

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 U.S.A. AND W.H.O.

A publication of value to anyone in any way interested in the large-scale international cooperative work in the fields of public health and medical research carried on by WHO is a report by Senator Hubert H. Humphrey entitled, *The United States and the World Health Organization, Teamwork for Mankind's Well-Being*. This report is based on conferences during a trip to Europe late in 1958 and a subsequent review preceding the 12th World Health Assembly held in May 1959. Senator Humphrey wrote as chairman of a U. S. Senate subcommittee which is concerned with international organization and medical research. The fact that, for obvious reasons, various portions of it deal particularly with U. S. participation does not lessen the value of the report with respect to WHO and its structure and operations.

The scope is comprehensive, beyond anything of its kind seen before. It is divided into six parts: I, World Health—Status and Resources; II, Evolution of WHO Activities; III, Three Illustrative WHO Programs—Anti-Influenza, Anti-Malaria, and Training Activities; IV, Development of WHO's Medical Research; V, The Intangible Assets of WHO; and VI, WHO's Material Resources.

Leprosy not being major element of WHO's activities, not much is said specifically about it. For example, in discussing coordination with various other U.N. organizations due note is made of the joint efforts with Unicef in nutrition programs and maternal and health programs, but nothing of the mass antileprosy campaigns. The Expert Advisory Panel on Leprosy is of course listed as one of the 36 such panels, on which there are in total 1,682 experts residing in 74 countries. Of the 42 nongovernmental organizations in official relationship with WHO, the International Leprosy Association is one of the few given special if brief mention. In a tabulation of 906 institutions and laboratories closely related with the work of WHO, leprosy appears with 11 such entities. Except that it is grouped among those "undertaking some research at the request of WHO, without receiving grants," there is no explanation of this unexpected item.

This publication, of 145 pages, paper covered, is obtainable (price 50 cents) from the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D. C.

VISITS TO THE BELGIAN CONGO

Two periodicals which ordinarily do not have material of interest for this one have recently carried reports of visits to persons and places well known in the leprosy work in the Belgian Congo. The high lights of these stories are related.

I. One is an article entitled "Report from the Equator," in *What's New*, the house organ of the Abbott Laboratories (No. 211, 1958), by Dr. Frederick Franek, a dentist

sent by MEDICO (Medical International Cooperation) to set up a dental clinic at Dr. Schweitzer's hospital at Lambarene, F.E.A. A Belgian official had suggested that first he visit "our Belgian Schweitzers."

The first to be visited was Dr. Frans Hemerijckx, at the time on leave in his home near Brussels but about to return to Madras, where he is now working after many years in the bush at Tshumbe-Ste Marie in the Congo. "Hemerijckx is a bear of a man of fifty-six with a big belly, a bigger beard and obviously an even bigger heart. Actually he does not look so much antediluvian as he looks like a faun from a Renaissance Flemish painting . . . a man of vast culture, humor and charm. . ." A man who loved his patients and suffered years of frustration before the sulfones came into use, he is not concerned with names: "My idea is to eradicate the disease, and I don't care under what name." After talking about his present work in India he recommended that, to see actual leprosy work, his visitor should go to his previous associate Dr. Michel Lechat, a leprologist already well known at thirty-two, who since 1953 had been in charge of the Yonda leprosarium, on the right bank of the Congo River near Coquilhatville.

So, by air via Kano and Leopoldville, an entertaining trip, he finally landed at Coquilhatville. At Lechat's home within the leprosarium reservation, some twenty bumpy miles from the airport, he seems to have been surprised at the amenities found, particularly the selection of books and phonograph records. (Here, as also in connection with his visit to Hemerijckx, he paid tribute to the distaff side of the family: "Only exceptional women with great inner resources" could share the lives of leprologists in the middle of nowhere.)

The writer gives his impressions of his first visit to a leprosarium, and tells of features of the place and of his conversations with Lechat about leprosy and modern methods of dealing with it. The article is illustrated with several sketches by the author—including one of Hemerijckx (with his ever-present cigar) which is excellent, and one of Lechat (who really is a good-looking chap) which surely is actionable for libel.

(A book by Dr. Franck, "Days With Albert Schweitzer," is said by the Carville *Star* to be something of a debunking of the legends about Dr. Schweitzer, who emerges as a very real and very exceptional man. There are complaints in the comment referred to, especially about the frequency and manner in which the word "leper" is used.)

II. The other article, "Doctor in a Red Truck," in the weekly magazine *New Yorker* (April 18, 1959), is a lengthy story by one Christopher Rand, a "roving correspondent." Having previously seen people with leprosy in the Far East (e.g., Hong Kong), he had long wanted to visit a leprosy colony primarily to learn about the lives which the patients live in such institutions. So on a trip in Africa he spent several days with Dr. Lambert Swerts, its director, in and about the Belgian Red Cross leprosarium at Pawa (in the far northeast of the Congo, 200 km. from the Sudan frontier), where there were more than a thousand patients—several thousand more being treated at three clinics in the surrounding country. (About 8% of the people of the Pawa region have leprosy.) He learned much, not only about leprosy and the patients, but also about various surviving aspects of African primitivism, such as tribal magic and pygmy customs. Swerts, a bearded blonde man of thirty-seven, had been ten years at Pawa where he had become fluent in Swahili, the lingua franca of the Eastern Congo where tribal languages are numerous. A bacteriologist, he had originally been sent there to work in the laboratory, but he soon had to take charge because of the death of the previous director in an airplane crash.

The story begins with a day-long trip with the doctor and white-robed African assistants to two of the outpatient clinics. Something is said about the clinic procedures (treatment, apparently, was by injection), and about leprosy as seen there, but the writer was especially interested in the people, particularly the pygmies. Of the latter, some had come to exchange wild honey or game meat with the settled people (*indigènes*) for badly-needed vegetable products; the *indigènes*, on the other hand, are badly lacking in animal proteins—so much so that they cherish even caterpillars and dried termites. Some of the pygmies had come for treatment, for despite their nomadic life they have leprosy in about the same proportion as do the other people; but, being nomads, even those in whom the disease is advanced will not submit to hospitalization. The customs and problems of the pygmies are related at some length. The doctor had brought along to sell to them a lot of arrow heads made by Pawa patients, and with the proceeds he purchased from the others eggs for the children of the leprosarium.

About the visit in the leprosarium itself, apart from bare statistics (1,200 patients living in individual huts in sections according to tribe, a few with nonleprous relatives to look after them; 100 others in the hospital; 90 nursing babies with their mothers in a separate maternity hospital; and 100 healthy children of leprous parents in an orphanage), we mention only two items of the dietary: 80 metric tons of bananas purchased each month, and 3 elephants a month killed by or with the permission of the authorities.

Dr. Swerts was the only doctor. A Spanish nun, of an order working with the Belgian Red Cross, was in charge of administration. Among the African nurses there were no females, the status of women among the people being still too low to permit it. Treatment is not compulsory, either in the leprosarium or at the clinics, but the cooperation of the chiefs is highly effective in persuasion. Various productive activities are mentioned. The system of self-government, and the administration of justice by the native system of judges elected by the tribal groups, are dealt with, and an account is given of a court session the more interesting because two of the cases involved problems of the use of magic.

Anyone with interest in such matters who can gain access to a back file of the *New Yorker* would do well to read this article. Nothing like it will be found in any annual report, or any article in a medical journal.

SIERRA LEONE

A report of a leprosy survey of Sierra Leone by Dr. C. M. Ross, senior leprologist of Northern Nigeria, has been seen through the courtesy of Dr. J. Ross Innes, secretary-treasurer, International Leprosy Association and medical secretary of BELRA, reports *Leprosy Briefs* [10 (1959) 27 (July)]. The following is a summary prepared by him.

Between 27 December 1957 and 8 March 1958, Ross conducted a leprosy survey in Sierra Leone, assisted in the field by Mrs. Ross and by Mr. Alan Waudby (BELRA worker sent out a short time before, who remains in Sierra Leone). The basic method of the survey was house-to-house visiting, or compound-to-compound, and personal examination of all persons by the doctor.

Results.—In the Northern Province 13,484 persons were examined and 763 leprosy cases found, the incidence being 57 per 1,000. In the Southwestern Province 4,049 persons were examined and 119 cases found, the incidence here being 29 per 1,000. In the Southeastern Province 4,332 persons were examined and 157 cases found, the incidence 36 per 1,000.

[Ross estimates an average prevalence for whole country of 37 per 1,000, or a total of 85,000 cases, of which 11,000 are lepromatous. Sierra Leone has a total population of 2,038, 815, an area of 27,540 square miles (about 71,000 sq. km.), a density of population of 84.5 per sq. mile (about 33 per sq. km.).]

Existing leprosy work in the country, which is in the hands of missions, is small. Altogether there are about 2,000 patients under care in leprosaria or clinics.

Recommendations.—(a) The provision of a leprosarium as a base for the leprosy service, with facilities for training and hospital care of patients; this should be at Masanga. (b) The formation of a leprosy service establishment. (c) The adoption of the clinic system as the spearhead of the leprosy campaign. (d) All government centers to adopt a uniform method of treatment. (e) Mr. Waudby to follow up the various clinics started in the survey and institute new ones. (f) Certain places to be chosen as pilot areas for the leprosy service, e.g., Mabonto, Kabala, Batkanu, Kailahun. (g) Training courses for doctors, medical auxiliaries, and leprosy service staff. (h) Active participation of missions in all sections to be encouraged, especially at the centers of Rotifunk, Kamakwie, and Segbwema. (i) A leprosy advisory committee to be formed, one or several.

SURINAM AND VENEZUELA

The following information is from notes by Dr. J. A. Doull of a

recent visit to Surinam and Venezuela, published in *Leprosy Briefs* [10 (1959) 34-35 (Sept.)].

Surinam.—Leprosy was introduced long ago—probably by slaves from Africa. The estimated number of cases at present is 3,200, about 13 per 1,000 population, although in 2,400 of these the disease is regarded as arrested. Among the ethnic groups the so-called creoles (mixed Negro and white) have more than the average share of leprosy, the Hindus somewhat less than the average, with the Indonesians coming between; the position of the Bush Negroes is uncertain. There are three leprosaria: Groot-Chatillon, about 25 miles from Paramaribo, operated for the Government by the Salvation Army, with 125 patients; a Protestant institution called Bethesda, 4 miles from Paramaribo, subsidized by the Government, with 75 patients; and a Roman Catholic one called St. Gerhardus Majella, within the city, also subsidized, with 45 patients. The last-named is adjacent to the fine outpatient clinic where Dr. S. J. Bueno de Mesquita, director of the Leprosy Service, has his headquarters. Thus the inpatients total 245 (plus 17 hospitalized at the clinic), a considerable reduction from a few years ago, this being compensated for by an increase of outpatients. The cost of the leprosy service in 1958 was \$345,000, a relatively small amount considering the numbers of patients involved. Very little is being spent for research.

Venezuela.—In Venezuela, the Division of Leprosy Control, under the direction of Dr. Jacinto Convit, operates as a completely integrated unit of the Department of Adult Hygiene and Chronic Diseases of the Ministry of Health, with specialized leprosy personnel in every large health center in the endemic areas. The total prevalence of leprosy is about 14,000, or 2.3 per 1,000 of the population. There are two leprosaria, Providencia on an island in Lake Maracaibo, and Cabo Blanco near the La Guaira airport, with a total of about 850 patients (2,000 or more a few years ago). There is an excellent social service program with cash allowances for patients and their families. The cost of the service in 1958 was about \$2,400,000, which includes the cost of about 750,000 BCG vaccinations performed for the tuberculosis service, a small onchocerciasis program, and research on leprosy. In the Colonia Tovar area, near Caracas, an experiment is under way to determine whether or not BCG vaccination protects against leprosy.

Leprologists of the Division receive six months' training in dermatology. The district health officers, although their duties are supervisory only, receive special instruction in leprosy during their public health course. In addition to the larger health centers, there are nearly 400 rural health units. In these, one physician must do everything—maternal and child health, tuberculosis and leprosy control, and general medical care in areas where there are no private physicians. These small units depend on the health centers for supplies and technical help. It is of interest that it is among physicians serving these rural units that the Division finds most of those who are willing to devote themselves to leprosy work.

INTERNATIONAL ACADEMY OF PATHOLOGY; LEPROSY SESSION

The Third International Congress of the International Academy of Pathology—which organization, until reorganized in 1954, was the International Association of Medical Museums, of which Dr. Maude Adams of McGill University in Montreal was for many years the spark-plug—is to be held at the Royal College of Surgeons in London, June 20-24, 1960. The secretary-treasurer of the Academy is Dr. F. K. Mostofi, Armed Forces Institute of Pathology, Washington 25, D. C. The secretary of the congress will be Dr. George J. Cunningham, of the Royal College of Surgeons, Lincoln's Inn Fields, London WC2, England.

The program includes (a) an open scientific session for the presentation of original papers "on experimental and applied pathology dealing with anatomical and comparative pathology"; and (b) certain prearranged scientific sessions with invited speakers.

The latter events will consist of a one-day course on pathology of the kidney, symposia on thyroiditis and cancer of the thyroid, and a slide seminar on proliferative lesions of the breast. The session for proffered papers will be on June 20th—on which day, at 4:30 p.m., the “official welcome” will take place.

A special meeting on leprosy research will be held on June 20, this to be a joint symposium by members of the Academy in conjunction with the Acid-Fast Club of London. Papers on all aspects of leprosy research are invited. Anyone interested in this meeting should communicate with Dr. R. J. W. Rees, National Institute for Medical Research, The Ridgeway, Mill Hill, London N.W.7. Persons participating in this meeting, but not in the congress proper, will not be required to pay the congress registration fee (3 guineas, or \$9.00, for late registrants).

CONGRESS TRANSACTIONS PUBLISHED

In the middle of December last there was received from the Tofu Kyokai in Tokyo (Japanese Leprosy Foundation), specially dispatched by air mail to permit early review, a copy of the Transactions of the VIIth International Congress of Leprology which was held in Tokyo in November 1958. This is a handsome volume of manageable size—although a bit heavy because of the quality of the paper used—done as excellently well in all essential features as had been expected. A more detailed description will be found in the Current Literature section of this issue.

Dr. Kikuo Hamano, executive director of the Tofu Kyokai, informs us that besides the number of copies needed to supply the regular members of the congress, about 100 extra copies had been printed for sale to others at cost. The price is US\$12.00, plus 0.50 postage. Orders should be addressed to the Tofu Kyokai, at 5,2-Chome, Uchisaiwaicho, Chiyodaku, Tokyo, Japan.

United States: Memorial Laboratory at Johns Hopkins.—The opening ceremony of the joint Johns Hopkins-Leonard Wood Memorial Leprosy Research Laboratory, at the Johns Hopkins University School of Public Health, in Baltimore, Maryland, will take place in January 1960. This laboratory, under the direction of Dr. John H. Hanks, was for a full decade associated with the Department of Bacteriology and Immunology of the Harvard University Medical School in Boston, Massachusetts.

Bacteriologic status of Carville patients.—Dr. George L. Fite, chief of the Laboratory Branch of the Carville leprosarium, has said in a letter to *The Star* that, of the 271 patients present at the end of 1958, 125 had been found consistently negative through the year. Among those who had been found positive, there are a “few older cases . . . in which drug fastness has probably taken place.” (Again we hear from Carville mention of this condition, which apparently is not seen—or recognized—by leprologists in most other places.)

Movie film on leprosy.—The Recognition of Leprosy, a movie film produced by the U.S. Public Health Service (16 mm., color, sound, 13 minutes, 1959) is intended for the information of practicing physicians and medical students. It illustrates the clinical manifestations of leprosy, using patients of the Federal Leprosarium at Carville; and it also shows diagnostic procedures, including the technique of taking and staining skin scrapings to demonstrate the bacilli, and the technique of taking skin biopsy specimens. It is available on short-term loan (United States only) from the U.S.P.H.S. Communicable Disease Center, Chamblee, Georgia.

Sequel to Betty Martin's story.—Betty Martin, who had long been a patient at Carville and with her husband, Hank Martin, was discharged in 1947, put out a book written with Evelyn Wells entitled *Miracle at Carville* [see *THE JOURNAL* **20** (1952)]

314-315] in which her experiences were related. In 1959, assisted by the same professional writer, she published a sequel, *No One Must Ever Know*, telling of the life she has led since their discharge. From comments on the book in the May-June issue of *The Star* by her friend and fellow ex-patient Ann Page, and by certain members of the Carville staff—as well as from the title of the book itself—she has been continually fear-ridden that people of the community where they live may learn of their previous history.

The recalcitrant tuberculosis patient.—An item of the program of the annual meeting of the National Tuberculosis Association, to be held in Los Angeles May 11-19, would be of interest to those concerned with the problems of leprosy control. That item is a seminar on the subject of compulsory isolation of the recalcitrant tuberculosis patient.

United Kingdom: *Increase of leprosy cases.*—The Minister of Health stated in Parliament that there are 275 cases of leprosy in the United Kingdom, according to a recent report in the *J.A.M.A.* One member asked why the number has increased from 46 in 1951 to the present figure. He thought that the situation was becoming serious. Since the disease is contracted outside the country and brought in by immigrants, he held that there should be regulations to prevent the uncontrolled entry of immigrants suffering from it. The Minister said that there is no evidence that leprosy is spreading. There are two special units in the country where inpatient treatment can be given, and patients can also be treated in the outpatient departments of the infectious and tropical disease hospitals.

Spain: *Courses in leprology.*—Announcements of two summer courses held in 1959 by the Obra de Perfeccionamiento Sanitario of the Escuela Nacional de Sanidad have been seen in *Actas Dermo-Sifilograficas*. One was on the problem of rehabilitation of leprosy patients, scheduled for June 25 to July 2 at the Trillo National Leprosarium at Guadalajara (Dr. M. Suchs). The other was a specialist course for dermatologists, covering 17 themes and leading to a special diploma as leprologist. This course, aided in part by the Order of Malta, was to be held July 27-August 9 at the Fontilles leprosum (Dr. F. Contreras).

Belgian Congo: *Focus of M. ulcerans cases.*—The Prince Leopold Institute of Tropical Medicine in Antwerp says that special studies are being made in a focus of cases of tropical ulcers of the *M. ulcerans* type in the Belgian Congo. There would seem to be difficulty in cultivating the organism, for only 4 strains had been grown from 23 patients. Another strain, also not cultivated but maintained in rats, is being studied in Antwerp.

French Equatorial Africa: *Milch goats for Lambarene.*—In 1957, as a result of a special appeal of the Cincinnati Zoo for funds for the purpose, and with aid from a church organization, a lot of 15 Nubian dairy goats (12 does and 3 bucks, with 2 newcomers added during the trip), were taken to Lambarene to establish a herd at Dr. Schweitzer's hospital to provide a source of milk for the patients. In a widely cooperative operation, a number of pharmaceutical houses donated a total of \$20,000 worth of drugs, a dentist added a complete dental office with power unit, an animal-food manufacturer provided food for the goats for the voyage, an automobile manufacturer loaned a specially-equipped truck, and a shipping company provided transportation out of New Orleans. Landing at Port Gentil, F.E.A., a shipping agent provided a barge and tug which took the expedition the 118-mile trip up the Ogowe River to Lambarene. Two years later, the *Star* reports, the herd was doing well. It was hoped that that project would serve as a pattern for other charitable groups to provide milk supplies for other milk-short areas of the world. (Dr. Schweitzer's 85th birthday will be celebrated on January 14, 1960.)

Thailand: *The McKean Leprosy Home.*—Recent information about this institution, of which much less is heard nowadays than in past years, was given to *The Star* (Car-

ville) during a visit by Dr. Chinda Singhanet, the present director. There are now 550 patients there, and about 100 children born of patients are being cared for separately under the care of Mrs. Singhanet, a registered nurse. In the string of 22 special villages set up by Dr. Buker, the preceding director, some 4,000 other patients receive treatment. A novel feature of Dr. Singhanet's operation of this system is that once a year he convenes a week-long conference of leaders from the villages and others to discuss methods of treatment, exchange ideas, and develop a feeling of fellowship. Products of the industries of the leprosarium patients which are not used by themselves are sold outside. The American Leprosy Missions continues to contribute most of the support of the institution.

Japan: Japanese Leprosy Association.—The Association held its 36th general meeting in Tokyo on March 31st, 1959. As usual, the report of the meeting with abstracts of all of the papers read appear—only 38 on this occasion—in Japanese only, in one of the issues of *La Lepro* [Vol. 28 (1959) 4 July]. Only the program is duplicated in English. The titles show the usual wide range of subjects, with several unusual ones such as exfoliative cytology of the oral cavity in leprosy patients (first paper in the list), and the influence of leprosy sera on tissue respiration (last paper).

General: Plans for meetings.—It has been learned from the medical director of the Leonard Wood Memorial that plans are being made for three special meetings to be held in the near future. One is to be of a small number of experts on orthopedics and physiotherapy to be held at Vellore, India, in November 1960, under the joint auspices of WHO, the Memorial, and the International Society for the Welfare of Cripples. Another is a one-day program on rehabilitation in leprosy, during the Eighth World Congress of the International Society for the Welfare of Cripples, to be held in New York in August 1960. The third will be a conference—attendance by invitation—on research and teaching in leprosy probably at Carville in March 1961, under the auspices of the Memorial aided by a grant from the National Institutes of Health. (A note earlier in this department tells of a one-day meeting on research in leprosy to be held in London in June 1960, open to anyone desiring to attend. Also, word was received at a late hour that some sort of symposium—apparently a closed affair—on borderline leprosy is to be held in Rio de Janeiro at a very early date.)

WHO leprosy advisory team.—A WHO Leprosy Advisory Team was recently formed to collect and improve the quality of information on leprosy control projects; to assess the results obtained; to give advice, when requested, on new projects; and to advise regional offices and headquarters on control measures and any special problem that may be referred to it. Dr. Victor Martinez Dominguez, who has been appointed leader of the team, was director of the leprosy campaign in Spanish Guinea for many years, and has worked as a WHO consultant for leprosy projects in Africa.—[From *WHO Chron.* 13 (1959) 392.]

New WHO headquarters projected.—The Palais des Nations in Geneva is no longer adequate for both WHO and the European office of U.N., and it cannot be extended to meet the growing requirements of those entities. The Twelfth Assembly of WHO therefore authorized the Director-General to accept a generous offer of a loan of some Sw.Fr 30,000,000 toward the construction of a new headquarters building to be located near the Palais des Nations, the estimated over-all cost of which will be Sw.Fr 40,000,000 (nearly US\$10,000,000). A building plan will be chosen by international competition.

PERSONALS

DR. S. G. BROWNE, superintendent of the Yalisombo Leprosarium, Oriental Province, Belgian Congo, has transferred to Uzuakoli, Eastern Nigeria, to take charge of the Leprosy Service Research Unit in replacement of Dr. Davey, retired.

DR. R. CHAUSSINAND reports that he is meeting with difficulties in mail service because of change of his home address, and requests that all mail for him—letters or pub-

lications—be addressed to him care of the Institut Pasteur, 28 Rue du Dr. Roux, Paris XV^e.

DR. T. FRANK DAVEY, for many years in charge of the Leprosy Service Research Unit of the Uzuakoli Settlement, Eastern Nigeria, has retired from that service and is now medical secretary of the Methodist Missionary Society, 25 Marylebone Road, London, N.W.1, England.

DR. NEIL D. FRASER, after 35 years in leprosy work in China and Hong Kong, most recently building and organizing the Hay Ling Chau leprosarium at Hong Kong, has joined the headquarters staff of the Mission to Lepers in London as Acting Medical Secretary.

DR. OLIVER WILLIAM HASSELBLAD, of Kirksville, Mo., for twenty years until recently a medical missionary in India, where he was the director of the Jorhat Christian Hospital in Assam, has been appointed president of the American Leprosy Missions effective June 1, 1959.

DR. R. KOOLJ, formerly research worker with the Westfort Institution, Pretoria, is now with the Department of Dermatology, Groote Schuur Hospital Laboratory, Capetown, South Africa.

DR. NELSON DE SOUZA CAMPOS, having returned to São Paulo from his WHO assignment as leprosy consultant to Colombia, has resumed editorship of the *Revista brasileira de Leprologia*.

DR. LAURO DE SOUZA LIMA, who while connected with WHO was a "leprologist without a country," has resigned from that connection and returned to Brazil (Espírito Santo 319, São Paulo), where he is now a "leprologist without a country and without leprosy."