

NEWS AND NOTES

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

THE ORDER OF MALTA CONGRESS

The organization of the International Congress for the Defence and Social Rehabilitation of the "Leper," which will be held in Rome April 16-18, 1956, is proceeding satisfactorily. Many physicians and sociologists who have been invited from all parts of the world where the problem of the Hansen disease is felt will participate in the Congress. Besides official delegations, to be sent by the governments of various countries, representatives of 42 countries have already been registered by the end of November, and the titles of 59 papers have been received. The members will participate in the Congress upon invitation but on their own initiative. The World Health Organization will be represented by a delegation, and the International Leprosy Association has named Dr. Chaussinand, of Paris, as observer.

The subjects of the Congress program, and papers to be presented by individuals particularly competent in the respective fields, are as follows:

1. The plague of leprosy throughout centuries. Principles inspiring defence work of society in the past.
Prof. A. Pazzini, Rome.
2. Recent progress in therapy and prophylaxis of leprosy.
Introduction: Prof. Giuseppe Bertaccini, Italy. Progress in therapy: Dr. James A. Doull, U. S. A. Possibilities of vaccination: Soeur Marie-Suzanne, France.
3. New trends of the social organization of leprosy control services.
Introduction: Dr. Ernani Agricola, Brazil. Leprosaria: Drs. L. Llano and D. R. Rinaldi, Argentina. Diagnostic centers, Dr. Such-Sanches, Spain. Ambulatory organization: Prof. A. Dubois, Belgium. Segregation of the "leper" and separation of sexes: Dr. K. Hamano, Japan.
4. Prophylaxis and protection of the child.
Introduction: Dr. José N. Rodriguez, Philippines. Prophylaxis: Dr. H. C. de Souza-Araujo, Brazil.
5. Methods and techniques for the physical rehabilitation of the "leper."
Introduction: Prof. José Gay Prieto, Spain. Plastic surgery: Prof. Jack Penn, South Africa. Technical progress in methods of surgical rehabilitation: Dr. P. W. Brand, India.
6. Social rehabilitation of the treated hansenian; new trends in the battle against leprosy.
Introduction: Dr. E. Muir, England. New trends: Prof. E. F. Merklen, France.
7. Social legislation on leprosy in various countries.
Prof. Giuseppe Bendandi.

The Organizing Committee, in order to be able to set up statistical data of the actual situation regarding leprosy and the problems concerned, has sent a questionnaire to leprosy organizations and treatment centers in all parts of the world. If the answers are sufficiently numerous, the data thus gathered should be useful for the discussions of the Congress members. The high approval of Cardinal Fumasone Biondi, Prefect of the Congregation of the Propaganda of the Faith, gives assurance of Catholic aid and the gathering of information from the most remote districts of Africa.

The Congress, which will be inaugurated in the presence of H. E. Lieutenant of the Grand Master of the Sovereign Military Order, will be held in a modern hall provided with a simultaneous translating system for five languages (English, French, German, Italian, Spanish). An exhibit of books and reviews about leprosy will be arranged in the adjacent rooms of the Congress hall. The Sovereign Military Order of Malta, moreover, intends to proceed in its crusade by establishing an International Study Centre, based on the resolutions of the Congress to give effect to proposals made for the augmentation of the fight against Hansen's disease.

Rome, Italy

GIUSEPPE BENDANDI
Secretary General

THE ORDER OF MALTA

The Sovereign Military Order of Malta—the third name that organization has borne through the years—has had a long and checkered history, difficult for anyone but the historically inclined to appreciate. The following summary sketch has been drawn from such sources as are available, mainly the Catholic Encyclopedia published in 1910. The story in parts varies rather widely in the different sources.

The order, the principal story goes, was founded in Jerusalem about 1100 by one Gerard when he established a hospice for the care of strangers and the poor in the Holy Land—not a hospital for the care of the sick. Ultimately it became the most important of the military orders, the Hospitallers of St. John of Jerusalem. It was strictly autonomous, not a dependency of a monastery, and Gerard profited and acquired territory and revenues.

Under his successor, Raymond of Provence (1120-1160), the hospice was enlarged and converted to an infirmary, the brothers becoming infirmarians. There were no knights among them until Raymond set up an armed escort to accompany and protect the pilgrims, after which the military aspect of the establishment developed with no loss of its eleemosynary character. From then on there were the military brothers, the brothers infirmarians, and the brothers chaplains.

When the Kingdom of Jerusalem was at its height the Hospitallers had no fewer than seven strongholds, two of them in Tripoli, with extensive holdings in the Holy Land and in Europe. Rivalry between the Hospitallers and the Templars—the later order military from the outset and outdating the former in that respect—had much to do with the decline of the Kingdom. Both orders were independent of all authority but that of Rome, from which they derived extensive privileges.

The Hospitallers, along with other military orders, offered the only real resistance to the Egyptian sultan, Saladin, when he set out to conquer the Holy Land. The

Hospitallers survived the fall of Jerusalem (1187) and the loss of its Asiatic possessions, because of its resources from Europe. They retained their holdings in Tripoli until the fall of Acre (1291), after which they sought refuge on the strategic island of Cyprus and developed a fleet. Under Guillaume de Vilaret as Grand Master the pope and certain kings and princes added extensive territories to the possessions of the Order. How extensive its holdings became is indicated by the fact that it consisted of eight "tongues" or "nations," divided into 24 priories comprising 656 commanderies.

With its conquest of Rhodes the Order changed its name to the Knights of Rhodes (1309-1522), and it underwent complete transformation. The term Knights prevailed over Hospitallers, and the caring for the sick was subordinated. The knightly character was further accentuated by fusion with the remaining Knights Templar after the latter Order was suppressed (1312). The Knights became corsairs to oppose the Moslem pirates and make reprisals on Turkish merchantmen, at times pillaging rich port cities. (According to one source, they carried on a most lucrative trade with the Arabs, despite the prohibition of intercourse with them. During this period it was more a political and commercial organization than a religious one.)

When Rhodes finally capitulated to Suliman II (1522), he spared the lives of the Knights and loaned them ships in which to return to Europe. In 1530 Emperor Charles V gave them the island of Malta, under the kings of Spain, and there the order took its third and present name, the Knights of Malta. It held the island until 1798, although in 1565 Suliman II—in retaliation for their raids—had almost taken it when an army from Spain intervened.

The history of Malta of that period largely consists of local encounters with the Barbary corsairs, the best feature of which was the deliverance of hundreds of Christian slaves from the oars of the Moorish galleys. In turn, Malta became and long remained a veritable slave market; a thousand slaves were required merely to equip the Order's own galleys. The Order continued to be recognized—as it had been when at Rhodes—as an international entity, sending diplomatic representatives to other powers and signing treaties. In 1747 the Order's four ambassadors—at Rome, Vienna, Paris and Madrid—were recognized as equal in rank with other ambassadors; This was at a time when only important powers were allowed to accredit ambassadors, other states sending ministers plenipotentiary.

Deterioration set in, with lack of discipline among the knights. Various circumstances apparently contributed to the ultimate decay of the Order: Protestantism caused alienation of many commanderies; in some Protestant countries the Order was suppressed; there was widespread confiscation of its possessions; and, finally, Malta was treacherously surrendered to Napoleon when he went to Egypt in 1798.

According to one account, after the French took over Malta the Grand Master went to Trieste, where he abdicated the grand magistracy to Paul I of Russia; but when he died, in 1810, his son Alexander I renounced all claims and the regular succession was resumed. Elsewhere it is said that the Order was generally suppressed by 1799. Certainly its subsequent history varied greatly in different countries. In any case, the Order had declined so badly that from 1805 to 1879 the Pope recognized no Grand Master; there was only an interim regime of lieutenants-general of the grand magistrate. During this period, however, the Order did not cease entirely to send out diplomatic representatives. There was one to the Holy See from 1798 to 1803, and in 1803 France and Austria re-established relations. Great Britain was accredited a minister—the Englishman who was Governor of Malta at the time! The Order was represented at the Congress of Vienna in 1815, where it tried unsuccessfully to get Malta back from the British, and in 1864 it was summoned to attend the Convention of Geneva on the same footing as the other powers.

In 1879, the seat of the Order having been transferred to Rome, Leo XIII appointed a Grand Master and restored the dignity of the position; the Grand Master was

recognized as a sovereign by the governments of all Roman Catholic countries. After that, the Order grew greatly in numbers and prestige, resuming its original charitable work and growing in international importance. It continued to own the Convent of S. Maria del Priorato on the Aventine in Rome.

At present, it is said, the Order has chapter delegations and associations all over the world, devoted to charitable activities and upholding the Faith, and counts among its members many eminent personalities. In Rome, for example, Cardinal Cameli is the Grand Prior; in Spain, Infante Don Fernando Maria de Robiera heads the chapter; in the United States, Cardinal Spellman is president of the American organization.

Concerning the present activities of the Order, little has been learned. In letters from Count Robert de Billy, who is *Ministre Plénipotentiaire, Délégué de l'O.S.M. de Malte en France*, he says that for many years the Order has been associated with the fight against leprosy. It has established at least one leprosy hospital, in Ethiopia—which, it is said, was destroyed during the war. Some fifteen years ago the French Association constructed the Pavillon de Malte of the Hôpital Saint-Louis in Paris, for the care of leprosy patients. It has also contributed more than 15 millions of francs to the health service of French Equatorial Africa for the construction of two villages for leprosy victims at Mayumbia and Tchibanga in Gabon, and for the purchase of several automobile ambulances for village treatment work.

With the International Congress for the Defence and Rehabilitation of the "Leper," writes Prof. Giuseppe Bendandi, head of the organizing committee, the Grand Magistracy of the Order intends to participate actively in the crusade against leprosy.

ORDER OF ST. LAZARUS OF JERUSALEM

Because it was concerned from the first with the victims of leprosy, and still is to a certain extent, a brief account is given of the Order of St. Lazarus of Jerusalem, summarized from the Catholic Encyclopedia.

This order was entirely different from that of St. John, although it was started at the same time, originating in a "leper hospital" founded by the Crusaders. At first it, too, was a purely hospitaller organization—that word still appears in its name—but there was no conflict with the St. John one because its beneficiaries were entirely different.

It is not known how or when the order became military. It made a rapid and substantial growth in goods and privileges, with many endowments from popes and princes of Europe, and from this it developed the military commanderies there. The many "leper houses" that were set up in Europe were autonomous, did not form a congregation, and although many bore the name St. Lazarus they had no connection with the order of that name.

When Jerusalem was taken by the Moslems the order of St. Lazarus, which continued to be called "of Jerusalem," transferred to Acre where the Templars ceded it territory (1240). It had armed combatants at that time. With the fall of Acre (1291) its leprosy hospital disappeared. The commanderies in Europe and their revenues continued, but the members were no longer hospitallers, but purely military.

Innocent VIII suppressed the order as useless (1490), and attempted to transfer its possessions to the Knights of St. John (then the Knights of Rhodes), but that

was effected only in Germany. Later popes re-established it, beginning (1517) with the priory of Capua to which were attached the "leper hospitallers" of Sicily. Subsequently (1567) an attempt was made to restore the hospitaller character of the order and to put under it all the "leper hospitals" and associated houses, but this effort was rendered ineffective by the gradual disappearance of leprosy from Europe.

The order declined and split up. In 1816 the King of Sardinia, Victor Emmanuel I, re-established the titles of Knight and Commander of St. Maurice and St. Lazarus, as simple decorations accessible without conditions of birth to both civilians and military.

No information is available as to how extensive the order is now or what its aims and activities are. In recent years reports have occasionally been heard of various individuals working in leprosy being accorded membership. After the Madrid congress in 1953 several of its participants were awarded a medal and certificate commemorative of that event by the Orden Hospitalaria de San Lazaro de Jerusalem—presumably the Spanish branch of the organization.

THE SITUATION IN THE BELGIAN CONGO

In connection with an article which appears in this issue, Dr. Stanley G. Browne, of the Baptist Missionary Society's Hôpital de Yakusu, Stanleyville, has supplied the following informal and comprehensive statement of the leprosy situation in the Belgian Congo. Dr. Browne is not a full-time leprosy worker, but is in charge of the Yalisombô Leprosarium and has been engaged in the third detailed leprosy census of his *secteur médical*.

Leprosy is a great and growing problem in the Belgian Congo. Happily, however, the authorities are well aware of the fact, and they are devoting to it a commendable amount of attention and a considerable proportion of the total budget and of the budget for the medical services. There have been several changes of policy since the Cairo Conference of 1938. The most recent one seems to promise that the fight against leprosy throughout the whole colony will be organized with due appreciation of epidemiological and social problems.

The number of persons afflicted with the disease probably amounts to over 200,000, in a population of nearly 12,000,000 (i.e., over 16.6 per thousand on the average), with the Equateur and Orientale Provinces the worst hit. In some areas the prevalence is over 100 per 1000. Fortunately, the proportion of lepromatous cases is low, probably 6-10 per cent in most districts, although some figures are as high as 28 per cent. The incidence is probably increasing, and recent higher figures are not entirely to be explained on the ground of the success of sulfone therapy attracting old but previously unknown cases.

There have now been appointed provincial leprosy specialists, who direct the local efforts in the provinces. The new policy is to create large "centres d'isolement organisé," in each of which all the lepromatous cases from a large district will be isolated and treated, and also the borderline cases. The government will organize these leprosaria, but in some cases it will call on missions, Protestant or Catholic, to supply the necessary staff. Generous subsidies and the necessary drugs are supplied to cooperating missions in smaller leprosaria.

Ambulatory treatment is already organized in many parts of the country, but unfortunately there can be exercised little discrimination between lepromatous and nonlepromatous (mostly tuberculoid) cases, where there is insufficient accommodation for the lepromatous ones in the leprosaria. These institutions, however, will be created soon.

The newly-appointed assistant chief medical officer of the Belgian Congo, Dr. Charles Dricot, was until recently the medical officer of the semiofficial organization for the fight against leprosy FOREAMI, with its subsidiary, the Fonds Père Damien. His appointment should mean an intensification of the antileprosy campaign. The metropolitan government in Belgium is also much concerned about the problem, and the present colonial minister, Monsieur Buisseret, is very sympathetic and understanding and practically helpful in a financial way.

Indigenous *infirmiers*, who have received their diplomas after five years of theoretical study and practical work, are the mainstay of the village antileprosy work. Some of them, such as those trained in the government-recognized school at Yakusu, receive special instruction in antileprosy work during their two years of practical training before they get their final diploma.

"I myself am completing a survey of the whole of our medical district, making clinical notes of all leprosy cases and microscopic examinations of smears from six sites of every suspected lepromatous or borderline case. In addition to the 757 patients at the Yalisombo leprosarium (mainly lepromatous, borderline, or tuberculoid cases with nervous complications) we have over 3,600 other cases under controlled ambulatory treatment through our network of rural dispensaries and treatment centers. There are a few other districts in Congo, notably near the Red Cross Antileprosy Center at Pawa, where this domiciliary treatment is also similarly organized."

In September of last year, the government arranged a special conference at Léopoldville of doctors in the Congo, and leprosy was one of the two principal subjects chosen for discussion. Seven papers on the subject read there, with the discussion, have been published in the fifth issue for 1954 of the *Annales de la Société belge de Médecine tropicale* [34 (1954) 565-652]. (Abstracts of these papers have been supplied by our Contributing Editor for Belgian territories, Professor Dubois.—EDITOR.)

NATIONAL LEPROSY RESEARCH INSTITUTE OF JAPAN AND OTHER NEWS

A new leprosy research institute was inaugurated on July first for the prosecution of research in more concentrated fashion than could be done by members of the regular staffs of the leprosaria. Information about this place, and other current matters, has been supplied by Dr. Taiji Nojima, director of the Oshima National Leprosarium, and Prof. Kanehiko Kitamura, of Tokyo, has also contributed.

The new research institute consists of an entirely new installation located far back on the precincts of Tama Zensho-en leprosarium, at Kiyose in the northeast outskirts of Tokyo, on an area of some 20,000 square meters. The project includes a branch at the Kikuchi Keifuen National Leprosarium at Kumamoto, but that unit is said to depend on the laboratory and instruments of the leprosarium, so it is not completely independent. The institute has no hospital of its own, but depends for study material on those at which it is located.

The buildings of the main institute, newly constructed for the purpose, comprise an administration office, connected at the rear by a roofed walk with the laboratory building. From the appearance of pictures these buildings are of solid construction (concrete or stucco), while the animal house and the eight neat cottages for staff members are of wood.

The facilities of the laboratory building, and the intended scope of the work to be done, are indicated by the designations of the principal rooms in the sketch

provided, which shows 18 rooms: two pathology laboratories, bacteriology laboratory, serum laboratory, tissue culture room, cultivation room, electrochemical instrument room, electron microscope room, metabolism room, analytical room, synthetic room, balance room, darkroom, and preparations rooms.

The staff consists of a director, Dr. Rokuzo Kobayashi, aged 68, one of the leading bacteriologists of Japan, previously director of the National Institute for Preventive Medicine Research in Tokyo; an assistant director and chief research worker, Dr. Yoshio Yoshie, aged 54, who formerly was chief physician at the Zensei-en leprosarium; three other full-time doctors, 5 other full-time staff members, and 10 part-time staff members.

Appropriations.—The expenditures for leprosy in Japan for the year 1955 are estimated: (1) for the eleven national leprosaria, 1,379,856,000 yen (\$3,832,933); (2) for the leprosy prevention work, including grants to three private leprosaria, 101,313,000 yen (\$281,425); (3) for the research institute, 12,128,000 yen (\$33,698).

Meetings.—The 28th annual meeting of the Japanese Leprosy Association was held April 2-4, 1955, at Kyoto University, as a branch conference of the 14th meeting of the Japanese Medical Association.

The fourth local leprosy conference of the western sector of Japan was scheduled to be held at Nagasaki University on October 7th. The corresponding meeting of the eastern sector was to be held at Aomori, also in October.

Personals.—Dr. T. Saito, chief of the Sanatorium Section, Medical Department, Welfare Ministry (which Section has supervision of all institutions for tuberculosis, leprosy and mental disease) has been made director of the medical department of the Hiroshima Prefecture government. He has been replaced in the Welfare Ministry by Dr. Y. Ozaki, formerly Chief of the Epidemic Prevention Section of the same ministry.

Dr. S. Baba has been appointed director of Amami Wako-en National Leprosarium in Amami Oshima Island, Kagoshima Prefecture, recently ceded by the United States to Japan from the Ryukyus (Okayama). Dr. Baba was formerly a physician at Tama Zensho-en, and subsequently the doctor of the Suruga National Leprosarium in Shizuoka Prefecture.

Dr. Kensuke Mitsuda, his health now better than last year, attended the meeting at Kyoto.

Leprosy in Japan, 1954.—With this title is an illustrated, bilingual pamphlet put out by the Tofu Kyokai (Japanese Leprosy Foundation). In the brief section on history it is said that when the Empress Teimei, who had long given help and encouragement to the antileprosy work, died on May 17, 1951, she left her entire property to the Leprosy Prevention Foundation for the welfare of leprosy patients, and her belongings were given to the leprosaria. The foundation to which the bequest was left was reorganized as the Tofu Kyokai.

The numerous tables, for 1953 and 1954, are much the same as those for 1951 that were noted in some detail in this department two years ago [21 (1953) 257-259]. The number of government leprosaria has now been increased to 11, with the return to Japanese jurisdiction of the Amami Wako-en in the northern Ryukyus, with about 300 patients. The total number of patients in these institutions was 9,900, up from 9,151 in the 1951 report; in the three private leprosaria there were 299, up from 239. These numbers do not include children of leprous parents cared for in these leprosaria. The type distribution was: lepromatous 6,200, or 63%; neural 2,839, or 29%; and tuberculoid ("macular") 862, or 9%—practically the same as before.

ASOCIACION MEXICANA DE ACCION CONTRA LA LEPROA, A. C.

Established in 1948 as a private institution of social action, to cooperate with any other organization, official or private, concerned with the campaign against leprosy in the country, this association would seem in certain respects to be the most active one of its kind. There has recently come to hand some of the educational material put out.

This consists of two eye-catching folders, "Lepra!" and "Es Urgente . . .", in which the message is told simply; a more sober leaflet designed for a different audience and a covered, profusely illustrated, 28-page booklet of excellent quality.

Within the Association, said to have some 200 members, professional and lay, are several groups "of the most diverse activities but united in purpose": Asistencia Medica, cooperating in the diagnosis and treatment of patients; Asistencia Infantil, concerned with everything relative to child patients and healthy female child contacts; Posada del Niño (literally, Children's Boarding House), which maintains a home for healthy children of leprosy parents, this activity using 52% the available funds; Estudios y Enseñanza, encouraging the study of the disease; and the Comisión de Servicios Sociales. This last is said to have a broad program, including giving better food to low-income patients in the city, and physical and social rehabilitation.

A double-page spread of the booklet deals with finances. Income has increased from \$44,754 in 1948 to \$173,874 in 1953—\$236,078 in 1952 being the peak, the average for the six years being \$146,815. (This money is of course the Mexican peso, at present 8 per U. S. dollar, so the account of \$236,675 at the end of 1953 represented nearly US\$30,000.)

A unique activity is that of the Committee of Study and Teaching in holding a meeting, open to all interested persons, on the afternoons of each Wednesday of the month except, ordinarily, the first one. The subjects are not confined to leprosy alone, but also include such as, "Fifteen Months in Europe," "Lupus erythematosus," "My Stay in Peru," and "Buclizina." For mailing the programs are printed on franked folders, by provisions of a presidential order. These meetings are held at the Centro Dermatológico Pascua, of which Dr. Fernando Latapí is director, and where the Association has its office (Calle Dr. Garcíadiego 21, Mexico 7, D. F.).

OFFICIAL INTERNATIONAL NAMES FOR SULFONES

In accordance with the official Procedure for the Selection of Recommended International Non-Proprietary Names for Pharmaceutical Preparations, the June 1955 issue of the WHO *Chronicle* contains ten pages of names which, further in accord with the said Procedure, and in the interest of public health, the Director-General has requested be recognized as the nonproprietary names for the substances in question, it being further requested that the necessary steps be taken to prevent the acquisition of proprietary rights in the names, including prohibition of registration of them as trade names.

Search of the list, in which all of the recommended names are in both Latin and English forms, shows that 4,4'-diaminodiphenylsulfone (written as a single word) should be called diaphenylsulfone (diaphenylsulfonum).

Glucosulfone (glucosulfonum) continues as the name for *p,p'*-diaminodiphenylsulfone-*N,N'*-di-(glucose sodium sulfonate), or Promin, and thiazosulfone for 2-4'-diaminothiazolylphenylsulfone (Promizole), as adopted by the American Medical Association [THE JOURNAL 19 (1951) 232]. The name sulfoxone sodium, adopted by that body for Diasone and Diamidin, does not appear in the WHO list; that substance, the disodium

salt of 4-4'-diaminodiphenylsulfone formaldehydesulfoxylic acid, appears as aldesulfone sodium (aldesulfonum natricum).

There are two thiosemicarbazones in the list, 4-ethyresulfonylbenzaldehyde thiosemicarbazone, named subathizone, and 4-acetamidobenzaldehyde thiosemicarbazone, called thioacetazone.

NEW DOCUMENTATION CENTERS

UNESCO, in cooperation with the governments concerned, is actively engaged in setting up documentation centers in different countries. A report in *Science* says that there are some two dozen UNESCO experts, technical-assistance workers, engaged in this activity and that missions have been accomplished in several countries. Three of them we have heard of.

In Mexico City the Centro de Documentación Científica y Técnica is in full operation, primarily to give assistance to Spanish-speaking research workers. Besides running a library and publishing a somewhat ambitious monthly *Boletín*, the center offers bibliographic, translation and photographic services. Under the direction of Dr. Armando M. Sandoval, this institution has an all-Mexican staff trained under UNESCO technical-assistance fellowships.

The Indian National Scientific Documentation Service, called for brevity INSDOC, is also in operation, in New Delhi, primarily to help Indian scientists keep in touch with the work of other scientists throughout the world, although its services are also available to scientific workers elsewhere who need information about the published work of Indian scientists. Besides its own file of periodicals, it has call on other libraries in India. Modern techniques of microfilming and photocopying are used, and there is a translation service that undertakes to translate into English scientific articles published in any other language.

A similar center has been opened in Egypt in the office of the Egyptian National Research Council. It was set up under the guidance of the three experts who had served in the establishment of the one in Mexico.

NEWS ITEMS

Philippines: *Plans for a golden jubilee at Cullion.*—The Cullion Advisory Board, composed of the elected representatives of the various regional groups among the patients, has initiated a move to celebrate May 25-28, 1956, the fiftieth anniversary of the opening of the colony. Tentative plans include, besides the usual events (parade, program, etc.) an inter-sanitarium athletic meet to be participated in by teams from several of the provincial sanitariums in other parts of the country. Invitations, it is planned, will be extended to various high officials and dignitaries, and to the press. An informational-historical pamphlet on the colony is to be prepared. The authorities of the Department of Health have given assurance of funds for certain features of the project, and the Philippine Navy has promised a vessel to convey visitors from Manila, Cebu and Iloilo. Such celebrations, so far as we are aware, are unique, and not what would be expected of leprosy patients in "compulsory" segregation. (Note has previously been made of a celebration of the 25th anniversary of the Eversley Childs Sanitarium at Cebu.)

M. Follereau visits Manila.—M. Raoul Follereau, called the "Wanderer of Charity," recently visited Manila for the first time while on one of his periodical round-the-world voyages, and held an hour's press conference before he left. Once a newspaper man himself, before he got interested in the problems of the victims of leprosy while working as a news correspondent in French Central Africa, he told of his travels over the past 25 years on behalf of those people, during which time he had travelled some 600,000 miles and visited 80 different countries. In his public appearances, according to news reports, he is never without his cavalier tie, black coat and cane. He and his organization, the Order of Charity, in France, has raised and distributed some 500 million francs. It appears that he has increased the "estimated" number of leprosy cases in the world to 12 millions. He is quoted as summing up: "In my travels around the world my aim has been to promote two things: medical and social assistance to lepers." As a contribution for those in the Philippines, he gave to Dr. Paulino J. Garcia, secretary of health, a check for \$500. Mention has been made of M. Follereau as intimately connected with the initiation of the congress on rehabilitation to be held by the Order of Malta in Rome next April.

Hong Kong: *Dr. Smyly at Hay Ling Chau.*—At the end of a story in the April-June issue of *Without the Camp* on Young Life on Hay Ling Chau, the leprosarium near Hong Kong built under the direction of Dr. Neil D. Fraser, who is the resident director, is an account of the near drowning of Dr. W. H. Smyly in a boating accident. He and Dr. L. S. Yang were in a small sailboat when it was capsized by a sudden squall. Under difficult conditions some of the patients got to them in a boat, but Dr. Smyly's feet were entangled in the ropes and he was extricated with difficulty. Although he is seventy years of age, he recovered from the effects of the shock and immersion. Dr. Smyly was for many years in Tsinan, where as a part of his activities he ran a small leprosarium; but that is in Red China and no longer accessible.

Japan: *Nojima's cultivation work.*—In a personal letter Dr. Taiji Nojima, director of the Oshima National Leprosarium, tells something of his work on the cultivation of the leprosy bacillus done over the past 30 years. He has repeatedly obtained from human lepromas growths which he says are all of the same type, and he wonders if they may perhaps be a smooth form of the tubercle bacillus. However, in rat inoculations carried on since 1945 he has produced lepromas transmitted for 10 generations from rat to rat; inoculations of guinea-pig testicles have always been negative. It has been impossible to cultivate an acid-fast bacillus from these

experimental lepromas in the rat. A report on that work is said to be forthcoming.

U. S. A.: Proposed leprosy legislation.—That hardy perennial, the bill for elaboration of activities in connection with leprosy in the United States, has again appeared in the form of a resolution introduced in the House of Representatives. This bill, according to the *J. A. M. A.*, would have the U. S. Public Health Service take the lead in a drive against leprosy through: dissemination of pertinent facts concerning leprosy; more widespread treatment of leprosy patients through construction of five new leprosariums and the use of veterans hospitals to care for veteran patients and use of other hospitals for nonveterans; the establishment of a rehabilitation program for discharged patients and an arrangement with private physicians to treat patients at home; increased funds for research and allowances for patients and their dependents; creation of a national advisory council on leprosy. A similar bill introduced in the Senate in 1953 was summarized in some detail and commented on by Dr. James A. Doull, of the Leonard Wood Memorial, in the May 1953 issue of *Leprosy Briefs*.

Another piece of proposed legislation that has been repeatedly introduced and repeatedly not acted on is the "Bill for the relief of Josefina V. Guerrero," the Filipina war heroine who by special dispensation was allowed to enter the United States for treatment at Carville but who is liable to deportation as an alien.

Meeting of leprosy researchers scheduled.—It has been learned that the U. S. Public Health Service recently held, in Washington, D. C., a meeting of officials concerned with the leprosy problem in the United States. Plans are now being made for a meeting of all persons engaged in leprosy research in the country to be held at the Federal leprosarium, at Carville, next January. Dr. G. H. Hunt, assistant surgeon general, Bureau of Medical Services, Public Health Service, is in charge of the arrangements.

Carville patients take citizenship test.—During May, six more patients of the Carville hospital went to Baton Rouge, the capital city of Louisiana, to take their tests for citizenship, the *Star* reports. In the class were some who had been handicapped by blindness, but all passed and were awaiting the fall session of the court to take their oath of allegiance.

Legacy for the Star.—From the office of the *Carville Star* has been received a report that the sum of \$7,182 had been left to that magazine by a California woman long interested in leprosy patients. The money is to be used, it is said, for extending the work of the paper. Office routine and printing will be taught to those patients who wish to learn them, and social service work among the patients will be extended.

Dr. Wilson honored by the South Korean government.—Dr. Robert M. Wilson, now practicing medicine in Richmond, Virginia, was recently awarded the National Medal of the South Korean government in recognition of his many years of work in that country on behalf of leprosy patients. The medal was received from Dr. You Chan Yang, Korean ambassador to the United States, at a ceremony in Washington. A somewhat detailed account of Dr. Wilson's achievements in Korea appeared in the April 1955 issue of the *Carville Star*.

Cuba: Second national leprosy conference.—The Cuban Society of Leprology, writes Dr. Tiant, attempted to organize the second national leprosy conference in the latter part of 1954, but it had to be postponed and was finally held in Havana on March 26-27 this year. The attendance was good. In the morning of the first day three solicited papers were read: Actual status of leprosy control in Cuba, by Dr. R. Ibarra; Early diagnosis of leprosy, by Dr. F. R. Tiant; BCG vaccination in leprosy, by Drs. V. Pardo-Castelló, F. R. Tiant, and R. Ibarra. The afternoon session was devoted to free themes, e.g., Leprosy and plastic surgery, Lazarine leprosy, etc. After dinner there was an interesting panel discussion with Dr. Pardo as moderator. The second day was devoted to the social amenities natural in the meeting

of friends from different parts of the island, with a closing banquet at the Comodor Yacht Club.

Leprosy hospitals in Cuba.—In reply to an inquiry, Dr. Tiant corrects a misunderstanding created by a statement seen recently that two of the three original leprosy hospitals in Cuba had disappeared, leaving only the National Sanatorium "San Luis de Jagua" at Santiago. That statement is ascribed to an error of translation. It should have read: "The San Lazaro Hospitals of Havana, Camaguey, and Santa Clara were the first ones built. The last two have disappeared, leaving only the one at Havana. . . ." That hospital, which was visited by the members of the Fifth International Leprosy Congress in 1948, is still functioning and in good working condition. Thus there are still two leprosaria in the country.

Surinam: Proposed training center.—It is reported that, following his recent tour of the Guianas and Trinidad, Dr. Lauro de Souza Lima has recommended that a training center for the Caribbean region be established in Surinam. It is understood that certain authorities believe it would be more advantageous to establish it in another country of that general region.

Argentina: Argentine Society of Leprology.—The Sociedad Argentina de Leprología is sufficiently well established to issue printed leaflets for the programs of its meetings. According to one in hand, the first meeting was held on the afternoon of May 21, 1955, at the office of the Dirección de Dermatología (i.e., the leprosy service), in Buenos Aires. The program called for the reading of the documents of foundation of the society, a report of the Board of Directors, and technical papers. Seventeen of these were listed, with the names of no less than 21 persons appearing as authors or co-authors.

Norway: Leprosy cases in 1954.—The number of leprosy cases in Norway continues to decrease, Dr. Melsom reports. At the end of 1954 there were only 9 of them in the country, 8 at the Pleiestiftelsen No. 1 in Bergen; 4 of them were men and 4 were women, 2 were lepromatous and 6 maculoanesthetic. One patient, a man with the maculoanesthetic form, the disease arrested, lives at home. One man, of the same type, died during the year. No new case was found.

Switzerland: Report on leprosy therapy.—At a meeting of the Swiss Academy of Medical Sciences, according to a report in the *J. A. M. A.*, Professor Tréfouel of the Institut Pasteur in Paris said that because *Mycobacterium leprae murium* is a pseudo-tuberculosis bacillus [*sic*], the results of treatment of infected animals cannot serve as a guide for clinical practice in human leprosy. For example, streptomycin is much superior to the sulfones in the treatment of rat leprosy but is without any effect in the human disease. Substituted sulfones have the same secondary effects as DDS, the true mother substance, they being easily split to produce it in the organism. Promin splits off much more of the mother substance in the intestinal tract than in the blood, which explains why it is effective in tuberculosis of guinea-pigs if given by mouth but not when administered parenterally. In treating human beings with that derivative only 2 gm. can be given by mouth, whereas 15 gm. is required when given intravenously. Thus, the situation is similar to that with sulfonamides: the desired effect depends, not on substitution on the amino group, but on the fact that one or both amino groups are free.

Spain: Course in leprology at Fontilles.—The fifth graduate course in leprology was held, under the auspices of the Faculty of Medicine of Madrid, at the Fontilles leprosarium from Aug. 31 to Sept. 11, 1955. The participating entities were the Graduate School of Dermatology and Venereology, the National School of Health, and the Colonia Sanatorio de San Francisco de Borja (Fontilles). The course was open to dermatologists who desired to obtain the official diploma in leprology. It

consisted of comprehensive lectures 16 themes, dealt with by ten specialists, and it included a wide range of practical exercises with patients and laboratory materials. Dr. Felix Contreras was in charge. Dr. José Gay Prieto, who was to have an active part, was in Indonesia at the time on a WHO mission. How many physicians took the course has not been learned.

Greece: *Minister of health visits Spinalonga.*—For the first time in twenty years the bleak island of Spinalonga on the northern coast of Crete has been visited officially, by the minister of health and other officials from Athens, according to a news dispatch taken up by the *Carville Star*. They found the place so bad, the 180 patients living in such appalling conditions and with such low morals, that they called it "a place worse than Dante's Inferno." A letter from officials of the Committee for Leprosy in Greece says that it had been decided to abolish this leprosarium. Negative patients were to be released to live with their families, and would be paid a monthly pension because the prejudice is such that they cannot get employment; disabled patients of this class without families would be cared for in an asylum. Patients requiring continued treatment would be put in the leprosy hospital in Athens.

East Africa: *Progress with the research center.*—During 1954 and to the middle of 1955 the East African Leprosy Research Centre, under development at the Itesio Leprosarium in Kenya, still had to struggle most of all against the slowness of construction, the small staff having been recruited and ready to get to full work. By the end of June, however, the laboratories and offices had been completed and equipped fairly well, and all the houses for the staff had been built and occupied with the exception of that of the director. He, Dr. James Ross Innes, had been on leave in the United Kingdom for some months, returning early in July; temporarily he will continue to live as in the past, as temporary houses are available under African conditions. One of the chief remaining problems is that of adequate electric power. There has been much discussion, but as yet no firm decision, as to what exactly what the first research projects shall be, but it is expected that work will be started promptly.

There is an apparent anomaly about the location of this center in that, although it is located in Kenya the postal address is Busia, Uganda. Dr. Ross Innes, asked to elucidate, has supplied a sketch map which shows that the Itesio place is located on the western border of Kenya, some 60 miles southwest of Mt. Elgon, only about 5 miles from Busia across the border. There are two leprosaria in that general region of Uganda, Buluba to the west of Busia and 70 miles from Itesio, and Kumi 83 miles to the north-northwest of Itesio. Nairobi, the capital of Kenya, is 310 miles away.

French Africa: *Foot fashions in French Equatorial Africa.*—For many years Dr. Albert Schweitzer tried, to no avail, to get his leprosy patients to wear sandals to protect their feet from injuries and to keep foot bandages clean. "I was preaching to the deaf," the *Leprosy Missions Digest* reports him as saying. Pictures in newspapers and magazines sent to the settlement showed European men and women wearing shoes, not sandals. "And for them that settled the matter. Since the cost of shoes was prohibitive, they preferred to go around barefoot, and simply took no notice of me." Then fashions changed, and the magazines began to contain photographs of elegant ladies wearing sandals. That did it. "We have to thank the ladies of fashion in the outside world that the bandages on the feet of our leprosy patients now remain clean."

PERSONALS

DR. HARRY L. ARNOLD, JR., of Honolulu, has been elected member from Hawaii of the House of Delegates of the American Medical Association.

DR. RICHARD S. BUKER, of the Chiengmai Leprosy Hospital, is on furlough and is reported as now residing at Highland Road, Brunswick, Maine.

DR. P. H. J. LAMPE, who for some years has been WHO representative with the Government of Burma in leprosy work, leaves there at the end of the year to accept the post of deputy director at the Netherlands Institute for Preventive Medicine in Leyden.

DR. V. PARDO-CASTELLÓ, of Havana, until recently one of the Associate Editors of *THE JOURNAL*, has been elected president of the American Dermatological Association for the year 1955-1956.