NEWS ITEMS

Fiji: *Makogai Hospital.*—The report for 1954 of the medical superintendent, Dr. W. H. McDonald, gave the number of patients at the end of the year as 647. There were 13 racial components, of which the largest (203) was Indian. Almost all were receiving DDS. [*Leprosy Review.*]

Attention should be called to the brochure entitled Makogai, Fiji Leprosy Hospital, that was put out by the Fiji Medical Department, Suva, in 1955. Prepared, it is said, in 1953 by Dr. C. J. Austin, C.B.E., who retired in that year after over 20 years service as medical superintendent, it is an attractive booklet which, with its numerous excellent pictures, tells of one of the better—but least known—leprosaria. Tribute is paid to the Rev. Mother Mary Agnes, who went to Fiji from France in 1883 and had been Sister-in-charge for 33 years when she retired in 1950, at the age of 80. In 1937 she had been honored by the British government with an M.B.E., and in July 1953 (when the picture shown was taken) she received from the French government the award of Chevalier de la Legion d'Honneur.

New Zealand: *Vanishing tuberculosis.*—Under this heading, a news item in the *J.A.M.A.* relates that in 1954 it was decided that the Pleasant Valley Sanatorium was no longer needed, and that plans to build another one should be abandoned. Now it is intended to close the Pukeora Sanatorium. As a result of progress in the treatment of the disease and in rehabilitation, the tendency now is to treat tuberculosis patients in general hospitals, to class the disease as "just another type of infection" and not to segregate patients behind a barrier. It has also been decided to increase the social security benefits for the patients. Treatment in the hospitals will have technical benefits, and the patients will be nearer their homes and friends, whose regular visits are likely to contribute to the cure. (There is here a note not unfamiliar to workers in the field of leprosy.)

United States: *Plans of the American Leprosy Missions.*—At a conference held last October by the American Leprosy Missions, to climax the celebration of its Golden Jubilee, the president of the organization announced a five-year plan of development. Seven leprosaria aided by the Missions in Nigeria, the French Camerouns, the Belgian Congo, India and Korea (which institutions were meant is not stated in the report in the Carville *Star* from which this note is taken) were being assessed with regard to the possibility that they might be upgraded and developed into model training, demonstration, and research centers. The seven institutions selected are to serve as models for the treatment and care of leprosy, for the benefit of local governments and of other missionary institutions concerned.

Orthopedic surgery for Nigeria.—Dr. R. F. Goldie, of the Ogbomosho leprosarium in Nigeria, and his family are spending a year's furlough in Baton Rouge, La., in order that he may make weekly trips to Carville to observe the reconstructive hand surgery of Dr. Daniel Riordan, of New Orleans, consultant in orthopedics. About 70% of the Carville patients, it is said, have some kind of hand contractures, and Dr. Riordan visits there regularly.—[Stanley Stein, Baton Rouge *Morning Advocate.*]

The "Miracle" on TV.—An adaptation of Betty Martin's book, Miracle at Carville, was recently given as a live television performance by the National Broadcasting Company. The cast was excellent and the production good, but since it had to be cut for a 30-minute production the presentation was regarded as not entirely adequate [The *Star.*]

Marriage, Carville version.—This is the title of an article by Ann Page in the Carville *Star*. Marriage is not prohibited at Carville, but neither is it encouraged, and by "unwritten law" marriages are not solemnized at either of the chapels there, Protestant or Catholic. Patients who fall in love and decide to marry have to plan and finagle to get vacation leaves at the same time, and to make arrangements for their weddings while away. Returning, they present the MOC with the certificate, and there is nothing to be done about that. Of the 16 such couples there at the time of writing, 11 were living in private cottages (which according to the then plans of the administration were to be destroyed), while the other 5 lived separately in the ordinary dormitories. The husband was permitted to be at his wife's room until 10 p.m., after which—officially—he was required to go to his own bachelor quarters.

New MOC at Carville.—In view of the troubled relationships with patients that had arisen at Carville, there is interest in the appointment of a new medical officer in charge—the sixth one since the U.S.P.H.S. acquired the old Louisiana Leper Home. In November Dr. Edgar B. Johnwick took over in place of Dr. Eddie M. Gordon, Jr., who had been appointed chief quarantine officer at Ft. Monroe, Va. Dr. Johnwick, according to our sources, is a naturalized American citizen born in Tallinn, Estonia, in 1907 and brought to Florida when he was 13. He has been in the U.S.P.H.S. since 1938 and is a dermatologist, a diplomate of the American Board of Dermatology and Syphilology. He is quoted as having said, when he first met the patients and personnel in a general gathering, that "No one should be discharged from this hospital against his will. No one should be kept in this hospital against his will."

Immediately following the write-up on Dr. Johnwick was an announcement that the tenth semiannual golf tournament, which had been scheduled for October but had been banned by the previous administration, was to be held in December, and "patients' morale is zooming." Approximately 50 golfers from Baton Rouge, New Orleans, and elsewhere were expected to participate. (And then it rained, but the tournament was held anyway.)

Discussion of tuberculin testing.—The National Tuberculosis Association announced that at its annual meeting to be held in May 1957, one of the four panel discussions to be held would be on the subject of tuberculin testing. It was not stated, but it would seem that this test, which for many years has been regarded as a settled and routinary matter, has become unsettled—presumably as a result of recent reports on the subject of "nonspecific" reactions to large doses.

Tubercle bacilli in the air.—Studies by Drs. Abramson and Lester, of the U.S.P.H.S., have indicated that acid-fast bacilli are not very long-lived in the environment, and that contamination of the environment may not be a common hazard associated with pulmonary tuberculosis. Examination of 1,254 samples of air, surfaces, dust and bedding in rooms occupied by sputum-positive tuberculosis patients failed to reveal any virulent tubercle bacilli. Avirulent acid-fasts were isolated in only 5 instances. *M. phlei* distributed by aerosols were found to survive only a few hours, regardless of the relative humidity. Tubercle bacilli in various vehicles and spread as droplets on glass slides did not survive beyond 37 days.

Hexadecane vaccines.—Four Los Angeles physicians, Drs. Hoyt, Smith, Knowles and Moore, have reported that vaccines of tubercle bacilli (BCG) killed with *n*-hexadecane, or made of killed bacilli to which the chemical has been added, are more effective in producing immunity in mice than either the living or killed bacillus used alone.

"TB's new brother".—Under this caption is a story (*Time*) of reports made at the 1956 convention of the National Tuberculosis Association of a new disease which is tuberculosis-like but not tuberculosis. The causative organism is a chromogen, yellow

or orange, apparently of the group commonly known as "paratuberculosis." Marie L. Koch, from Wisconsin, reported that she had found 297 cases, 156 of them in patients who also had tuberculosis and 141 in patients free from that disease, the frequency increasing markedly in 1955 over 1954. From Georgia, Dr. Horace E. Crow reported a similar, if not the same, bacillus in 69 patients. From Illinois, Dr. Daniel S. Kushner reported that a tuberculosis-like disease can be caused in mice by a related germ, *Mycobacterium fortuitum*, which is resistant to streptomycin and PAS but not to isoniazid or tetracycline.

Mexico: *Leprosy exhibit.*—During a meeting of the National Academy of Medicine held last year, the Asociación Mexicana de Acción Contra la Lepra, headed by Dr. Fernando Latapí, participated in the scientific exposition of modern progress of medicine with an exhibit on leprosy. This exhibit comprised numerous photographs and graphs of statistical data in which were shown the generalities about leprosy, its origin, distribution in the country, classification, sulfone treatment, and also the activities of the Association in combating the prejudices with which the disease is surrounded, and an orientation of the practical management of the cases from the medical and social points of view. [M. Malacara.]

Brazil: *Proposed changes of system.*—At a meeting of leprologists held in São Paulo in July 1956, Dr. Luis Batista stated that the results of the prophylactic measures used since 1924 have not been satisfactory, because the incidence of leprosy has increased tremendously. [See abstract in this issue of an article by Favero and associates.] The meeting recommended a change of policy that includes the following points: (1) reporting should be compulsory but the identity of the patients should be kept secret; (2) isolation of the patient need not necessarily be in a hospital; (3) treatment may be given in clinics or by private physicians. Before such a program can be accepted, the public must be educated regarding the true nature of the disease. Greater emphasis should be placed on teaching medical students about leprosy, because early recognition is essential to the success of sulfone treatment. At present one of the greatest difficulties of the leprosy service is to find well-trained physicians who are interested in becoming leprologists, and careers in this specialty should be made more attractive. [*J.A.M.A.*]

Projected legislative reforms.—Deputado Janduhy Carneiro, M. D., has presented to the federal Chamber of Representatives a large project of reform of the leprosy regulations, based on national control of the disease, research and teaching in leprosy, sanitary education and propaganda and a large social movement. The plan is to obtain the total amount of Cr$750,830,000 to expend in five years of active generalized work or campaign.—[H.C. de S.-A.]

Symposium on erythema nodosum leprosum.—A symposium on the subject of ENL, promoted by the Brazilian Association of Leprology, was held last September with more than 30 Brazilian leprologists participating. Its report was to be discussed at the next meeting.—[H. C. de S.-A.]

Paraguay: *Conference on prophylaxis planned.*—Dr. Amelia Aguirre de González, director of the leprosy service of Paraguay, and Dr. Lauro de Souza Lima, WHO consultant who is working there for a year, have planned a conference of South American leprologists to be held in Asunción during the first week of September next. The main topic of the meeting will be prophylaxis, concerning the methods of which there have been important changes in the recent past.

Argentina: *Patronato de Leprosos.*—To celebrate its 25 years of work the Patronato de Leprosos de la República Argentina issued, dated 1955, a pictorial number of *Presente!*, an interesting brochure of 38 large-sized pages of pictures, mostly of

scenes at the preventorium Colonia Infantil "Mi Esperanza" near Buenos Aires. It is intended to reflect the daily life of the wards at that institution, from infancy to adolescence—from the crib to the workshops and farm—and it has a two-page center spread of airplane views of the entire institution. A map shows the locations of the branches and dispensaries in the interior, and other features of the organization—all located to the north of the Buenos Aires-La Plata district. The address of the headquarters office is José E. R. Uriburu 1018, Buenos Aires.

United Kingdom: *Discussion of leprosy research.*—Last year E. Muir pointed out editorially that one of the handicaps in leprosy research has been the small degree of interest taken in the matter, and the smallness of the number of research workers that are attracted. Some time before, however, the Colonial Medical Research Committee had called a meeting in London at which 22 research workers discussed ways and means for the coordination of leprosy research in the U. K. and the Commonwealth, "an occurrence [which] could not have been envisioned a few years ago." The chief reason for the rising interest in leprosy is "a kind of cross-fertilisation" by research in tuberculosis and new attention to the whole field of the mycobacteria.

At that meeting there was set up a subcommittee which in later meetings appointed three panels: (1) to suggest drugs worth subjecting to pilot trials in leprosy treatment; (2) to select from among the drugs thus used experimentally any which appear worth more extensive trials, arrange for such trials to be carried out in suitable places, plan the methods to be employed, and judge the results when available; and (3) to work out schemes for scientific research. The first of the drugs to pass the first two of these committees is the diphenylthiourea compound designated SU 1906, a year's trial of which in Nigeria has been reported by Davey and Currie.—[*Leprosy Review.*]

France: *Catholic Leprosy Bulletin.*—The second issue of this single-sheet publication has come to hand through local Catholic channels. Supposedly under the "scientific direction" of Drs. Basombrio (Argentina), Rodriguez (Philippines), Montestruc (Martinique, Cap (Belgian Congo), Hemerijckx (India), Dubois (Belgium) and Mr. R. Brown (U.S.A.), it comes without editorial signature from the Laboratory of Research on Leprosy in Lyon, France; but the language is English. Avowedly written especially for small dispensaries where a doctor is not regularly stationed, it undertakes to answer questions that had been asked about the sulfones. There is a dosage schedule by Blanc and recommendations ascribed to Laviron and Dubois—the latter said, erroneously, to be practicing in Africa.

The first issue of this *Bulletin,* according to the *Leprosy Missions Digest,* paid tribute to Protestant missionaries in leprosy work. In a statement of purpose it was said that its publication was "the realization of a hope, the first step in the organization of Catholic missionaries throughout the world engaged in anti-leprosy service. The need of such organization has long been felt by all these workers. Protestant missionaries are admirably organized, we are not."

Sister Suzanne writes. . . .—Under this heading the *Damien-Dutton Call* reports that Sister Marie-Suzanne of Lyon had sent out, all free, 300,000,000 doses of her vaccine for the prevention of leprosy and antigen for its treatment to 126 leprosaria throughout the world, and that she hoped to send out more in 1957 than in 1956. "At the Lyon clinic, where the treatment was begun in 1951, we have had the joy of seeing three Missionaries return to their work in the missions. Also two young people who had been sick for 20 years. They now show no signs of the disease. Two young girls were gravely ill—now they are able to go to school—their symptoms have completely disappeared. Father Sweeney is working hard in Korea in the treatment of and research for further means of curing this disease." It is not stated precisely what treatment the cured patients had received.

Russia: *Death of Filatov.*—The death of Dr. Vladimir Petrovich Filatov, in Odessa, has been announced. He is credited with having been a leading Soviet eye surgeon and medical researcher who developed one of the earliest successful techniques for corneal transplants. He will also be remembered as the originator of a method of treatment by placental implants which at one time was hailed as successful in leprosy, among many other things—which treatment was taken seriously for a time by certain workers in France and especially by the Chinese Communists after they had first taken control of their country.

India: *Dr. Santra starts a partially self-supporting home.*—In a personal letter Dr. Isaac Santra, who used to be very active in field work in the organization set up by Muir, says that after a recent trip which he took to England and the United States to study social service, he had been instrumental in starting in Orissa a "partially self-supporting leprosy home which we call a Health Home." The place, which has 500 acres of land, features a rehabilitation section where about 50 people support themselves by their own labor, working as cultivators, carpenters, blacksmiths, weavers, tile-makers, and masons. "Our roads, tanks, and houses are built by the patients. Our staff, except for myself, at one time were patients but now are all cured."

Burma: *The story of Dr. John William Edwards.*—The story of a courageous Anglo-Burman who became a physician in spite of the handicap of leprosy is told by the *Leprosy Missions Digest.* As a youth he entered medical school in Rangoon, but was forced to quit when he developed leprosy, whereupon his sweetheart rejected him. He worked variously in the laboratories and leprosy clinics of the Rangoon General Hospital and the leprosarium in Moulmein until the disease arrested, he was allowed to return to his medical studies in 1939. Then the war was on, and in 1942 he worked with other doctors and medical students in hospitals which one by one were evacuated before the advancing Japanese—for which work he was awarded a citation by the British government. Finally he was interned as a spy by the Japanese in Bhamo, but was allowed to continue his hospital work. There, the lady knowing of his previous condition, he was married. For the next three years they were moved from one internment camp to another, under conditions of severe hardship; and then leprosy reappeared, and his wife deserted him. Repeated attempts to re-enter medical school were rebuffed, but finally through friendly intervention he was allowed to take the examinations for licentiate, a lower degree than M.B.B.S. but one which entitled him to practice. In 1948 he returned to the Moulmein leprosarium, this time as a resident medical officer, where after a lonely year he adopted a young boy who had been brought in with early leprosy. His work with the patients was very successful, and he is now the medical director of the institution.

Japan: *Japanese Leprosy Association, 1957 meeting.*—The annual meeting of the Japanese Leprosy Association for 1957 was scheduled to be held at Nagoya, in Central Japan, on March 28 and 29, under the chairmanship of Dr. S. Takashima, director of the Suruga Ryoyosho National Leprosarium, according to information from Prof. Kanehiko Kitamura. It was planned that there should again, as last year, be a symposium on classification, from the clinical, immunologic and histopathologic points of view. The leaders of the discussion were to be: for the clinical side, Dr. Takashima himself; for the immunology side, Dr. K. Yanagizawa; for the histopathology side, Drs. K. Kitamura, K. Mitsuda, and T. Ogata. Dr. Yanagizawa, it will be recalled, is the tuberculin expert who was the senior worker in the recent extraordinary study of the lepromin reaction. Dr. Ogata is professor emeritus of pathology, University of Tokyo, and has recently been appointed advisor of the National Leprosy Institute.

Communist China: *Visit of Argentinian physicians.*—Dr. Salomon Schujman, of Rosario, Argentina, writes that he was in Communist China for a month, April-May, in 1956, as a member of a delegation of 15 Argentinian physicians of different

specialties who had been invited to go there for an exchange of experiences and information. As a dermatologist and leprologist Schujman gave talks on leprosy in Peking, Shanghai, Canton and other places. He had subsequently been invited to return there for a matter of 6 to 10 months to assist in the training of specialists and the planning of an antileprosy campaign which it was intended should be launched in the southern part of the country.

Disposal of leprosy victims.—On one of the islands near the Portuguese colony of Macao, according to the *Damien-Dutton Call*, a number of persons with leprosy lived in poverty and neglect for many years, with occasional visits from missionary workers. "One day the Chinese Communists took over the island. The next time the doctor from Macao made his regular visit, he found only the bodies of the 50 patients—all had been killed."

PERSONALS

DR. R. CHAUSSINAND, who spent three months in Portugal last year at the invitation of the government to look into the leprosy situation there, has been asked to return for a two months sojourn this year.

DR. ROBERT G. COCHRANE was awarded a citation by the Government of India in October last, at the closing session of a two-day Golden Jubilee conference of the American Leprosy Missions. The citation, presented by the consul-general for the Indian ambassador spoke of Dr. Cochrane's work as having "contributed in no small measure toward the development of practical leprosy control programs on a national basis throughout India."

DR. DHARMENDRA, director of leprosy control work for the government of India, has accepted appointment as director of the Central Leprosy Research and Teaching Institute, at Chingleput in Madras. It is understood that he will assume the new post in July.

DR. J. M. B. GARROD, who for the past four years has specialized in leprosy in Northern Rhodesia, has been appointed director of the East African Leprosy Research Centre at Itesio, Kenya, replacing Dr. Ross Innes.

DR. JAMES ROSS INNES, recently the director (and organizer) of the East African Leprosy Research Center (John Lowe Memorial) at Itesio, Kenya, and before that interterritorial leprologist for British East Africa, has taken over the position of Medical Secretary of the British Empire Leprosy Relief Association in London, becoming also editor of *Leprosy Review*.

DR. H. C. DE SOUZA-ARAUJO reports that after 40 years of public service he has retired from his post at the Instituto Oswaldo Cruz, but that he will nevertheless continue working.