehouse.

On January 10, 1930, when the first 18 patients were to be sent to the leprosarium, their families and friends gave a farewell party. The families took the parting so much harder than the patients that the doctor permitted them also to go to Ngurur for a few months. The authorities sent food and medical supplies once a month, the treatment being "one capsule per day, probably chaulmoogra oil." After a year, seeing that they were getting no better, some of the patients became despondent and hanged themselves on trees.

When supplies became short during the war and the vegetables in their little gardens were gone, the patients "resorted to leaves of the trees for food." Finally many left Ngurur and hid in the districts of Babelthuap, from which most of them had come, and a few of these were found by the Japanese and killed.

By 1945, when the Americans brought food and medical supplies, there remained only 3 patients and 2 nonpatients of the former 20 inhabitants. The patients transferred to Tinian in September 1948. The narrator, who was admitted to Ngurur in 1932, is the sole survivor of the former patients.

LEPROSY AND LEPROSY INSTITUTIONS IN KOREA

Information in hand about the leprosy situation and institutions in Korea has derived from two different sources, with certain conflicts and uncertainties. Dated March 1, 1953, is a mimeographed circular (hereinafter referred to as the "official" report) received from Dr. Y. S. Yun, chief of the Chronic Disease Section, Ministry of Health, Republic of Korea. Previously, Dr. Joon Lew, spoken of as the founder and executive secretary of the Korean Antileprosy Association, who is at present in the United States on a study fellowship, had supplied information (the "Lew" data) which was published in the *Carville Star* and in *Leprosy Briefs* of the Leonard Wood Memorial. An attempt is made here to correlate the two, with precedence given the former with respect to the following general statement and otherwise. Both reports, of course, pertain to South Korea; information about North Korea is lacking, but it has long been known that the leprosy problem there was a relatively small one.

The total number of cases is estimated to be approximately 45,000, or about 2 per 1,000 of the population (the Lew data: 1:1,000). About one-third of them "have been segregated in several leprosaria and settled in more than 30 different colonies. The Government has to feed and support them, and give them medical care."¹ The others still live with their families, in the villages and cities.

General figures, based on 13,000 cases in 1951, are as follows: 50 per cent are of the relatively young age-group, 20-29 years; 40 per cent are females; 51 per cent are of the lepromatous type; 40 per cent are disabled; 90 per cent are farmers. Based on the patients in the Sorokdo leprosarium in 1952, the average duration of the illness from onset until death is 19 years; the average age is 43 years.

One of the serious problems is the children of leprosy patients who

¹ That the medical support is limited is suggested by a recent report, ascribed to the *Army, Navy, Air Force Register*, that 20,000 tablets of a sulfone had been donated to Sorokto by the Infantry Center Chaplains Office of Ft. Benning, Georgia, in response to an appeal from a U.N. medical representative who was administering the institution.

have not developed any sign of the disease. About one-third of them (if the ambiguous statement is interpreted correctly) are "isolated completely"; the rest of them live with their families because no facilities for them are available. (The figure 800 as given would seem to be the total of such children, but that would be very small for over 16,000 known cases, and the table shows that 794 are "under observation" in the institutions listed.)

Regarding the number of institutions (nothing being known of the "more than 30 different colonies" mentioned above), the official report lists a total of 13 leprosaria—including four that can be definitely identified as the well-known older ones that existed before the war—and two preventoria, while the Lew report lists a total of 18 institutions, apparently all leprosaria. Of the other 9 newer leprosaria in the official report, only 5 can be identified in the Lew list, and there are slight differences of spelling of the names of 3 of them. That leaves 4 in the official list, and 9 in the other, which cannot be correlated, and there is no aid in the stated numbers of patients because Lew gave only round numbers apparently referring to the 1951 data (total about 13,000), whereas the seemingly exact official 1952 figures are higher in all instances. Furthermore, in most instances Lew indicated the towns near which the leprosaria are located (it may be that in some instances he used only the town name), whereas the official one does not; it lists the institutions by provinces, which does not help. Seven provinces are shown to have from 1 to 3 leprosaria in each; two provinces and Seoul city are included in the list but without any data. The total number of segregated patients is 16,289, (10,112 males and 6,177 females), which together with the 794 children (436 males and 358 females) makes a total inmate population of 17,083.

As for the establishment of the post-war institutions, the story which gives the Lew data speaks of them as temporary agricultural establishments and conveys the impression that the initiative was with his Anti-leprosy Association, but it is also said that they are supported by Protestant and Catholic missions, with some help from the government. The official report indicates that 4 leprosaria are national (N), 5 are provincial (P), 3 are missionary (M), and 2 are private (Priv.). The Lew story speaks in passing of two preventoria, and the names and figures of two such institutions are in the official tabulation. The inmates in them are included in the figures cited above. In the following list the official spelling is used first, the Lew spelling in parentheses when it differs; the numbers of inmates are the official ones (patients plus children) except of course in the third list.

The older leprosaria:

Kang-sang Won (N), commonly called Sorokdo, established (1916) and operated by the Japanese authorities, located on Little Deer Island in the south; 5,729 and 96 inmates (leprosy cases and "untainted" children under observation, respectively).

Sang-ai Won (P), near Pusan, this apparently being either the missionary asylum established by Rev. J. Noble Mackenzie or one that has replaced it (now listed as "provincial" and dated as 1946); 1,578 and 44.

Ai-yang Won (M), near Yosu, established (1912) by Dr. R. M. Wilson; 1,167 and 36.

Ai-rak Won (M), near Taegu, established (1913) by Dr. A. G. Fletcher; 1,161 and 34.

New leprosaria, in both lists:

Sung-ke Won (N), near Pupyung; 568 and 30.

St. Lazarus (M), near Shikung; 213 and 8.

Ai-kyung (Aichung) Won (P), near Chunju; 466 and 36.

So-sang (Sasaing) Won (N), near Chonju; 1,175 and 63.

Ai-sang (Aisaing) Won (N), near Taegu; 997 and 26.

New leprosaria, official list, not identified in the Lew one:

Chung-ai Won, in Chungchong Puk-do (P); 426 and 13.

Ho-hae Won, in Chulla Nam-do (P); 407 and 22.

Sin-sang Won, in Kungsang Nam-do (Priv.); 287 and 14.

Kyung-nam Colony, in Kungsang Nam-do (P); 2,115 and 183.

New leprosaria, Lew list, not identified in the official one: Pakai Won, near Pusan (900); Aikaeng Won, near Taejon (400); Kyunju (80); Wai-guan (100); Korgung (100); Milyang (100); Chinju (150); Haman (100); Guangju (250).

Preventoria (official list):

Sam-Yuk, in Kyungsang Puk-do (N); 135 children.

Tong-Myung, in Kyungsang Puk-do (Priv.); 54 children.

LEPROSY ORGANIZATIONS IN INDIA

It is perhaps not always appreciated that there are now two distinct organizations in India which have to do with leprosy whose names are so similar as to be a bit confusing to outsiders. These are the Indian Leprosy Association, replacing the local organization of the British Empire Leprosy Relief Association, and the Indian Association of Leprologists, an organization of physicians working in leprosy.

The Indian Leprosy Association, the Hind Kusht Nivaran Sangh, is a general, nontechnical organization set up in 1948 [THE JOURNAL 17 (1949) 142] to take over the activities of the Indian Council of the British Empire Leprosy Relief Association after India became independent, with a new constitution designed to make it more representative. The president is the President of India, Dr. Rajendra Prasad, the chairman of the Governing Body is Rajkumari Amrit Kaur, the honorary treasurer is Mr. G. Sakharam Rau, and the honorary secretary is Sardar Balwant Singh Puri, who held the same position in the original organization. There are 23 other members of the Governing Body, most of them physicians, together with several officials, ladies and others. Membership is open to anyone interested in the leprosy problem, and enrollment may be direct or through the State branches. Ordinary members pay a subscription of Rs.10 per annum; life members pay a subscription of Rs.250. The number of members is said not to be very large, for no special recruitment effort has been made.

The Indian Association of Leprologists was originated at

the Third All-India Leprosy Workers' Conference held in Madras in 1950 [THE JOURNAL 20 (1952) 128], by the medical delegates there present. Membership in this organization is restricted to qualified medical people who are or who have been engaged in leprosy work. The current officers are: Dr. Dharmendra, of Calcutta, president; Drs. A. C. Rebello, of Bombay, and Isaac Santra, of Orissa, vice-presidents; Dr. P. Sen, of Calcutta, secretary; and Dr. S. N. Chatterjee, of Calcutta, treasurer. There are three classes of memberships: ordinary, who pay a fee of Rs.12 per year, of whom there are now 90; associate members, for medical men doing leprosy work in adjoining countries, such as Pakistan, Burma, Malaya, Indonesia, etc., who pay one-half of the regular annual fee; and honorary members, who are especially elected for life, of whom there are now four, Drs. E. Muir, Cochrane, Lowe and L. Sen. —DHARMENDRA

THE FOURTH ALL-INDIA LEPROSY WORKERS' CONFERENCE
PURI, JANUARY 4TH-6TH, 1953

The fourth session of the All-India Leprosy Workers' Conference was held at Puri from January 4th to 6th under the auspices of the Hind Kusht Nivaran Sangh (Indian Leprosy Association). As on the previous occasions it was attended by many delegates from all over India, about 200 in all, and from outside the country there were delegates from Burma and Indonesia. The South East Asian Region of WHO sent an observer.

In the unavoidable absence of Shri G. V. Mavalankar, Speaker of the House of the People, Union of India, and chairman of the Gandhi Memorial Leprosy Foundation, the chair was taken by Shri Devadas Gandhi, vice-chairman of the Gandhi Smarak Nidhi (Gandhi Memorial Fund, of which the Foundation is a department). The conference was inaugurated by Shri Saiyid Fazl Ali, the governor of Orissa, and messages for its success were received from, amongst others, Dr. Rajendra Prasad, the President of India, Shri Jawharlal Nehru, the Prime Minister of India, Rajkumari Amrit Kaur, Minister of Health, India, and Shri G. V. Mavalankar.

A special feature of the conference this year was that the Indian Association of Leprologists held separate technical sessions under its president, Dr. Dharmendra. The subjects discussed included recent advances in the treatment of leprosy, the role of BCG in the control of leprosy, and the classification of leprosy. Following discussions on the question of classification a committee was appointed to work out an agreed formula.

The detailed proceedings of the conference and of the sessions of the Indian Association of Leprologists will be reported in the April 1953 issue of *Leprosy in India*.

RESOLUTIONS

I. The resolutions adopted by the Puri Conference as a whole were, in substance:

1. The Conference learned with deep concern that leprosy is considered as ground for divorce, according to a new clause in divorce legislation.

2. Closed cases of leprosy should not be discharged from employment, provided that the patient be treated.

3. The efficiency of the various leprosy relief organizations in India would be furthered by closer coordination.

4. National social workers should be impressed with the importance of rehabilitation of cases which have been cured or declared noninfectious.

5. The International Leprosy Association should be invited by the Government of India to hold its 1958 international congress in India.

II. The resolutions adopted by the Indian Association of Leprologists, in separate session, were, in substance:

1. Children suffering from leprosy should be cared for in special homes for children.

2. Leprosy patients should be admitted to general hospitals for treatment of intercurrent diseases—noninfectious cases in general wards, and infectious cases in wards for contagious diseases.

3. The profession and the public should be made aware of the new outlook on leprosy and the merits of modern treatment.

—DHARMENDRA

THE 26TH ANNUAL MEETING OF THE JAPANESE LEPROSY ASSOCIATION

The 26th annual meeting of the Japanese Leprosy Association was held in Kumamoto, April 9-10, 1953, under the presidency of Dr. M. Miyazaki, director of Kikuchi Keifuen National Leprosarium. It was a successful meeting with an attendance of about 150 persons. Besides some 50 papers by the members of the Association, there were two special addresses and a symposium.

In one of the special addresses, "Physiology of leprosy," Ogata dis-

ussed his studies on the abnormal temperature regulation and other clinico-pathological phenomena observed in lepromatous cases. According to him the diurnal variation of the body temperature is remarkably irregular, and in the affected skin areas the axonal perspiration is disturbed earlier than the thermal perspiration.

In the other special address, "Pathology of leprosy," Suzue said that although the histopathology seen in the visceral organs of lepromatous cases hitherto have been regarded without exception as leprosy, there should also be recognized changes which really are not leprosy but are due to malnutrition or are of allergic nature. He had found lepromatous liver lesions more frequently in materials examined during wartime than in those examined in peacetime, perhaps due to malnutrition and vitamin deficiency during the wartime. Certain morphological similarities existing between the lepromatous lesions and the Aschoff nodules were pointed out.

The symposium, on erythema nodosum leprosum, was participated in by Mitsuda, Kitamura, Ishiwara and others. This symposium was a continuation of that of the last annual meeting, and nothing new was brought out.

The individual contributions covered a wide range of topics, including—introduced by Hayashi—the definitions of reactional leprosy lesions recommended by the committee on terms and definitions of the Leonard Wood Memorial Working Clinical Conference held in Japan in September 1952. The following items are mentioned.

After one year's use of INAH by most of the leprologists it has become clear that it is not particularly effective in leprosy, as compared with the other chemotherapeutics.

There was nothing new in the papers on the cultivation of the lepra bacillus, despite the endeavors of persevering old researchers such as Sato, Urabe, Nakagawa, and others. Regarding Katsunuma's so-called R. K. medium, made from chick embryo, Toda demanded the publication of the formula. (Recently this was presented by Katsunuma to the members of the Leprosy Research Committee, sponsored by the Ministry of Education, for verification.)

Kitamura compared the histological features of the Mitsuda reaction with those of the tuberculin reaction. Fujita reported a case of histiocytoma, comparing its histological features with those of lepromas. Shimizu reported his histochemical findings in various leprosy skin lesions.

According to Tanimura, mice may differ from one another in their susceptibility to the Stefansky bacillus according to the color of their hair. Nakagawa reported a promoting effect of protamin sulfate and cortisone on the development of murine leprosy. The effect of diethyldithiocarbamic acid on murine leprosy was reported on by Kase, and Shigematsu reported on the effect of vitamin D₂. According to Nishimura, the Stefansky bacillus can develop a resistance, although slightly, against INAH.

Drs. Y. Hayashi and K. Kitamura were recommended to serve as the representatives of the Association at the 6th International Congress on Leprology to be held in Madrid in October. At the same time, a committee was set up to draft a classification of leprosy to be proposed to the congress by these repre-

sentatives. This committee—Dr. M. Miyazaki, chairman, and Drs. Hashimoto, Hayashi, Kitamura, Mitsuda, Nojima and Yamamoto—made during the meeting a tentative draft of the proposals and referred it to Drs. Hayashi and Kitamura for further consideration.

The Sakurane Prize, which was newly donated to the Association by Dr. T. Sakurane, in commemoration of his father, the late Prof. Dr. Konoshin Sakurane, was awarded to Dr. Y. Tanimura for his work on the immunology of murine leprosy and to Dr. M. Nakamura for his work on the multiplication of Stefansky bacilli in rats. —PROF. KANEHIKO KITAMURA

LEPROSY MISSIONS CONFERENCE

The Mission to Lepers, in conjunction with the American Leprosy Missions, will hold in Lucknow, November 7th-16th, 1953, the first international conference of missionaries engaged in leprosy work. It is felt that the time has come when Christian medical missionaries and others engaged in such work should have an opportunity of getting together, along with representatives of those who are doing the work of securing funds. The purpose of the meeting is to discover precisely what contributions the missions can most effectively make at this stage of political and medical development, and to discuss their particular problems and concerns. It is hoped that ex-missionaries like Drs. Muir, Lowe, Davey, Innes and Cochrane will be present, and there will be some representatives from mission stations in East and West Africa, Burma, and Hong Kong, as well as a considerable delegation from India itself, also secretaries from Great Britain, Canada, the United States, New Zealand and other places. There will be other visitors, including the Minister of Health of India and other officials.

NEWS ITEMS

New Caledonia: Conditions at Noumea.—The conditions that recently existed at the Ducos leprosarium, near Noumea, the principal one in New Caledonia, were reported in *L'Union Française de Paris* from an interview with Col. André Melin. A retired aviation officer, he had joined the French overseas service and was assigned in charge of Ducos, for the improvement of which funds had been appropriated, and he served there for three years. "Believe it or not," he said in effect, "in five leprosaria which I know food supplies are distributed to the patients only once in four months. Imagine the condition, in hot countries, of sugar, salt and flour in sacks after only one month!" At Ducos itself he found the buildings in ruins, the place repulsively filthy, the patients abandoned to the horror of their malady and living in depressing idleness, misery and apathy. As for the medical care, this was left to the devoted French nursing Sisters, under the control of a physician who was changed every two or three years and who, hopeless for lack of modern means of treatment, visited the place only two short mornings a week. And of the six French Sisters who were there then, two had contracted leprosy, one was tuberculous, and a fourth had lost so much weight that she was sent back to France, dying en route. Funds being available, Colonel Melin was able to improve the place by new quarters and otherwise, to install a cold chamber, frigidaires and kitchens, and to provide fresh vegetables, meat and milk. Most of the story tells of the various measures taken to improve the spirit of the inmates, in which he was evidently successful; nothing specific is said of what was done about the medical and nursing services, but apparently they were also improved. The report ends with a statement ascribed to Dr. Albert Schweitzer: "I was, and I remain, convinced that all humanitarian tasks in colonial lands are incumbent not only on the governments and the religious orders, but on humanity as such!"

Philippines: Anniversary celebration at Culion.—On the initiative of the Culion Advisory Board—a body elected by the patients to represent the various regional groups (Tagalogs, Ilocanos, Visayans, etc.) which in various ways aids the administration in internal affairs—and with the participation of the staff, May 28 was celebrated as the 47th anniversary of the opening of the colony, when there arrived the first "expedition" with patients, accompanied by the first group of Sisters of Charity to work there. The events were a parade and a program of music and speeches in the morning, a dance in the evening, and later a theatrical production put on by a visiting Jesuit priest. It was intimated that an elaborate celebration is planned for the 50th anniversary, three years hence. The spirit displayed throughout was very different from what would be expected by those who see nothing but the "horrors" of segregation on a distant island.

Taiwan: Improvements at the leprosaria.—Dr. G. Gushue-Taylor, who during his many years of work in Taiwan (Formosa) built the Happy Mount Colony, spent some months there again last year and was enabled to effect several improvements. At Happy Mount, where there were 34 patients although 80-90 could be accommodated if sufficient funds were

available, the buildings had stood up well despite the ravages of time, the war, and Japanese and Chinese soldiery, but a good deal of minor repair work was needed and was done. The China Inland Mission provided foreign workers for the place, Dr. A. Dorothy Harris (physician), Miss M. J. Leister (administrator), and Miss Ruth Duncan (nurse). At the government leprosarium, where there are 700 patients, a substantial church costing over US\$7,600 was built. No foreign personnel for that institution could be obtained, although needed; in 1952 there were 17 suicides there. Mrs. Lillian R. Dickson, missionary wife of Rev. James Dickson, has taken much interest in the place and, although neither doctor nor nurse, has given some medical and much physical help and comfort to the patients. She has been instrumental in building, with aid from American official bodies in Taiwan, a small home for children of leprosy parents, and also supports such children at Happy Mount.

Okinawa: An appeal for aid to the leprosy colony.—Through the chaplain of his outfit, an American soldier stationed on Okinawa appealed to the Chamber of Commerce of his home town for help for a colony near his station. "Our regiment has adopted a village of 900 people. . . . However, we have now discovered that their needs are too great for us alone to fill. . . . You see, all 900 of these people—men, women and children too—have leprosy." Another newspaper clipping is a photograph of a large, crated bell, with the legend, "Gift to Lepers. Dr. Rolf von Scorebrand watches two-and-a-half ton bell, gift of Germany, unloaded in New York for trans-shipment to the Ryukyu Islands Leprosy Relief Association." For a time, until last year, Dr. von Scorebrand served as civilian health officer for the American authorities, since when he has been heard from, or of, as visiting Japan, the United States and—apparently—England where he sought an appointment for leprosy work of the Mission to Lepers.

China: The Tai Kum colony.—Recollections of this institution, developed by Dr. John Lake and associates on an island off the China coast not far from Macao, have been written by Dr. Jim Lum and supplied by Dr. Neil D. Fraser. Dr. Lum went there in 1930 and supervised the completion of the 20 concrete buildings which were replacing the previous matsheds for the 250 patients. The island is quite large and fertile, and the waters abound in fish, so that the people made the place almost self-supporting; but it was far from safe—not counting typhoons—because it was infested with pirates and brigands until Canton authorities took action. After he gave up active supervision in 1934, Dr. Lum continued to visit the place occasionally until 1938; at that time the Japanese cut off contact, except that American Baptist missionaries brought supplies in boats flying the American flag. After war was declared and the foreigners were interned the situation worsened, and many of the patients who would not work for the Japanese were either deported or summarily killed. After the war, steps were taken to re-start the leprosarium and progress was made until 1950, when again communications were cut off—this time by the Chinese communists. It is not known whether the leprosarium is still in existence.

India: Leprosy a cause for divorce.—In a projected Hindu Marriage Act leprosy was included among the grounds on which divorce might be sought. This caused the Indian Association of Leprologists, at the Puri conference in January, to pass a resolution of protest [see p. 387, this issue],

in which it was said, "Considering the low infectivity of leprosy and its non-hereditary nature. . . there is not only no justification for inclusion [of this cause] but it will nullify most of the good work done during the past last quarter of a century in the reorientation of public opinion on this subject." The Association then put out a pamphlet, with an introduction by Dr. P. Sen, the secretary, emphasizing its opposition and giving reasons therefor. Among other things it was pointed out that, of the estimated 1,200,000 cases in India, only about 20% are open and considered contagious. (Information is lacking as to the outcome of the matter.) Y

Proposed abolishment of the Gobra hospital.—It was reported in January that the West Bengal government had decided to abolish the Albert Victor Leper Hospital at Gobra (Calcutta), because the patients were regarded as actively infectious or potentially so, and therefore should be put in a place where they could be kept practically for the rest of their lives; because Gobra had become an inhabited area and it was deemed desirable that the patients be put elsewhere; and because it had been decided as a policy to concentrate all leprosy cases in one district, Bankura. This decision caused protest as being not only impractical with respect to the concentration of all cases of the province in one place, but also being basically contrary to modern concepts and the modern approach to the problem. Another report, that in place of the Gobra hospital some provision would be made for the treatment of leprosy patients at the Infectious Diseases Hospital, also drew criticism on the ground that because of its mild and peculiarly chronic nature leprosy should be dealt with completely differently from acute infectious diseases.

Appeal for a new leprosy hospital in Trichur.—A letter from Fr. Paul Chittilapilly tells of the conditions existing in the state and the town of Trichur, in South India, and of an effort which is being made to alleviate them. In the state there are about 50,000 cases, of which 10,000 are believed to be infectious and needing isolation and treatment, whereas the four existing leprosaria have accommodations for only 1,600. "The rest are left free to wander helpless and homeless in the streets of big towns. Hundreds of [them] can be seen cooking their food in the public parks and in the market places, polluting the tanks and wells by bathing and washing their clothes, sleeping on the verandahs of shops and houses, etc. Once they staged a demonstration asking for food and shelter. . ." but the government could do no more, and hence it is incumbent on private agencies to do something. Hence, with the blessings of higher Catholic authorities, Fr. Chittilapilly is endeavoring to secure support for a new hospital, called the Damien Institute, located at Gathasemane Valley, Mulayam Road, Trichur. All types of help are needed, including money for buildings and other things, medicines, books, instruments, laboratory apparatus, and also personnel; they would like to get one doctor and two nurses from abroad for at least two years, to start and organize the work.

Gold Coast: Public warned of leprosy "cure".—It has been reported from Accra, Gold Coast, that after the theft of a quantity of sulfone tablets the Ministry of Health had advised the public not to buy "leprosy cures" because the drug is dangerous unless taken under a doctor's guidance. The ministry believed that the thieves would try to sell the tablets "as a cure for leprosy and a powerful cure-all for other diseases."

Sweden: Polyneuritis in isoniazid treatment.—From the neurological department of the Serafimer Hospital there has come a report of polyneuritis as a sequel to prolonged treatment with isoniazid. Drs. Olle Höök and T. Bruce had found that in about 8 per cent of the patients given this drug for around two months (average) there developed lesions of the nervous system with paresthesia in the hands and feet. The polyneuritis affects mainly the sensory nervous system and is distributed symmetrically, the lower limbs suffering most. The condition appeared to pass off quickly after the drug was withheld, but no conclusions regarding the ultimate prognosis could yet be drawn. (*J. American Med. Assoc.* 152 (1953) 473, May 30, Foreign Letters.) [It would be interesting to know if leprosy patients, already with peripheral sensory disturbance, have any aggravation of that condition while under treatment with isoniazid.]

England: Milk-bottle tops for the Mission to Lepers.—In England, it appears from an item in *Without the Camp*, milk-bottle tops have sales value, and the Mission has appealed for them. So many had been sent in that they could not be coped with in the limited floor space of the London office, so arrangements had been made for them to be received by a merchant in Manchester.

Argentina: Revista argentina de Leprologia.—This new special periodical published by the Public Health Service of the Argentine Republic, under the direction of Dr. Leonidas Llano, and with Dr. Héctor Fiol and Dr. Ernesto T. Capurro as secretaries, appeared in April 1953 although dated January-June 1952. The first item is an editorial note giving the reasons for the new publication. [Abstracts of the seven articles will be found in the Current Literature section of this issue of THE JOURNAL.] There is a report on the Congreso Internacional de Quimioterapia y Antibióticos, and after it a bibliography section. Reports on the Third Pan-American Leprology Congress, held in Buenos Aires in December 1951, and of meetings held at the Sanatorium Baldomero Sommer, close the number. (G. Basombrio.)

Brazil: Dr. de Souza-Araujo's activities.—From March 8 to June 16, last, Dr. H. C. de Souza-Araujo gave his regular course of leprology at the Faculdade de Ciências Médicas of Rio de Janeiro, attended by 64 students of the sixth-year course of the medical school. As delegate of the Academia Nacional de Medicina of Brazil Dr. de Souza-Araujo will in August attend the V International Congresses of Tropical Medicine and Malaria, at Istanbul; in September the VI International Congress for Microbiology, at Rome; and in October the VI International Congress of Leprology, at Madrid. He was invited to participate in the Superior International Course of Tropical Medicine and Malaria, organized by the Conseil International des Sciences Médicales, to be held in Istanbul August 25th-27th. (H. C. de Souza Araujo.)

Leprosy patient becomes a priest.—In Rio de Janeiro a young man who was studying for the priesthood developed leprosy and went to the Santo Angelo colony in São Paulo. He continued his studies both there and after he was transferred to the Fray Antonio hospital in Rio de Janeiro. At both places the chaplains helped him, and each year he took and passed the necessary examinations. Finally, through the intercession of the Arch-

bishop of Rio de Janeiro, the Holy See granted the necessary dispensation for his ordination as a priest.

Cuba: Success with DDS.—It is said that in Cuba the same encouraging results with DDS are being obtained as is reported from elsewhere. In recent months 17 patients from the San Lazaro Hospital near Havana were discharged for outpatient dispensary observation and treatment after at least twelve negative monthly bacteriological examinations.

United States: Filipina war heroine facing deportation.—Mrs. Josefina ("Joey") Guerrero, who after the recent war received the American Medal of Freedom for heroic underground service in the Philippines to prisoners of war and the liberating forces, and who under special dispensation was permitted in 1948 to enter the United States for leprosy treatment at Carville, is again in risk of deportation. Having only a temporary visitor's permit, her status has long been precarious. In May of last year—not for the first time; see *THE JOURNAL* 19 (1951) 357—a private bill was introduced into the congress to grant her American citizenship. That proposal was objected to by the Department of Justice, which suggested that the bill be altered to declare her a legal immigrant, after which she could apply for citizenship in the regular way. Action having been sidetracked, in November she was served a notice of a deportation hearing, but apparently that action was deferred, as had been an earlier one. Then in July once again she was given notice of a hearing, ironically on the same day that she received a diploma for which she had studied for four years; a few days later it was announced that she was in no immediate danger of deportation, pending action on yet another bill in her favor which had been introduced in congress; but within a month an official of the immigration service ruled that she would have to leave, at her own expense or by deportation.

Western Samoa: A new leprosarium was established in American Samoa in September 1953. This is located on the main island of the group, Tutuila. All patients formerly sent to and treated in Fiji, 25 in number, are now under treatment at the newly-established leprosarium.

Leprosy legislation proposed.—There has been introduced in the U. S. Senate a bill proposing that the Public Health Service intensify its program and lead in a campaign against leprosy. The service would: (a) conduct an information campaign to promote a more accurate understanding of the disease and its care, (b) operate five new leprosaria which would be built, (c) provide for treatment of veterans with leprosy in Veterans Administration hospitals and nonveterans in other approved hospitals, (d) establish rehabilitation and reemployment programs for leprosy patients who are discharged from the hospitals, and (e) arrange with and select private physicians for home treatment of leprosy patients, who would be under legal obligation to remain under specified treatment until the disease is arrested and thereafter to have periodical check-ups. Allowance for patients and their dependents, together with compensation for disability incident to leprosy, would be provided. Funds for a research program would be authorized. (From an item in *J. American Med. Assoc.* 152 (1953) 169-170, supplied by Sr. Hilary Ross.)

Betty Martin's "Miracle at Carville."—Permission has been granted for the translation into Spanish and German of the book relating the ex-

periences of "Betty Martin" with leprosy. A physician in Colombia planned to do that for publication and also for use on the radio, and a Franciscan priest in Cincinnati, Ohio, believed that the book would be well received by German-speaking peoples. Furthermore, the Tokyo office of the *Reader's Digest*, in which a condensation of the book had appeared, had been asked by the Yoshitomi Chemicals Co. of Osaka, which manufactures one of the brands of promin used in Japan, for 10,000 reprints of that article to be distributed to the 6,000 patients in the national leprosaria and to those who were unhospitalized, for their encouragement.

Adaptation of the typewriter for the blind.—Blind patients in the occupational therapy department at Carville, who were studying to operate the typewriter by the touch system—typing being considered one of the best exercises for the hand and finger muscles—had difficulty in keeping themselves oriented on the keyboard. Blind persons whose sense of touch is normal do well in this work, but persons with leprosy often have the added handicap of loss of tactile sense. The idea was conceived of orienting them to the "home keys" by sound, through an electrical arrangement which would identify the letters F and J, the home keys for the index fingers. The electrician of the institution devised a simple but ingenious arrangement whereby, when either of these keys was depressed, it would sound a buzzer. This device, described in detail in the June 1952 issue of the *Star*, had been giving satisfactory service since the fall of 1950.

Exhibit on acid-fasts in proliferative diseases.—One of the demonstrations that had been announced for the scientific exhibits of the New York meeting of the American Medical Association held last June was entitled Microbiology of Proliferative Diseases. The exhibitors were Lawrence W. Smith, Virginia Wuerthele-Caspé, George A. Clark, Eleanor Alexander-Jackson and Joseph Patti, of the Cancer Research Laboratory of the Presbyterian Hospital, Newark, N. J. The announcement stated that the exhibit would illustrate (1) cultural and morphological characteristics of certain pleomorphic acid-fast organisms recovered regularly from the blood and tumor tissue of cancerous patients; (2) pathological changes, including malignancy, induced in animals by these organisms on serial transfer, directly and through eggs; (3) experimental heterologous (human) transplants into experimental animals; (4) effect of vaccines and immune serums developed from the above-mentioned organisms *in vitro* and in experimental therapy in both animals and man; and (5) response to certain antibiotic and chemotherapeutic agents. (*J. American Med. Assoc.* 151 (1953) 1341.)

Exhibit of leprosy bacilli in the fingernail.—Another exhibit to be shown at the American Medical Association meeting, announced by Dr. Thomas C. Laipply, pathologist, and Dr. Cleveland J. White, dermatologist, both of Chicago, was of histological preparations of the nails in various diseases. In a case of advanced nodular leprosy with involvement of the nails, the leprosy bacillus had been demonstrated deep in the nail keratin.

Treponema immobilization test investigated.—There is reason to believe that the *Treponema pallidum* immobilization test may provide a means whereby actual syphilis infections in leprosy may decisively be distinguished, something heretofore most difficult to do because of the false positive serological reactions which are so common in that disease. This

test, apparently first reported on by R. A. Nelson, Jr. and associates of the Johns Hopkins University [*American J. Syph.* **34** (1950) 101-121; 405-409], is so complex and exacting that it is still under investigation, and as yet it is being used in only a few institutions and only on an experimental basis. The first tests of leprosy sera by this method were made by the investigators mentioned. They were supplied from Carville a lot of 80 sera which were persistently positive by ordinary serological methods; they found only 8 of them positive, and those patients, only, were regarded as syphilitic. These sera were used only to help evaluate the test, and the results have not been reported. Later, similarly positive sera from expectant mothers were sent to the same laboratory for diagnosis, and in all instances they were found negative for syphilis. Recently the U.S.P.H.S. Communicable Disease Center in Atlanta, Georgia, has taken the matter up in a joint study of a larger number of sera sent there from Carville and also by the Department of Health of Mexico. It is understood that an independent inquiry will be made in Hawaii, the tests to be made at the U. S. Navy hospital at Pearl Harbor.

† *International science journal in Interlingua*.—Science Service, of Washington, D. C., has announced publication of an international science journal, *Scientia International*, written in the international auxiliary language, Interlingua. A monthly edition of the Science Service's weekly magazine, *Science News Letter*, this new publication is intended to carry information about science progress to areas where English is not the usual language. It is said to be readable at sight, even without study. The yearly subscription price is \$2. (Science Service has suggested that summaries and abstracts in THE JOURNAL should be in this language.)

♣ *Leprosy continues to decline in Hawaii*.—The annual report for 1952 of Dr. Ira D. Hirschy, director of the Hansen's Disease Division of the territorial health department, indicates a continued decline in the number of new cases found. The figures cited are: for 1949, 33 cases; for 1950, 34 cases; for 1951, 23 cases; and for 1952, 21 cases. Of the 21, only 12 were admitted to the Hale Mohalu hospital as active, the other 9 being inactive. At the Kalaupapa Settlement there were 158 active cases against 160 in 1951, and 77 inactive ones against 80. There was a slight increase of active cases at Hale Mohalu, from 85 to 94. The total numbers of cases in the Territory at the end of the year were 252 active and 199 inactive.

PERSONALS

DR. ROBERT G. COCHRANE has been appointed technical medical advisor of the American Leprosy Missions, Inc. An announcement issued by that organization says, "Dr. Cochrane's services will be available to all doctors working in leprosy colonies or clinics connected with Protestant missions and to any others who may solicit his advice. He will continue for the present to maintain an office and a laboratory in London, but will make periodic trips to Asia, Africa, South America and the United States."

DR. DAVID C. ELLIOTT has been transferred from the regional office of the Veterans Administration in Harrisburg, Pennsylvania to the regional office of the same organization in Manila, Philippines.

DR. MARIO GIAQUINTO, who has been with the World Health Organization for three years as medical officer and team leader in the Iran malaria project, has joined the headquarters staff in Geneva as from June 8, 1953.

Born in Rome in 1902, he studied at the Royal University of Rome where he qualified as Doctor of Medicine and Surgery in 1924. He later obtained his diploma of malariology and professorship in Tropical Medicine. Dr. Giaquinto was first connected with the Rockefeller Foundation in Rome and afterwards became expert malariologist and later chief of the Section of Tropical Endemic Diseases in the Public Health Service of the Republic of Guatemala, where he was also for two years a member of the "Consejo Superior de Sanidad." During the same period he was also appointed as professor of malariology at the "Universidad Nacional de Guatemala" and as corresponding member of the Committee of Experts in Malaria for the League of Nations. From 1936 to 1941 Dr. Giaquinto was medical inspector for the Italian Ministry of Colonies, concerned with the organization of medical services in Italian East Africa, being then concerned also with the organization of antileprosy activities. From 1941 to 1949 he was director of the Ethiopian Medical Research Institute, also carrying out epidemiological surveys in the country, and member of the Superior Board of Health of the Ministry of Health of Ethiopia. (Official information.)