NEWS AND NOTES

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

LEPROSY INSTITUTIONS IN KOREA

The leprosy situation in Korea is obscure, and specific information is scanty [e. g., see THE JOURNAL **23** (1955) 87]. Early in 1955, under official auspices (American Korean Foundation, etc.), Dr. Robert G. Cochrane spent six weeks there visiting leprosaria and colonies. An address on his findings and recommendations was distributed in mimeographed form, and, condensed, was published in *Leprosy Review* [**26** (1955) 141-146 and **27** (1956) 19-28]; but most of the specific data were reserved for an official report. Another interesting report, by Dr. M. L. Smith of the Korean Civil Assistance Command [*Ibid.* **26** (1955) 147-155], is limited to the Kyongsang Namdo Province, in which Pusan is located, and deals mainly with what are officially called the "temporary colonies" there, but it merits reading by anyone interested. He has also written [*Ibid.* **27** (1956) 73-74] something about the entities which have especially concerned themselves with the situation.

Early this year Dr. Shi Ryong Choi, of the Chronic Diseases Control Section of the Ministry of Health and Social Affairs, visited the Philippines under a WHO travel grant and brought with him a report (mimeographed) of the Ministry on leprosy for 1954. That report, supplemented by information supplied by him personally, is the source of the tabulation here presented.

The leprosy institutions are listed in that report by sponsorships—national, provincial, etc. Here they are rearranged by provinces, from the north downward and in general from west to east. The dates were given in Korean fashion from the birth of Tanggun, 2,333 years B. C., 1956 being 4289. The table has been checked with one for 1953 obtained from the U. N. Korea Civil Assistance Command which appeared in *Leprosy Briefs* for February 1954. A rough spot map that was a part of the 1954 report is used here redrawn and simplified. It lacks one leprosarium which appeared in the list, and Dr. Choi supplied information regarding two so-called preventoria which are in neither the list nor the map. Mention is made of the "colonies" later.

It has always been said that there was very little leprosy in the northern part of the Korean peninsula, and that would seem to be borne out by the relatively few institutions and cases listed for the northern provinces of the Republic; the cases seen at Seoul are said (Cochrane) to be largely imported from other areas. The concentration obviously increases as one goes southward, and perhaps eastward.

Institutions (by provinces)	Established	Auspices	Inmates (1954)	Remarks
Leprosaria				
Kyonggi Do (Seoul)				
1. Sungke Won	1948	National	552	Near Inchon city
2. St. Lazarus	1950	Catholic	250	Near Suwon city
3. Dongjin Won	1953	Private	148	Near Suwon city
Kongwon Do				
4. Dae-Myung Relief Hospital	1953	National	186	Near Wonju city; for veterans
Chungchang Pukto				
5. Chongai Won	1948	Provincial[a]	512	Near Cnangju city
Chungchang Namdo				
6. Aikyung Won	1949	Provincial[a]	484	Near Taejon city
Cholla Pukto				
7. Sosaing Won	1951	National	1,513	Near Chonju city
8. Sungai Won	1953	Provincial	589	Kimzae Gun
(Private colonies, 3)				
Cholla Namdo				
9. Kaingsaing Won	1916	National	5,182	Sorokto Island (Little Deer I.)
10. Aiyang Won	1909	Protestant	1,224	Near Soonchun city (R. M. Wilson Col.)
11. Hohae Won	1951	Private	573	Naju Gun (Kuangu Lepsm)
12. Hyunai Won[b]	1953	Private	134	Naju Gun
(Private colonies, 1)				
Kyongsang Pukto				
13. Aisang Won	1951	National	945	Near Taegu city
14. Airak Won	1913	Protestant	1,012	Taegu city (R. G. Fletcher Col.)
(Private colonies, 7)				
Kyongsang Namdo				
15. Sangai Won	1947	Provincial[a]	1,719	Near Pusan city (ex Mackenzie's Col.)
16. Sinsaing Won	1948	Private	368	Minyang-Gun
17. Sohae Won	1953	Private	269	Chanyong Gun
18. Yongsaing Won	....	Private	168	Hamyong Gun
(Private colonies, 15)				
TOTAL[c]			15,828	
Preventoria				
Kyunggi Do				
Dongmyung Hak-won	1950	Private	81	Seoul city
Chungchang Namdo				
Pierce's Baby Home	1953	Missionary	30	Taejon city
Cholla Pukto				
Hosung Poyuk Won	1953	Private	59	Near Chonju city
Cholla Namdo				
Roksah Poyuk Won[d]	....	National	150	Sorokto Island
Kyongsang Pukto				
Samyuk Hak-won	1949	National	148	Taegu city
Aiyuk Won[d]	....	Missionary	48	Taegu city
TOTAL			516	

a Listed as provincial, but indicated on the map as half supported by National government, as are several of the new government leprosaria.

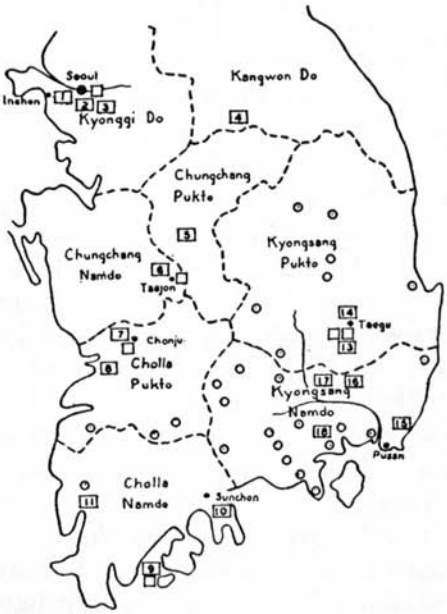
b In government list, but not on map.

c Not including "private colonies"; see text.

d Not in government list or on map.

Before the war there were only four leprosaria in Korea, three missionary and one government. The three oldest dates in the table are 1909 for the place near Soonchun established by Wilson, 1913 for Fletcher's place at Taegu, and 1916 for the government place on Sorokto (Little Deer) Island—in the 1930's second to Culion in numbers of patients but now the largest in the world. However, the first home for leprosy patients was actually that of Dr. J. Noble Mackenzie at Pusan. It is said (*Without the Camp*) that the Japanese destroyed it in 1941 for military reasons, and that hundreds of the patients settled in a valley at some distance. This is now the Sangai Won (dated as of 1947), which according to Smith the ROK army has talked of evicting. In the meantime, however, the Mission to Lepers has sent certain personnel to the place to give aid. About the segregation policy and nature of the various institutions, reference must be made to the reports cited above.

The official list mentions only 15 "colonies" in Kyongsang Namdo, and it is only those in that province (21 shown in his map) that Smith wrote about. The official



Leprosy institutions in Korea, 1954, according to official data. Those listed as leprosaria are represented by rectangles, numbered as in the table. The "preventoria" are represented by squares, without numbers (see table). The "colonies" appear as open circles, their numbers and distribution as in the official map.

map, however, indicates that there were 11 in three other provinces, as shown in the table. Furthermore, Cochrane mentions one near Seoul, with 150 people, as the best he had seen.

The total number of cases in the leprosaria at the end of 1954 was 15,828, and in the colonies (Kyongsang Namdo only, apparently) 2,779, or 18,607 in all. Besides these, the report lists 2,088 as under "home care," making a grand total of 20,695. According to Cochrane the official estimate for the over-all prevalence is about 45,000, but he suspects it may be 150,000 or more, which in a population of 29 million would be approximately 5 per thousand.

The numerous other tables of the report shows, among other data, the numbers of cases admitted during the year (2,242, against 3,258 for 1953); the age grouping of the patients, for the total and for those in institutions and at home; by sex (63%

males); by type classification (lepromatous 47%, neural 34%, mixed 16%, not specified 2%); by ages at onset; by clinical status; and by infectiousness. Some of these data are probably of dubious accuracy, in view of the limited medical service available. Nothing is said of treatment. Cochrane says that the present treatment facilities are wholly inadequate for control of the disease, and Smith writes that, "At present every patient has a justifiable and irrefutable complaint that no proper treatment is available." It is understood that there is no division or officer of the national health service concerned solely with the leprosy problem. Information is lacking as to how many physicians are engaged, whole- or part-time, in caring for patients.

LEPROSY IN NETHERLANDS NEW GUINEA

Since the leprosy survey made in 1952 [see THE JOURNAL **22** (1954) 431-439], knowledge of the situation here has increased considerably. The total number of registered cases now exceeds 1,500, in a coastal population of 350,000. At present more than 500 patients are being treated with DDS, of whom 304 have been admitted to leprosy hospitals and 10 to public hospitals.

We have succeeded in collecting reliable data on history and prevalence for the last 15 years. It appears that the peak of the infection has not yet been reached. For the time being a maximum prevalence of 5 per cent may be expected. Preparations are being made for a lepromin-tuberculin-BCG pilot project, in cooperation with the tuberculosis control division.

Intensive investigations have been made in the Wandammen Bay area. The leprosy hospital at Miei was improved in 1955 and seems to be very attractive to the patients. One-third of them are of the lepromatous type, and they are all the infectious ones that are known there. In the past year 29 patients could be discharged after a negative period of more than one year, but they are still under continued treatment as outpatients, living in a self-supporting settlement near Miei.

Large scale investigations have also been made in eastern New Guinea, and the total number of patients registered in a population of 15,000-20,000 rose to 746. My estimate of the prevalence in this area is 5 per cent at least. Only 94 patients are being treated in the colony at Saoka. A new center is being established in a more favorable place near Sorong, and will come into use as soon as provisions for a water supply have been made. Two nurses are being trained at Miei for this work. This leprosarium will be the largest in New Guinea, and it will be the station of the head of the leprosy control division.

With the exception of a coastal area between the Membaramo River and the eastern border, and a strip in the south, the entire coastal area appears to be infected, while the disease is spreading further inland in the southeast, in the west, and in some places in the Geelvink Bay area. Central New Guinea, as far as is known, has as yet remained free from leprosy. On the north coast, the people from Biak have played an important part in the spreading of leprosy during the past 50 years. On

the south coast, Indonesian immigrants are responsible for the spread among the autochthonous population in the past 30 years.

The leprosy hospital at Fak-Fak, with 46 patients at present, offers few possibilities for the future. It will depend on surveys of the surrounding areas whether it would not be better to remove this hospital to Kaimana. The building of leprosy hospitals at Seroei and Merauke will be started this year. In both of these areas the infection is of recent date and is undeniably spreading.

The government fully realizes the seriousness of the leprosy problem in New Guinea, and a leprosy control division with its own head has been established by the public health service. The available funds were adequate, but development is being slowed down by a building capacity insufficient to meet the demands of this recently-developing country. It is intended to entrust the management of leprosy hospitals, with ample subsidy, to either Protestant or Catholic missions. Another handicap is the number of physicians recently arrived from Europe who are not yet familiar with the diagnosis and treatment of leprosy. Instruction of them is an important part of the work of this division.—D. L. LEIKER.

CENTERS OF LEPROSY WORK AT VELLORE AND THE SCHIEFFELIN LEPROSY RESEARCH SANATORIUM

Reports of the Schieffelin leprosy research sanatorium at Karigiri near Vellore, Madras, under the direction of Dr. Herbert H. Gass [see THE JOURNAL **23** (1955) 87], and of the extraordinary rehabilitation and reconstructive surgical work being done by Dr. Paul W. Brand at Vellore, raised a question of precisely what centers of leprosy work there are in that district. Inquiry about that and also about the development of the Schieffelin center was made of Dr. Gass and of Mr. A. Donald Miller, general secretary of the Mission to Lepers, which supports much of the work. Both have supplied information.

To begin with, in the town of Vellore itself there is the Vellore Christian Medical College Hospital, at which there is a leprosy outpatient clinic where emphasis is laid on orthopedic work, under Dr. Brand, of the Mission to Lepers staff. The medical college itself, a union institution granting the A. B., B. S. degree of Madras State University, is located to the southwest of the town; and there Dr. Gass lectures on leprosy and dermatology. Nearby is the "New Life Center," a simple leprosy village —an idea of Brand's—for rehabilitation work, where there are various crafts and small industries. In the opposite direction, at Karigiri (Elephant Hill), some ten miles to the northeast of Vellore, is the Schieffelin sanatorium. Finally, there are roadside clinics for leprosy and other diseases along all the roads radiating out of Vellore, an extension operation of the medical college; and to the northwest, in the village of Kavanur, there is located a rural medical unit specializing in leprosy and maternity work, with a physician in residence.

THE SCHIEFFELIN SANATORIUM

The Schieffelin Sanatorium, not yet fully developed, is sponsored jointly by the American Leprosy Missions, the Mission to Lepers, and the Vellore Christian Medical College. It started with an idea of Dr. Robert G. Cochrane, when he was principal of

the medical school and a staff member of the Mission to Lepers, that there should be an extension in the field of leprosy since there was no institution for such work in the region. The American Leprosy Missions agreed to join the Mission to Lepers in the project and make a substantial contribution for developing a place for training and research from special funds at their disposal for such purposes (it to be named after its long-time president), and to contribute to its support. The Mission to Lepers also contributed to capital costs and accepted a considerable responsibility for its administration and the maintenance of staff members. The expenditure to date has been more than $150,000.

Research was to be directed primarily to certain clinical aspects of the disease, with what laboratory research might be possible under the circumstances. The teaching would be largely on the graduate level. Dr. Gass, then at the medical school, was appointed director.

At the beginning of this year there were 30 patients in two hospital wards. The first had been admitted in June 1955, previous to which the clinical work had been entirely with outpatients, some 240 of them coming from the neighboring villages. There will soon be cottage accommodations for about 100 more inpatients not requiring hospital-ward care.

There are adequate facilities for medical and surgical care, physiotherapy, and eye, ear, nose and throat work. X-ray equipment has been provided, and facilities for clinical photography and photomicrography. One laboratory is for routine work, another for research. As a part of the work, a biopsy is made on every case admitted.

With Gass there are three other physicians, W. S. Robertson of New Zealand, a retired orthopedic surgeon who volunteered for the work on an honorary basis; E. P. Fritschi, of Madras, who previously had been with Brand at the Vellore Hospital, and K. Job, from Travancore; all have duties at the Medical College Hospital as well. Consultations by specialists of that hospital can be had when needed. Brand in particular attends for consultation. The nursing and physiotherapy is under the supervision of an English-physiotherapist-nurse, Miss Ruth Thomas. An engineer-architect from Scotland manages the building operations and assists in the general management. A social worker comes out once a week. This staff is supported by the Mission to Lepers.

The aim, wrote Dr. Gass, is to have as quick a turn-over of patients as possible. with follow-up work. The institution is not to take on the nature of a colony, home, or settlement. The patients will be admitted mostly for treatment of complications and for stabilization on treatment. In one report (*Leprosy Missions Digest*) the patients are spoken of as "happy guinea pigs" who, because the center is primarily for research, are hand-picked from other institutions, especially for the study of repair of deformities of the hands and feet.

"CRISIS AT CARVILLE"

Recently there has been much emotional disturbance and lowering of morale among the patients at the U. S. federal leprosarium because of new and restrictive administrative orders and other things, and the situation has been given much publicity. When in 1953 Dr. Eddie M. Gordon took over as medical officer in charge (MOC), he began to make changes, some dictated by required economies (despite which improvements of the place were made), others by—according to reports heard at the time—the degree to which he found the patients had come to "run the place." Of several new measures [see THE JOURNAL **23** (1955) 89], one led to the discharge of physically able negatives and a reduction of the patient

population from around 400 to about 300. The present situation was precipitated mainly by: (1) severe restrictions on contacts between patients and nonpatients, and (2) plans for the elimination of the private residences in "Cottage Grove" which, with official permission, had been built by certain of the patients.

The first overt restrictions applied to general visitors, i. e., those other than relatives of patients. For years the standing matter of the Carville *Star* had carried the notice that, "Visitors, with the exception of children under 13, are admitted freely." In the March 1955 issue there was added to that statement, "The general visiting of adolescents is not encouraged." In the July-August issue, however, the notice was radically changed: "General visitors, with the exception of those under 20, are admitted for guided tours of the hospital at 10 a. m., 1 and 2 p. m."; and it is said that even this information was removed from the gate.

An incident is related that when a man who for 27 years had been the administrative officer of the leprosy hospitals in Honolulu (Kalihi before and Hale Mohalu now) came to visit one of the patients in his private cottage, the visitor's wife and daughters had to wait at the gate because the latter were "teenagers," although one of them was 19. In his own institution, it was pointed out, the age limit for visitors was still 12 years.

The heavy blow from the patients' point of view fell last July. While Dr. F. A. Johansen was MOC, he developed the athletic facilities and activities, believing them to be good therapy and excellent for morale. To that end there were laid out a nine-hole golf course, and a lighted field for (soft-ball) baseball complete with grandstand. A complete innovation was the bringing in of invited outsiders for competitions with the patients in golf and baseball, and at times of professionals from Baton Rouge and New Orleans to instruct the patients. They, familiar with the course, won their share of the tournament prizes. In baseball, the hospital team twice won the River League softball championship against outside teams. This, it has been pointed out, caused not only jubilation among the patients but also a feeling that they would not be without hope when they should return to the competitive life of the outside world.

These activities were continued during the first two years of the new regime, including six semiannual golf tournaments, the last one as recently as early 1956. Then, in July, a letter was circulated to the various patients' organizations (there are nine of them listed in the letter) which said, in part:

"The Administration of this hospital will not permit the promotion of games, dances, etc., between patients and non-patients. . . . Instructions have been issued to stop, as tactfully as possible, dancing between patients and non-patients. Golf and baseball games between patients and outsiders have been discontinued.

"The local Post [American Legion] should be advised that in deference to the fact that leprosy is a communicable disease and in consideration for the health of

others, patients should have as few and as casual contacts with non-patients as possible. . . ."

This letter went on to say that repeated exposure of visitors was a cause of concern, and that because of the ban on dancing it would be best "not to invite outsiders to patient dances." Even the medical staff, it is said, was instructed to avoid fraternizing with patients.

About the patients' cottages, official discussions apparently began as far back as 1953. There are 18 of them, some admittedly in bad condition, some needing repairs that could be made, others in good condition and well-equipped; there have been no alterations since 1952 because of the uncertainty of the situation. Eleven of them are occupied by married couples and 4 by other patients; 3 are unoccupied. Several are owned by patients who have been discharged and who, with permission, rented them to the present occupants.

Early this year the U. S. Congress made an appropriation of $25,000 requested by the U. S. P. H. S. "to settle or compromise claims" of the patients concerned. At first they were well content, having understood that the government would pay them for the houses, make the necessary repairs, and allow them to continue their occupancy—and their privacy, their housekeeping with raw rations provided as in the past, their flower and vegetable gardens, and their pets.

The bad news came when it was revealed that the actual plan was that the cottages should all be torn down. The patients would be compensated for their "equity," not for the actual value of the houses and equipment. (Legally, the government has title to permanent fixtures installed on government property by private individuals.) Three floors of regular dormitories would be converted to groups of two-room "apartments," each with bath but without kitchen, for married couples only; the privilege of drawing raw rations would be discontinued, the occupants to eat in the cafeteria; the apartments would be equipped with government furniture, and the private furniture—and pets—would have to be disposed of. One commentator wrote that the trend of the policy is "to make Carville strictly an institution, and not a hospital community" such as is desirable for a place where most of the patients are able-bodied but usually have to stay for a matter of years rather than of days or months.

The Patients' Federation decided to fight the restrictive new rules. The services of a Baton Rouge lawyer were engaged to represent them before the Public Health Service in Washington, to which a letter of protest was addressed. The story hit the Baton Rouge newspapers early in August—at which time, incidentally, the patients in protest had called off a dance that was to follow the graduation exercises of the hospital high school, and other community events scheduled are said also to have been cancelled. Two papers carried series of articles telling alike of the problems of the patients and of the administration, with particular attention to the matter of the cottages; New Orleans papers took notice, and

so did the national news weekly *Time*. The Carville *Star*, naturally, has had much to say about the matter, although at the beginning—despite the fact that it is not censored—it was understandably conservative. Certain of the Louisiana Congressmen took the matter up actively, as did various outside organizations friendly to the patients, at both local and national levels. The last that has been heard of the matter at the time of writing is that Carville is to have a new medical officer in charge, but that there had been no commitments about the policy that would be enforced.

SECOND NATIONAL CUBAN CONFERENCE ON LEPROLOGY

The II National Conference of Leprology was held in Havana on March 26 and 27, 1955, under the auspices of the Cuban Society of Leprology which has—not counting those of honorary status—no less than 56 members. According to the *Boletin de la Sociedad Cubana de Dermatología y Sifilografía* whose third issue for 1955 is devoted to the meeting, it was attended by "nearly all of the Cuban leprologists." Eleven papers were read, and one of the sessions was a panel meeting. Ten of these papers appear in this issue of the *Boletin*, besides certain addresses. Before closing, the meeting adopted resolutions which, in a somewhat abbreviated translation, appear below.

1. The national antileprosy campaign should be intensified, with provision for the adequate care of all of the 3,944 known patients, and for discovering those as yet not known, conservatively estimated to be not less than 3,000. The former are 2,196 lepromatous [55%], 742 indeterminate, and 725 tuberculoid; of these, 796 are hospitalized, 903 are being treated in outpatient clinics, and 2,245 [57.5%] are yet to be reached by the clinics.

2. The average number of new cases per year since the first census 11 years ago has been 100, increased in 1954 to 245. The majority were between the ages of 16 and 50, the period of greatest activity and therefore the most dangerous as regards contagiosity.

3. The capacity of the existing leprosaria is very small as compared with the number of patients requiring sanatorium care. They should be enlarged, with the creation of colonies within their respective areas; and, if possible, there should be established new colony sanatoria and not exclusively hospitals.

4. All clinically and bacteriologically negative patients should be discharged from the leprosaria and transferred to the dispensaries, for continued treatment and periodical examinations. For the multilated or invalid patients who cannot be reintegrated in their families, suitable asylums should be established. Thus could be avoided their continued occupancy of beds in the leprosaria [which should be available for] patients who could be benefited by sanatorium treatment.

5. In the dispensaries, special attention should [also] be given to periodical examinations of contacts, to detect early cases. . . .

6. All contacts should be given the Mitsuda test, and it should be obligatory that the negative reactors receive BCG vaccination.

7. Leprosy being neither hereditary nor congenital. . . babies of leprous parents should be separated at birth and placed, preferably, in preventoria—which we still do not have—or with healthy families or persons. . . and should be examined periodically at the dispensaries.

8. Plastic surgery for leprosy patients is extraordinarily useful, and consequently

the plastic surgeons of Cuba should be given the opportunity to acquire experience in this type of surgery in the leprosaria, which would benefit the patients with deformities or mutilations. . . .

9. Leprosy, especially the lepromatous form, frequently give false positive serological reactions, and. . . provisions should be made for performing the treponema immobilization test (Nelson and Mayer).

10. The sulfones—DDS the most effective and preferred—are the best treatment; thiosemicarbazone is considered of second rank; and third, as an adjuvant, is isonicotinic acid hydrazide. Chaulmoogra oil has been relegated to a very secondary level.

11. No antileprosy treatment should be put indiscriminately into the hands of the patients, but should be given under the supervision of specialist physicians.

12. Indispensable and urgent is the creation of voluntary organizations to look after the social, etc., interests of the patient and his family. . . .

13. To carry out all these measures, which for the most part are in accord with those recommended by recent international congresses, appropriate legislation is needed. The lost autonomy of the Patronato para la Profilaxis de la Sífilis, Lepra y Enfermedades Cutáneas should be restored, and it should be granted adequate funds. . . .

14. Lastly, it was unanimously agreed that the third national conference should be held in Santiago de Cuba within the next two or three years, in preparation for the VII International Congress of Leprology in India in 1958.

THE H. L. ELIAS FUND

Mr. Harold ("Harry") L. Elias, of the Leonard Wood Memorial, died suddenly on July 19th, aged 65, of a heart attack while convalescing from a successful abdominal operation. Mr. Elias had been with the Memorial since its inception, first as office manager and then since 1940 as executive secretary, and will be remembered by many, especially by leprosy workers who have visited New York through the years, for his kindness and helpfulness. In tribute to his devotion to the cause of the antileprosy work, the Memorial is inviting contributions to a special fund to be used solely for the support of *Leprosy Briefs*, the Memorial's house organ, widely distributed without charge. This purpose is regarded as especially appropriate because of Mr. Elias' particular interest in the educational side of the leprosy problem. Contributions, large or small, may be made to the Leonard Wood Memorial, Harold L. Elias Fund, 1 Madison Avenue, New York 10, N. Y.

COMMENT ON A MEETING

In a report in a recent issue of *Science* of the annual meeting of the American Physical Society held last April, at which 1,750 members were present, it is said that an innovation was the recording of attendances at the various sessions. This was done as an aid to planning future meetings. The findings confirmed the often-expressed opinion that the primary value of the meeting comes from the individual contacts among those attending. Most of the time, more people were involved in such "bull sessions" than were attending the formal technical sessions.

NEWS ITEMS

Sumatra: *Golden Jubilee of Lau si Momo.*—Along with the American Leprosy Missions and the Culion Sanitarium, the small but charming leprosy hospital of Lau si Momo, in northern Sumatra, is celebrating this year its golden jubilee anniversary. Established by a Dutch mission in 1906, it now cares for 276 patients, who are provided a work-therapy program which enables them to save money for starting a new life after discharge. No child born in the place has ever returned for treatment, it is said.—[*Leprosy Missions Digest.*]

Japan: *Tongue reading of Braille.*—Since the fingers of blind patients are anesthetic, they cannot read Braille as ordinary blind people do. In Japan they have hit upon the scheme of reading Braille by the lips or the tongue. This involves a difficulty of irritated lips from too much reading. One patient discovered that a certain kind of lipstick was soothing and he applied it at night, removing it in the morning before his room-mates awakened. One morning he overslept, much to their entertainment and his embarrassment.

Taiwan: *Reputed prevalence of leprosy.*—During a recent visit to the federal leprosarium at Carville, Miss Ruth Duncan, a registered nurse who worked in China until run out by the Communists and who is now with the Happy Mount Colony in Formosa, said that there are about 10,000 cases in the southern part of that country while the only leprosaria—the government place with about 800 patients and Happy Mount with 60—are in the north.

Guadalcanal: *Progress in treatment.*—Sister M. Joseph, of the leprosarium at Tetere, Guadalcanal, has written that much progress had been made during 1955. During the war, probably due in part to malnutrition, leprosy had increased. The Solomon Islanders have acquired much confidence in the sulfones, and will travel for 3 or 4 days for treatment, and outpatients attend regularly. The local Native Council had prepared a site for a village for affected families, and treatment is given there. —[The *Star.*]

United States: *Changes of Hawaiian regulations proposed.*—The Hansen's Disease Advisory Committee of the Hawaii Department of Health (a body of 11 persons of whom 4 are physicians and 2 are former patients) has proposed, (1) repeal of the law which makes leprosy grounds for divorce, since the disease is no longer incurable and since the law is sometimes abused by being invoked by couples who already were patients when they were married; and (2) repeal of legislation regarding "kokuas," healthy relatives of patients who went with them to the Kalaupapa settlement to look out for them in bygone years, when their services were needed. At present there are only two aged former kokuas still living at Kalaupapa.—[H. L. Arnold, Jr.]

Federal aid to Hawaii.—The Territory of Hawaii will receive from the U.S.P.H.S. an allotment of $1,000,000 for the care and treatment of leprosy patients in Hawaii during the fiscal year 1956-1957. This does not cover the entire cost of the program; the balance, $50,000, will come from the funds of the Territory itself. It is not so very long ago that there was no such federal aid, and the local government had to bear the entire cost.

It is also reported that the Territory has received a deed to the property on which the Hale Mohalu leprosy hospital stands, at Pearl City near Honolulu. Formerly U. S. Navy property (WAVES' barracks), it was declared surplus and in time was turned over to the Department of Health, Education and Welfare, in Washington, whence it was transferred to the Territory.

Medical superintendent for Kalaupapa wanted.—The Civil Service Department of Hawaii has called, according to the August 25th issue of the *J. A. M. A.*, for applications for the position of superintendent of the Kalaupapa leprosarium on the Kalawao peninsula of Molokai Island. The applicant must have had at least four years experience as a physician, of which two years must have been in an administrative capacity in a hospital or other medical institution, and must be licensed to practice in the Territory. The salary is $10,000 per year, with full perrequisites—housing, domestic service, and food; the position carries vacation benefits, sick leave provisions, and a retirement program. No children under sixteen.

The number of "temporary release" patients remaining at Kalaupapa in July exceeded, for the first time in the 90 year history of the settlement, the number of "active" cases, the latter having declined to 107.

Cost of operating the U. S. federal leprosarium.—It is reported that the appropriation for general expenses of the federal leprosarium at Carville, La., for the fiscal year 1956-1957 is $1,647,700. On the basis of an average patient enrollment of 318, this means $14.20 per patient per day. In addition, there are currently two extraordinary appropriations for the hospital, one of $515,000 for improvement of the plant, the other of $452,000 for converting the electric power from direct to alternating current. (For contrast, the available appropriation for the Culion Sanitarium for all services is pesos 980,500 ($490,250), which with 2,066 inmates—men, women and children, including those of inmates without symptoms—amounts to pesos 1.30 ($0.65) per patient per day.)

American Leprosy Missions; jubilee and five-year plan.—The celebration of the Golden Jubilee Year of the American Leprosy Missions has consisted of a series of regional meetings, to culminate with a two-day conference in New York in October. This organization has adopted a five-year plan under which 8 or 10 institutions in Africa and Asia will be assessed regarding the possibility of developing them as centers for demonstrating "model H. D. units," for the training of doctors and other workers, and for the gathering of research materials. Missions can only organize pilot institutions, it is pointed out, as a challenge for governments to establish effective methods of mass treatment and control.

American Leprosy Missions, financial statement for 1955.—A statement published in the *Leprosy Missions Digest* shows that the receipts in 1955 were $745,419.50, nearly $10,000 more than in 1954. (A newspaper report seen told of one bequest of $100,000 to the "American Mission to Lepers," the name of the organization when it was an auxiliary of the Mission of that name in London.) The expenditures for services ("spiritual and physical care and treatment of leprosy patients and for the eradication of leprosy throughout the world"), and for education ("in the knowledge of leprosy, its effects and its control, and for rehabilitation and reestablishment of symptom-free patients in normal society") came to $548,013.94. The total expenditures totalled $797,465.75, which was $52,046.25 more than the receipt. The assets totaled $926,036.12.

Grant for study of leprosy proteins.—Dr. Florence Seibert, of the Henry Phipps Institute in Philadelphia, who is well known for her work with the proteins of the tubercle bacillus, especially the "purified protein derivatives" (PPD) extensively used in tuberculin testing, is reported as having received a two-year federal grant for a project concerned with the proteins of the leprosy bacillus. It is understood that difficulty is being met in obtaining bacillus-rich leprosy tissue suitable for the work, and any aid in that matter that might be offered would be most welcome.

Death of Sergeant Cortizas.—Master Specialist Sgt. Antonio Cortizas, U. S. A., a medical sculptor connected with the Armed Forces Institute of Pathology, has died recently of heart failure. At the Institute, for one thing, he developed a "tattooing" technique of covering with pigments of natural skin color the disfiguring wound blemishes of the face in war veterans. On four occasions he had visited the federal

leprosarium at Carville to do such work with leprosy patients, "where physicians said his work did much to improve a despairing patient's will to recover."

Brazil: *The São Paulo leprosy service.*—The Departamento de Profilaxia da Lepra is now under the direction of Dr. José Celidonio de Mello Reis. The editorship of the *Revista brasileira de Leprologia* has been taken over by Dr. Nelson de Souza Campos, who hopes to bring it up to date. At the Instituto Clemente Ferreira, he and Drs. Rosemberg and Aun are trying to obtain an antibiotic- and sulfone-resistant strain of BCG for use in the treatment of leprosy. It is planned next year to perform indiscriminate BCG vaccination (oral) of children and youths to the age of 20 years throughout the entire state of São Paulo, with a view to prophylaxis of both tuberculosis and leprosy.

United Kingdom: *The Mission to Lepers.*—In an editorial, *Without the Camp* discussed the question of the word "lepers" in the name of the society. If the Mission were being created now, instead of 80 years ago, a different title would doubtless be sought, but in the one it has there is the important merit that it makes clear the fact that the Mission is one essentially to people. "It is not simply an association of scientists and their followers concerned primarily with the leprosy bacillus and its destruction." It is concerned with the victim, and the actions of its friends takes the sting out of the word in question. "But it is finally in something much more fundamental than a change in nomenclature that social attitudes will be transformed." Note is made of a suggestion that its work must now concentrate on the "the three R's" of leprosy work—Relief, Research, and Rehabilitation.

Mission to Lepers' eightieth birthday.—To celebrate the 80th anniversary of the founding of the Mission, it was decided that special gifts should be offered to the missions through which it does its work. They were asked about special needs that might be met by such birthday gifts, and the variety of them reported was great, from the rebuilding of a termite-ridden nurses' home to the travel of doctors to learn new orthopedic techniques. A total of £80,000 was to be spent that way, which would involve temporary deficit spending for the year.

France: *Donation by the Ordre de la Charité.*—In a formal ceremony in Paris Raoul Follereau, president of the Ordre de la Charité, presented to the president of the Municipal Council a check for 1,350,000 francs for the purchase of a vehicle, to be called the "Ville de Paris," for the health service of French West Africa for extension of field treatment of leprosy cases. The president of the Municipal Council then gave to M. Follereau the medal of the City of Paris to commemorate the 25th anniversary of his voyages "on the pathways of charity." Follereau was soon to leave on another tour, going first to the South Pacific islands and then to India to see the work of the Belgian physician, Dr. Hemeryckx, in the Madras area, which would add to the 700,000 kilometers he has already travelled in the interests of those afflicted with leprosy.

Belgian Congo: *Treatment by DDS in chaulmoogra.*—Two recent visitors at the federal leprosarium at Carville are reported as using DDS in chaulmoogra oil, evidently under the influence of the workers at Bamako in French West Africa. One was a Dr. Arden Almquist, who at Wasolo had 70 patients in the hospital and 450 outpatients (about 2,500 at the various dispensaries operated by the same mission). "In the course of a year," he said, "we have seen tremendous clinical changes." The other was Dr. Michel Lechat, in charge of a leprosarium at Cocquinville, who was on a six-months WHO study tour during which he was to go to several countries in South America and Africa.

Ruanda Urundi: *The Nyankanda leprosarium.*—The first leprosy hospital in Ruanda Urundi, a UN Trust Territory administered by the Belgian government

(through the Belgian Congo) was started only five years ago, according to the *Leprosy Missions Digest*, and is an outstanding example of cooperation of different mission bodies (the Ruanda Urundi Alliance of Protestant Missions, aided by the American Leprosy Missions) and of the government, which gave the land and the major share of the building costs. It now has over 700 patients and some 50 healthy children, but there still is no full-time doctor. It is in the charge of a lay missionary couple, he an agriculturalist-builder, she a nurse. (Whether or not Nyankanda is still the only leprosarium is not indicated. Prevalence of leprosy in this region is much lower than in much of the Belgian Congo itself, according to official reports.)

Kenya: *Local solution of the rehabilitation problem.*—Dr. W. J. Barnett, a medical missionary born in Kenya and now working in Tanganyika, is quoted as having said that in many ways leprosy does not bear the stigma in Kenya that it does in other parts of the world. The problem there in the presulfone days was not so much having the disease as its crippling effects. Up to about ten years ago leprosy patients who were helpless—crippled, blind or aged—were taken to the top of a granite boulder and dropped into a deep, cave-like hole to perish, and bones of those people are still to be seen today.

South Africa: *Changes in discharge policy.*—There has been a change in the leprosy discharge policy in South Africa. Heretofore Leprosy Boards have met every six months to pass on cases proposed for discharge. Now the medical superintendents of the leprosaria are authorized to discharge cases at any time, with the concurrence of another physician. The requirement that lepromatous cases shall be negative for 12 months before they can be discharged is still in force.

PERSONALS

DR. R. CHAUSSINAND, of the Institut Pasteur of Paris, has spent three months in Portugal studying the leprosy situation there at the invitation of Portuguese government.

DR. ROBERT G. COCHRANE, according to the *Leprosy Missions Digest*, was recently invited by the Indian government to become the director of the All-India Institute for Leprosy Research in Madras. Because his work for the American Leprosy Missions precluded any other full-time job, it is stated, the Institute finally settled for the loan of his services as consultant three months of the year. After one such sojourn there he recently went to the United States for several weeks, traveling in connection with the Golden Jubilee of the American Leprosy Missions, of which he is technical advisor.

DR. KANEHIKO KITAMURA, professor of dermatology of the medical faculty, University of Tokyo, has been appointed director of the University Hospital.

DR. FRED C. KLUTH, associate epidemiologist of the Leonard Wood Memorial, has resigned to take charge of the new Division of Training in the Department of Health of the state of Texas. Since 1949 Dr. Kluth has been engaged in a field study of leprosy in Texas. This has included investigation of all reported and suspected cases; ensuring that patients received treatment either at home or at Carville; periodic examination of discharged and home-treated patients, and of all persons known to have lived in family association with leprosy. Through his efforts a great deal of local interest has been aroused, on the part of dermatologists, general practitioners, and health officers. The public health nurses have been alerted to the signs of the disease, and have learned that it should be handled under public health rules similar to those for tuberculosis. The greatest scientific value of Dr. Kluth's work is perhaps a negative one; namely, that in spite of most intelligent and strenuous efforts he has failed in a majority of instances, in an area where the disease is thin, in tracing the sources of infection. In the course of his work he discovered, on several

occasions, lepromatous leprosy, sometimes in elderly persons, which had remained undetected for years. In most instances the clinical signs were not obtrusive. The probability is that these cases are ordinarily missed and constitute the chief source of infection in Texas.—[J. A. DOULL.]

MR. STANLEY STEIN, editor of the Carville *Star*, has received the honorary appointment of colonel and aide-de-camp on the staff of Governor Earl K. Long, of Louisiana. He had had a similar appointment with a previous governor.