

NEWS AND NOTES

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

THE JOURNAL CONTINUES

Members of the International Leprosy Association, and other subscribers to THE JOURNAL, will have received recently a second circular letter sent out from Washington, D.C., under the date of April 6th, 1959, by Dr. James A. Doull, chairman of the Journal Finance Committee created by the International Leprosy Association meeting held at the time of the Tokyo Congress last November.

Previously, in June 1958, after the Leonard Wood Memorial had announced discontinuance of the subsidy which had largely supported THE JOURNAL since its beginning in 1933, Dr. Doull distributed to the same extensive list a letter asking for suggestions about the periodical itself and about how its publication might be continued. Up to the time of the general meeting of the ILA after the Tokyo Congress, there continued to be uncertainty about the matter. On that occasion developments were announced which made certain the continuance of publication for at least another year (i.e., the present Vol. 27, 1959), and steps were taken which—it was, and is, hoped—would provide for continuation indefinitely.

In order that these developments might be made known as widely and promptly as possible, the recent second letter referred to was sent out, telling of the present status of the matter and the needs for the future, as regards both funds and material for publication. The essential part of that letter follows.

1. The Board of Trustees of the Leonard Wood Memorial [at a meeting held in October 1958] reconsidered its action and voted up to \$5,000 towards the publication costs of Vol. 27. Future assistance from the Memorial is not assured, but probably will depend on progress of the Association towards self-support.

2. The Association voted at Tokyo to increase the annual dues and subscription rate from \$7 to \$10. In 1958, dues and subscriptions brought in \$5,336; in 1959, after deduction of agents' commissions, I hope that \$7,200 will be realized. The cost of issuing the Journal is \$15,000 annually.

3. I wrote to all organizations and companies which were suggested by you as possibly willing to become Sustaining Members. Replies have not been received but some will certainly contribute. In 1958, sustaining members sent in \$3,250 and more may be forthcoming in 1959.

4. In the long run, the most secure basis is an enlarged subscription list. If you can obtain one or more new members or subscribers, please do so. *Let every member obtain a member.*

5. Dr. H. W. Wade continues as Editor. His office remains at Culion, Palawan, Philippines, to which address manuscripts should be sent.

6. You can help the Editor by sending, and having sent, good articles and news notes. Several of your replies asked for more articles on social aspects of leprosy and on physiotherapy, surgery and other phases of rehabilitation. Send these to the Editor.

7. Every effort is being made to bring the Journal up to date.

8. Please note that Miss Delta Derrom is now Assistant Editor and Business Manager. The address of the Business Office is 1832 M Street, N.W., Washington 6, D.C. Send all dollar checks and money orders to Miss Derrom. Sterling should be sent to Dr. James Ross Innes, Secretary-Treasurer of the International Leprosy Association, at 8 Portman Street, London, W.1, England.

It is much to be hoped that this letter will be read carefully and borne in mind, and not be put aside and forgotten. The future of THE JOURNAL is not yet assured indefinitely, and the situation calls for more than positive interest. Special attention is invited to Item 6 above.

DR. K. R. CHATTERJEE BECOMES ASSOCIATION COUNCILOR

At the time of the general meeting of the International Leprosy Association held in Tokyo, Japan, on November 19, 1958, Dr. José Gay Prieto was among the several members elected to the Council of the Association, but his election was conditional. The condition was that he might be allowed to hold such an office in such an organization while serving the World Health Organization. It turned out that it was not permissible for him to do so. On postal ballot of the other members of the Council, conducted by Dr. James Ross Innes, Secretary, the proposal that the vacancy should be filled by Dr. K. R. Chatterjee was unopposed.

CHANGES WITH CIOMS

The Council for International Organizations of Medical Sciences, established under the auspices of WHO and UNESCO, has announced that, beginning January 1, 1959, the address of the organization has been changed to 2 Place de Fontenoy, Paris VII^e, France, instead of Unesco House as heretofore.

The *Bulletin* which the organization has published heretofore has been discontinued, and is replaced by an informal *CIOMS News Letter*, which will be sent free, on request, to university libraries, medical schools, and medical organizations. An appeal is made to member organizations and all readers to submit pertinent news and views to help make the *News Letter* a living thing.

Periodically the CIOMS puts out a summary tabulation, a calendar of forthcoming international medical congresses. Conspicuous in the one issued as of January 1959, and an example of the enterprise of the secretary of the International Leprosy Association, is the single item yet registered for 1963: The 8th International Congress of Leprology, to be held in Rio de Janeiro.

INTER-REGIONAL WHO LEPROSY CONFERENCE AT TOKYO

An Inter-Regional Leprosy Conference was held, under WHO auspices, at the Institute of Hospital Administration, Tokyo, Japan, from 20 to 24 November 1958. The following countries and territories in the South-East Asia, Eastern Mediterranean and Western Pacific Regions were represented: Burma, Ceylon, Fiji, French Settlements in Oceania, Hong Kong, India, Indonesia, Iran, Japan, Korea, Federation of Malaya, Pakistan, Territory of Papua and New Guinea, Philippines, Taiwan (China), Thailand, and Viet Nam.

The main subjects of discussion were epidemiologic surveys, leprosy control services (treatment, prevention, training of staff, health education, assessment of results), and rehabilitation (development of surgery and physiotherapy, social aspects). Reports on recent advances in various fields of leprology and the progress of internationally assisted leprosy control projects were presented by consultants invited by WHO for the purpose.—[*WHO Chronicle* 13 (1959) 97-98.]

VOLUNTARY COLONIES IN KOREA

In Korea, according to a report from the Rev. C. M. Lloyd in *Without the Camp*, there are three kinds of leprosy colonies: (1) government, (2) missionary (two, both supported by American Leprosy Missions), and (3) those which have been created by voluntary aggregation of persons with leprosy. It is with this last type that he is especially concerned.

"A colony here usually means a group, small or large, of sufferers from leprosy who have settled down together in an unpopulated area on land acquired by purchase or through philanthropy. They become more or less self-supporting, live in families, have their own administration with no other control over who shall join them, so that you often get a leprous man with a healthy wife, or vice versa, bringing children into the world. They have little or no medical attention; are in strongly defensive groups, highly suspicious of any intruders—including Mission to Lepers' representatives! Most of them seem to predominantly Christian . . ."

He told especially of one such place, Yu Myung Won ("Dawn Light Abode"), about 60 miles from Pusan. There were some 130 people, but the number was being increased by the coming of many others from a colony, some 25 miles distant, which had been compulsorily closed by the authorities. That colony-village was located on the banks of a large lake, and the people of the neighborhood had complained that the patients were contaminating the lake and poisoning the fish by their presence. On arriving at Yu Myung Won the visitors were entranced by the beauty of its situation, but depressed by the utter desolation of the site. From a hillock in the colony they had a view of the two ranges of hills which, stretching for twenty miles or more, imprisoned the narrow valley. There was nothing else in sight, no other living person, to be seen or to see; and to make contact with the outside world required a half-hour trip across the hills. There were not more than a dozen buildings altogether, including two very old Army tents, and the poorest type of earth dwellings the writer had yet seen. Yet on the hill from which they viewed the valley there was a small mud building, capable of accommodating perhaps 30 people, which was clean and well cared for, with straw mats on the earth floor and a simply-made reading desk. This was their "Prayer Place."

RESTORING HUMAN DIGNITY

Some of you may have heard Paul Brand, the orthopaedic surgeon of Vellore, tell the story of the young leper who came to his crowded clinic one day and presented his crippled hands. When the digital joints and muscles had been carefully tested he was told that something could be done to restore power and usefulness to his wasted and anaesthetic fingers, and he passed on to be admitted for operation. On his way he suddenly halted momentarily and broke down in a storm of tears. To the nurse who sought to comfort him he explained that his emotional outburst was due to a thrill of overwhelming happiness, not because the surgeon had told him his case could be remedied but because, instead of shrinking from contact with him as he had expected, the surgeon had taken his two deformed hands gently in his own and in so doing had done what even the members of the lad's own family had always been afraid to do; and when finally the surgeon had patted him on the shoulder and looked at him with a friendly smile the load of bitter resentment at his lot which had been piling up in his heart for years suddenly vanished when he heard the first kind word spoken to him in all the time he had been a leper—John Kirk, M.B., F.R.C.S., *Our Attitude to Suffering, Middlesex Hospital Journal*, September-October, 1959.—[From the *Journal of the American Medical Association*, supplied by Sr. Hilary Ross.]

NEWS ITEMS

India: *Kalimpong Leprosy Hospital.*—A report from this isolated hill-station near the border of Tibet exemplifies how the news of the results of treatment are bringing patients out. The hospital is supposed to hold 100 patients, but recently it has had about 150 and the numbers continue to increase, notably with Tibetans and Bhutanese. Partly this is due to roads newly-built by the Communists in Tibet; formerly the journey from the valleys of Eastern Tibet to Kalimpong meant a walk of more than a year's duration over a most difficult route on which many died. Although the trip is still long and arduous, it is so much less dangerous than before that even women and children can come. For an example of the effects of treatment, recently two patients from a certain village went home, and then ten others from that village came seeking admission. Patients who become Christians while in the hospital and return to their homes in Nepal are liable to be given the option of returning to Hinduism or losing their land.

Pakistan: *Leprosy sanitarium at Karachi.*—Sarfaraz Kahn, honorary secretary of the Pakistan Leprosy Relief Association, writing from Karachi to the *Carville Star*, said that there is a leprosarium in that city which has beds for 205 inpatients and treats 500 outpatients a month. The Association is intimately concerned with the work of this institution, and has decided to increase its capacity to 675 in order to centralize patients of the city. Mr. Sarfaraz Kahn asks for information and literature about leprosy, to aid the work of his Association.

Hong Kong: *Ex-patient now an evangelist.*—A first-person story in *Without the Camp* tells of the experience of a Chinese of good family who had been an officer in the Chinese army for some years when leprosy appeared, and who after various vicissitudes was one of the first group to go to the then uninhabited place now called Hay Ling Chau.

There, a natural leader of people, he became negative, after which he trained for three years at the Lutheran Bible Institute at Taipo. He is the first cured patient of Hay Ling Chau to become a staff member.

United States: *An ex-patient judge at Kalaupapa.*—A visitor at Carville, last year was Judge Edward Bell, who since 1943 has presided over the Magistrate's Court for the District of Kalawao, at the Kalaupapa Settlement, where he also operates a ham radio station. Previously he was a patient there, and he is one of two ex-patients who serve on the Advisory Committee on Hansen's Disease to the Territorial Board of Health.

Seminar at Carville.—A verbatim transcript of an announcement seen in the Carville *Star* follows: A three-day Seminar on leprosy will be held at this hospital on Nov. 18-20, 1958. It is open to physicians, nurses, social service workers, chaplains, health educators, missionary workers and all other interested workers. Its purpose is to furnish hospital and public health workers with a rational basis for the discovery, management, study, rehabilitation and follow-up [of] cases of leprosy in the United States. No charge for registration. Accommodations available at hospital. For additional information, write to: Miss Elsa J. Nelson, Health Education Service, USPHS Hospital, Carville, La. (In the next issue of the *Star* it was said that some 25 persons attended the seminar, including several who work in foreign countries.)

Film, "The Touch of His Hand".—Seen in the *Damien-Dutton Call* is a notice of a film said to have been taken at Kentung in the remote Shan States of Burma, less than 10 miles from the border of Red China. The story, which is that of a woman who on her wedding day is found to have leprosy and is banished from her village, is used to document the work among victims of leprosy of Fr. Cesare Colombo, P.I.M.E., and the Sisters who help him. This 16 mm. film, in color with sound, can be borrowed for club meetings or the like at no expense except postage from the Missionaries of SS. Peter and Paul, 121 East Boston Boulevard, Detroit 2, Michigan.

Dermatologists meet leprosy.—In presentations and discussions at dermatology society meetings of cases diagnosed as or suspected of being leprosy, entertainment of sorts is occasionally to be found. An example is seen in the October 1958 issue of the *A.M.A. Archives of Dermatology*. One discussor pointed out, regarding the classification of leprosy, that "... it is difficult to keep up with the variations and classifications suggested at the different congresses on leprosy. [The italics of this passage are ours.] I prefer the classification of Dr. Cochrane, who divides leprosy into lepromatous, dimorphous and tuberculoid forms." Another discussor evidently aware of the Madrid report, said that at the present time there are recognized two types, tuberculoid and lepromatous, and two less stable groups, indeterminate and the borderline or dimorphous. Concerning the two cases presented (not described), the former speaker said, in part, "I believe the second case would fit in with the dimorphous type [which] may become lepromatous under certain conditions, including too intensive treatment." The latter speaker said, "I think the second case is early lepromatous leprosy. The histopathological section does not show both tuberculoid and lepromatous structures . . . I noticed a number of globi . . ." The following surprising statement then appears: "Globi are acid-fast spheroid bodies which are found in phagocytic cells and are thought to be degenerated phagocytized bacilli."

Smallpox vaccination and tuberculosis.—In view of the often-reported precipitation of lepra reaction by smallpox vaccination of leprosy patients, there is interest in the reply in a recent issue of the *J.A.M.A.* to an inquiry about the risk of trouble from vaccinating infants with undiagnosed primary tuberculosis. There seems to be no valid contraindication in that connection, it was said. "It was formerly the custom in many communicable disease hospitals to vaccinate all patients on admission. In countries where both smallpox and tuberculosis are prevalent, smallpox vaccination is currently performed without reference to preexisting tuberculosis. In neither situation is there any evidence that vaccinia accelerates the tuberculous process." This note illustrates another difference between tuberculosis and leprosy in their immunobiological characteristics.

Brazil: *Twenty-fifth anniversary, São Paulo.*—On August 22-24, 1958, there was held in the city of São Paulo a three-day meeting to commemorate the 25th anniversary of the founding of the Sociedade Paulista de Leprologia and of the *Revista brasileira de Leprologia*. The first day was partly devoted to a discussion of the themes of classification and prophylaxis, preliminary to the Tokyo congress. The meeting was attended by many leprologists from the Federal capital and from other states, as well as all of the members of the São Paulo society. It was decided that Nos. 3 and 4 of the *Revista* for 1958 will be made a special number to contain the proceedings of the meeting.

Argentina: *New orientation of the leprosy campaign.*—After the acceptance, in August 1958, of the repeatedly-offered resignation of Dr. G. Basombrio as director of the leprosy service, the Minister of Public Health appointed a committee to set up a plan for the antileprosy campaign with a view to future agreement with WHO. This committee was composed of Dr. Lauro de Souza Lima, serving as a WHO consultant, Dr. Ernesto T. Capurro, technical secretary in charge of the leprosy department, and Dr. Armando Zavala Zanz as coordinator. This committee prepared a program which was inspired by the spirit of the Belo Horizonte conference but adapted to the needs of the country. Subsequently Dr. Zavala Zanz was appointed leprosy director, taking office in November. Dr. Enrique D. L. Jonquieres is the present director of the Instituto Central de Leprologia in Buenos Aires.

Paraguay: *Survey of schoolchildren.*—Commenting on the plan for leprosy control in Paraguay, which had been developed by the Paraguayan authorities with the assistance of a WHO consultant, Dr. Lauro de Souza Lima, the *WHO Chronicle* [12 (1958) 312] gives some figures which when first seen by us were "classified" information. In 1955 a preliminary survey of schoolchildren aged 6-15 years, was made in the towns of Asunción and Luque, with intention of examining and lepromin-testing contacts of cases found. The cases were: 16 among 7,390 children in Asunción, and 4 among 1,589 in Luque, or 2.16 and 2.50 per 1,000, respectively. The general plan of control operations is summarized in some detail.

United Kingdom: *New drug for leprosy; Etisul alias Etip.*—In its Foreign Letters section the *J.A.M.A.* recently carried a story of a conference on pharmaceuticals held in Wales at which Dr. F. L. Rose, of Imperial Chemicals, talked of Dr. T. F. Davey's results in Nigeria with a drug on which he reported at the Tokyo congress under the name of Etip (or ICI 15,688), but which it appears is also called Etisul (diethyldithiol isophthalate). Rose and associates had found that compounds liberating ethyl mercaptan in the body had an antituberculosis effect. In a search for a safe, odorless and quickly-absorbed drug capable of releasing that substance in the body, over 400 compounds were synthesized and screened before Etisul was prepared. When it is administered by injection the distasteful and "unpleasant smelling" ethyl mercaptan is not formed. Evident effects are obtained in leprosy within the short space of three months—after which, Davey found, resistance begins to appear.

WHO: *Leprosy unit created.*—One of several changes of organization of WHO headquarters was the creation of a Leprosy Section in the Division of Communicable Disease Services. Dr. José Gay Prieto, of Madrid, was appointed head of this new unit effective November 1, 1958.

Chronicle renamed.—The *Chronicle of the World Health Organization* now appears, beginning with the January 1959 issue (No. 1 of Vol. 13), with a new cover format and a new name, the *WHO Chronicle*. That was one of the name forms suggested at the outset, in 1947, it is explained, but at that time too many people would not know what "WHO" meant. In the meantime, however, some medical journals have come to using the shorter form. We have done so, without italicizing the "WHO."

Caribbean area.—An article on international health work in the Caribbean area which appeared in a recent issue of the *WHO Chronicle* contains, under the heading of

"other activities," the following statement: "A leprosy survey was conducted in British Guiana, French Guiana, Grenada, Guadeloupe, Martinique, St. Lucia, Surinam, and Trinidad and Tobago in 1955-56. It is to be followed up by visits from consultants who will review and advise on developments in each of these territories and departments since that time." We have known of visits by a consultant to at least some of the areas listed, but under the WHO policy of secrecy in such matters we have not been able to learn anything about what was found in those visits.

Progress in Africa, and elsewhere.—At a meeting of the WHO Regional Committee for Africa held in Monrovia, Liberia, September 1958, it was reported that about one-half of the leprosy cases in the region were under treatment, and that the antileprosy campaign in the Belgian Congo, French Equatorial Africa, French West Africa, Ghana and Nigeria would shortly be extended to Sierra Leone and Gambia. Regarding the meeting of the Regional Committee for South-East Asia, the *Chronicle* reports: "There had been good progress in leprosy control, particularly in Thailand"; and about that of the Regional Committee for the Western Pacific: "... increasing attention was being paid to leprosy control."

Leprosy prophylaxis.—On this subject a recent issue of the WHO *Chronicle* says that more prophylactic trials among child contacts of leprosy cases, using small doses of sulfone, were urged by a UNICEF/WHO Joint Committee of Health Policy which had held a meeting in Geneva. It is also said that carefully planned research to reach a final verdict on the value of the BCG prophylaxis of leprosy was also recommended by the committee.

PERSONALS

DR. CHAPMAN H. BINFORD, of the Armed Forces Institute of Pathology in Washington, D.C., has recently visited Surinam to obtain material for continuation of his animal inoculation work, the apparent success of which was reported at the Tokyo congress.

DR. R. CHAUSSINAND, who in 1958 was unable because of illness to accept a renewed invitation of the government of Portugal to spend the summer there, has accepted another one this year and left Paris to go there on April 15th.

DR. JAMES A. DOULL, medical director of the Leonard Wood Memorial, has recently visited Surinam (in company of Dr. Binford) and Venezuela to advise the authorities regarding their leprosy research programs.

DR. JAMES ROSS INNES in April attended as observer representing the British Leprosy Relief Association and the International Leprosy Association a leprosy conference convened by WHO at Brazzaville, French West Africa.

DR. J. A. MACFADZEAN is transferring from the research institute of the Sungei Buloh Settlement in Malaya. The Medical Research Council has engaged the services of a Dr. Waters to succeed him.

DR. H. W. WADE became Pathologist Emeritus of the Leonard Wood Memorial upon his retirement from active service on March 31st last. Remaining at the Culion Sanitarium, in the Philippines, where provisions have been made for his continuance as Editor of THE JOURNAL, he has been permitted by the Memorial to retain use of the equipment needed for pursuing uncompleted studies.