

NEWS AND NOTES

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

PLANS OF THE ORDER OF MALTA FOR AN INTERNATIONAL CONGRESS

The Sovereign Military Order of Malta has announced plans for an International Congress for the Defense and Social Rehabilitation of the "Leper" (Congresso Internazionale per la Difesa e la Riabilitazione Sociale del "Lebbroso"), to be held in Rome, April 16-18, 1956.

The announcement states that the Order, throughout the centuries faithful to its tradition of active help to suffering humanity, has sponsored this congress as a crusade in favor of the victims of leprosy throughout the world.¹ After many centuries the position of those human beings who are smitten by this, one of the most terrible of maladies, is still awaiting a satisfactory solution on the social level. With a view to making known especially the social problems of these people during their illness and after their treatment, the Order "wishes to assemble the most eminent personalities who have devoted and still are devoting the best of their efforts to this yet unsolved problem."

Obviously, it is pointed out, in discussing the social problems it will be impossible to disregard the medical progress achieved in this field in recent years. Furthermore, in order to obtain a complete picture of the results obtained it is also necessary to discuss the aid that can be given to those human beings who, once recovered, must fight against social prejudices for their survival. The congress is being called to listen to the voices of qualified men in both fields, physicians and social workers.

The themes in the following list, will be presented by eminent personalities, it is stated, no names being given. The list is copied verbatim.

1st Report. The plague of the "Leper" throughout centuries; principles inspiring defense work of society in the past.

2nd Report. Recent progress in therapy and prophylaxis of the "Leper."

3rd Report. The actual social organisation in favour of the Hansenian.

4th Report. Prophylaxis and protection of the child.

5th Report. Methods and techniques for the physical rehabilitation of the "Leper."

6th Report. Social rehabilitation of the treated Hansenian; new orientations in the battle against leprosy.

7th Report. Social legislation in the various countries of the world.

8th Report. Social assistance throughout the world.

"All those who have fought against leprosy, in no matter what field, may upon invitation register for the Congress without a subscription fee." A form sheet accompanies the announcement—which, it appears, is of the effect of an invitation—that

¹ Throughout the announcement the word "leper" is used in quotation marks, they evidently intended to soften its impact on those who object to it. We use it here only in direct quotations.

the prospective member is requested to fill out and return to the Secretariat of the Congress before the end of October, 1955. This form is to bear, among other things, the individual's name, his activity, who will accompany him, the titles of papers to be read, and preliminary measures regarding hotel reservations.

The headquarters of the Order of Malta are at Palazzo Malta, Via Condotti, Rome. The Secretary-General of the congress is Prof. Giuseppe Bendandi.

SECOND INTERNATIONAL CONGRESS OF ALLERGY

Announcement has been made of the Second International Congress of Allergy, to be held in Rio de Janeiro, Brazil, November 6-13, 1955, under the auspices of the Sociedade Brasileira de Alergia and the patronage of the International Association of Allergology, with official sponsorship of the Brazilian Government. Because the official agenda includes various problems of allergy of the skin, a special effort is being made to attract dermatologists to participate in the meeting, and the announcement was accompanied by an invitation to them signed by, among others, the eminent leprologist, Prof. Francisco Eduardo Rabello.

The official topics are as follows: Histamine and Mechanism of the Allergic Reactions; Helminthiasis; Leprosy and Tuberculosis; Hormones and Allergy. Forms for registration and for hotel reservations may be had by application to the Organizing Committee, Avenida Rio Branco 277, 7º andar, grupo 705, Rio de Janeiro.

LEPROSY CONFERENCE IN SOUTH AFRICA

A conference on leprosy initiated by the S. A. Leprosy Advisory Committee was held at the Westfort Institution, Pretoria, October 19-21, 1954, under the chairmanship of Dr. A. R. Davison, medical superintendent of that institution. It was attended by 12 representatives of institutions or other entities in the Union, and 8 from neighboring countries. There has been issued a 78-page, long-sheet mimeographed report, copies of which will presumably be supplied on request. Besides a summary of the opening speech of Dr. J. J. du P. le Roux, secretary for health and chief health officer of the Union of South Africa, in which the history of leprosy in the Union was reviewed, and a few minor items, the report consists of the following papers.

Classification of leprosy, by A. R. DAVISON. A brief summarization of the classification adopted at the Madrid congress, with presentation of patients illustrating the four main classes. (Among them were 8 classed as borderline, the brief description of which merit close attention.)

Classification of leprosy, by H. MOSTERT (Ngomohuru Hospital, Southern Rhodesia). Mainly a review of the systems adopted at various meetings, and proposals concerning the Madrid scheme. One of them is that all erythematous plaques should be classed as lepromatous, macular variety. Borderline would "be recognized for certain pre-lepromatous lesions."

Histopathology of the different types and groups of leprosy, by G. R. KOOLJ (Research Officer, Westfort). A very summary statement, following the classification discussed by Davison.

Erythema nodosum leprosum, by A. R. DAVISON. This condition, first brought to attention by the Japanese who regard it as entirely divorced from lepra reaction, and shown by Pepler, Marshall and Kooij (THE JOURNAL) 23 (1955) 53-60 to be really a panniculitis, has become frequent with sulfone treatment. It is a moot question if active treatment of it is required.

The histopathology of acute panniculitis nodosa leprosa (erythema nodosum leprosum), by R. KOOIJ. This paper is essentially the same as the published article referred to.

Thiosemicarbazone (TB1), by A. R. DAVISON. Clinical improvement occurred in all groups, usually within a year, but without bacteriological improvement, so DDS was added. Later INH was added, but ultimately the whole project was dropped because DDS alone gave better results.

→ *A. C. T. H. (homeopathic doses) [and atabrine]*, by A. R. DAVISON. Considering a report by Melsom on the effects of very small doses in one case of lepra reaction, and the danger of the hormone in tuberculosis, the author treated an unstated number of cases with either 2 units 3 times daily of short-acting ACTH, or 6 units once daily of the long-acting product, the courses usually limited to 7 days. He concluded that this routine has a place in the treatment of the complications of leprosy. This paper continues with results obtained with atabrine alone in a few cases, showing that it has an effect on leprosy but not as good as DDS.

Interpretation of the positive serological test for syphilis and the management of latent syphilis, by H. F. SCHILLER (Pretoria).

Nerve operations, by I. LE ROUX (Westfort). Exposure and dissection of inflamed nerves that do not respond to other forms of treatment usually give almost immediate and permanent relief of pain and sometimes improvement of the hand grip.

Lepromin test, tuberculin test, and B. C. G. in leprosy, by R. KOOIJ. A review, plus the results obtained in 134 newly admitted Bantu patients. The Dharmendra antigen was used, but late reactions were more frequent and more strongly positive than early reactions. "(Probably not sufficiently extracted.)" The tuberculin reaction (Mantoux with 1:5000 OT) was positive in only 10 out of 43 lepromatous cases, but in 47 out of 91 other cases, the latter figure about the same as for the normal native population.

Effect of sunlight on the staining properties (Ziehl-Neelsen method) of the leprosy bacillus, by R. KOOIJ. Confirmation of reports that prolonged exposure of smears to sunlight causes lessening of acid-fastness, fewer bacilli staining and they less strongly.

Staining of leprosy bacilli by the Ziehl-Neelsen method, by R. KOOIJ. A patient was sent in with the diagnosis of leprosy on the basis of a positive smear that had been treated with sulfuric acid but not with alcohol. It is concluded that, contrary to the prevailing opinion, stained leprosy bacilli are more alcohol-fast than acid-fast, that both reagents should be employed, and that caution should be used in diagnosing leprosy in cases with only red-stained bacilli but without clinical signs of the disease.

Primary pigmentation; pigment darkening of the skin caused by the long-wave ultraviolet rays of sunlight in South Africa, by R. KOOIJ.

Study by electron microscope of the morphology of Mycobacterium leprae, by R. KOOIJ. Most of the bacilli of untreated cases were darker and well-defined, those of treated cases were paler and less well-defined.

Does compulsory segregation lead to hiding of cases of leprosy, by A. R. DAVISON. From interviews with patients, and from the small numbers of abscondings from Westfort, the author holds that for their people the answer is in the negative. The term "compulsory" is not synonymous with "forcible."

Infections in institutions, by A. R. DAVISON. Two dangerous concepts are discussed. One is that leprosy is only, or mostly, acquired in childhood, so that adults need take no precautions against infection. The literature is cited and notes are given of 5 Europeans (2 of them physicians) and 10 Bantu staff members who had been infected apparently in adult life. The other dangerous concept is that leprosy can be contracted only after prolonged, close contact, a "concept [which] is carried to such ridiculous lengths that in some parts of the world lepromatous patients with positive smears are allowed home on holiday."

—H. W. W.

8 DEFECTS OF MODERN TREATMENT

"The modern treatment of leprosy based on the sulfone group of drugs is unsatisfactory." This statement was reported to have been made before the Edinburgh branch of the Royal Society of Tropical Medicine and Hygiene by J. Ross Innes, inter-territorial leprologist for East Africa and director of the newly established East African Leprosy Research Centre in Kenya, and it was played up in the *British Medical Journal* and relayed to the *Journal of the American Medical Association*. The speaker acknowledged that some people would regard the statement as outrageous, especially in view of the few leprosy patients who ever came within sight of cure during the chaulmoogra era, but he thought it high time that leprologists expressed their dissatisfaction with the sulfones, in preparation for further advance.

On the asset side, the sulfones bring clinical arrest and bacterial negativity in a high percentage of active cases, with moderate dosage, low cost, and little trouble with drug reactions. The relapse rate is low and relapses are easily reversed, and drug resistance is practically unknown. There are various useful adjuvants, such as thiosemicarbazone, isoniazid, ACTH, cortisone, streptomycin, chlorpromazine, and vitamin B₁₂. In fact, the whole picture seems rosy. It is by no means certain, however, that leprosy can be eradicated by means of sulfone treatment.

For one thing it takes too long—3 to 5 years or more instead of 6 to 12 months—to attain bacterial negativity, and in a material proportion of cases that state is not attained at all. What is needed, said the speaker, is dynamic bacteriostatic or bactericidal drug or combination of drugs more effective than the sulfones.

He went on to say that the criteria of cure are vague. Laboratory checks are few and limited, and the clinician has to fall back on long periods of observation. There is no way of modifying the resistance of the patient, of stimulating direct resistance to the infection. Lepromin does not do that; it only indicates the degree of resistance already present. There is no evidence that BCG will increase resistance in the actual patient, although some think it may be useful in prophylaxis.

Perhaps, in the understandable enthusiasm for the sulfones, hydnocarpus oil was abandoned too readily. Local intradermal injections are still useful in resistant tuberculoid and indeterminate lesions.

Finally, there should be more cooperation between tuberculosis and leprosy workers; great benefit to both sides would result from it. "In leprosy therapy the only sound policy at present is to investigate drugs which have an action in human tuberculosis or on the human tuberculosis bacillus."

This report of Ross Innes' views brought a prompt reaction from John Lowe in the form of a letter to the Editor of the *British Medical Journal* (March 26, p. 787). By permission, it is reproduced here *verbatim*.

SIR:

I have read with interest the report (*British Med. J.* March 5, 1955, p. 597) of the meeting of the Edinburgh Branch of the Royal Society of Tropical Medicine on March 2, at which my friend Dr. James Ross Innes spoke on the [defects of modern treatment of leprosy.] With most of what he is reported as saying no one would disagree; he is obviously stressing the important point that modern treatment of leprosy, although a great step forward, has not solved the leprosy problem, and that further research is urgently needed.

I think, however, he rather misstates his case when he says that "the modern treatment of leprosy based on the Sulphone group of drugs is unsatisfactory," for the reason that their slowness and imperfection of action suggested that it might prove very hard to eradicate the hard core of endemic infection. Surely a similar statement could be made of the modern treatment of almost any chronic infectious disease, with the possible exception of yaws. This does not appear an adequate reason for labelling a treatment as unsatisfactory.

Regarding the value of sulphone treatment of leprosy in the control of the disease in a community, we can as yet say little because of lack of evidence. Some workers think that with a disease such as leprosy, which usually propagates itself with so much difficulty, and even dies out spontaneously under certain circumstances, sulphone treatment, with all its limitations, may, by reducing the already low degree of infectivity, exert a definite influence in producing a decline of the disease. Other workers, including Dr. Ross Innes, think that before this result is obtained a more potent therapeutic agent is necessary. All workers, however, are keen to find more potent drugs, and trials of new drugs are constantly being made. All are keen, if possible, to apply immunization methods in the control of leprosy, and the possible value of B. C. G. vaccination for this purpose is being studied. It is good that these two lines of study are to be pursued by the research unit of which Dr. Ross Innes is in charge, which, by the way, this Association has been instrumental in establishing. —I am, etc.,

JOHN LOWE

*Medical Secretary, The British
Empire Leprosy Relief Association*

DR. SCHWEITZER'S HOSPITAL AT LAMBARENE

After Dr. Albert Schweitzer received the Nobel Peace Prize in 1953, he was reported as having said that he would spend most of the \$33,000 to build a village of good houses at his hospital in Lambarene, French West Africa, replacing the original bamboo huts. Some of the money was to be used to purchase sulfones for the patients in the leprosy unit.

"As I understand it," he is quoted, "I owe the distinction [of the prize] to the fact of having introduced into the thought of our times the notion of respect for life. . . . I am convinced that this idea will contribute to the growth of a spirit which will permit men and peoples to achieve a spiritual and moral civilization by which the peace, toward which we all aspire and upon which the future of humanity depends, can be assured." When asked if he had thoughts of retiring, he being 79 years of age, he replied, "I cannot retire. I must keep active."

Miss Emma Haussnecht, administrative nurse who had been on the staff of Dr. Schweitzer's hospital for 28 years, came to the United States at the invitation of the Albert Schweitzer Fellowship, of New York city, for a lecture tour to help raise additional funds for the institution. According to the *Carville Star* she described it as composed of two villages, one of which takes care of about 250 general patients

and their families, the other being the settlement for leprosy patients. There were about 20 patients in that unit when the sulfones were introduced, but since then many more patients had come in.

In thanking the Mission to Lepers (London) for a gift, Dr. Schweitzer wrote, as reported by *Without the Camp*, that the rebuilding of the villages "... has been a very difficult job, because it was necessary first to prepare the site of the hospital on the top of a small hill. We had to level off the summit to get a flat space 80 metres long. The new buildings are on two sides of a road which runs the length of the site. Also, the huts must be of the same type as the native houses [but with concrete foundations and] a framework of hard wood, because of the termites, and a roof of corrugated iron. The walls of the hut are merely raffia or bark. Two patients share a living-room and a kitchen. The kitchen is in a building which faces the living quarters, five metres away. The doors... can be locked, because the natives steal from their fellows. The roofs of the living quarters and of the kitchens overhang by more than a metre, so that the patients can sit in the shade in the open air during the day. I have planned to house 230 patients. The village is surrounded by tall trees and oil-palms. Fortunately the Nobel Prize has enabled me to make purchases of metal and cement and hard timber for the village."

REX MORGAN, M. D.

This is not an obituary. On the contrary, it concerns an active character in that gigantic excrescence on modern "journalism," the so-called comic strips—few of which are entitled to that adjective in any degree. It appears that the Rex Morgan feature is about the doings of a "purposely uncomical comic-strip physician." It deals entirely with medical subjects, exposing frauds and quacks and misconceptions, necessarily in a way that entertains while it teaches.

The "idea man" and writer is Dr. Nicolas P. Dallis, a psychiatrist of Toledo, Ohio; a researcher and two artists compose the rest of the four-man production team. Distribution is by Publishers Syndicate, of Chicago, to more than 300 newspapers. The American Medical Association has awarded Dr. Dallis a special citation for his service to the medical profession in this enterprise.

Some years ago, it is said, he had his title character once say, "You're treating her like a leper." This brought the usual protests. To make amends he ran at that time a picture of the Carville hospital gate with a recovered patient leaving, the legend saying that that has become a frequent picture, "And may the ignorance which attaches a social stigma to Hansen's disease be buried with witchcraft and other medieval beliefs!" Finally, Dallis decided to run a series on leprosy and the prejudices that surrounded it, specifically about the ex-patient's difficulties in returning to normal life.

This story ran for two months but no details are given in the *Star*, from which this story is culled, nor are any of the pictures reproduced, presumably because of copyright restrictions. High praise is accorded it, however, and newspaper editorials that laud it are quoted. The *Star* has advocated making this series of strips into a comic book.

In appalling contrast, it is related, are certain "comic" books that have been published. In one, *Tales from the Crypt*, a healthy man was marooned on a "leper island" through jealousy and deception, and horrors are rung in as might be expected. Another, called the *Mark of the Beast*, presented a most grotesque creature, with a venomous bite. "It preserved every misconception on so-called leprosy and even threw in a few that don't exist."

NEWS ITEMS

United Kingdom: Personnel needed by the Mission to Lepers.—Explaining that although for the most part it still works by aiding other mission organizations whose personnel are doing work in the leprosy field, The Mission to Lepers has announced that changing circumstances have led it recently to undertake certain activities that require personnel of its own. Those that are needed now are: (a) three qualified doctors (men) for services in India, Hong Kong and Korea; (b) an organizer (man) for pioneer work in Korea; (c) two physiotherapists, for work in India and Hong Kong; (d) one or two trained nurses (women) for work in India and Africa; (e) one or possibly two trained teachers (men or women) for work in India. The type of workers that is needed is discussed in an editorial. The positions listed are based on specific needs for missionary personnel sanctioned by the council of the Mission, and more general offers of service cannot be considered at the present time. Anyone interested should write to The Mission to Lepers, 7 Bloomsbury Square, London, W. C. 1, or if residing outside of England and Wales to the secretary of their national auxiliary of the Mission.

Plans for the Itesio research center.—"British research is well on the way to discovering a preventive serum for leprosy, a spokesman for the British Empire Leprosy Relief Association (BELRA) said in London on August 25th." This matter would be the principal function of the new East Africa research and treatment center at Itesio, on the Kenya-Uganda border, a joint government-Belra undertaking to finance which the latter entity has engaged to provide £38,000 over the first five years. The Itesio center, which incorporates all the latest ideas on leprosy treatment and control, and which aims to accommodate for treatment the leprosy patients at present being treated in a nearby settlement, is being directed by Dr. James Ross Innes. (From a British Information Service press release, dated New Delhi, August 28, 1954, reproduced in the *Indian Medical Gazette*.)

Deaths of Drs. Smith and Dow.—The deaths of two physicians who did leprosy work in India are reported by the Mission to Lepers. One of them was Dr. J. Macdonald Smith, a pioneer medical missionary, who built the Church of Scotland Leprosy Home at Kalimpong in the hill country of northeast India, on a most unpromising hillside location. The other was Dr. Donald Dow, who took over after Dr. John Lowe at the Dichpalli Leprosy Home in Hyderabad, South India, but who after eleven years of service there was compelled to return to Great Britain for reasons of health. It is said that he was preparing to return to leprosy work when he died.

Sweden: BCG vaccination of children of tuberculous and nontuberculous mothers.—Dr. Ing-Britt Thurell has compared the effects of BCG vaccination in infants who were, and in others who were not, born of tuberculous mothers. Of the 75 children of tuberculous mothers, 65% had to be revaccinated once, 25% twice, and 4% three or more times. Only 0.9% of the other children had to be revaccinated. There is speculation as to whether this refractoriness on the part of the offspring of tuberculous persons may be due to antibodies transferred from mother to child, or to some other condition.—[From *J. A. M. A.* 156 (1954) 631-632 (Foreign Letters.) [This is quite the opposite of the findings of contact and noncontact children in leprosy with respect to the lepromin reaction.]

Africa: Supplying meat at Kuluva.—At the Kuluva leprosarium, it appears the patients depend for meat upon hunters. In the West Nile region generally the diet of the people is short on proteins, mainly because in large areas the tsetse fly prevents the raising of cattle. A story by Dr. E. Williams in *Without the Camp* tells of one of

his expeditions into the bush some twenty miles from Kuluva and the killing of several buffalo which provided enough meat, to be dried and smoked, to serve more than two hundred patients from the various villages.

Famine at Makutupora.—A report from the Makutupora leprosy settlement in Tanganyika in *Without the Camp* tells of the crowding of the place by patients driven to enter by famine in the region. Rains had failed so badly that many people were reduced to eating grass, and those with leprosy came in for the food. The men of the place were formed into companies every morning for work, which included the cultivation of two large farms. Private farms were no longer permitted. Those who had had them before had been not available for the general work assignments, but they sold their crops for money and then showed up at the center to be fed along with the others.

Israel: Improvements at the leprosy hospital.—Dr. Felix Sagher, having read Dr. Lowe's article in the *Lancet* (reprinted in this issue) about the long-term follow-up of treated patients in Nigeria, has written that although in Jerusalem they have had only five to six years' experience with the sulfones they have discharged one-half of their patients during the past year and are more and more turning the hospital into an outpatient department. Having secured an operating theater, they had started with tendon transplantation for rehabilitation. Plastic and eye operations would follow. He was in the happy position of having the cooperation of the specialists of the medical school.

India: Patients hold a conference.—At Amravati, in Madhya Pradesh, India, there was held last year a conference that is probably unique—one of leprosy patients themselves. In an open letter which appeared in various periodicals the patients of a small leprosarium in Amravati called Shri Jagadamba Kushta Niwas announced their plan to hold a meeting of leprosy patients of that area (*tehsil*) "to discuss ways and means of eradicating leprosy from our country." Anticipating the question, what useful purpose such a conference might serve with so many existing agencies engaged in leprosy work and having their own conferences, the opinion was expressed that, despite what had been done and was being done for victims of the disease, society and the government have not yet realized the seriousness of the problem, and that the patients themselves should if they can give an impetus to the efforts of leprosy workers. The meeting was held in April 1954, presided over by Dr. Isaac Santra. No report of it has been seen.

Philippines: Anniversary celebration at Cebu.—At the Eversley Childs Sanitarium near Cebu City, the patients held in May a three-day celebration of the 25th anniversary of the inauguration of that institution in 1930. The program included various athletic events each day; two literary-musical programs in the evenings, one by the patients and one by the staff; a parade, a dance, fireworks, etc. The attractive program booklet that was put out includes letters of greetings from the higher officials, biographical data on the men who have served as chief of the institution during the period, a statistical table showing population data from the beginning (529 in 1931, 1,028 in 1940, 279 in 1944, the last year of the Japanese occupation, and 1,254 in 1954), and a most remarkable article entitled "Life in the Eversley Childs Sanitarium" by one of the patients. This article ends, "John Howard Payne could not have written his song, 'Home Sweet Home,' for us; because as far as we patients are concerned there is a place sweeter and better than home and that is the Eversley Childs Sanitarium—where the kindred of a common fate has proven to be a tie closer than that of birth." At the Culion Sanitarium the patients have taken the initiative in planning a celebration in 1956 of the 50th anniversary of the opening of that institution.

South Pacific: Inquiry about control regulations.—Dr. E. Massal, executive officer for health of the South Pacific Commission, on behalf of Dr. Lacour, director of the

Institut Pasteur at Noumea, New Caledonia, has recently made an inquiry concerning views and practices in different places with respect to the length of time that patients, originally bacteriologically positive but turned negative under treatment, should be kept in isolation after that conversion. This being a matter on which practice varies, it has been suggested to Dr. Massal that the information obtained should be made available to THE JOURNAL for publication.

Samoa: *New leprosy hospital in American Samoa.*—In October last, it has been reported in *Ka Malamalama*, published in Honolulu, 25 patients returned to American Samoa after nine years of treatment in the Makogai leprosarium in Fiji. When Lawrence M. Judd took office as governor of American Samoa he vigorously pressed plans to provide for their return, and there has been constructed a new hospital for them seven miles from Pago Pago, the seat of the government. They will receive medical care, will live in Samoan type houses, and will have plots of ground to cultivate. It is expected that this move will encourage others with the disease to submit to treatment.

United States: *Dermatologists discuss sarcoid and leprosy.*—At the Atlantic Dermatological Conference last year, dermatologists from Philadelphia presented five cases of sarcoidosis—one patient, incidentally, claiming great improvement following BCG vaccination. Those presentations were followed by a lengthy discussion in which several speakers, beginning with Dr. Frederick Reiss, formerly of Shanghai, spoke of tuberculoid leprosy and of the view once held in certain quarters that sarcoid was a form of that disease. This discussion should be seen in the original.—[*Sr. Hilary Ross.*]

(A note of an important recent monograph on the pathogenesis of sarcoid is to be found in the *J. A. M. A.* 157 (1955) 749.)

Patients at Carville from endemic states.—From a report by Dr. Eddie Gordon, medical officer in charge at Carville, cited in *Leprosy Briefs*, 155 of the 344 patients in the Federal Leprosarium on June 1, 1954, came from four endemic states: Texas, 66; Louisiana, 59; Florida, 20; California, 10. (Nothing is said of the race or national affiliations of these patients.)

Carville ex-staffers in the missionary field.—Dr. Herman Gray, formerly of the staff of the U. S. P. H. S. Hospital at Carville, La., and later in the California state service, during which period he participated in the Clinical Evaluation Conference held in Japan in 1952 by the Leonard Wood Memorial, has taken charge of a leprosy settlement in Africa, at Gboko, Makurdi, in northern Nigeria. Mention of this fact appears in a story in the *Carville Star*, where it is stated that the place is 80 miles from Mkar, in Benue Province. From the same source it is learned that Dr. C. H. Oliver, who was on the Carville staff for a year, in 1953-1954, was about to go to another station in Nigeria.

History of Carville.—To anyone who might be interested in the story of the origins and development of what was the Louisiana Leper Home and is now the U. S. Public Health Service Hospital (National Leprosarium) at Carville, La., the special November-December 1954 issue of the *Star*, patients' magazine of that institution, would be found to repay the reading. One of the articles concerns the beginning of the use of promin by Dr. G. H. Faget, who thereby introduced the sulfones into the field of leprosy; this story was corrected slightly in the correspondence published in the January 1955 issue of the magazine.

Tuberculosis isolation in Kentucky.—Arrangements have been made for the Julius Marks Sanatorium in Lexington, Kentucky, to be the isolation center for "recalcitrant" tuberculosis patients if suitable local facilities are not available, according to a news item in the *J. A. M. A.* Under a Kentucky law, a patient with communicable tuberculosis who is not following proper isolation procedures may be convicted of a crime, punishable by a fine, jail term, or both; or, if local facilities for his confinement are

not available, he may be sent to the Sanatorium. "The patient when delivered to the hospital must accept such isolation on a voluntary basis as an alternative to confinement in jail."

Trinidad: *Leprosy patients in revolt.*—Newspapers report that on January 11 the 300 patients of Trinidad's leprosarium, on Chacachacare, seized control of the island. They were protesting against the recall of their medical superintendent, Dr. Michael Corcos, for granting many of them Christmas leave on the mainland.—[Medical News, *British Medical Journal*.]

Costa Rica: *The antileprosy campaign.*—A booklet published in 1953 gives data on the numbers of cases dealt with in Costa Rica. Since 1892 there had been a total of 659 patients admitted to the Las Mercedes national sanitarium, and 150 remained in 1953. Since the introduction in 1946 of conditional discharge, 133 once-positive patients had been released; and since that time 107 bacteriologically negative ones had been given outpatient treatment. A distribution by provinces of the cases hospitalized since 1892 gave, on the basis of current census figures, an accumulated figure of 1.4 per thousand for Limon, 0.8 or 0.9 for three other provinces, a minimum of 0.2 for Guanacaste, and an average of 0.7 for the whole country. (Since these figures represent the data for 61 years, the annual incidence represented by them would be extremely small.)

Brazil: *Research at the University of Minas Gerais.*—Dr. Orestes Diniz, who in addition to his duties as head of the Department of Leprosy of the state health service is now assistant to the Chair of Pharmacology and Experimental Therapeutics at the School of Medicine of the University of Minas Gerais, held by Prof. Santiago Americano Freire, tells of recent work done there. Professor Americano Freire has been paying special attention to the therapy of leprosy, including the synthesis of new drugs, and has also worked on the bacteriology of the disease. He has recently reported to the Brazilian Academy of Medicine results in the latter field, including cultures of the Hansen bacillus by the slide culture method, and studies of a yeast-like form isolated from lepromas.

Peru: *Plans for the Pan-American Conference.*—Word comes from Dr. G. Basombrio, who has recently visited Lima, Peru, that the authorities there are tentatively planning to hold the IV Pan-American Leprosy Conference early in 1956, postponed from next October. Postponement is in part due to a change of government scheduled to occur in July. It appears that the theme of the conference has been changed from Pathogenesis and Treatment to The Antileprosy Campaign.

WHO: *Annual report of the director-general.*—One paragraph in the summary of the director-general's report for 1954 which appeared in the *WHO Chronicle* has to do with leprosy: "Activities in leprosy control are increasing in a number of countries, with projects being planned in Indonesia, Iraq, and the Philippines, started in Ceylon and Nigeria, and continued in Burma (after the withdrawal of WHO aid). In addition, a survey was made in Paraguay by the Pan-American Sanitary Bureau. (Presumably more specific information is to be found in the report itself, a 219-page book obtainable in English, French, or Spanish for 10/-, \$2.00, or Sw. fr. 6.)

PERSONALS

DR. R. CHAUSSINAND has been appointed to lecture on leprosy, September 19 to October 30, in an international course on children's tropical pathology organized in Paris by the International Children's Centre (Unicef).

DR. ROBERT G. COCHRANE has returned to England from a prolonged trip that has taken him again around the world, in the course of which he spent several weeks

in Korea and considerable time in the United States, where he serves as technical advisor to the American Leprosy Missions, Inc.

DR. H. FLOCH, director of the Institut Pasteur de la Guyane française, was awarded in 1953 the Emile Marchoux prize of the French National Academy of Medicine for the "contribution of the Institut Pasteur of Guiana to the treatment of leprosy by the sulfones."

DR. E. GEHR, for the past two years government leprologist for Surinam, S. A., has observed leprosy in many countries. In 1939-1940 he and his wife were sent by the German Research Association to study epidemiology and control in the Balkan countries, Turkey, Spain and Portugal, and in 1941 in China, Japan, Formosa, French Indo-China and Siam. From 1942 to 1946 they were at the Chiangmai Asylum in Thailand, and then in Bangkok until late 1952.

DR. E. MUIR, although supposedly retired, is since the death of Dr. Lowe acting as medical secretary of the British Empire Leprosy Relief Association and as secretary-treasurer of the International Leprosy Association.

JOHN LOWE, C. B. E., M. C., M. D., F. R. C. P.

Dr. John Lowe, medical secretary of the British Empire Leprosy Relief Association and secretary-treasurer of the International Leprosy Association, died suddenly in London on May 13th, 1955.

Born at Handsworth, Birmingham, in 1898, Lowe attended King Edwards School, Birmingham. After service in the first world war, during which he won the M. C. in France, he studied medicine at Birmingham University, qualifying in 1922. In the following year he went to India as a medical missionary in the leprosy home at Dichpalli in the Nizam's Dominions (Hyderabad, South India). While there he obtained the M. D. for a thesis on malaria.

Showing a flair for investigation, he was invited in 1931, after Dr. J. M. Henderson returned to England, to join the leprosy research department at the Calcutta School of Tropical Medicine, and in 1935, when Dr. Muir retired, he became head of the department. For a number of years he acted as assistant editor, and later as editor, of the *Indian Medical Gazette*. During the second world war he became professor of tropical medicine and director of the School of Tropical Medicine. During this period he was out of leprosy work, but for what he had done he was awarded the Kaiser-i-Hind Gold Medal in 1944.

In 1946 Lowe retired from India and in the following year, after receiving the M. R. C. P., he went out to Nigeria. He first worked under the British Empire Leprosy Relief Association, and later under the Nigerian government, at the Leprosy Research Centre at Uzuakoli in the Eastern Province. His energies were chiefly directed toward finding an improved form of treatment for the disease. He was the first to publish satisfactory results with the oral administration of diaminodiphenil sulphone (DDS). This was found to be effective, safe, easily administered, and inexpensive enough to be used in mass treatment. It is now adopted as the standard drug in most countries throughout the world.

In 1952 he was made Commander of the Order of the British Empire by Her Majesty Queen Elizabeth, in recognition of his work in leprosy. At about the same time he donated to the International Leprosy Association—of which he was a charter member, he having participated in the Leonard Wood Memorial conference in Manila in 1931 at which it was created—most of the money that had been awarded him by the Brazilian Academy of Medicine as a prize for his therapy work.

Although in impaired health, Lowe continued to work with his usual vigor at Uzuakoli until he took over as medical secretary of the British Empire Leprosy Relief Association early in 1954, in which year he was elected F. R. C. P. At the International Congress of Leprology held in Madrid in 1953 he was elected secretary-treasurer of the International

Leprosy Association. Late that year he suffered a coronary attack, and although he recovered and returned to part-time activity he was greatly handicapped, and it was from another such attack that he died. He is survived by a widow and two sons, both medical men.

Lowe had the true scientific spirit—the desire for the truth and the power of self-criticism. He was a clear thinker, speaker and writer. While not seeking undue credit for himself, he was always quick to give credit to others whom he considered worthy. In research he was a good colleague to work with. Though sometimes deliberate in getting off the mark, he lost no time once he got going but threw himself with energy and thoroughness into whatever he had undertaken. He published many papers, chiefly on leprosy, and added much to our knowledge of that disease. Sufferers in India, Africa and indeed throughout the world owe him a debt of gratitude. His death is a sore loss in the field of leprosy research, a field in which there are all too few first-class workers.

—H. W. WADE

—E. MUIR