

NEWS AND NOTES

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

X LEPROSY IN NEW GUINEA; LEPROLOGIST NEEDED

Leprosy occurred in epidemic proportions in the New Hanover sub-district of the district of New Ireland in the 1920's. About the same time a survey in the British Solomon Islands showed that in excess of 1 per cent of the population had the infection. A similar widespread survey to that carried out in the British Solomon Islands has never been undertaken in Papua and Australian New Guinea. Spot surveys, however, show that the disease is as widespread as in the Solomons, and infection rates in excess of 3 per cent have been found in some areas.

The administration of the Territory of Papua and New Guinea has established as a policy that the religious missions, fully subsidized by the administration, will be requested to control institutions for the treatment and segregation of sufferers of the disease. It is planned that eight such institutions will eventually be constructed. One major institution, Anelaua in New Ireland was in existence before the recent World War and still functions in the New Hanover subdistrict. Three others have been partially constructed and have received patients—Togoba in the western highlands of New Guinea, Ubuia in the Trobriand Islands off eastern Papua, and Bogia in the Madang District on the north coast of the New Guinea mainland. Over 1,200 sufferers are now hospitalized in these institutions. The effectiveness of modern therapy has been such that almost all of these patients volunteered for hospitalization.

The director of the Department of Public Health points out that it is significant that, in the densely populated Central Highlands, where tuberculosis is nonexistent, leprosy is a major disease problem. Following certain trends the administration has, by legislation, adopted "Hansen's disease" as the name for this complaint.

The Department of Public Health of the Territory of Papua and New Guinea is seeking the services of a Specialist Leprologist to implement its policy. The duties of this officer will be to conduct or initiate surveys, to inspect the mission-managed institutions, and to lay down the criteria of diagnosis, treatment and arrest of the disease. The officer will be required to travel widely in the Territory and will be encouraged to initiate research, especially into the possibility of establishing village outpatient clinics, and for the care of the maimed who no longer require drug therapy.

Any reader who may be interested in the position of leprologist in the public service of Papua and New Guinea can obtain further particulars from the Secretary, Department of Territories, Canberra, A. C. T., Aus-

tralia. The salary applicable to the position is Australian £2,648 per annum, U. S. \$5561, with additional £100, U. S. \$210, per annum for a married man. Married accommodation is available.

Applicants are required to be graduates in medicine (M. D., M. B. B. S., or L. R. C. P.), to possess in addition the Diploma of Tropical Medicine and Hygiene, and to have had wide experience in the treatment of leprosy under tropical conditions.

INTERNATIONAL CONGRESS OF CLINICAL PATHOLOGY

An International Congress of Clinical Pathology was held in Washington, D. C., September 6-11, 1954, simultaneously with meetings of the International Conference of Geographic Pathology and the International Association of Medical Museums. Three of the papers read in a symposium on granulomatous diseases were about leprosy. The following is a condensation of a report by Dr. Chapman H. Binford in *Leprosy Briefs*, the periodical of the medical director of the Leonard Wood Memorial.

1. The Relative Incidence of Different Types of Leprosy in Certain Races. By Dr. V. R. Khanolkar, Bombay, India.

A study of the relative incidence of the lepromatous type in different races shows that the West Europeans and North Americans are especially prone to develop that malignant type. Even in races in which the disease has been prevalent for centuries, e.g., the Mongolian and Burmese, that type is also the most prevalent. In the peoples of India and Africa, on the other hand, the more benign tuberculoid type is much more common. There is, further, a striking difference in the frequency of some of the complications of the disease between different races and also between different people in the same country. It is suggested that a simple morphologic difference may play an important role in the determination of these anomalies.

2. Clinicopathologic Patterns in Leprosy That May Be Related to Geography. By Dr. George L. Fite, Bethesda, Maryland.

Leprosy can scarcely be discussed without reference to its variations in different geographic areas. Whether these variations relate to climate, diet, race or economy is not known. In a disease so multiplex it is not surprising that geographic variations are reflected in predominances of different pathologic-histologic patterns in different areas. The slightly elevated, broad, infiltrative, lepromatous lesions seen in Africa are uncommonly encountered in the Americas, or in the Caroline Islands, where the indolent tuberculoid lesion is the common variety.

3. Tuberculoid Leprosy: Can a Pathologist Distinguish It from Other Granulomatous Diseases of the Skin? By Dr. Chapman H. Binford, Washington, D. C., and Dr. Lawrence L. Swan, New Orleans, La.:

Although leprosy is rare in many areas, the pathologist should maintain an awareness of its protean manifestations if he is to be of real assistance when a specimen from a suspected or nonsuspected case is sent to him for diagnosis. Tuberculoid leprosy, because of its similarity to other granulomatous diseases of the skin, presents an especially troublesome problem. In this presentation its histologic features are compared and contrasted with Boeck's sarcoid, tuberculosis and other granulomatous conditions of the skin.

An exhibit illustrating the histopathology of the different types of leprosy and the complications of the disease was presented by the last authors.

✓ U. S. P. H. S. PLANS FOR LEPROSY RESEARCH

The U. S. Public Health Service has given careful consideration to the possibilities of expanding research in leprosy. In March 1954 an Inter-bureau Advisory Committee on Leprosy had a two-day meeting at Carville. This body was composed of representatives of the Service headquarters in Washington, the Armed Forces Institute of Pathology, the National Institutes of Health, the Leonard Wood Memorial, the Communicable Disease Center in Atlanta, and the Federal Leprosarium where they met. On one of the days they had a meeting with certain other officials in Louisiana and members of the Tulane University Medical School faculty. As for the results, the following is copied verbatim from *Tropical Medicine and Hygiene News* of the American Society of Tropical Medicine and Hygiene:

"Upon recommendation of the Interbureau Advisory Committee on Leprosy of the Public Health Service, the Surgeon General has approved the following:

"Basic research is to be encouraged, especially on bacteriology and immunology of leprosy. The Research Grant programs of the National Institutes of Health afford the opportunity to encourage studies in universities and other nonfederal facilities. In addition, the Service has a responsibility to utilize the research opportunities available at the Public Health Service Hospital, Carville, Louisiana (National Leprosarium).

"The Bureau of Medical Services will place more emphasis on clinical investigation at Carville, and for this purpose will add to the staff one medical officer, one medical technician and one clerk-stenographer.

"The Bureau of State Services will undertake research at the Communicable Disease Center, Atlanta, Georgia, emphasis being placed at first on attempts to cultivate *M. leprae*; extension will depend upon results achieved and availability of funds.

"Medical officers with special interest and competence in the field of leprosy may be assigned to Carville for an indefinite period to permit development of exceptional clinical skills or long-term research projects."

From unofficial sources it has been learned that Dr. Morris Schaffer, of Tulane University of Louisiana, has been given a renewable grant of \$11,000 for bacteriological research. Dr. Charles C. Shepard, of the Virus Diseases Laboratory in Montgomery, Alabama, has twice flown back there from Carville with material for tissue culture work. Dr. Alan S. Rabson, of the P.H.S. Hospital in New Orleans, is doing tissue culture work with suckling mice, getting inoculation material from Carville as needed. Dr. Rudolph Muelling and Dr. Catherine Goetz of Louisiana State University have completed a protein partition study in collaboration with Sister Hilary Ross of Carville and Dr. Lawrence Swan of the P.H.S. Hospital, New Orleans. Dr. John S. Shuttleworth of the clinical staff (now transferred) and Sister Hilary Ross have completed a study of amyloidosis in the Carville patients.

THE AMERICAN LEPROSY MISSIONS' CONFERENCE

Last year the American Leprosy Missions, Inc., held a special conference in connection with its 46th annual meeting, April 26-28, in Dallas, Texas. It has been said that that meeting was to be the Mission's first biennial convention.

Speakers from abroad and their topics included: Dr. Robert G. Cochrane, of London, England, now the Mission's technical advisor, on Trends of Tomorrow; and Dr. James Ross Innes, director of the East African Leprosy Research Center, on Government's Function in Leprosy Control (and relationship to the work of Missions). Dr. Fred C. Kluth, of the Leonard Wood Memorial stationed in Corpus Christi, Texas, presented a picture of the leprosy situation in that state. The problems of the discharged patient were discussed by two former Carville patients, one of whom was the official photographer of the meeting. The *Leprosy Missions Digest* for July-September 1954 is devoted largely to a report of this meeting.

Also planned for the program, according to the *Carville Star*, but not mentioned in this report, were to be presentations by Mr. Boon Lert Santonin, lay assistant to Dr. Richard S. Buker, Thailand, on How We Do It in Siam; and by Rev. T. C. Wu, formerly secretary of the Chinese Mission to Lepers, Shanghai, on How We Did It in China. Dr. Eugene R. Kellersberger, ex-general secretary, was to report on the Madrid Congress, and Mr. Raymond P. Currier, executive secretary, was to report on the International Leprosy Conference held in Lucknow late in 1953.

THE EAST AFRICAN LEPROSY RESEARCH CENTRE

Word has been heard from time to time of plans for the development of this project, notably from Dr. Robert G. Cochrane when he was medical secretary of the BELRA, but the matter has been subject to various vicissitudes, and little could be said of it until plans for it had been definitely formulated and its development actually under way. The following is the gist of a very informal statement from Dr. James Ross Innes, interterritorial leprologist to the East Africa High Commission.

The long-planned East African Leprosy Research Centre has not sprung full-fledged from the head of Jove, but is in the first stages. That is, instead of the buildings and equipment being first provided and then the scientists being invited to descend and take up work, the leprosy researcher has—as I have had to do—first to gather the money by begging and “making representations,” then to choose the site from a welter of suggestions, then to persuade the Public Works Department to undertake the construction of the buildings, then to come to the site to live in a hut to fight the battles necessary for the existence and progress of the project. The salient facts are as follows:

1. As director of the institution now in development, I have since November 1953 been living on the site chosen in the midst of the Itesio Leprosarium of the Kenya Government. The quarters are decidedly temporary; the buildings of the Centre are rising slowly, and plans are being made for the integration of the Centre in the leprosarium and for the future lines of research, which are influenced by the abundance of leprosy in the area.

2. The staff for the Centre has been recruited, but cannot be accommodated at the place until the houses are finished. The houses being constructed include an extra one wherein visiting research workers can live if they are tempted to come to work alongside us in any particular field of research.

3. There will be an office-laboratory center which will contain three separate laboratories. These buildings are not yet up.

4. The Centre is of modest extent, and is modestly financed, but it is hoped that it will grow by what it feeds on, and that by the help of fellow leprologists and scientists it will ultimately carry through research projects of importance.

—J. ROSS INNES

SISTER MARIE-SUZANNE VISITS THE UNITED STATES

Sister Marie-Suzanne, of Lyon, has recently had an extraordinary triumphal tour in the United States. An account of it has been gleaned from various sources, notably the *Marist Missions*, the *Catholic Digest*, and the *Carville Star*. The "safari" as it is called in the first of these magazines,¹ lasted for more than three months, taking in 34 cities and involving some 90 lectures and interviews, including numerous radio and television appearances. She was "front page copy, in secular and Catholic press alike, and her name and face [became] known to many millions."

Between her arrival in New York on October 4, 1954, and her departure on January 19, 1955, she traveled almost 10,000 miles, from Louisiana to Montreal and as far west as St. Louis, Mo. and St. Paul, Minn., out from the American headquarters of the Missionary Sisters of the Society of Mary (the Marist Missionary Sisters), in Framingham, Mass. "Everywhere. . . there were reporters. . . and audiences eager to know more of her momentous discovery. . . ." She received the Damien-Dutton Award from the society of that name in New Brunswick, New Jersey (previously given only to Stanley Stein, editor of the *Carville Star*, and to Fr. Joseph Sweeney, who managed her tour), and also the Frederick Ozanam Award, presented by the Catholic University. A Nobel Prizeman whom she met is quoted as saying that she, too, should have that award.²

Her lectures were given before a large variety of audiences, including medical schools, colleges, high schools, churches, luncheon parties, and open public meetings, and there were group meetings and conferences at scientific institutions and major pharmaceutical houses. Four days were spent at the Federal Leprosarium at Carville, and the staff there is said to have engaged to experiment with her vaccine, with special reference to patients who cannot take sulfones and are going down hill.

Sister Marie-Suzanne, 65 years old in 1954, will next year have been a member of the Marist Society for 50 years, having joined at the age of 17. She was only 20 when, in 1909, she was sent to Fiji for the establishment of the leprosy hospital at Makogai. She was there for 25 years—hence her proficiency in the English language—and there she began to do laboratory work. Transferred back to France in 1934 she was assigned to the leprosy section of the Hôpital St. Louis in Paris, and is said to have done special work at the Institut Pasteur there for four years. After

¹ Definition in Webster's unabridged dictionary: "journey, esp. a hunting expedition."

² Sr. Marie-Suzanne is said to have been decorated twice by the French government, once for heroic services during the war and again "as the outstanding woman of France in her scientific work."

the war a small asylum was established in Lyon for returned missionaries with leprosy, and she was assigned to that place and carried on research, some of which done in collaboration with Noël was reported in THE JOURNAL [17 (1949) 61-64; Do, 389-398; 18 (1950) 493-506].

One of the patients there, a Father Chauviré, donated a leproma which was sealed in a tube with saline and left at room temperature for six months. At that time there was seen a small colored colony of an acid-fast bacillus which was cultivated. "Now, having a culture, Sister Suzanne could make a vaccine." Father Chauviré was cleared of symptoms by injections of this vaccine and returned to his Community. To study the culture more thoroughly, Sr. Marie-Suzanne went to Rome to work with Prof. G. Penso, a specialist on mycobacteria. It was decided that this one was a new, pathogenic species, and it was named *Mycobacterium marianum*. There are conflicting accounts of its naming. One has Penso saying that it was named after the Marist nun who cultivated it. The other has it that she herself named it, obviously not for herself, and it has been spoken of as "our Lady's vaccine."

"Once the vaccine had been recognized as effective, she had to show the French Government her ability to manufacture it. . ."; otherwise it would have been taken over for commercial production. Her small laboratory at Lyon could not have produced sufficient vaccine for the plans that were made, although she has been able to distribute it to some 40 institutions. Some \$10,000 a year would be needed to finance the work. By circumstances concerning which there are again conflicting accounts, she was given permission to tour the United States. She is quoted as saying at Carville that although she would need "a certain degree" of financial assistance, "she stressed that she is not here in the United States primarily to raise funds, but to discuss her work with other scientists interested in this field." Elsewhere mention is made of new equipment she was taking back with her, and it is said that she now "seems assured of adequate staff and equipment," to be housed in a new building. There was a "tremendous task awaiting her—that of personally manufacturing and sending her vaccine free to all the leprosy centers of the world."

With regard to the scientific literature, it may be recalled that in 1951 Sr. Marie-Suzanne, with Sohier and Noël [*Ann. Inst. Pasteur* 81 (1951) 238-241] reported the cultivation on Souton medium of a chromogenic acid-fast microorganism under conditions as stated above. In guinea-pigs it caused no lesions, but in rats it provoked lesions identical with those caused by the inoculation of leprosy bacilli. An antigen prepared from the culture gave strong positive skin lesions in all leprosy cases, lepromatous as well as tuberculoid. It was nevertheless concluded that in some of its characteristics this germ resembled the Hansen bacillus, although it could not be said to be identical with it.

In two subsequent reports [*Ibid.* 82 (1952) 50-54; 84 (1953) 1043-1045] these authors reported on a comparison of the histologic lesions provoked in the white rat by the Hansen bacillus and by various culture strains of acid-fast bacilli, including 25 that had been isolated from human lepromas. Only their culture—called in this period the "Chauviré strain" for the priest from whom it had derived—caused changes identical with those of the Hansen bacillus.

At the Madrid Congress [*Memoria*, pp. 833-837] they reviewed briefly this and more recent work, including the findings with Penso, in Rome, that this microorganism was a new species, *peut-être assez voisine du bacille de Hansen*. At the same meeting Gaté and Rousset [*Ibid.*, pp. 384-387; 388-390] reported from Lyon on immunologic and therapeutic effects of an antigen made of this culture, and Blanc *et al.* [THE JOURNAL 21 (1953) 595, abst.] reported from the Cameroons on a clinical study which, however, involved mostly the effects of the antigen on the lepromin reactivity.³

³ References to several minor reports by Gaté and Rousset and by Blanc and associates are not included in this brief review.

The substance of that report, which did not appear in the congress transactions, is included in an article which appears in the present number of THE JOURNAL.

There is interest in the question of just what it is expected—or hoped—that the *M. marianum* vaccine will do. One of Sr. Marie-Suzanne's associates at Madrid has been quoted as saying, "The practical importance of her discovery lies in the fact that. . . a vaccine has been obtained for use in Hansen's disease just as BCG vaccine is used for prevention of TB. In other words, it may now be possible to vaccinate against Hansen's disease."

In correspondence with Sr. Marie-Suzanne about the article in this issue she was asked for a statement for publication. She replied: "From the continuing good reports being received from the leprosaria where the marianum is being tested as a vaccine and antigen, I am hopeful that [it] offers a forward step in the treatment of leprosy. This requires much more time for further testing. I would hesitate to draw any conclusion until at least five years have elapsed. In the meantime, I am going ahead with the production of the vaccine and antigen for experimental purposes, and can supply this gratis to anyone competent and willing to experiment with it. Since it has been produced from a 'killed' culture, it can do absolutely no harm."

✓ SAMPLE SURVEY OF OKINAWA

Because of disturbing reports about the prevalence of leprosy in Okinawa, the Department of the Army asked Dr. James A. Doull, medical director of the Leonard Wood Memorial, to investigate the matter, and he and Dr. Fred C. Kluth, the Memorial's associate epidemiologist, went there in July 1954. A month or so later Dr. Doull went on to the Philippines for some weeks, most of that time being spent with the Memorial's epidemiology unit at Cebu. He then returned to Okinawa, where the work was finished about October 1st.

During the period of two and one-half months an effort was made to examine a fair sample of the general population. Randomly selected groups of families were examined in numerous localities, the people involved totaling 16,106, of whom 10,550 were examined. Of those not examined, all but 876 had been excused for valid reasons. Only 12 cases of leprosy were found (1.14 per thousand), all of them tuberculoid and inactive. It was possible that some of the 876 who stayed away might have done so because they thought they had the disease, but it was believed that there could not have been many of them.

One out of every three patients in the two leprosaria was examined to sample the clinical and bacteriological status of the inmates, and a large proportion of them were found to be "burnt out neurals," negative by ordinary smears. The total number of patients in these institutions, awaiting admission, and discharged, was about 1,300, and the estimated number of unknown cases was about 700-800. Thus the total prevalence in the Ryukyus is probably a little over 2 per thousand. Only 45 per cent of the known patients have the lepromatous type of the disease. Various recommendations were made.

NEWS FROM JAPAN

As a Christmas-New Year's greeting for foreign friends, Dr. Taiji Nojima, of the Oshima National Leprosarium, sent out a mimeographed sheet giving the highlights of leprosy events in Japan in 1954.

Three meetings are listed. The 27th annual meeting of the Japanese Leprosy Association was held in Tokyo, April 2-3; the 4th local leprosy meeting of the eastern part of Japan was held in Nigata on September 23rd; the 3rd such local meeting of the west part of the country was held in Osaka on November 7th.

The publication office of the magazine *La Lepro*, official organ of the national leprosy association, has been moved from the Zensei-en Leprosarium near Tokyo to the Tifukyokai, the Japanese Leprosy Foundation, in Tokyo. The editorial office, however, remains as before at the Dermatological Institute of the Medical School of the Osaka National University.

The Amani Wako-en leprosarium, on Amami Oshima, one of the Ryukyu Islands, was made the 11th national leprosarium when the island was returned to Japan.

The National Assembly has approved the establishment of a National Leprosy Research Institute, but its location has not been decided.

By a law passed in 1953, all leprosaria had to provide places for the confinement of malefactors among the patients. The responsibility for that has now been removed from the leprosaria to the police authorities of the prefectures.

SOCIEDAD ARGENTINA DE LEPROLOGIA

It has been announced that the Sociedad Argentina de Leprologia was organized on August 27, 1954, with its office with the Asociación Médica Argentina at Santa Fe 1171, Buenos Aires. Affiliation with the International Leprosy Association was promptly requested.

The officers of the new society are: Dr. José María Fernández, of Rosario, president; Dr. Leónidas Llano, of Buenos Aires, vice-president; Dr. Ernesto T. Capurro, of Buenos Aires, general secretary; Dr. Guillermo Basombrió, of Buenos Aires, coordinating secretary; Dr. Félix Wilkinson, of Buenos Aires, treasurer; Drs. Salomón Schujman, of Rosario, and Dr. Luis Argüello Pitt, of Córdoba, *vocales*.

NEWS ITEMS

Australia: Cases in Queensland.—Five white persons with leprosy were admitted to the Peel Island leprosarium in a single week, according to a newspaper report of a statement by the Relatives' and Friends' Association. It was also said that the disease is still active in Queensland, particularly in Townsville, the Mareeba district, the Murgon district, and Cloncurry. The deputy director of health of the state, however, said that the people referred to were a carry-over from the past and that actually the disease was lessening in Queensland. In this connection he mentioned a recently admitted patient whose age was 88, and who may have contracted the disease 50 years earlier.

Bolivia: Physician studying leprosy.—Dr. Silvio Palacios, of La Paz, Bolivia, has said that there are about 2,000 cases of leprosy in that country, mostly on the border with Brazil. He was interviewed by the *Carville Star* while spending several days at the Federal Leprosarium, on his way to Brazil where he was to study at the Instituto Oswaldo Cruz, in Rio de Janeiro.

Brazil: Changes of personnel.—By a law adopted in 1953 there was created a Ministry of Health, and on December 22nd its first head was appointed, Dr. Miguel Conto Filho, previously president of the public health committee of the Chamber of Representatives. Most of the directors of the health services of the various states were changed. As general director of health Dr. Ernani Braga was appointed in place of Dr. Arlindo de Assis, and as director of the National Leprosy Service Dr. Thomaz Pompeu Rossas was appointed, replacing Dr. Ernani Agricola. The new director of the Instituto Oswaldo Cruz is Dr. Francisco Laranja, a cardiologist. As head of its first division, Microbiology and Immunology, the appointee was Dr. H. C. de Souza-Araujo, who entered the Institute on July 1, 1912 and since 1927 has been chief of laboratory and lecturer in leprology.—[H. C. DE SOUZA-ARAÚJO.]

Dr. Pompeu Rossas, according to *O Momento*, a newspaper type of patient's periodical from the Sanatorio Pe. Antonio Manuel, Recife, was formerly in charge of the Bomfim Colony, in Maranhão, and of the Curupaiti Colony in the Federal District, and most recently secretary of the federal leprosy service. It is said that he will endeavor to "adjust the antileprosy work to modern conditions," in accordance with views expressed in a recent study published jointly with Drs. Joir Fonte and João Batista Risi, chiefs of sections of the service.

Dr. Agricola honored.—The governor of the state of Minas Gerais has changed the name of the Hospital de Lázaros de Sebará, the only pay leprosarium in the world, to "Santório Ernani Agricola."

Mrs. Weaver honored.—Mrs. Eunice Weaver, president of the Federação das Sociedades de Assistência aos Lázaros e Defesa contra a Lepra, widely known for her work in the development of preventoria in Brazil, has been named first assistant to Brazil's new minister of health, Dr. Miguel Conto, according to the *Leprosy Missions Digest*. Other honors have included the Order of Merit from her own government and those of Cuba and Paraguay.

Curtailment of the São Paulo library services.—The governor of the state of São Paulo, because of financial difficulties, has ordered suspension of the information service of the library of the leprosy service, according to *O Momento*. As a result of this measure, which is deplored, the library has suspended four functions: consultations by mail, the information bulletin, library research, and the bibliographic index—

services which have been provided for the past twenty years "with benefit to the leprosy services of the whole world." Nothing is said of the personnel affected by this change.

Souza-Araujo's leprolin in psychiatry.—Information from Dr. H. C. de Souza-Araujo, of Rio de Janeiro, in the form of a letter from Prof. J. Alves Garcia, is to the effect that the Institute of Psychiatry of the University of Brazil has extended the use of his leprolin to general psychiatric therapeutics. Up to 1953 its use was confined to neurosyphilis, for the purpose of producing biologic reactions (fever or leucocytosis) or exciting experimentally induced malaria, which seemed to disappear spontaneously. The biologic reactions were produced without any of the inconveniences of secondary phenomena seen with other stock vaccines. It is said there is prompt action on plantar ulcers of paralytics and tabetics, and especially on the atonic wounds and hyperchromic scars of syphilitics—nonspecific effects attributed to the reaction the vaccine induces on the part of the reticuloendothelial system. The experiments are now being extended to the treatment of psychoses, especially schizophrenia. This treatment is called "syncresotherapy," i.e., therapy through convergent shocks. "Basically, it consists in producing serial biologic reactions, in a sequence, in the different levels of the organism, converging towards a global reaction of the schizophrenic personality." The vaccine is injected intravenously. "Very favorable responses were obtained in almost all patients."

Associação Brasileira de Leprologia.—The following officers have been elected for the biennium 1955-1956: Prof. J. Ramos e Silva, president; Dr. João Baptista Risi, first vice-president; Dr. Paulo Cerqueira Pereira, second vice-president. Members of the Conselho Consultivo: Drs. Alfredo Bluth, Aureliano de Moura, Ernani Agricola, Hildebrando Portugal, José de Moura Rezende, Lauro de Souza Lima, Nelson Souza Campos, Olavo Lira and Orestes Diniz. Members of the Comissão de Finanças: Drs. Arthur Porto Marques, Lygia Madeira Cezar de Andrade and Rubem David Azulay. The address of the Association is Rua Washington Luís, 13-sob., Rio de Janeiro.

Sociedad Mineira de Leprologia.—The Sociedad Mineira de Leprologia, at Belo Horizonte, Minas Gerais, has elected the following officers for the year 1955: Dr. Antonio Carlos Horta, president; Dr. Orestes Diniz, vice-president; Dr. Abrahão Salamao, secretary-general; Dr. José Rodrigues Lóes, secretary; Dr. José Stancioli, treasurer; and Dr. Nagib Saliba, librarian.

Ceylon: WHO leprologist appointed.—Dr. B. L. Malhotra, recently State Leprosy Officer of the Punjab, India, is said to have been appointed under the auspices of WHO to take charge of the leprosy campaign and hospitals in Ceylon, vice Dr. A. C. Fernando, whose retirement was scheduled for July 1, 1954. Dr. D. S. de Simon, formerly head of the leprosy service who retired some time ago and then was appointed Additional Superintendent Leprosy Campaign and in charge of the new colony at Urugaha, is continuing in these positions.

France: Proposed proposal to the United Nations.—Avowedly at the initiative of M. Raoul Follereau, who for some years has actively espoused the cause of the unfortunates with leprosy, the National Assembly of France adopted unanimously a resolution, said to have been signed by all the political groups of the Assembly, calling on the government to ask the United Nations to elaborate international statutes concerning persons with leprosy. The measures set forth in the proposal would call upon all member nations to make censuses of lepers (*lepreux*); to proclaim that they are subject to the common laws, and protected by them; to undertake to guarantee their liberty since responsible physicians have declared them not contagious; and to give them the same facilities, advantages and privileges, without exceptions, as all other citizens.

India: *Sanatorium for children with leprosy.*—A news dispatch from New Delhi last year told of the opening of a leprosy sanatorium with accommodations for 120 leprosy children at Uttar Pradesh, by Raymond P. Currier, executive secretary of American Leprosy Missions, although it is said that some \$63,000 had been donated for the building of the place by friends of the Mission to Lepers (London) in various parts of the British Commonwealth. A school will be operated and vocational training will be given.

Teaching at the Karigeri center.—The new Schiefflin Research and Training Center in Karigeri, near Vellore, South India, is reported to be building up its staff preparatory to taking in patients, and to have already started its teaching program. Two orthopedic surgeons, Drs. W. S. Robertson and Ernst Fritsch, who have been working in hand surgery with Dr. Paul Brand in Vellore, and Miss Ruth Thomas, physiotherapist, were soon to join the staff.

Training center; BCG campaign.—Among other items mentioned under the heading of Medical Progress in India by the J. A. M. A. is the founding of a Central Leprosy Training and Research Institute at Tirumani, Madras State. Since the opening of the BCG campaign in 1948, it is said, 26 million people have been given tuberculin tests and 8½ million have been vaccinated. (Nothing is said of the personnel of the new institute. There is no indication whether or not observations are to be made to ascertain whether the BCG vaccination campaign will have any effect on the prevalence of leprosy.)

Korea: *Leprosy survey in South Korea.*—The public health branch of the Medical Corps, U. S. Army in South Korea, has reported a leprosy survey which revealed that in 15 leprosaria there were about 15,764 persons with leprosy. In 22 colonies there were 3,639 such persons who were more or less self-supporting. Outside of these institutions and colonies there were 1,227 cases. There are seven preventoria housing 480 noninfected children of leprosy parents while 336 others with no sign of infection were still living with their parents in leprosaria. These figures were said to be considerably lower than previous ones cited by the Korean Ministry of Health, and were believed to give a more accurate picture of the prevalence of the disease.

Mexico: *Society officers.*—The Asociación Mexicana de Acción Contra la Lepra, A. C., with headquarters at Dr. Garciadiego 21, Mexico 7, D. F., has announced the following officers for the two-year period, 1954-1956, they constituting the board of directors: Dr. Fernando Latapi, president; Dr. Ernesto Escalona, vice-president, Dra. Isabel P. de Pavón and Dr. Joaquin Castillo, alternates; Srta. Dolores Toral, alternate; Dra. Obdulia Rodríguez, secretary; Dr. Pedro Lavalle, alternate; Dr. Blas Sosa Camacho, prosecretary; Dr. Manuel Malarca, alternate.

Norway: *Lectures by Dr. Muir.*—Last year the Medisinske Selskap i Bergen (Medical Society of Bergen) started annual lectures in memory of G. Armauer Hansen. For the first of these lectures Dr. E. Muir was secured, and he lectured on September 28 about leprosy as it affects India, showing moving pictures taken there. During his visit he also gave a lecture at the Scientific Society, talking about some Indian problems.—[DR. R. MELSOM.]

Philippines: *Leprosy regulations published.*—The Bureau of Hospitals of the Philippine Department of Health has published, as Administrative Order No. 4, an 18-page pamphlet entitled, Rules and Regulations Governing Persons with Leprosy and Their Contacts. The principal sections are: Definitions; Examination and Diagnosis, including technique; Case Finding; Treatment (conditions of, rather than drugs for, providing for treatment by private physicians under stated conditions); Isolation (basic regulations of the leprosaria); Declaring and Control of Negatives; and

Children of Leprosy Patients. (Lack of space prevents our reprinting even the more important part of these regulations, but we recommend requesting copies of the Director of Hospitals, in Manila.)

Changes of personnel.—Dr. Leandro V. Uyguanco, for seven years chief of the Central Luzon Leprosarium at Tala, near Manila, during which time he was responsible for many improvements and the patient population has increased from 700 to 1,800, has resigned. Dr. Artemio Runez, chief of the Eversley Childs Sanitarium in Cebu, has been transferred to fill the vacancy, and Dr. Antonio C. Jovellanos, formerly senior resident at the Central Luzon place, has been placed in charge of Cebu. Dr. Santiago R. Cruz, for many years head of the Bicol Region Traveling Clinic, has been made chief of the Bicol Sanitarium, at Sipocot, Camarines Sur.—[J. N. RODRIGUEZ.]

Administrative difficulties at Tala.—Newspaper reports have told of the loss of a movie projector and an amplifier donated to the Central Luzon Leprosarium (Tala) by the former champion heavyweight boxer, Joe Louis. When police investigated the matter they were flooded with other complaints from patients of alleged irregularities in the institution, some of which are perhaps unusual. It appears that the recent presidential election had caused a division of the patients into political factions, which led to trouble. The inmate chief of police was considered "illegally strict" and had been given the sobriquet of "Tiger." The per diem allowance for food was complained of as "inhuman and unjust," less than the amount allotted for dogs of the Philippine army. The inmate Advisory Council was the subject of complaint by other inmates, as having retained for their own salaries too large a proportion of funds received as taxes from the several stores in the compound, leaving too little for community improvement. (These complaints may ring variations on those with which all administrators of such institutions become familiar sooner or later.)

South Pacific: BCG campaign in the Loyalty Islands.—An intensive antileprosy campaign was started last year in the Loyalty Islands, BCG being employed experimentally as a means of control. This plan was arranged by the director of the health service of New Caledonia (Dr. Filippi) and the director of the health section of the South Pacific Commission (Dr. E. Massal); the practical details were arranged by Dr. G. Loison, research officer for health of the Commission. Supervising the project was a Dr. Lacour, formerly of the Institute Pasteur, and in charge of the field work was a Dr. Vacher. There are 13,000 people in the Loyalty Islands, it is said, and in preparation for the campaign the Commission asked the Culion Sanitarium, by radiogram, for 1,300 cc. of lepromin. As a cooperative task between the Culion physicians (notably Dr. J. O. Tiong, surgeon) and the Leonard Wood Memorial Laboratory (Dr. H. W. Wade) that amount of the antigen was prepared by an improved method and shipped by air express to New Caledonia.

United States: Leprosy studies by the military.—In a report by the assistant secretary of defense (health and medical) it is said that leprosy is one of the several subjects on which new studies are being carried on by the Army Services. This is in connection with the situation in the Far East, where the disease is so prevalent. Although "fortunately the Caucasian race is highly resistant" the danger does exist, and work on the problem of leprosy is under way in both Okinawa and Korea.—[From J. A. M. A. 156 (1954) 824.]

Research grants in leprosy.—The following grants by the National Institutes of Health, U. S. P. H. S., are listed in detail in *Leprosy Briefs*: E-177 (C2), to Sidney Cohen, Beth Israel Hospital, Boston, \$7,350, for investigations on the relation of enzymatic activities and biologic properties of mycobacteria, including effects of antibodies. E-199 (C2), to James A. Doull and numerous others, \$21,035, for the third series of the clinical evaluation studies to determine the value of certain drugs,

work to be done in South Africa and the Philippines. E-778, to James A. Doull (Washington), Ricardo S. Guinto (Cebu), and José N. Rodriguez (Manila), \$3,007, for a study of the effect of BCG on the lepromin reaction in young children. E-827, to John H. Hanks, Clarke T. Gray, and Arnold F. Brodie, of the Leonard Wood Memorial Laboratory at the Harvard Medical School, \$27,553 (for the first year; commitments for four more years), for further analysis of the metabolic pathways and respiratory limitations which force the pathogenic mycobacteria toward intracellular parasitism. E-887, to Morris F. and Leah S. Schaffer, Tulane University School of Medicine, \$11,500 (for the first year; commitments for two more years), for cultural and serologic studies on the agent of human leprosy and other acid-fast organisms.

Changes at Carville.—The U. S. P. H. S. has modified its policy regarding patients in the Federal Leprosarium who are negative and able to go out. For several years the total number of patients was about 400. On January 1, 1954, according to the *Star*, it was 365, of whom 92 were listed as bacteriologically negative. These "arrested" were classified by the administration as (1) physically able-bodied, (2) partially disabled, and (3) permanently disabled (blind or otherwise severely handicapped). Patients of the first category were asked to leave, those of the second were asked to consider leaving, while those of the third were assured that they would not have to go but might do so if they could make suitable arrangements. There ensued much consternation and discussion. The number in the hospital is now less than 300. As part of the clearance, 14 of the patients who had been brought there from the Virgin Islands some time ago, to be given special treatments, were given two days notice that they would be returned; 7 of them absconded and only 7 were flown back—finding when they got there that no provisions had been made for them. Numerous other changes at Carville are told of, some affecting inmates previously given employment on a non-Civil Service basis, others affecting—with evident improvement—physical features of the plant.

Carville ex-patient on television.—Perhaps unique was the experience of John Harmon, long known to readers of the *Star* as Johnny Harris, the photographer, when he was interviewed before television cameras in a studio in Baton Rouge, La., some months after his discharge from the hospital. The broadcast had been arranged as a part of the campaign to educate the people of the region to an intelligent, humane attitude toward leprosy and those who suffer or have suffered from it.

New general Secretary, American Leprosy Mission.—The American Leprosy Missions, Inc., has announced the election of Rev. Harold H. Henderson as general secretary, to fill the vacancy left by the retirement of Dr. Eugene R. Kellersberger. Mr. Henderson was for twenty-three years a missionary in Korea, and recently served as executive secretary of the Committee on Resettlement Service of the Presbyterian Church in the United States. He was to assume active duty on July 1, 1954. As pointed out by the *Carville Star*, this position calls for the attributes of a humanitarian, a minister, a public speaker, a fund raiser, and a promoter of public relations, and Mr. Henderson is said to have them all.

Dr. Hanks in England.—It is learned from the *Carville Star* that Dr. John H. Hanks, head of the Leonard Wood Memorial bacteriology department at the Harvard Medical School, Boston, went to England in October 1954 to attend the Ciba symposium on tuberculosis and leprosy, at which meeting he discussed the physiological basis of immunology in tuberculosis and leprosy. The following week was spent visiting laboratories concerned with acid-fast bacilli and/or tissue culture work. He spoke at Cambridge on the application of metabolism studies to leprosy research. The third week was spent at the National Research Council laboratory at Mill Hill, where he lectured again on that subject.

Death of Eversley Childs.—Mr. Eversley Childs, industrialist and philanthropist,

one-time chairman of the Board of Trustees of the Leonard Wood Memorial, died in New York City on December 20, 1953, after a long illness, at the age of 87. Mr. Childs had been an admirer of General Wood from the time in the Spanish-American War when Mr. Child's son had developed typhoid fever in an Army camp and General Wood had permitted his transfer to a civilian hospital, where he recovered. Mr. Childs gave \$180,000 to the Memorial funds expressly for the construction of the leprosarium at Cebu which bears his name, and the skin clinic near the city designed as an integral element of the antileprosy campaign for that area.

WHO: Mass BCG vaccination campaign.—A series of reports on the BCG vaccination of 14 million people has been completed, it is stated in an article in the July-August 1954 issue of the *WHO Chronicle*. There are listed complete references to no less than sixteen reports which, it is said, together provide "a permanent record of what is probably the largest, most uniformly carried out programme ever done." (The word "probably" seems quite out of place.)

Seventh World Health Assembly.—In the same issue is a summary report of the seventh assembly, held in Geneva May 4-21, 1954. No mention of leprosy is to be found in it. There was much discussion of the difficulties arising from severe cuts in the funds available for activities under the technical assistance program, and finally a regular WHO budget of \$9,500,000 for 1955 was voted—an increase of \$1,000,000 over the 1954 budget but \$800,000 less than the amount which the director-general had proposed. The number of members states is now 84, for which reason there was a proposal to increase the number of seats on the executive committee from 18 to 24, but that proposal was not approved. Spanish is being adopted as a working language, and to that end it was decided that the *Official Records* and reports of expert committees would appear in that language as well as in English and French.

PERSONALS

DR. ERNANI AGRICOLA has retired as head of the national leprosy service of Brazil, and has been named a member of the National Health Council of the Ministry of Health. Since that body has to do with leprosy among other things, his interest in that disease will continue.

DR. S. N. CHATTERJEE, for many years a senior member of the staff of the Leprosy Research Department, School of Tropical Medicine, Calcutta, retired from active service as of July 1, 1954.

DR. WILLIAM H. FELDMAN, of the Mayo Foundation, Rochester, Minn., has been elected chairman of the Advisory Medical Board of the Leonard Wood Memorial, vice Dr. Howard T. Karsner whose term had expired.

DR. JOSE M. M. FERNANDEZ, of Rosario, Argentina, who was dismissed from the Carrasco Hospital three years ago, presented his case to the legal authorities of the state and the High Provincial Court has voided the dismissal.

DR. D. L. LEIKER, who in 1952 with Dr. Norman R. Sloan made a leprosy survey of Netherlands New Guinea under the auspices of the South Pacific Commission, has been appointed full-time leprosy officer for that region, with station at Miei, Wandammen Bay.

DR. DARIO MALDONADO ROMERO, long-time director of the antileprosy campaign in Colombia, no longer occupies that position.

DR. NORMAN R. SLOAN, who after a year's service as leprologist for the South Pacific Commission accepted the post of medical officer on Canton Island, South Pacific, is planning to leave that post early in 1955.

GEORGE GUSHUE-TAYLOR, B.S., M.B., F.R.C.S. (Eng.)

George Gushue-Taylor, for many years actively concerned with the leprosy problem in Taiwan (Formosa) and a charter member of the International Leprosy Association, builder of the Happy Mount Leprosy Colony near Taipei, died virtually at sea after a very short illness on September 23, 1954, aged 70 years.

Dr. Gushue-Taylor was born on December 6, 1883, in Bay Roberts, Newfoundland. After receiving his early education there he went to London to study medicine and to become a medical missionary, influenced by the example of the noted missionary Grenfell of Labrador. Although he had to sustain himself while studying, he graduated with exceptionally high honors.

In 1911 the Gushue-Taylors went to Formosa as missionaries of the Presbyterian Church of England; he became superintendent of the Tainan Hospital, and she the superintendent of nurses. Subsequently they were appointed as missionaries of the Presbyterian Church of Canada, and he then became superintendent of the Mackay Memorial Hospital in Taipei. He ran a special outpatient clinic at the hospital for leprosy patients, and ultimately founded the Happy Mount Leprosy Colony because the government leprosarium was so unsatisfactory.

Evacuated from Formosa in November 1940 because of wartime conditions, the Gushue-Taylors finally settled in Qualicum Beach, B. C. Although in precarious health he returned to Formosa after his wife died in 1953, and devoted himself to problems affecting his colony, especially one resulting from the change from the Japanese to the Chinese system of land ownership. On his way back to Canada for the summer in April 1954 he was suddenly taken ill two days out of Yokohama. The ship put back to Japan, but Gushue-Taylor died soon after reaching Sendai. His body was cremated and his remains sent to Formosa for interment in the Happy Mount Colony, where he had expressed the wish to be.

—HUGH MACMILLAN

BRIG. GEN. JAMES STEVENS SIMMONS, MC, USA (Ret.)

Brig. Gen. James S. Simmons, dean of the School of Public Health, Harvard University, died suddenly at Hartford, Conn., on July 31, 1954, aged 64 years, while en route to Boston from a vacation in North Carolina, where he was born.

Graduating in medicine from the University of Pennsylvania in 1915, Dr. Simmons joined the regular army medical corps two years later and specialized in laboratory work. In the late 1920's he was president of the Army Medical Research Board in the Philippines, and while there came into contact with leprosy work, in which he never lost interest, although he never did any special work in that field. Assignments, appointments, and honors in later years were numerous [*vide J. A. M. A.* **155** (1954) 1511.] During World War II he was chief of the Preventive Medicine Service of the Surgeon General's office. On retiring in 1946, after thirty years of service, he accepted the position at Harvard which he occupied at the time of his death.

During the war General Simmons promoted a relationship with the Leonard Wood Memorial which resulted in the preparation by Mr. Perry Burgess of the booklet, *World Wide Distribution and Prevalence of leprosy*, which condenses the information

on the subject that could be collected at that time. There was also written a circular letter for the Armed Forces on leprosy summarizing the latest information on the disease. After the war General Simmons served for eight years on the Advisory Medical Board of the Memorial, and was its chairman from 1950 to 1953. His advice and guidance were invaluable.

HOWARD FOX, M.D.

Dr. Howard Fox, one of the outstanding American dermatologists and for many years professor of dermatology and syphilology of the School of Medicine, New York University, with wards and a large outpatient department at Bellevue hospital; born in London, England, while his father—also a prominent dermatologist—was taking postgraduate work in that subject; died in New York on October 19, 1954, of cerebral thrombosis shortly after an operation for cholecystitis.

The story of his activities, accomplishments and honors is a long one, related in the *A. M. A. Archives of Dermatology* for April 1955. Not mentioned there, however, was the fact that for many years he took an interest in leprosy that was unusual for American dermatologists, who seldom encounter cases in their practice. Our file contains seven references to articles on one phase or another of the subject published by him between 1908 and 1937, which latter was the year before his retirement.

To see leprosy cases Dr. Fox journeyed to where they were. The writer first met him many years ago at Tulane, where he applied the Wassermann and Noguchi complement-fixation tests to sera he had obtained from the then Louisiana Leper Home, at Carville. Later, in the Virgin Islands, he made a study of the inmates of the asylum at St. Croix, and his report appeared in the first volume of *THE JOURNAL* [1 (1933) 321-328]. In the following year he was the senior author of another note in this periodical [2 (1934) 445-446], on leprosy nodules of the male genitalia. He was helpful in various ways to the Leonard Wood Memorial when it was in its beginning years. Although he had not been heard from in the leprosy literature for a long time, with his passing is lost another person genuinely interested in its problems.

—H. W. W.

GERALD GUY WOOLEY, M.D.

Dr. Wooley, who began his career in the U. S. Public Health Service at Carville in 1922, in charge of the clinical laboratory, and who had been doing research at the National Institutes of Health, Bethesda, Md., since 1933, died recently of a heart attack at his home, aged 64 years.

—SR. HILARY ROSS