

## NEWS AND NOTES

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

### IN EXPLANATION

The following is the text of a letter from the Acting High Commissioner of India, in London, received in June by Dr. E. Muir, secretary of the International Leprosy Association, and distributed by him to the members. This letter explains why the Government of India withdrew the invitation to the Association which had first been made in 1948 and was renewed, and accepted, at the time of the Madrid congress in 1953.

I am directed to refer to your letter dated October 12, 1953, accepting the invitation to hold the Seventh International Leprosy Congress in India. In consequence of this acceptance, invitations were extended from India to all Governments which in general have diplomatic relations with her. In addition, the Secretary of the Organising Committee requested your Association to invite several other Governments. According to our information, out of a total of 56 invitations issued from India, only 8 have accepted, 27 have declined, 19 have merely acknowledged and one has decided to send an observer.

Recently the Government of India reviewed the prospects of holding this Conference in India and came to the conclusion that they would face considerable difficulties if some Governments which are not recognized by the Government of India participated in the Conference. For, in that event, other Governments which have been invited by us may not be able to attend and a situation may arise where the whole Congress may have to face a political conflict which would be unfortunate for its work. Therefore, the Government of India greatly regrets to have to withdraw their invitation for holding the Seventh International Leprosy Congress in India. They trust that the Association and the invitees will understand the difficulties the Government of India are facing and will kindly agree to overlook such inconvenience as may be caused to them. We should be grateful if this information is communicated to all those Governments and individuals to whom invitations were extended by you.

### THE ELEVENTH WORLD HEALTH ASSEMBLY

The World Health Assembly met, for the first time in the United States and for the third time elsewhere than at Geneva, in Minneapolis, Minnesota, May 26 to June 14, 1958. The first two days were devoted to a celebration of the 10th anniversary of the organization, the rest of the period being devoted to the Eleventh World Health Assembly. The work done in 1957 was reviewed, and for 1959 a regular budget of \$14,287,600 was adopted. This does not include special funds derived from several sources; the grand total of all resources for the integrated international health program in 1959 will probably be above \$48,000,000.

Work on leprosy during 1957 included the following: *British Solomon Islands Protectorate, Korea, and Taiwan*: A leprosy consultant was sent on a three-month

tour to these countries. A yaws control project in the Solomons also includes treatment of leprosy. *French Cameroons, French Equatorial Africa and French West Africa*: Short-term consultants were sent to advise on therapeutic methods and supplies. *Gambia*: A fellowship was provided for a government leprologist to study in Nigeria. *India*: Two four-month travel fellowships were granted for study in Nigeria and Ceylon. *Indonesia*: Preliminary case-finding and treatment programs were undertaken in two pilot areas at Bora and Bekasi. WHO sent a leprologist and supplied drugs, while transport and equipment were provided by UNICEF. *Paraguay*: Teams examined 221,249 persons, and 897 new cases were detected. Permanent centers for treatment and control are being gradually established. WHO provided a medical officer and five short-term fellowships. *Sierre Leone*: During a two-year mass campaign against yaws, efforts were made to find and treat other diseases, especially leprosy. *Thailand*: The pilot study in Khon Kaen province commenced in October 1955 was continued. WHO provided a leprologist. *Turkey*: WHO provided a consultant and a five-month fellowship for study in French West Africa, Spain and France.

For 1959, leprosy expenditures were approved as follows: Continuation of 1958 programs, regular budget: Burma, \$3,750; Indonesia, \$18,019; Thailand, \$16,825; and for the Americas intercountry program, \$10,000. Continuation programs under the Technical Assistance fund: Colombia, \$3,700 and Iran, \$11,047. New projects authorized were: Africa, intercountry conference, \$21,000; Korea, \$3,500; Philippines, \$5,500; Sudan, \$13,017; and Western Pacific leprosy advisory team, \$18,000.

In the discussions many delegates, especially those from the Africa Region, emphasized the importance of leprosy and stressed the efforts which were being made to give treatment to large numbers at outpatient clinics.

The undersigned, representing the International Leprosy Association, was granted the floor on June 7th at the meeting of the Committee on Program and Budget (representing all countries) and submitted a statement about the disease, its importance, and its epidemiologic aspects. The concluding paragraphs follow:

1. Statistics of prevalence of leprosy are notoriously incomplete. It is suggested that, in all countries to which WHO assistance is given, steps be taken to ascertain the prevalence of each type of the disease, by geographic regions. This may be accomplished by properly designed sampling surveys. To determine the incidence and trend of the disease, such surveys should be repeated in the same areas at intervals of about five years. Efforts should also be made to keep a current register of active cases—as a part of the health statistics of the country.

2. The eradication of leprosy will be achieved much more certainly and much more expeditiously if governments would devote some part of their leprosy budgets to research. Cultivation of the bacillus or transmission to an experimental animal would facilitate enormously the search for better chemotherapeutic agents. Controlled clinical trials are required to determine their value.

3. Success in eradication of leprosy also depends upon education. The greatest handicap at present is delay in seeking treatment. This can be overcome in large part by a properly organized program of public health education.

—J. A. DOULL

#### WHO REGIONAL COMMITTEE, WESTERN PACIFIC

At the eighth session of the World Health Organization's Regional Committee for the Western Pacific, held in Hong Kong September 5-11,

1957, and attended by delegates from 14 member countries, the chosen subject for the technical discussions was leprosy and its control. In his speech of welcome Sir Alexander Grantham, Governor of Hong Kong, said that the subject of leprosy, while not as pressing a problem as tuberculosis because of the present overcrowding, was nevertheless of special interest. In recent years the leprosy problem has been tackled energetically, by means of outpatient clinics and especially by the establishment since 1951 of the Hay Ling Chau (Isle of Happy Healing) leprosarium by a cooperative effort of the government and the Mission to Lepers, with much private collaboration—to say nothing of that of the patients themselves—the development being under the superintendency of Dr. Neil D. Fraser. For discharged patients efforts are being made to aid in their rehabilitation and return to the ordinary life of the community.

On the day devoted to leprosy more than forty delegates proceeded to the leprosarium island, where after a tour of the institution they were divided into four groups for clinical and other demonstrations and technical discussions. The discussions were based on formal prepared papers: A modern programme of leprosy control, by Drs. J. N. Rodriguez and H. W. Wade; Rehabilitation of leprosy patients, by Dr. R. V. Wardekar; and Leprosy balance sheet in French West Africa, by Dr. Richet. Each group prepared a report of its discussions, and these were considered together at a subsequent joint meeting of the technical discussion groups.

A general statement of the findings, given by the WHO *Chronicle*, is as follows: "The majority of those taking part were in favour of the system of voluntary and selective segregation, and all agreed that no means of detecting cases of the disease should be neglected. Such case-finding should take place in medical clinics and hospitals of all kinds, as well as by sending mobile teams to areas of high incidence, by the routine examination of schoolchildren, by making use of information supplied by general practitioners, and by making leprosy case-finding part of the duties of BCG and treponematoses control teams. Health education, which is essential in leprosy control, should be directed not only to patients, members of the medical and ancillary professions and the population in general, but also to the authorities concerned with legislation and education. In countries where prevalence is high, more instruction about leprosy should be included in medical curricula and in post-graduate courses in public health. As regards rehabilitation, several participants stated that plastic surgery had not given the results anticipated. Once the patient has been cured, he must in fact be again accepted by his family and the community, and, because of this, leprosy is a disease which must also be combated in the social field."

One of the recommendations adopted was "that the World Health Organization henceforth arrange to send all their trainees in leprosy control to Hong Kong to study cooperation between officials and unofficial agencies and to absorb if possible something of the spirit of dedication which animates the work at Hay Ling Chau."

#### OTHER WHO REGIONAL COMMITTEES, 1957

The annual meetings of several Regional Committees of WHO, held in September 1957, have been reported briefly in subsequent issues of the *Chronicle*. Search for mention of leprosy has brought up items of varying degrees of interest.

The largest one pertains to the Western Pacific Committee, whose

meeting was held in Hong Kong, and the subject of whose technical discussions was leprosy control. A report of that meeting precedes this item.

Sub-Committee A of the Regional Committee for the Eastern Mediterranean, meeting at Alexandria where 16 countries were represented, "... agreed to do away with the system of compulsory isolation and to replace it by home treatment; it was recognized that it will be necessary to instruct medical personnel and the public on this new method of dealing with the disease; and the Regional Office was asked to assist in the organization of a campaign for this purpose and in the training of staff for the application of treatment."

Regarding the meeting of the Regional Committee for Africa, held at Brazzaville, F.E.A., it appears that criteria for the control of yaws and leprosy had been established, and the opinion was expressed "... that in two or three years most lepers (numbering at present between 1-1/2 and 2 million) will be undergoing treatment." The proposed projects for 1959 include the provision of "teams or consultants" for the control of certain diseases, including leprosy.

In a lengthy summary of the report of meeting of the Regional Committee for the Americas, held in Washington, D.C., the name leprosy appears once, as one of the communicable diseases (along with tuberculosis, poliomyelitis and influenza) in the control of which the Pan-American Sanitary Bureau's collaboration has been requested—by what country or countries not stated.

#### LEPROSY, THIS UNKNOWN. . . .

Entitled *Lepra, esse desconhecida*. . . is a separate slip, signed as from the Section of Health Education, Department of Leprosy Control of the State of São Paulo, that was inserted between pages of the third issue of the *Revista brasileira de Leprologia* for 1956. Dr. H. C. de Souza-Araujo has supplied a translation of it:

There are 25,200 leprosy patients in the State of São Paulo, which represents an index of 2.5 per 1,000, or 1 patient for every 400 persons of the population!

This high index does not show any tendency to decrease, a fact which is due mainly to the nondetection of the disease in its early stages, when sulfone treatment is most rapidly efficacious.

Unfortunately, the majority of medical practitioners still have difficulty in diagnosing Hansen's disease, as can be seen from the following figures:

In 1955, when 1,825 new patients were registered in the Department of Leprosy Control, 953 of them, or over 50 per cent, were of the malign lepromatous form, with more than 5 years duration. Most of these patients had been diagnosed or given treatment for syphilis, allergy, eczema, rheumatism, etc.

The collaboration of the medical profession in the campaign against Hansen's disease is absolutely indispensable, for it is only by immediate reference of the sources of the disease for treatment that the index of infection in the population can be diminished.

If the situation in São Paulo is as stated, remarks Dr. Souza-Araujo, what can be expected of the more distant parts of this vast country? However, efforts were being made to correct the situation by giving special courses in leprology to young doctors.

It had just been reported that the National Leprosy Service had awarded diplomas in leprology to 47 new doctors at the Nicteroy Medical School (State of Rio de Janeiro), after a course given by Prof. R. Azulay. Dr.

Souza-Araujo's own school, the Faculty of Medical Sciences, University of the Federal District, had given diplomas to 100 young doctors who had been instructed by him in two groups (March-June and August-November). He had also given his regular course in the Instituto Oswaldo Cruz.

#### JOURNAL OF THE INTERNATIONAL CATHOLIC CENTER

Under the auspices of the Sovereign Military Order of Malta there has appeared the first issue of a bilingual periodical named *Journal of the International Catholic Center for the Assistance to the Hansenians* (*Revista del Centro Católico Internacional para la Asistencia a los Hansenianos*). This issue, Vol. 1, No. 1, is dated January-March 1958. There is no editorial statement of purpose and plans of the periodical, and no indication of who edits it. The English section is of 34 pages; the whole is duplicated in Spanish.

The principal contents of this issue are:

The Holy Father's address to the members of the International Congress on the Defense and Social Rehabilitation of the "Leper."

Resolutions of the Congress.

International Catholic Center for the Assistance to the Hansenians (including the definitive text of the statutes).

Among other articles is a glowing obituary of Sister Marie Suzanne S.M.S.M.

It is stated that the Center has created an international committee, located in Genoa at the office there of the permanent delegation of the Order of Malta, Grand Rue 10. The director of the said permanent delegation, Ambassador Armando Koch, has been appointed president of the International Committee. The Center intends to develop a working program in the interests of leprosy victims, and the Committee is to maintain connection with WHO in that matter. It also aims to collect funds for the development of these programs.

Apparently it is intended to distribute the *Journal* to interested persons gratis. Requests should be addressed to the International Catholic Center for the Assistance to the Hansenians, Soverano Militare Ordine di Malta, Palazzo Malta, Via Condotti 68, Rome.

#### A LETTER FROM A COMMUNIST PATIENT

The following is a translation of what is said to be a summary of an article by a patient, Chang Yu-ting, in a leprosarium somewhere in Communist China. Dr. Neil D. Fraser, of Hong Kong, who supplied it, is of the opinion that it is genuine, but is probably "representative of one in a million leprosy sufferers" in that region. The heading of the translation was "The Coming of the Communists Means Happiness to Leper Patients."

Whatever others say I must speak as I find. The Communists have been good to me. I first suffered from leprosy during the war. The Japanese immediately sacked me from my railway job. I had to support my aged parents by doing small handwork.

During the 1952 health campaign health officers placed me in a leprosarium, partly to protect public health and also to give me treatment. My old parents



were given help from the local government. My own life in the hospital is good. Four mou of vegetable gardens are cultivated, and there is a daily ration of 2 catties of vegetables. Each patient gets JMP 10.50 pocket money per month.

We do all kinds of farm work, all kinds of study, political and cultural, with courses in nursing and acupuncture, needlework, art, etc. At Chinese New Year we act special plays and give entertainments, and slaughter pigs for a feast. We have a good library, and once a month there is a cinematograph show. Like everyone else, we leper patients although despised for a thousand years have now a new life under the leadership of the Communist Party.

We have religious freedom. On Sundays, Christian patients meet for worship. We are not opposed by those in charge, for they and the other patients have confidence in us.

During 1952-1957, 50-60 patients were cured and discharged and have returned to happy lives in the outside world. Under the Communists and Chairman Mao cured lepers are free from suspicion. My own case has been negative for two years and I hope soon to be discharged. I shall then do my part in constructive work. In the meantime I help the superintendent and the officials to reach a higher level of work.—[Summarized from *Tien Feng* 3, Feb. 10, 1958.]

#### COLOR FILM STRIP ON LEPROSY

The U.S. Public Health Service has approved, as reported in *Public Health Reports* 72 (1957) 794, a captioned color-film strip entitled Clinical Manifestations of Leprosy that was made in the Westfort Institution at Pretoria, South Africa. This film is in two parts, comprising 50 and 54 frames, respectively, each with a brief descriptive caption.

Part I, Tuberculoid Type, consists of a series of examples of that form of the disease. Because of the locale in which the film-strip was made, nearly all of the patients are Negroes.

Part II, Lepromatous, Indeterminate, and Borderline Types, shows 20 cases of the lepromatous type, 17 classified as indeterminate, and 7 as borderline, all of them Negro patients. (The term "indeterminate" is obviously not applied to simple macular cases not yet decided whether to become lepromatous or tuberculoid.)

The film-strip may be purchased from United World Films, Inc., 1445 Park Avenue, New York 29, New York.

—SR. HILARY ROSS

## NEWS ITEMS

**United States: *Marianum* antigen at Carville.**—A story in the first 1958 issue of the *Carville Star*, which headlines a statement that opinion differs on success of the research work of Sr. Marie-Suzanne in "HD," points out that scientific caution is needed in considering the matter. "It is an unfortunate truth that the antigen has to date not lived up under widespread testing on actual cases to the widely publicized claims made for it. Such publicity has led to unwarranted optimism throughout the world."

In response to an inquiry, Dr. Edgar B. Johnwick, medical officer in charge at Carville, had written to the editor of the *Star* as follows: "The antigen prepared from cultures of *Mycobacterium marianum* has been used here in a research project since January, 1955, on a large group of white patients with lepromatous leprosy. The antigen was administered at intervals over a period of 18 months and the group of patients is still under observation. Up to the present the *Marianum* antigen has been generally ineffective here, and we cannot recommend it for general use on the basis of our experience." [Not stated but of general knowledge is the fact that the *marianum* injections were given in addition to the regular sulfone medications, to see if the immunological changes induced by the injections would supplement the chemotherapeutic effects of the drug.]

The *Star* story goes on to relate a newspaper account of a statement by Dr. Ira D. Hirschy, in charge of the leprosy work in Hawaii. He had said that the antigen would not be tried out in the Islands until there were more favorable reports of its effectiveness; that it would have already been used if there was any certainty that benefit would derive from it, but that reports he had received from hospitals using it had not been favorable.

**Kalaupapa a tourist attraction.**—The following appeared in *Time* news magazine: "The ancient fear of leprosy is fast disappearing—so much so that the late Father Damien's famed settlement on the Hawaiian island of Molokai is being opened to tourists. From a peak of 1,180 active cases in 1890, the settlement today has only 75. Since some 150 recovered patients prefer to remain, officials hope to give them a livelihood as guides and taxi drivers by encouraging outside visitors." Another report stated that two patients, both eligible for discharge, had been licensed to operate a Kalaupapa Taxi and Tourist Service, to meet tourist visitors at the air strip and escort them on tours of the place. This venture is expected to relieve administrative staff members from heavy duties as chauffeurs and hosts, and to provide profitable business for the patients.

**Leprosy cases in New York City.**—In an article on the Bellevue Hospital by Dr. S. R. Cutolo, the deputy medical superintendent, which appeared in a popular weekly magazine, the author stated that there were then 39 persons with leprosy in New York City, all under surveillance by the city health department. To his knowledge, he wrote, there had never been a case of leprosy contracted in the city.

**Colombia: Return to Cachupay.**—Ten years ago the Mennonite Mission in Colombia, with aid from the American Leprosy Missions, established at Cachupay a home and school for children of patients in the Agua de Dios colony. In due course two of the girls earned scholarships which sent them to Barranquilla for advanced study. These girls, together with a third one who had been attending normal school, chose to return to Cachupay to work although—teachers being at a premium in Colombia—all three could have gotten better jobs elsewhere.

**Venezuela:** *Disturbances in the leprosaria.*—The recent abrupt change in the political situation in Venezuela has had effects in unexpected places. As it has been expressed, the abnormal situation created by repercussions of the revolt in all branches of the public service were very serious in both of the leprosaria, and it has been very difficult to correct the situation.

**Argentina:** *Revision of antileprosy law proposed.*—Dr. G. Basombrio, director of leprosy, has reported that at the end of 1956 the minister of health of Argentina appointed two commissions to consider proposed changes of various features of the long out-dated antileprosy law. One commission, composed of three members of the Ministry (Drs. Basombrio, Capurro and Onorato) and three others (Drs. Quiroga, Fernandez and Schujman), were to consider in what respects the law should be modified and whether or not the organization of the medical and social services is properly oriented. The other commission, composed of three members of the Ministry (Drs. Basombrio and Parodi, and Dr. Souza Lobos, a lawyer), was to deal particularly with the provisions of the law which forbid marriage of leprosy patients.

**Australia:** *Fewer cases in Queensland.*—Dr. A. Fryberg, director general of health for Queensland, in an interview with the *Star* compared the number of cases in the two island leprosaria in 1949 and now, thanks to the effects of sulfone treatment. At the Peel Island place the number has dropped from 60 to 18, and at Fantome Island, the leprosarium for Aborigenes, from 75 to 30. The plan to transfer the Peel Island institution to the mainland, for which the government had acquired land, was abandoned because the cases had become so few.

**Australian New Guinea:** *"Hansen's disease" official.*—The administration of the Territory of Papua and New Guinea, according to *The Star*, has by legislation adopted "Hansen's disease" as the official name for leprosy. It is also noted that the director of public health of Papua had pointed out that in the densely populated central highlands, where tuberculosis is nonexistent, leprosy is a major disease problem. How it came to pass that that infection should have entered that remote and inaccessible region but tuberculosis did not, does not appear; nor is there an evident explanation of the difference from Netherlands New Guinea to the west, where leprosy is mainly among the people of the coastal and neighboring hill regions, who have had direct or indirect contact with traders from other countries where the disease has long existed.

**Japan:** *Apparent influence of BCG vaccination on age distribution.*—In a more or less circular letter from Dr. K. Hamano, executive secretary of the Japanese Leprosy Foundation, it is stated that whereas before 1950 the frequency distribution curve of leprosy reached a peak in the 10-20 age group, since 1951 the peak has shifted to about the 50-year group, with the least frequency in the group that previously was highest. This change appears to coincide, it is said, with the fact that BCG vaccination has been compulsory for persons under 30 years old every year since 1949.

**Viet Nam:** *Expanding leprosy activities.*—Five years or so ago, with a substantial grant from the American Leprosy Missions, the Christian and Missionary Alliance established at Banmethuot a leprosarium the medical staff of which (directed by Dr. Willard S. Krabill) is supplied by the Mennonite Central Committee as an auxiliary of the Alliance. Around Banmethuot there is being developed a system of segregation villages and outpatient clinics, there being now 4 such villages with 110 patients under treatment. The capacity of the leprosarium is not stated in the report seen in the *Leprosy Missions Digest*, but it is stated that 75 patients had recently been discharged to continue treatment in their own villages or in the seg-



regation villages, which left vacant beds available for others. Impressed with this development, it is stated, the Viet Nam government had recently made the first grant of the kind since independence—300,000 piastres for the establishment of another segregation village to be under the medical care of the Banmethuot central leprosarium personnel.

**India:** *Kalimpong, a center of influence.*—Under this title *Without the Camp* ran a brief story on this unique hillside leprosarium perched on a spur in the Himalayas, now under the direction of Dr. Albert Craig. Located between the border states of Nepal and Bhutan, the place receives patients from both of these countries, and also occasionally from Tibet itself. Consequently, it has an influence of unusual extent. Bhutan is a country still closed to mission work, but young Bhutanese patients trained at Kalimpong have gone back to their country with knowledge of modern treatment; and it is possible that a leprosy center may be established there. The number of patients from Tibet has increased, in spite of the present difficulties; and recently a Nepalese patient, a trained dresser, went off to eastern Tibet with “mule-loads” of medicine in response to an appeal from a community of leprosy sufferers there.

**Nepal:** *Developments in progress.*—Because Nepalese with leprosy often travel long distances to get to the Chandang Leprosy Hospital of the Mission to Lepers in the Indian Himalayas near the border of that country, it is reported in *Without the Camp*, permission was gained to open a dispensary in a small village actually at the border for the benefit of patients who could reach it. Later the Mission sent a commission into Nepal to negotiate with the government for permission to begin work there, a project considered of first priority urgency. An asylum visited at Katmandu proved to be of the worst type of such institutions, with patients of all kinds crowded behind a high brick wall. More recently it has been learned that the government had granted permission for the Mission to open a leprosarium in the Katmandu valley, in parts of which the prevalence of the disease is high. It was expected that Dr. P. J. Chandy, of South India, would take charge of the medical work.

**Italy:** *Proceedings of the Rehabilitation Congress.*—Notice has been received, indirectly, that the Proceedings of the International Congress for the Defense and Social Rehabilitation of the “Leper,” held in Rome in April 1956 by the Sovereign Military Order of Malta, have been published. They consist of two volumes, the first of which costs 3,500 lire, the second 6,500 lire, postage paid in both cases; the price of the two volumes together is 10,000 lire. (We are informed that the value of the lire is US\$1.60 per thousand.) Orders with remittances should be addressed to the Segretaria del Congresso Lebbra, Sovrano Militare Ordine di Malta, Via Condotti 68, Rome, Italy. Remittances may be made in Italian lire or in any other currency, or to the account of the Banca d’America e d’Italia, Rome.

**France:** *The role of the Institut Pasteur in leprosy treatment.*—Information about the leprosy institutions in France and the role of the Leprosy Department of the Institut Pasteur in Paris in treatment work, has been supplied by Dr. R. Chausinand. The Sanatorium of Valbonne (Grad), founded by a Protestant movement many years ago, with a capacity of 50 patients, is located in the south of France, about 70 km. from Avignon. It is run by Pastor A. Lelord, and the medical care is in the hands of Dr. A. Gabbai of Pont-St-Esprit. More recently established is the Sanitarium l’Hermitage at Autrèches (Oise), located about 100 km. from Paris and run by the Order of the Little Sisters of Foucauld; it has a capacity of 15 beds. The Institut Pasteur has medical and scientific supervision of both institutions. In Paris, besides the Pavillon de Malte of the Hôpital St. Louis, under the direction

of Professor Merklen, there are leprosy patients in the Hôpital Militaire du Val-de-Grace. There being no compulsory segregation in France, the inmates of the sanatoria can leave whenever they want to, but they are regularly followed up by the Leprosy Service of the Institut Pasteur. That Service has also assumed the responsibility of dispensary treatment of 215 patients in Paris. All patients receiving treatment in France contracted their infections in countries where leprosy is endemic.

**United Kingdom:** *Coordination of control methods urged.*—At the annual meeting of BELRA last year, Dr. J. Ross Innes, medical secretary, stated that all available methods of controlling leprosy should be used in coordination, according to a report in *Leprosy Missions Digest*. He warned against reliance on any single measure, such as outpatient clinics or home segregation, and deplored the growing feeling that the traditional leprosarium should be abolished. That idea, he stated, is nonsense. The leprosarium must not be abolished or pruned, but must remain and be strengthened (a) for the necessary control segregation of those who need it, (b) for the necessary preventive and curative orthopedic care, and above all (c) for the necessary training of nationals of the country concerned to act as leprosy medical assistants. He also deplored the modern tendency to rely too much on the sulfone drugs. "If we get these into the patients all will be well, so the thought seems to run. This is a mistake. Leprosy is too tough a disease to be conquered by only using a part of the armament. I insist on the integrated use of all public health measures, from leprosarium to teaching and propaganda." (*See guest editorial in this issue.*)

#### PERSONALS

MR. PERRY BURGESS, who has been president of the Leonard Wood Memorial since it was organized, having reached the age for retirement which has been established by the Board of Trustees, is to become president emeritus as of June 30, 1958, and is to return to his home in Geneva, Ohio. MRS. CORA TURNEY BURGESS, who has served as executive secretary of the Memorial since the death of Mr. Harry L. Elias on July 19, 1956, will also return to Ohio. The Burgesses are receiving messages of regret from friends in all parts of the world. MR. C. I. CROWTHER, executive director of the Near East Foundation with which organization he has been connected for 38 years, and comptroller of the Memorial since its early days, will succeed Mr. Burgess as president.

DR. R. CHAUSSINAND, of the Institut Pasteur in Paris, who had been invited by the Portuguese government to spend the summer in that country for the third time, is unable to do so on account of illness. He expects to spend some months in Paris and Switzerland to recuperate.

SR. HILARY ROSS, a member of the Sisters of Charity, Daughters of St. Vincent de Paul, and who serves as the biochemist of the Public Health Service Hospital, Carville, La. (Federal Leprosarium), has received the 1958 Damien-Dutton Award of the Damien-Dutton Society. This award is given annually "to an outstanding person in the field who has contributed through education, science or humanitarian effort to aid those suffering from Hansen's disease." President Eisenhower in a congratulatory telegram said, "With her great record in the field of leprosy, she is eminently qualified for the Damien-Dutton Award. Her long service at the Government Hospital in Carville provides an outstanding example of inspired faith and good works." Sister Hilary, a converted Catholic, went to Carville as a registered pharmacist in 1922, a year after the Federal Government acquired the institution. Later she turned to laboratory work and obtained a Bachelor of Science degree

from Louisiana State University, since then she has been certified by the American Board of Clinical Chemistry.

Shortly afterward she received another honor during the 88th graduating exercises of St. John's University, Brooklyn, N. Y., from which she had graduated, in the form of the President's medal.

DR. H. C. DE SOUZA-ARAÚJO has donated to THE JOURNAL, through Mr. Perry Burgess of the Leonard Wood Memorial, the sum of \$691.50 to cover part of the deficit of the publication.

DR. NELSON DE SOUZA CAMPOS is in Colombia for several months as PASB/WHO adviser to the government for the reorganization of the leprosy service. He reports the possibility of making special studies at the unique Agua de Dios colony, where the material is abundant.

MISS RUTH E. THOMAS, a nursing sister widely known as the physiotherapist in the special work in Vellore and nearby Karigiri, has resigned her connection with the Mission to Lepers, in preparation for marriage.

DR. H. W. WADE, pathologist of the Leonard Wood Memorial since its inception, having reached the age for retirement set by the Board of Trustees, is to be retired as of March 31, 1959, and the Pathology Department at the Culion Sanitarium, Philippines, is to be liquidated.

DR. ROLLA R. WOLCOTT, clinical director of the Public Health Service Hospital (Federal leprosarium) at Carville, where he has been stationed for more than a decade, is to be transferred to the Hudson Clinic in New York.