NEWS AND NOTES

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

ANONYMOUS ("ATYPICAL") MYCOBACTERIA

Increasing interest is being taken, primarily in the United States but also in other countries, in acid-fast bacteria isolated from cases which clinically resemble tuberculosis, but which are not identifiable or ordinary tubercle bacilli. These bacilli have usually been called "atypical" mycobacteria, but some authorities prefer "unclassified" (W. H. Feldman), or "anonymous" (E. H. Runyon). The term "unidentified" is used in the title of an editorial on the subject from *Tubercle* which is reprinted in this issue.

A collaborative study of such bacilli was initiated in 1954 by the Veterans Administration and the National Tuberculosis Association, under the direction of Dr. Ernest H. Runyon, presently of the Veterans Administration Hospital in Salt Lake City, Utah, and Dr. Emanuel Wolinsky, of the Cleveland Metropolitan General Hospital in Cleveland, Ohio. A new laboratory has been established in the Salt Lake City institution, where a large culture collection is maintained and problems such as the relationships and pathogenicity of certain mycobacteria are being studied.

A communication from the director of medical research of the American Trudeau Society (the medical section the National Tuberculosis Association) points out that the increasing numbers of isolations of such organisms leads to the expectation that they will be found in other places, producing tuberculosis-like disease that does not respond to treatment in the same way as do infections due to the tubercle bacillus. The collaborators are particularly anxious to learn something about the extent to which such organisms have been isolated by laboratories in other parts of the world, and to that end a questionnaire is being widely distributed. One page contains a succinct statement of their characteristics and grouping, and the other two pages contain eight fairly exhaustive questions. Copies of this questionnaire can be obtained from the headquarters of the National Tuberculosis Association at 1790 Broadway, New York 19, N. Y. Dr. Runyon writes that they are much interested in receiving from other countries cultures of documented pedigree, especially of strains which seem to have been agents of disease.

In that connection an excellent and comprehensive 34-page, loose-leaf manual on Tuberculosis Laboratory Methods, has been compiled by Dr. Runyon and a special committee and published by the Department of Medicine and Surgery of the Veterans Administration in Washington. One section gives the methods for distinguishing between tubercle bacilli and other acid-fast bacilli.

Not immediately pertinent, but of possible interest to students of immunology with respect to the mycobacteria, is the fact that the directions for smear microscopy of tuberculous materials attest to the ubiquity of acidfasts in the environment. To avoid contamination, it is specified, only freshly distilled water should be used for making stains and reagents, because tap water or distilled water which has been standing several weeks in a laboratory may be contaminated with acid-fast saprophytes, and the solutions should be protected from dust. Such saprophytes appear occasionally in clinical specimens after their collection. Gastric contents, voided urine specimens, and stool specimens are not to be examined microscopically for tubercle bacilli, obviously because of the possibility of misleading findings.

8TH INTERNATIONAL CONGRESS OF LEPROLOGY

ORGANIZING COMMITTEE

It has been announced by Dr. Orestes Diniz, director of the National Leprosy Service of Brazil, that the minister of health, Dr. Mario Pinotti, has now named the Organizing Committee of the 8th International Congress of Leprology which is to be held in Brazil in 1963, under the auspices of the International Leprosy Association. This step has been taken so early in order to assure success of the congress. The committee is composed as follows:

1. The director and chiefs of the technical sections of the National Leprosy Service;
2. The directors of the leprosy services of the states of Brazil;
3. The professors of leprology and of dermatology of the medical colleges of the country;
4. The Brazilian members of the Council of the International Leprosy Association;
5. The Brazilian members of the WHO Expert Panel on Leprosy;
6. The presidents of the leprosy societies;
7. The presidents of all organizations for social work in leprosy.

This committee, under the chairmanship of Dr. Orestes Diniz, will soon begin its work and will make periodic reports to the ILA. It will welcome any suggestions regarding the organization and program of the congress. The office of the committee will be at the headquarters of the National Leprosy Service, Rua São Cristovão 1298, Rio de Janeiro. Dr. Joir Fonte has been appointed its secretary, and all correspondence should be addressed to him.

WHO ASSEMBLY: RESEARCH AND ERADICATION

On May 29, 1959, at the closing session of the Twelfth World Health Assembly the president, Sir John Charles (United Kingdom), summed up the Assembly's three weeks' work. In a brief press release that was issued there are two items of interest. In the first place:

> Sir John "pointed out that research was to become, and rightly, a more conspicuous part of the work of the Organization, but noted that what was to be undertaken was no more than a small contribution to the enormous body of work in that field which was already in hand. But if our contribution is of a special kind; if it seeks to fill in some of the gaps in communication and co-ordination; if it prospects some of the outstanding and uninvestigated problems more particularly pertaining to public health; if, in brief, it acts as a catalyst, then it will have an influence altogether greater than its endowment, and the value of its assistance will be out of all proportion to the budget it will deploy."

It is known that, last February, a group called "The Scientific Group on Leprosy Research" was convened in Geneva, the general idea being that it was to recommend lines of research which WHO might undertake or aid. The immediate purpose of the report of this group was to advise the director-general on the scientific aspects of the program which might be developed by WHO, and it could not be released until after it had served that purpose. It was expected that it would form the basis of the leprosy section of a composite research program which would be submitted to the Assembly for approval.

A copy of the leprosy section of Document A12/P&B/5, The Role of WHO in Medical Research (Section A-III), has been supplied by the Western Pacific Regional Office in Manila. It turns out to be a summary general statement about certain fields in which further investigations are called for, under the following headings: therapeutic research on sulfones; therapeutic research on new drugs; fundamental microbiological research (including the purification and standardization of lepromin); prevention of leprosy (BCG vaccination and chemoprophylaxis); and prevention of deformity, and rehabilitation.

Also in the press release referred to is the brief statement that:

> "Sir John also mentioned the importance of the discussions on 'the bold and brilliant idea of malaria eradication,' a forerunner of two other schemes of eradication: smallpox, now on the programme of WHO, and leprosy, which could be foreseen."

This cryptic reference to leprosy is all that has been learned about any plan of WHO to undertake, anywhere, to organize and/or support a campaign of leprosy eradication, beyond the mass campaigns in Africa of which so much has been heard in recent years. The idea invites speculation. For malaria, which relatively speaking—with regard to its etiologic agent—is an "acute" disease, with rapidly effective chemotherapeutic agents, there is the approach of mosquito control. For smallpox there is vaccination of children. For leprosy, what? Mass BCG vaccination? Whatever the method contemplated,

any such project could become of prime importance for all countries in which leprosy is a problem.

NORTHERN NIGERIA CONFERENCE

A three-day conference on tuberculosis and leprosy was held in February 1959 at Jos, Northern Nigeria, under the auspices of the West African Council for Medical Research. Over 100 delegates attended. Six contributions on leprosy were presented. A full report of this conference will be published in the *West African Medical Journal.*

C. M. Ross (Northern Nigeria). Epidemiology and control of leprosy in the Northern Region. Since the inception in 1952 of a mass treatment scheme in this region, the population of which is 18 million, the number of patients under regular treatment has increased from 10,000 to 116,000, with a total of 20,000 discharged by December 1958. The scheme is based mainly on a network of treatment centers which are an integral part of the general medical and health services of the region. To date 250,000 patients (1.4% of the population) have been started on treatment but there has been a 36 per cent defaulter rate, leaving 0.9 per cent of the population under regular treatment.

J. A. Dreisbach (Nigeria). Rehabilitation of the leprosy patient. In this paper were discussed the various surgical procedures that can be offered to increase the function and well-being of the patient, a field in which there still remain many problems to be investigated. Rehabilitation of the already-deformed patient is important, but deformities can often be prevented by the application of simple procedures, and, above all, education of the patient.

R. E. Pfaltzgraff (Nigeria). Effect of BCG vaccination of child contacts. This was a report on the prevention of leprosy in children living with their parents, with "closed" leprosy, in a settlement. Of the 253 children studied only 17.8 per cent were tuberculin positive. The negatives were vaccinated with BCG and all were observed for 2½ years. Three, or 1.2 per cent, developed leprosy, compared with 43 cases, or 27 per cent, in the child population of 189 in the same settlement in the previous 2½ years. Rees, while admitting the implications of this study, stressed the importance of a control in such studies, leaving half of the Mantoux-negative children unvaccinated.

T. F. Davey (Eastern Nigeria). Immunological relationship between tuberculosis and leprosy. His observations suggested that the late (Mitsuda) reaction to lepromin is not a specific reaction to the leprosy bacillus since other antigens, including normal skin, will give a similar pattern of response, albeit less intense, but it is nevertheless an indication of the degree of tissue resistance. BCG undoubtedly produces lepromin positivity in a high proportion of people, but not all; and not all people positive to tuberculin are lepromin positive.

I. M. Webster (Ghana). The response of leprosy patients to smallpox vaccination. In her leprosarium 85 patients were vaccinated, and 82 per cent of those with lepromatous leprosy developed severe erythema nodosum leprosum or neuritis, compared with only 25 per cent of those with tuberculoid leprosy. The bacterial index in the patients with reactions showed a decrease in 52 per cent, no change in 14 per cent, and an increase in 20 per cent. It was pointed out that these reactions might result from an "adjuvant" effect of vaccinia on leprosy bacilli in the same way that vaccinia acts as an adjuvant with other antigens in experimental animals.

R. J. W. Rees (Medical Research Council, London). Some recent advances in leprosy research. He reported, in particular, the recent limited success of growing rat leprosy bacilli in tissue cultures, and the use of this organism as a model for studying

the human bacillus. Both in the experimental animal and in tissue culture this organism multiplies very slowly, dividing approximately every 10 days. By electron microscopy it is possible to distinguish nonviable microorganisms. The application of this method to experimental studies of the human leprosy bacillus was discussed.

—R. J. W. Rees

LEPROSY SPECIALIST FOR GHANA

The Civil Service of Ghana has announced an opening for a Specialist (Leprologist) in the Ministry of Health. The appointee will be in charge of the Leprosy Service, responsible for the control and treatment of leprosy and supervision of all leprosy treatment centers. The qualification, terms of appointment, and salary are specified as follows:

(1) Candidates must qualify for appointment as Medical Officer. The possession of a Specialist qualification is not essential, but a Specialist qualification in medicine, e.g., the M.R.C.P. or a similar specialist qualification of an equvalent or comparable standard, is an advantage.

(2) Candidates must have had (*a*) either four years approved full-time clinical and administrative work in the special field of leprosy; or

(*b*) In the case of candidates who have had tropical experience in the Ghana Medical Service or in the Overseas Civil Service, four years spent either full-time or substantially full-time obtaining approved experience in leprosy work.

(*c*) A similar Specialist qualification of an equivalent or comparable standard is one which is certified to be so by the Chief Medical Officer.

(*d*) Experience should be preferably under the direction of a fully qualified Specialist.

(*e*) The stated four year period must be exclusive of hospital experience gained in house posts immediately following the attainment of qualifying degree or licentiateship.

The appointment carries a nonpensionable contract for two tours, each of not less than 18 months nor more than 24 months, plus consequential leave.

The salary assigned to the post is £2,630 per annum (flat). This is the consolidated contract salary representing the consolidated pensionable superscale salary of £2,100 containing overseas pay plus a contract addition of approximately 25 per cent in respect of the temporary nature of the appointment.

"LEPROSY" IN THE HEBREW BIBLE

In his campaign against the use of the word leprosy, Mr. Stanley Stein, editor of *The Star* (Carville), has been in correspondence with the editor-in-chief of a new translation of the Hebrew Bible, Prof. Harry M. Orlinsky, of the Hebrew Union College in New York. He has informed Stein that, subject to approval of an Advisory Editorial Committee, the decision in relation to Hebrew *tzara'at,* traditional "leprosy," is as follows:

In Exodus 4.6 we have rendered the root by: "(lo, his hand was stricken with) snow-white scales," with a footnote: "Others leprous, as white as snow."

In Leviticus 13.2 and the like we have rendered "scaly affection" or "eruptive affection" for traditional 'leprosy." But in such passages as 13.3 we have translated "it is a leprous affection," with a footnote: "Hebrew *tzara'at* is used for a variety of diseases. Where a human being is declared unclean by reason of *tzara'at,* the traditional translation 'leprosy' has been retained without regard to modern medical terminology."

THE LEPER

Under the above heading, which term the story later recognized as being outlawed, *Time* newsmagazine recently (June 8) quoted from *Job* 19:13-17 and went on to tell the tragic story—incredible in these days for civilized countries like Italy and France—of one Marcello Orano, aged 56, said once to have been a successful author and one of Italy's popular heroes, "now with no claim to fame save as Europe's best known and worst treated leper."

One of a family prominent in education and government, Orano was a dashing cavalier who served as a colonial official in Africa, wrote novels (three of them made into prewar movies), had a bewildering succession of marital relationships, and once turned Moslem.

It was in 1941 that Orano contracted the disease that made him a pariah. Italian troops and officials in Somaliland had run from the British, but Orano persisted in taking a boatload of supplies to hungry leprosy victims in a remote colony. Caught in an air attack along the way, he suffered some 50 superficial wounds from bomb fragments. Ashore, he helped bandage wounded leprosy patients, and the disease-causing Hansen's bacilli entered his own wounds.

Not until 1949 was his leprosy diagnosed. Then the police, rigidly following Italy's medievally strict leprosy laws, threw him into Rome's Lazzaretto Lazaro Spallanzani. Though he was repeatedly certified "noncontagious and innocuous," it took Orano months to get away to France with his wife Giulia, a former nurse. But after six years of campaigning against the "vilest humiliations" and "unreasoning, medieval terror of leprosy," Orano was finally locked up by the French. So back he went to Rome.

There, an international congress had just proclaimed: "Leprosy is a disease of low contagiousness and amenable to treatment . . . All discriminatory laws should be abolished. Measures should be taken to promote public understanding of the true nature of leprosy and to remove all prejudices and superstitions associated with the disease."

In a flurry of understanding, Rome gave Orano a hero's welcome, with gifts of a TV set, books and money, and promises of special consideration in the Lazzaretto Spallanzani. (Despite intensive treatment in France with sulfone drugs, the once powerful Orano was by this time gnarled and weakened, his handsome face disfigured, his blue eyes clouded.) But the promises were soon forgotten. Roman bureaucrats enforced the letter of antiquated Italian law. They let the faithful Giulia live with him in an isolated cottage (he is the only leprosy victim in Spallanzani), forced her to take full care of him, gave him little treatment. Once he broke out to make a placarded public protest—in vain. Again his "acquaintances are verily estranged" from him. The few who try to visit him are kept out by the Ministry of Health's pettifogging rules.

Last week, breaking under the strain, Giulia Orano begged the Roman press to help rescue her and her husband from "terror and desperation . . . decay, disorder and dirt." Only the Communist *L'Unitá* gave her space and grudging, lukewarm support. In all of Italy there are 300 leprosy victims confined and under treatment, but an estimated 2,000 are hiding out (and therefore going untreated) because they fear a fate like Orano's.

No move has been made to change Italian law in line with the ringing declaration of the 1956 congress. And that congress recommended dropping the word "leper" because of its incrustation of moral connotations, substituting "leprosy victim" or "leprosy patient." But Italian officialdom has changed in neither word nor deed: Marcello Orano, hero of 1941, is in 1959 nothing but a leper.

NEWS ITEMS

United States: *Memorial's bacteriology laboratory moving.*—The bacteriology laboratory of the Leonard Wood Memorial, under the charge of Dr. John H. Hanks, which for the past several years has been located at the Department of Bacteriology and Immunology of the Harvard Medical School, Boston, Mass., is shortly to be transferred to the School of Hygiene of the Johns Hopkins University, Baltimore, Md. The address is 615 North Wolfe Street, Baltimore.

BCG vaccination by inhalation.—An Associated Press dispatch dated Chicago, May 28th, told of a report presented at a meeting of the National Tuberculosis Association about BCG vaccination by inhalation. "Humans can get tuberculosis by breathing in the germs. So why not prevent it in the same way—by inhaling a vaccine?" Guinea-pigs which had been given BCG by inhalation showed as much resistance to infection as others which received bigger doses subcutaneously. "'It is evident,' the researchers reported, 'that airborne vaccination was more effective than subcutaneous vaccination'." The researchers referred to were not named, but the work reported was obviously that of Cohn, Davis and Middlebrook which is noted in one of the abstracts in this issue.

Work of Joseph D. Aronson.—In an obituary of Dr. Aronson (whose sudden death while in Surinam THE JOURNAL has already recorded) by Carroll E. Palmer which appeared in the *American Review of Tuberculosis and Pulmonary Diseases* **79** (1959) 695, are two statements of which note is made here. One is that he sought answers to the problems of the spread of infection, of virulence, and of allergy and immunity of the mycobacteria "through work with tuberculin, with acid-fast organisms, particularly tubercle bacilli and BCG, and with leprosy." Besides the mycobacteria of cold-blooded animals (*M. marinum* from salt-water fish, and *M. thamnopheos* from the garter snake, and tubercle bacilli from various sources), "Leprosy bacilli also claimed his attention for many years, and at the time of his death he was collecting leprosy tissues in the hope of culturing leprosy bacilli in cold-blooded animals."

Japan: *Leprosy meetings.*—The annual meeting for 1959 of the Japanese Leprosy Association was held on March 31st, as a section of the All-Japan Medical Congress. The deliberations included a symposium on The Relationships of Leprosy and Tuberculosis, in which our Contributing Editor, Prof. Kanehiko Kitamura, and several others participated. The autumn meeting of the Eastern Section of the J.L.A. will be held at the Tama Zensho-en, in Tokyo, on September 27th, and that of the Western Section in Osaka on November 2nd.

Philippines: *Social Security and leprosy.*—In a recent newspaper story it was said that the Social Security Commission had decided that "if a member of the system

were found suffering from leprosy he would be considered a dead man—as far as his benefits were concerned." This rather startling statement led to an inquiry as to just what had transpired, and Dr. Domingo Disini, chief of the Division of Sanitaria of the Bureau of Disease Control, obtained an official statement on the matter from the chairman of the Commission. In the first place, only permanent disabilities, total or partial, are compensable. Regarding a person with leprosy, although not really totally and permanently disabled but still physically capable of working, he is considered incapacitated from work in the open labor market in view of his confinement in a leprosarium, and so he is considered entitled to disability benefits. This applies, however, only if the individual is confined in a leprosarium and the attending leprologist certifies that his affliction is far advanced. The case which led to this decision was tuberculoid, obviously reactional, and strongly positive for bacilli. It does not appear what would eventuate if such a person, having received his disability compensation, should be cleared up under treatment and discharged from the leprosarium.

Thailand: *Training of antileprosy workers.*—With the spread to other parts of the country of antileprosy activities from the pilot project which, with the assistance of WHO, has been in operation in Khon Kaen since 1955, there has now been appointed to the staff of the program an expert who will advise the government on the training of antileprosy workers and the development of a school of leprosy control. The appointee, the *WHO Chronicle* reports, is Dr. M.C.L. Smith, who served with the United Nations Korean Reconstruction Agency from 1952 to 1957, and subsequently with the Mission to Lepers in Korea and Hong Kong.

India: *Indian Association of Leprologists.*—A report of a meeting of the Central Council of the Indian Association of Leprologists which took place on May 31, 1959, has been supplied by Dr. S. N. Chatterjee, president, who was in the chair. Dr. K. R. Chatterjee, the secretary, reported on the VII International Congress of Leprology which was held in Tokyo in November 1958. A resolution of condolence was adopted for the death of Dr. D. N. Ghosh, formerly medical officer of the Hind Kusht Nivaran Sangh and lately the superintendent of the Gouripore Leprosy Colony in West Bengal. Among other matters discussed was the preliminary planning for the next biennial meeting of the Association, which is to be held in Bombay in December 1959. In that connection it has been learned that several foreign leprologists are to be invited to attend.

From Dr. K. R. Chatterjee has been received a list of persons, mostly foreigners, who from time to time have been elected to honorary membership by the Indian Association of Leprologists. First, in 1948, Dr. Ernest Muir. Then, in 1952, Drs. Robert G. Cochrane and John Lowe; in 1953, Dr. L. Sen; in 1957, Drs. José M. M. Fernandez, James Ross Innes, Kanehiko Kitamura, Kensuke Mitsuda, (Sir) Leonard Rogers, Lauro de Souza Lima and H. W. Wade.

PERSONALS

Dr. R. Boenjamin, director of the Central Institute for Leprosy Research and Campaign, in Djakarta, Indonesia, has retired from that position because of ill health. He had been in the government service since 1927, shortly after taking his medical degree,

and since 1937 in the leprosy service—as director of the Central Institute since 1945.

Dr. K. R. Chatterjee, of the Leprosy Research Department of the Calcutta School of Tropical Medicine, has been appointed Assistant Director, Leprosy Control Work, Government of India. His address now is 3 Kyd Street, Calcutta 16.

Dr. Kanehiko Kitamura, who was President of the recent Tokyo congress, has been automatically retired from the position of Professor of Dermatology of the University of Tokyo School of Medicine because of age, and has been appointed to a similar post at the Tokyo Medical College.

Dr. M. F. R. Waters has been appointed head of the research unit of the Sungei Buloh Settlement near Kuala Lumpur, Selangor, Malaya, and has recently taken up that post.