NEWS AND NOTES

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

LEPROSY AT THE WHO ASSEMBLY

The general discussion of the report of the Director-General to the Twelfth World Health Assembly in Geneva last May gave an opportunity for the delegates to express the views of their governments on the Organization's activities and to report on developments in their own countries. The following remarks on leprosy are from a digest which appeared in the *WHO Chronicle,* July-August 1959.

The delegate of the Philippines expressed the hope that the data on leprosy collected by WHO would be made available to Member States. Philippine data indicate that the relapse rate during the first five years after arrest of the disease is normally 1.5%, but 3% for cases in which treatment has not been continued. The delegate of Peru reported encouraging results in leprosy control by means of BCG vaccination, a method which is also being used in Venezuela and Colombia. In India, apart from 150 leprosaria with about 25,000 beds and over 1,200 clinics, there are 72 leprosy case-finding and treatment centers with mobile teams. These have so far surveyed 5.5 million people and found 53,000 cases, of which 46,000 are at present being treated. A considerable amount of the health budget of the Republic of Korea is spent on the care of nearly 20,000 leprosy cases (out of a total of 45,000) in government-supported institutions. The leprosy control program in Thailand, conducted by means of house-to-house surveys and domiciliary treatment, was started in 1955 in one northern province and was last year extended to three more provinces. Viet Nam is engaged in a vigorous antileprosy campaign; new dispensaries have been opened, and mobile teams, each consisting of one health officer and one male nurse, are being organized. The delegate of Viet Nam urged increased technical and material assistance by WHO in the fight against leprosy. The government of Pakistan, where leprosy has been a scourge for generations, has now decided to undertake an eradication campaign.

SECOND EXPERT COMMITTEE REPORT

The report of the second WHO Expert Committee on Leprosy which met in Geneva August 3-8, 1959 [see THE JOURNAL **27** (1959) 389] was accepted for publication by the WHO Executive Committee in January and has been issued as a 27-page pamphlet entitled Second Report, Expert Committee on Leprosy (Wld Hlth Org. Tech. Rep. Ser., 1960, No. 189). It is obtainable (priced 1/9, or $0.30, or Sw.fr.1) from any of the outlets of WHO publications or from the WHO Distribution and Sales Unit, Palais des Nations, Geneva, Switzerland.

Because of the comprehensive and condensed nature of this document, it is not susceptible of review in the manner of an ordinary publication. It must suffice to list the ten topics dealt with, and the main subdivisions of each—when any—to indicate the nature of their content.

1. The infectivity and mode of spread of leprosy: the degree to which the individual patient is infectious; the susceptibility of persons exposed to infection; the type of contact. 2. The lepromin reaction: antigens (types and nomenclature); purification; dilutions; standardization; reading of the reactions; conditioning for reactivity. 3. BCG and chemotherapy in leprosy prevention: BCG vaccination in prophylaxis; chemotherapy in prophylaxis; suggested investigations. 4. Leprosy control: definition of terms (preliminary investigation, case-finding program, epidemiological survey, pilot project, pilot area, mass campaign); methods of organizing antileprosy campaigns; attack phase; consolidation phase; integration phase; functioning of pilot areas and pilot projects; personnel of leprosy campaigns; assessment of results of leprosy campaigns. 5. Therapy: mass treatment; evaluation of progress during treatment; trials of new drugs. 6. Rehabilitation of disabled patients: general principles; the extent of the problem; methods; scheme of classification of deformities and grading of disability (hands, feet, face, miscellaneous); research; role of institutions. 7. Teaching and training in leprosy; health education: teaching and training of medical personnel (undergraduate teaching, refresher courses for general practitioners, special courses for doctors participating in campaign, advanced training); of paramedical personnel; of social workers; health education in leprosy. 8. Classification (5 paragraphs). 9. Research in leprosy (2 paragraphs). 10. Legislation (1 paragraph).

Shortly after the committee adjourned there appeared newspaper reports which created considerable disturbance because they stated that the Committee had recommended the abolition of leprosaria. These statements resulted from a misunderstanding of the implications of a press release which had been issued after the meeting. To show how far from actuality was this impression we quote verbatim the only passage in the report in which leprosy institutions were mentioned at all, a section in the chapter on rehabilitation.

Role of institutions.—Leprosy institutions now tend to include three groups of patients: those admitted for active hospital treatment, those admitted for rehabilitation and early discharge, and residual cases whose presence is mainly due to the social effects of their physical condition. The main functions of such institutions should be adapted to deal with and treat active cases needing close supervision or special attention, and to provide measures for the rehabilitation of patients.

Non-governmental institutions should be invited to give special consideration to rehabilitation, particularly as the members of their staffs are well qualified by their sense of vocation for this work.

INTERNATIONAL SOCIETY FOR TROPICAL DERMATOLOGY

Sometime last year Dr. Frederick Reiss, of New York, sent out invitations for charter memberships in a proposed International Society for Tropical Dermatology, a plan said to have originated with Prof. Aldo Castellani at the Sixth International Congress for Tropical Medicine and Malaria held in Lisbon in 1958. According to an announcement which appeared in *Tropical Medicine and Hygiene News* of August 1959 and elsewhere, it had been tentatively agreed that the society should meet every four years, and that it would issue a *Bulletin* twice a year. The membership dues would probably be about $3.00.

An organizational meeting, it is reported, was held in January at the New York Academy of Medicine. The Organizing Committee then formed is composed of Professor Castellani of Lisbon (president), Dr. George Clinton Andrews of New York, Dr. Anthony C. Cipollaro of New York, and Dr. Reiss (organizing general secretary).

A notice recently received indirectly states that over 800 dermatologists and certain others in the United States and Canada, and about 500 abroad, representing all five continents, had signed up. It is now planned that the first congress of the society will be held in Rio de Janeiro in 1963, before or after the next leprosy congress.

The inaugural meeting was to be held in May 1960. Inquiries should be addressed to Dr. Reiss at 879 Fifth Avenue, New York 21, N. Y.

THE NEW CUMULATED INDEX MEDICUS

Of importance to medical research workers who use bibliographic references is the announcement by the American Medical Association that it is commencing, in 1960, publication of a new *Cumulated Index Medicus.* Since 1916 it has published what became the *Quarterly Cumulative Index Medicus,* two volumes per year; but since the last World War it has fallen behind in publication because of the ever-increasing amount of medical literature and the difficulty of finding the necessary specialized personnel, so that the second volume for 1956—Vol. 60, which will be the last—has only recently been issued.

For some years the National Library of Medicine, in Washington, D. C., has published as a monthly periodical the *Current List of Medical Literature.* It will continue to do so under the title of *Index Medicus* (Superintendent of Documents, Government Printing Office, Washington, D. C., $20.00 per volume). Hereafter the material of that periodical will be assembled as an annual volume by the A.M.A. (535 North Dearborn St., Chicago 10, Ill.) under the new name indicated.

LEPROSY REVIEW NEEDED AT CARVILLE

The U.S.P.H.S. Hospital (National Leprosarium) at Carville, La., is endeavoring to fill the gaps in the file of *Leprosy Review* in its library. Mrs. Margaret B. Wilson, medical librarian, has requested that an appeal be made to readers of THE JOURNAL for donations of any issues in the following list which they may be able to spare, it having proved impossible to obtain those issues elsewhere.

Vol. 1, 1930, Nos. 2 to 4
Vol. 2, 1931, Nos. 1 to 4
Vol. 3, 1932, Nos. 1 to 4
Vol. 4, 1933, Nos. 1 to 4
Vol. 6, 1935, Nos. 1 to 4
Vol. 7, 1936, Nos. 1 to 3
Vol. 8, 1937, Nos. 1 to 4
Vol. 9, 1938, Nos. 3 and 4
Vol. 10, 1939, Nos. 1, 3 and 4
Vol. 11, 1940, Nos. 1, 2 and 4
Vol. 12, 1941, Nos. 1 to 4
Vol. 13, 1942, Nos. 3 and 4
Vol. 14, 1943, Nos. 3 and 4
Vol. 15, 1944, Nos. 2 to 4
Vol. 16, 1945, Nos. 2 to 4
Vol. 17, 1946, Nos. 3 and 4
Vol. 18, 1947, Nos. 1 to 4
Vol. 20, 1949, No. 4
Vol. 21, 1950, Nos. 1 to 4
Vol. 22, 1951, Nos. 2 to 4

It is requested that all communications be addressed to the Medical Officer in Charge, with the notation: "Attention: Medical Librarian."

NEWS ITEMS

United States: *Incredible publicity.*—With indignation *The Star* (Carville) has related an incident in a Midwest town of incredible unconscionable publicity given the discovery of a case of leprosy in the community. The person affected, a man of Mexican origin, was not informed personally of the diagnosis, but learned of it from newspaper reports and a broadcast in which his name, address and other personal data were given. Two doctors, members of the state and local Boards of Health, were quoted freely in the stories. The pathologist concerned was also named, but he had nothing to do with the publicity, holding that "Strictest confidence is one of the supreme laws of the practice of medicine in any of its fields." In England, where reports on leprosy cases discovered go direct to the health service headquarters, the names of the patients are kept strictly confidential. The recommendations on social aspects are kept strictly confidential. The recommendations on social aspects of the Tokyo congress include the statement—qualifying the general recommendation that leprosy be dealt with in the same way as other diseases requiring notification—that "because public prejudice still persists such notification should be confidential." The headquarters of the Association of State and Territorial Health Officers took cognizance of this episode in an issue of their *Newsletter,* saying in part, "As a matter of medical ethics, it should be the policy of any health department or doctor to withhold the names of patients with any disease as confidential."

Oil derrick beside Carville.—An added feature of interest to Carville for the patients, according to *The Star,* is the derrick of a "wildcat" oil well that is being driven just outside the grounds of the leprosarium. There is speculation as to what may happen if it turns out that the grounds of the institution prove to be over a rich deposit of oil.

Brazil: *Cultivation of the leprosy bacillus.*—A private report (not from them) has it that Paulo Rath de Souza and associates, in São Paulo, have succeeded in cultivating the leprosy bacillus in tissue culture. Publication of the work is expected in due course.

United Kingdom: *Association membership fee tax deductible.*—It has been announced that the Commissioner of Internal Revenue has approved the International Leprosy Association with respect to deduction of the annual subscription from the members' "emoluments assessable to income tax." This is the gist of a notice, intricately hedged about with provisos, which—Dr. J. Ross Innes suggests—if reproduced in full might give entertainment as an example of "officialese."

Netherlands: *Leprosy in Holland.*—Dr. D. L. Leiker, formerly chief of the Leprosy Division of the health service of Netherlands New Guinea, who returned to Holland in 1958 to specialize in dermatology after long hospitalization for burns incurred in the airplane tragedy in which his wife and four children were killed, says in a letter to *The Star* (Carville) that there are more than 300 leprosy patients in Holland at present. Only 45 are hospitalized, voluntarily, while the others are being treated as outpatients. Not a single case of infection in Holland had been seen. Leiker is doing part-time work in leprosy, and expects to return to the field in the tropics. From his experience in New Guinea, where as many as 15% of the people of a region had shown signs of leprosy within 20 years after the introduction of the disease into the community, adults showing as much susceptibility as children, he is convinced that relative infrequency of tuberculosis is one of the factors involved in such areas; that it has nothing to do with greater or lesser contagiousness of leprosy itself.

Portugal: *Leprosy course planned.*—It is reported that the Ministry of Health of Portugal is organizing a course on leprosy to be held at the Rovisco Pais Sanitarium, May 25 to June 25, 1960. This course is to be international in scope, and to be conducted in English, Spanish and French as well as Portuguese. No further information is available.

Annual pilgrimage to Fatima.—Since 1957 the 500 patients of the Rovisco Pais leprosarium near Coimbra have made annual pilgrimages to the shrine of Our Lady of Fatima, which is located some distance from Coimbra toward Lisbon. The expedition, which is led by the Archbishop of Coimbra and is accompanied by nurses and members of the patients' families, is intended—apart from its religious aspects—to dispel the idea that leprosy is so communicable that patients may not have casual contacts with other persons.

Liberia: *Assistance to the New Hope Town leprosarium.*—This leprosarium, a missionary institution, has recently received aid from the government after President Tubman and staff had visited it—a 300 mile trip from Monrovia, first by ship, then 30 miles by passenger car, and finally 18 miles by jeep on a road cut through the jungle by the patients themselves. The hospital was given a land grant for agricultural purposes, and a subsidy of $5,000 a year to be increased if the number of patients should be increased to 1,000 from the present 800.

Nigeria: *Work of paramedical personnel.*—A note on ground-level leprosy work in Nigeria appears incidentally in a report from a leprosarium at Diko, in *Without the Camp*. The "leprosy dispenser" at Diko had been transferred to another location, where he would have the full responsibility—on his own, without European supervision —of a "segregation area" and three outpatient clinics. The vacancy at the leprosarium had been filled by another of their patients, who had finished the leprosy dispenser course.

Cameroons: *Leprosy settlements.*—No leprosy work was done in Southern Cameroons until 1954, according to a note in *Without the Camp*, when settlements were established at Manyemen and Mbingo by mission groups. Previous to that time many patients had traveled to Nigeria, mostly to the Itu Settlement, to obtain treatment.

India: *The leprosy situation.*—At the Seventh All-India Leprosy Workers' Conference, held in Bombay in December 1959, the union health minister said that by the end of the third five-year plan the government hoped to cover the whole country with facilities for the treatment of the disease, which at present is as widely prevalent as tuberculosis. The governor deplored the lack of sympathy from the public for those affected with leprosy. There is an urgent need for realization on the part of the public that leprosy is a curable disease. Family and social boycott of persons with leprosy does not lead to the cure or eradication of the disease. The president of the conference said that there are about 1,500,000 cases in India, or more than one-half of the world's total number. He urged that leprosy control and eradication be treated as a national problem and that control measures be supported by the people and the government.—[From Foreign Letters, *J.A.M.A.*, supplied by Sister Hilary Ross.]

Changing attitudes.—At a recent general meeting of the leprosy workers' association, it is reported, the chairman said that the terror of the disease had definitely decreased. Compulsory segregation is fast being abolished, and the leprosy patient is no longer inevitably linked in the public mind with a leprosarium; 72 leprosy centers have been established, covering a population of over 8,500,000 and treating about 100,000 patients.

Sex prevalence.—Belgian experts have found that the frequency of the disease among women in southern India is lower than in man, but that once infected women are the more difficult to cure. This relatively low frequency is not ascribed to any physiological differences between men and women, but to the fact that in this country women have better mechanical protection against contamination. They are always covered, even at night, while men are usually inadequately clothed. In other countries both sexes are either adequately clothed or—as in Africa—not at all. The mechanical protection is not available to children as they usually go naked, and in their case the pattern of incidence is different, girls being more vulnerable than boys.—[From Foreign Letters, *J.A.M.A.*, supplied by Sr. Hilary Ross.]

Thailand: *WHO-assisted project expanding.*—A report has been seen of rapid expansion of the antileprosy campaign in Thailand, officially the Leprosy Control Project, carried on within the framework of the Public Health Department with guidance of WHO and assistance from UNICEF. This project is under the immediate direction of Dr. Ramon Miquel, senior WHO leprologist, and Dr. Kamchorn Duangkaow, chief government medical officer, and operates under the beneficent administration of Dr. Chaisiri Kettanurak, director of the Leprosy Control Division of the government service. Begun in 1956 as a pilot project in Khon Kaen province, by 1959 it had been extended to the provinces of Machaoarakam, Kalasin and Roi-Et, with a total of over 30,000 patients found and put under treatment. It is now being further expanded to cover the provinces of Ubol, Srisaket, Surin, Buriran and Korat. All of these provinces are in Northeast Thailand. Immediate plans call for further extension, early in 1961, to North Thailand, including Chiengmai and Lampang. The present staff includes 3 WHO leprologists, 9 national medical officers, and an unspecified number of nurses, sanitarians and auxiliary personnel. Recently there has been established, at Phra Pra Daeng, near Bangkok, a Royal Leprosy Training and Research Institute. The expenditures for the four years through 1959 totalled US$160,041, derived from the following sources: Government (staff, miscellaneous equipment, supplies), $65,628; WHO (international staff, fellowships, technical equipment), $52,413; UNICEF (equipment—mostly transport—and supplies including drugs), $42,000.

Korea: *Work of the mobile clinic.*—The following notes are taken from a periodic report for late 1959 by Dr. Shi Ryong Choi, director of the Leprosy Mobile Clinic, a joint project of the Ministry of Health and Social Affairs and the American-Korean Foundation working out of Pusan. In the 18 months of its operation a total of 4,295 patients in institutions (besides 875 noninfected persons in them) and outpatients had been examined, of whom 58% were males (1.4:1). Of 1,036 inpatients examined bacteriologically, 72% were found negative—leading to the speculation that the patients examined may have been those in the "colonies," which are volunteer aggregations of homeless ones. A survey of the patients in the leprosarium and colonies of the province had been completed in the period of the report. Drugs for outpatients and those in 18 colonies had been distributed. A typhoon had badly damaged many leprosy institutions in the southern part of the province.

Taiwan: *Clinic in the Pescadores.*—When Miss Marjorie A. Bly first went to the Pescadores Islands to pioneer in leprosy work there, she had to improvise a clinic (as well as living quarters) as best she could with with limited resources. Now, she has reported, a new general hospital is being built for that area, and that institution includes a unit for the leprosy clinic—which, she notes, was occupied for work before the construction was completed.

General: *Pan-American Health Organization.*—By action of the XV Pan American Sanitary Bureau, held in Puerto Rico in 1958, the name of the Pan American Sanitary Organization (PASO) [Organización Sanitaria Panamericana (OSP)] was changed to the Pan American Health Organization (PAHO) [Organización Panamericana de la Salud (OPS)]. The name of the Washington, D. C., headquarters office, the Pan American Sanitary Bureau (PASB) [Oficina Sanitaria Panamericana (OSP)], was not changed.

CPIL: *Conselho Panamericano de Investigações Leprológicas.*—On the occasion of the WHO/PASB symposium held in Belo Horizonte, Minas Gerais, in July 1958, a group of the participants (16 men representing 8 countries) discussed a project for the creation of a Panamerican research organization. At the Tokyo congress, in November 1958, 11 members from 3 South American countries met to further the project, the discussion referring especially to coordination of therapeutic experimentation with new drugs. It was agreed that a simple organization should be effected, to be called (Portuguese

version) the Conselho Panamericano de Investigações Leprológicas, and that it should consist of four members. Drs. Jacinto Convit of Venezuela, José M. M. Fernandez of Argentina, Fernando Latapí of Mexico, and João Baptista Risi of Brazil, were elected members, the last-named to serve as secretary-general. This matter is reported in the *Bol. Serv. Nac. Lepra* (Rio de Janeiro) **18** (1959) 80-88.

Mailing of infectious materials.—It has been announced that the Universal Postal Union, after consultation with WHO, has decided to permit the international transport of perishable biological material at ordinary letter rates under specified conditions. The materials concerned are those which may contain living pathogenic microorganisms and viruses. Exchanges may be only between qualified and officially recognized laboratories, and are restricted to countries which have agreed to accept the despatch of such matter. The specifications for packing are given in the July 1959 issue of the CIOMS *News Letter*. Details can presumably be obtained from WHO headquarters in Geneva.

PERSONALS

DR. K. R. CHATTERJEE has accepted a special fellowship to work—for a period understood to be two years—with Dr. R. J. W. Rees at the National Institute of Medical Research, London.

DR. ALEXANDER FILIPINEAU, since 1939 the director of the Tichiliesti State Leprosarium in Rumania, died on December 24, 1957, according to a note in *Leprosy Review*.

DR. TAMOTSU IMAEDA, of Kyoto, Japan, now working at the Instituto Venezolano de Investigaciones Científicas in Caracas, Venezuela, is visiting the United States for conferences with Dr. C. H. Binford with a view to entering the field of animal inoculation with human leprosy.

DR. M. LECHAT, while on home leave from his leprosarium at Yonda, in the Belgian Congo, spent January in Ethiopia as a short-term consultant of WHO.

DR. HARTMAN A. LICHTWARDT, who for fifteen years beginning in 1919 was a medical missionary in Iran where he started work for the care of leprosy patients, died in April 1959 in Detroit, Michigan.

DR. S. J. BUENO DE MESQUITA, of Surinam, has recently visited the United States, one purpose being to observe the hamster-inoculation work of Dr. C. H. Binford with the expectation of undertaking such work on his return.

DR. ISAMU TAJIRI, recently at the Tama Zensho-en near Tokyo, is now the director of the Kikuchi Keifu-en at Kumamoto, Japan.

DR. CYRIL A. WALLACE, for many years active in leprosy work in Tanganyika, first under mission auspices and then in the government service, responsible for much of the development in that country, died on May 11, 1958.