

NEWS AND NOTES

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

BRAZILIAN SYMPOSIUM ON BCG IN PROPHYLAXIS

In early 1957 two Brazilian leprosy periodicals carried a full report of the plan of the Brazilian Association of Leprology for a symposium on Fundamentos para a Utilização do B.C.G. na Profilaxia da Lepra, which was held in Rio de Janeiro late in September of that year. The purpose was to survey the situation in that field, partly in preparation for the International Congress scheduled to be held in the latter part of 1958.

The meeting (according to Dr. H. C. de Souza-Araujo) was scheduled for September 27-29, under the chairmanship of Dr. João Baptista Risi, assisted by Dr. Joir Fonte. More than 50 leprosy and tuberculosis workers attended.

The topics dealt with, and the reporters appointed to do so, were: (1) Doctrinal bases of the biological relationships of leprosy and tuberculosis (F. E. Rabello and A. Rotberg). (2) Reciprocity of behavior of the leprosy infection in the presence of tuberculosis and vice-versa, from the epidemiologic, clinical, immuno-allergic and serologic points of view (J. Aun and L. M. Bechelli). (3) Statistical study of age-group incidence of leprosy and tuberculization, in contacts and in the population (J. Rosemberg and I. de Castro). (4) Observations resulting from applied experiments (W. Hadler and R. D. Azulay). (5) Results obtained in BCG vaccination and methods of its evaluation (N. Souza Campos and R. Quagliato).

Reports on these five subjects were read and discussed fully in meetings held on the 27th and 28th. The general feeling was that the defenders of BCG vaccination as an active means of leprosy control have lost much of their enthusiasm. The BCG used in the campaign was accused, by some workers, of being contaminated and ineffective.

When this symposium was planned there was set up a committee to present to the meeting an outline of a plan of clinical, immunologic and epidemiologic studies of the matter, having in mind especially the coming VII International Congress. The following were appointed: Jose Ramos e Silva, Hildebrando Portugal, Rafael de Paula Souza, Marcelo da Silva, Jr., Orestes Diniz, Alfredo Bluth, J. Baptista Risi, and Joir Fonte (secretary).

This meeting ended abruptly after the second day because of the sudden death of Dr. Alfredo Bluth on the morning of the 29th.

PASB/WHO SEMINAR ON LEPROSY CONTROL

At a meeting of the directing council of the Pan American Sanitary Bureau/World Health Organization, held in 1956, it was proposed that a Seminar on Leprosy Control be held in the Americas to afford opportunity to those with experience in this field to review their opinions before going to the meeting of VII International Congress on Leprology to be held in November 1958. It was also resolved that the director of PASB should undertake measures necessary to provide facilities for the training of person-

nel of national leprosy services and to promote exchanges of experience among professionals throughout the Hemisphere. For these reasons, provisions for holding the proposed seminar were included in the 1958 budget. The following factors are directly related to the need for holding this meeting:

(a) Leprosy is a disease that has deep social, economic, and psychological repercussions and is a source of great concern to the public health and welfare services of the affected countries.

(b) Leprosy constitutes a serious public health problem for a number of countries in this Region. Although generally speaking the prevalence rates are not as high as in some parts of Africa and Asia, forceful measures will be required to solve the problem in this Hemisphere.

(c) Since the advent of a new effective therapy, a renewed interest in leprosy has been noted everywhere, as possibilities and hopes now exist for the successful control of this disease.

(d) Introduction of sulfone therapy has modified the previous basis of leprosy control programs—compulsory and permanent segregation of all cases. Accepting that temporary isolation may be necessary, and this only for certain infectious cases, ambulatory and domiciliary treatment can safely and satisfactorily be given to most of the patients. Leprosy, therefore, has ceased to be a "special" disease and has become just one more of the many other communicable diseases for which early diagnosis and treatment of cases, accompanied by only temporary isolation when necessary, are effective control measures.

(e) Despite the recent advances in the field of leprology, many countries still follow the classical method of control of this disease.

The objectives of the seminar are: (1) to discuss the extension and size of the leprosy problem in the different countries of the Region; (2) to discuss the available methods of control of leprosy; (3) to suggest revision or formulation as may seem appropriate of the plans for control of leprosy in the various countries of this Region; (4) to review and observe the progress and achievements of the most extensive programs of leprosy control with which the Organization has collaborated closely, that in Paraguay.

The seminar will be held in Belo Horizonte, Minas Gerais, Brazil, from July 1-7, 1958, with an opening session in the evening of June 30th.

The following topics are those proposed for discussion:

1. Size and importance of the problem of leprosy in the Americas.
2. Results of isolation in the control of leprosy.
3. Mass treatment programs.
4. Prevention.
5. Organization of leprosy control programs and their integration in the general public health services.
6. The leprosy control program in Paraguay.

Each proposed subject will be presented by a selected person, and the presentation will be followed by a group discussion in which active participation of all the persons attending will be strongly encouraged. A committee will summarize the discussions and prepare a report for the final meeting. Opportunities for field visits will be provided, and one whole day will be devoted to this purpose.

—J. A. DOULL

MEETINGS AT CARVILLE

March 1958 was scheduled to be a busy month for meetings at Carville, for the staff played host to three different gatherings. On March 1st the

Louisiana Dermatological Society was entertained, with general discussions and case presentations. On March 20 the visitors were the Louisiana local health officers, also with an all-day program.

In between, March 4-6, was the main event, the Second Conference on Progress and Potentials in Leprosy Investigations, sponsored by the Inter-bureau Advisory Committee of Leprosy of the Public Health Service [cf *THE JOURNAL* **24** (1956) 97-101]. The program, which was printed, was planned by the Subcommittee on Leprosy Research.

The program provided for three sessions on the first day, one clinical and two "research," two of the latter kind on the second day, and one other on the third. There were 24 speakers on the program, not counting joint authors, with a total of 39 papers. A wide range of subjects was covered, and one of the sessions was devoted to "nontuberculous mycobacterial diseases of special interest to investigators of leprosy." The list of visiting participants in the conference, not including the Carville staff, numbers 52. It is said that in due course a report of the conference will be issued by the Public Health Service in Washington.

WORLD HEALTH ASSEMBLY TO MEET IN MINNEAPOLIS

The 11th World Health Assembly will meet in Minneapolis, Minnesota, May 28 to June 14, 1958. This is the third time that the Assembly has met away from the headquarters at Geneva, the previous occasions being Rome in 1949 and Mexico City in 1955. The forthcoming meeting will mark the 10th anniversary of the establishment of the WHO.

The steps leading to the selection of Minneapolis are of interest. In July 1956 the U. S. Congress passed a law instructing the Department of State to invite WHO to hold its 1958 Assembly in the United States. In 1957 the invitation was issued and accepted, the site to be selected in conference with the Department of State. The Director General finally selected Minneapolis over New York and Philadelphia, the advantages of Minneapolis being: (1) that the delegates would see much more of the United States, and more Americans will hear about WHO; (2) that there would be less distraction from the business of the Assembly; (3) that adequate space could be provided in Minneapolis without interruption, which would be difficult in New York; and (4) that the cost to WHO would be the same in Minneapolis as in New York.

Minnesota has guaranteed \$85,000 in services and funds, and Congress appropriated \$332,500 towards the U.S. share of the Assembly expenses, i.e., the estimated amount of extra expenses over the cost of holding the Assembly in Geneva. —J. A. DOULL

THE PASSING OF SR. MARIE-SUZANNE, AND PERSONNEL OF HER LABORATORY

A letter from the headquarters in Rome of the congregation to which Sr. Marie-Suzanne had belonged, written three days after her death (November 15, 1957), gave details of her illness which have not been available.

In August Sister complained of being a little tired and of having some trouble with her sight. She went to the Doctor who said her blood pressure was too high and advised rest. At the time she felt quite well apart from that. After a little while she gradually felt worse, and the Doctor advised a more thorough examination. The X-Rays disclosed a tumour in the head about the size of an orange. The Doctor said

that an operation would be necessary and that there might be some hope of recovery, though not too much at her age. The operation was performed on the 12th, that is last Tuesday, but Sister did not regain consciousness after it and died on Friday morning [the 15th].

Before the operation she suffered a good deal for a few days, was delirious for a little while, but the day before the operation she was quite calm and her mind was clear as ever. She received the last Sacraments, renewed her vows, and was completely resigned to whatever God willed.

The letter goes on to tell of the uncertainty at that time about who should be put in charge of the laboratory, to continue the work which Sr. Marie-Suzanne had been carrying on. It seems that there had been thought, to which Professor Penso agreed—if, indeed, he had not proposed it—of turning the vaccine over to an American firm for commercial production, for the Sister had realized that royalties might be needed to maintain her laboratory since it was not to be expected that benefactions from America could be depended upon forever. Nothing more has been heard on that subject.

In response to a request made of Sr. Marie François de Sales, Superior Provincial in Lyon, she has written that, not without difficulty, a committee has been formed to continue the work.

The director is Mlle. Signoud, a doctor of medicine and a religieuse, with a staff consisting of Mlle. Fauchet, a pharmacist-biologist who had been a friend and collaborator of Sr. Marie-Suzanne; Sr. Marie de la Trinité, SM.SM., and Mlle. Rabilloud, first and second laboratory assistants, respectively; and also a secretary and a laboratory aide.

About future plans, nothing has been changed. The scientific research is being continued, especially by Mlle. Rabilloud who is continuing studies which had been started under the direction of Professor Noël. The manufacture and shipping of the vaccine is carried out by the laboratory, not by the Istituto Superiore di Sanità in Rome as had been erroneously said in newspaper reports.

One passage in the letter of Sr. Marie François de Sales would seem to explain the widely spread but vague report that "Vatican scientists" (later the Istituto Superiore) had announced, just before the death of Sr. Marie-Suzanne, that her work had been pronounced successful.

"Nous savon, en effet, que le Prof. Penso a parlé a la télévision le 14 Novembre, veille de la mort de Sr. M. Suzanne, et qu'il a donné des résultats formels sur le Vaccin; mais nous ne savons pas s'il a reçu personnellement des rapports ou s'il a voulu parler des rapports du Dr. Blanc, au Cameroun." This statement ties in with one in the story which appeared in *Time* news magazine early in December, that a TV press conference had been arranged at the Istituto at which Sr. Marie-Suzanne was to be the star performer, but that the conference had to be held without her because she was then in a coma after surgery, dying the next morning.

FILM ON SURGERY IN LEPROSY

We are informed by Mr. W. A. Watt Maney, FRCS, FREPS, of the Department of Orthopaedics of the Singapore General Hospital, that he has made a 16 mm. film in color on the surgery of leprosy which is available for loan.

This film shows (a) the tibialis posticus transplant for foot drop, (b) pantaloid arthrodesis, (c) the Bunnell flexor sublimis transplant, modified by insertion of the sublimis tendon through a buttonhole in the extensor expansion, (d) the sublimis transplant to the thumb in adductor paralysis, (e) ulnar nerve decompression in reactional neuritis, and (f) a few cases of adaptation—all in patients of the Trafalgar Home in Singapore.

This film is about 600 feet long and is titled but has no sound track. If anyone should be interested to arrange to see it, inquiry should be made of Mr. Watt Maney at the Singapore General Hospital. At the time this note was prepared it was being shown in Canada, but it was expected to be available from Canada in October 1958.

NEWS ITEMS

Sweden: *Dermatological Congress, 1957.*—The editor of the *A.M.A. Archives of Dermatology*, in the October 1957 issue, offered some comments on the international dermatology congress held in Stockholm last year which may be thought to have pertinence to the leprosy congress to be held shortly in Tokyo. Among numerous other brief notes: "We hopefully thought it significant of things to come when the first speaker, Kligman, perhaps the youngest man on the program, spoke clearly without referring to notes, and with an eye on the clock . . . Then it was as if we had not left home—speakers turned away from microphones; slide projection, as is its wont, oft went awry; some panelists spoke beyond their allotted time . . . [However], the simultaneous translations were both speedy and excellent . . . The nomenclature committee, after much discussion, solved all differences in a unique manner—by naming three committees . . . Many expressed the opinion that six days of meeting was a bit too heavy a diet—four would have been sufficient . . ."

Spain: *Changes of personnel.*—Because of age Dr. Antonio Cordero Soroa has been retired as head of the leprosy service, with pension, and Dr. José Gay Prieto has been appointed chief of the Section of Leprosy, Dermatoses, and Venereal Diseases of the Department of Health. Dr. Gay has invited the collaboration of Dr. Felix Contreras, who has accepted. It is planned to intensify the antileprosy campaign, and to introduce new features.

United Kingdom: *Dapsone, official British name for DDS.*—For some time the name "dapsone" has been seen in literature from British and allied sources as a name for the mother sulfone, DDS. In certain quarters, at least, it has been assumed that that was a trade name for DDS by some individual manufacturer. In a publication recently to hand it was stated that the name had been adopted in Britain as a generic one for DDS, and there was the further specification "Dapsone B.P.C." No trace of the adoption of that name could be found in United States publications, or in the lists of "international non-proprietary names for pharmaceutical preparations" put out at intervals in the *WHO Chronicle* by the WHO Pharmaceutical Section. On inquiry of Dr. E. Muir, in London, it has been learned that "dapsone" is an official British Pharmacopeal name given by the British General Medical Council, which controls the naming of all drugs. "B.P.C." means British Pharmacopeal Codex.

BELRA's name modified.—Attention has been called to the fact that the British Empire Leprosy Relief Association is now officially the British Leprosy Relief Association. The new form appeared on the front cover of the Association's periodical, *Leprosy Review*, for the first time in the July 1957 issue, without editorial comment. It is understood that the well-known contraction, BELRA, is not to be dropped.

AND for leprosy.—Dr. James Ross Innes, in a letter written last year to *The Star* (Carville), avowedly starting the process of inventing a new name for leprosy, suggested "neurodermatitis antiqua," or "antique neurodermatitis," with the permanent contraction of "AND." Several examples of the use of that contraction were given, e.g., "He suffers from AND," and "He is an ANDee." In a later issue of the same periodical Dr. Robert G. Cochrane expressed himself as "not very enthusiastic" over the suggestion, for one reason because the term neurodermatitis is in use in a very different application. "Until someone gets a real inspiration in which the majority of people react to the suggestion that this is just the word we need, we shall have to stick to the old term of 'leprosy'."

Macrocyclon of promise in murine mycobacteriosis.—In a brief paper read last year in Dar es Salaam, R. J. W. Rees, of the National Institute for Medical Research in

London, where studies in murine mycobacteriosis are being carried on, said with respect to treatment that there was particular interest in the effects of macrocyclon, a surface-active polyoxyethylene ether, the least toxic member of a series of new antituberculosis agents. It had not yet been administered to man, but it should be available for that purpose in the near future if extensive toxicity effects tests in monkeys are successful.

Portuguese Guinea: *The Leper and Medical Crusade.*—The Leper and Medical Crusade, it is learned from *Without the Camp*, is a branch of the Worldwide Evangelisation Crusade which was started in 1946 under the inspiration of one Edith Moules. The L.M.C., it is said, is well established in four fields, Thailand (most recently), the Belgian Congo, Ghana, and Portuguese Guinea. In this last area Dr. H. R. Billman is in overcharge of clinic work in six localities, with contacts with two government leproseries, at Bissau Nova and Cumura. The Mission to Lepers has made contributions to the support of this work through the years.

Pondicherry: *Leprosy survey.*—Dr. K. R. Chatterjee, a research member of the staff of the leprosy clinic of the School of Tropical Medicine in Calcutta, has been assigned to make a leprosy survey of the State of Pondicherry and to recommend measures for the control of the disease.

Thailand: *Director of the McKean leprosarium.*—The present director of the McKean Leprosy Colony, in Chiangmai, Thailand, succeeding Dr. Richard Buker, is Dr. Chinda Singhanet, described in the *Leprosy Mission Digest* as a Christian with missionary zeal. On returning home in 1942 after postgraduate work in the United States he could not get a government position because he was not a Buddhist, so he started private practice and established his own hospital. It was after he had turned the hospital over to his son, Boon Rerm, and retired from active medical work that he was called to take charge of the leprosarium. His son has been sent to Vellore, India, to study rehabilitation surgery in leprosy.

Korea: *Massacre on Pitroi-Do Island.*—It is reported that in August last 22 persons with leprosy were beaten to death and 41 others were injured by a club-wielding mob of fishermen. The victims had come to settle on the island from Samchon-Po town, across the channel, but the fishermen objected to their presence because it would make people afraid to buy their fish. The report stated that 43 persons connected with the event had been convicted by a court in Chinjoo, 11 of them being sentenced to prison terms of 2 or 3 years, the others (apparently) escaping with suspended sentences.

Catholic Leprosy Service.—The Catholic Leprosy Service in Korea, according to a report from Fr. Joseph Sweeney (Maryknoll Mission) noted in *The Star*, operates mostly through mobile clinics, and features treatment by means of the marianum antigen. Three centers have been established: in Seoul, in the St. Lazarus Asylum in Anyang, and in Song Ju; another center was to be opened at Po Hang. The staff includes 3 Maryknoll priests and 3 doctors, one of the latter part-time. The Columban Fathers also have a mobile clinic and leprosarium, at Naju. Literature on the marianum products had been distributed widely, and at the time of writing (early 1957) about 4,000 people had received injections, and follow-up reports had been received on about 2,500.

United States: *Sisters of Charity receive citation.*—The Daughters of Charity of St. Vincent de Paul received last April from the U.S. Department of Health, Education and Welfare a citation for their "devoted services to the patients at Carville, and contributions to the unique program at this hospital." This citation, one of the highest awards of the department, is given annually to individuals or groups on the basis of outstanding contributions to the work of the department.

Death of Dr. Fennel.—Dr. Eric A. Fennel, senior pathologist of the Straub Clinic in Honolulu, died on December 24th, 1957, aged 70 years. Having settled in Hawaii after

service in the Army Medical Corps during World War I, he became deeply interested in—among other things—the leprosy problem of the Territory and was made a member of the Board of Hospitals and Settlement. During his membership, it is said, he was instrumental in bringing about changes in therapy and in the handling of patients in general that were of great benefit.

Suit for false diagnosis.—A woman, resident of a town in Illinois, is reported to have entered suit for the reverse of the usual situation—she had been diagnosed as having leprosy whereas the condition proved to be Buerger's disease. The suit was against a hospital pathologist who made the diagnosis and the hospital of which he was resident pathologist, each being asked for \$75,000 or a total of \$150,000.

The case of the waxy capsule.—Such is the heading given by *The Star* to a most entertaining story, which is based on the old-fashioned idea that the acid-fastness of the mycobacteria is due to a waxy capsule. "The case of the waxy capsule is a scientific enigma which, if it could be solved, might possibly result in the finding of drugs, or combination of drugs, which would so attack [such bacilli], stripped of their waxy coating, that the therapy would be specific" and cure would then be definitive. The point of interest is that, according to a story in *Science News Letter*, the African bird known as the greater honey guide, one of the two known living creatures capable of digesting beeswax, was to be used in tuberculosis research, in the hope that if it could be learned how the bird digests the wax the principle might be applied to the treatment of tuberculosis—and of leprosy. A later report has it that the honey-guide bird digests beeswax by means of a bacterium in the intestinal tract, *Micrococcus cerolyticus*. The waxy coating idea had evidently been abandoned, for the second story referred to the "waxy content." It is stated, "Scientists are hopeful the discovery may offer a clue to a new attack against tuberculosis." The story gives no clue as to how that might be accomplished.

Argentina: *Symposium on skin reactions.*—Information from our correspondent, Dr. G. Basombrio, received last September, told of a plan to hold a symposium to consider the possibilities of a revision of ideas of the hypersensitivity and resistance concepts in leprosy. The three topics of the agenda were to be: (1) The Mitsuda reaction as [an indicator of] a resistance state; its meaning, by Dr. Arguëllo Pitt. (2) The early reaction as an expression of hypersensitivity, by Dr. J. M. M. Fernandez. (3) The concept of hypersensitivity and the resistance state, especially as related to leprosy; significance of allergy; need for a uniform terminology, by Dr. N. Olmos Castro. Further information is not available.

WHO: *Chemoprophylaxis of tuberculosis.*—Because a number of countries had asked WHO for aid in organizing tuberculosis control programs based on domiciliary chemotherapy, the director-general arranged a meeting of experts last September (WHO Tech. Rep. Ser. No. 141, 1957). Among other things, according to the *WHO Chronicle*, the group recommended a minimum program intended as a guide for pilot projects in selected areas, rather than for country-wide control operations. That program included a provisional recommendation that, in areas of high prevalence, isoniazid might be administered prophylactically to tuberculin reactors living in the same households with infectious patients.

Leprologist visits Iran and Ethiopia.—The well-known French leprologist, Paul Laviron, recently went to Iran on behalf of WHO to assist the Iranian government in launching a new leprosy control project; and he will also visit the WHO/UNICEF-assisted leprosy control project in Ethiopia, according to the *Chronicle*. Dr. Laviron has worked as a leprologist in the French territories of Oceania and West and Equatorial Africa for more than twenty years. His work in developing an injectable suspension of DDS in chaulmoogric media has greatly facilitated the mass treatment of the disease.

Cochrane appointed for BCG study.—WHO has secured the services of Dr. Robert G. Cochrane, of the United Kingdom, to assist in reviewing the present position in regard to leprosy immunity, with particular reference to the possible efficacy of BCG vaccination as a preventive agent, it is reported in the *Chronicle*.

PERSONALS

DRS. GUILLERMO BASOMBRIO (Argentina), GIUSEPPE BENDANDI (Italy), JOSÉ RODRIGUEZ (Philippines), and H. C. DE SOUZA-ARAÚJO (Brazil), among others who participated in the recent congress in Rome, have been awarded the Cross of Merit, First Class with Crown, by the S. M. Order of Malta.—[H. C. de S.-A.]

DR. ROBERT G. COCHRANE has returned to England after an 8-months tour of East and Central Africa, including the Belgian Congo.

DR. JACINTO CONVIT, chief of the leprosy service in Venezuela, late last year had to undergo a nephrectomy as a result of which his activities have been limited for several months.

DR. J. M. M. FERNANDEZ has accepted a short-term appointment with the Pan-American Sanitary Bureau, representing WHO, to serve as consultant for the antileprosy campaign in Paraguay.

DR. ISMAEL FERRER Y PULGARON, who was secretary of the local organizing committee of the Havana Congress, held in 1948, died in 1956, according to the *Revista de Sifilografía, Leprología y Dermatología*. No details are given.

DR. ELIZABETH GEHR, widow of Dr. Emmo Gehr who died while in the leprosy service of Surinam, has joined the staff of the Oji River Settlement, Enugu, Nigeria.

DR. EUGENE KELLERSBERGER, general secretary emeritus of the American Leprosy Missions, has been awarded a decoration, Croix de l'Officier, by the Belgian government for his 25 years of service in the Belgian Congo.

DR. BERNARD MOISER, for many years in charge of the Ngomahuru leprosarium in Southern Rhodesia, retired from Africa in 1956 aged 76 and is living in Crewkerne, Somerset, England—still, it is said, convinced that leprosy is transmitted by cockroaches.

DR. NORBERTO OLMOS CASTRO, head of the leprosy service of Tucumán, Argentina, recently suffered a coronary occlusion as a result of which he was incapacitated for a considerable period, but has returned to active duty.

SR. HILARY ROSS, biochemist of the U.S. Federal Leprosarium, Carville, La., is to receive the Damien-Dutton Award at a ceremony to be held in New Brunswick, N.J., on April 26th.

DR. H. C. DE SOUZA-ARAÚJO was honored on August 11, 1956, by a special meeting of the Brazilian Association of Leprology, in recognition of the fact that he had dedicated the greater part of his life to leprosy activities in the laboratory, in the field, in teaching and even in public administration.