NEWS AND NOTES

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

DISCUSSION AT THE THIRTEENTH WHO ASSEMBLY

The discussions of the director-general's report on the work of WHO during 1959, says the *WHO Chronicle* for August 1960, gave delegates to the Thirteenth World Health Assembly an opportunity to express the views of their governments on the Organization's policies and achievements, and to report on public health developments in their respective countries. The discussion pertaining to leprosy was as follows —somewhat condensed, with elimination of credit reference of several countries to aid given by WHO and/or Unicef.

A representative of *Cameroun* stated that the leprosy situation there is fairly good: 28,000 cases are being treated out of the 33,000 reported. In the *Central African Republic,* 65,000 persons (about 6% of the population) have leprosy, but the prevalence has started to decrease as the result of a campaign now under way.

In what is now the *Republic of the Congo* the campaign aided by WHO andUNICEF will be continued at least until 1962. It has already yielded excellent results, the number of arrested cases and cases under observation exceeding considerably the number of new cases being reported.

The organization of leprosy control in *Ghana* has been improved, and the results are striking examples to the public of what health campaigns can achieve. At the end of 1959 there were 110,129 known cases in the *Federation of Mali,* of which 16,773 had been discovered in that year, when 990,000 inhabitants were examined. About 55,000 of these cases are being treated.

In the *Republic of the Niger* a control program, almost entirely by domiciliary administration of sulfones, is being successfully pursued. In *Mozambique,* 59,000 cases, or 90 per cent of the known cases, are being treated. A WHO consultant visiting *Portuguese Guinea* has reported favorably on the measures being taken there; 13,000 of an estimated 20,000 cases are now receiving treatment, and a special leprosy service was recently established.

The delegate of *Argentina* expressed satisfaction at the important place given to leprosy in the Director-General's report; the Argentine congress, he said, is considering new legal provisions to ensure more humane and scientific treatment of leprosy sufferers. In *Colombia,* too, special legislation is being passed to abolish the segregation of leprosy patients.

In the past, very few cases of leprosy were reported in *Guatemala,* so that the problem had never been taken up very seriously. However, since a leprosy section has been set up in the health department many unsuspected cases have come to light. The delegate of Guatemala therefore suggested that it might be useful to set up leprosy sections in those countries where they do not already exist.

In *Paraguay,* about 600,000 persons have been examined in a case-finding campaign which revealed a prevalence of about 2 cases per 1,000 inhabitants. Treatment and control of patients and their families are being carried out by the health services, and ambulatory treatment has been substituted for compulsory segregation in hospitals.

The delegate of *Afghanistan* said that his government was particularly concerned about the 2,000 cases of leprosy in his country, and hoped that it would be possible, with WHO help, to undertake a survey of the problem. In *India,* extensive control measures are being taken under the government's second five-year plan. There are at present 100 leprosy control units in those parts of the country where the disease is highly prevalent, in addition to many private institutions which have been in existence for many years; 12,000,000 people have been examined, and 80,000 cases found among them. A central

institute for training and research has been established. Preliminary results with chemotherapy have indicated that it may be possible to prevent the spread of leprosy among children, which would be a very important step forward in the control of the disease. It was hoped that the results of BCG vaccination for leprosy could be investigated, and that measures might be studied for preventing the occurrence of leprosy deformities.

INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES

At the Eighth World Congress of the International Society for the Welfare of Cripples, held in New York August 28-September 2, 1960, one session—for the first time—was devoted to leprosy. The program was arranged by Dr. J. A. Doull, medical director, Leonard Wood Memorial. The following were the speakers and topics:

(1) DOULL, J. A. Nature and magnitude of the problem; a challenge to society.

(2) NICOL, A. H. and CANNON, W. Social problems of rehabilitation at the Public Health Service Hospital, Carville, La. (see below).

(3) LECHAT, M. (formerly director, Yonda Leprosarium, Coquilhatville, Belgian Congo). Problems of rehabilitation of the leprosy patient in a high prevalence area of Africa.

(4) BRAND, P. W. (professor of orthopedics, Christian Medical College, Vellore, India). Reconstructive surgery at Vellore, India.

During the Congress two Vellore films, entitled "Lifted Hands" and "Tendon-free Grafting," and two from Carville entitled "The Recognition of Leprosy" and "The Management of the Leprosy Patient" were shown at intervals.

(The following summary of one of the papers listed above has been received from Dr. John A. Robertsen, of Carville.)

NICOL, A. H. and CANNON, W. E. Social problems of rehabilitation at the Public Health Service Hospital, Carville, Louisiana.—The patient's average stay of 4-½ years at this leprosy hospital involves lengthy separation from his family, which leads to loss of status as a provider, disruption of normal routine, and in some cases divorce. Extreme dependency with loss of drive and self-confidence result, a condition which is compounded by his rejection by the outside world. He may regard his hospitalization as punitive. These attitudes, often coupled with a low socioeconomic level, lack of education, and language difficulties make rehabilitation only partly successful. The main task is to restore to society the patient whose disease has been arrested or controlled. Rehabilitation begins immediately following diagnosis and admission. It offers paid work opportunities, education through high school, English language instruction, and training for various occupations. Courses in merchandising and selling are available, and some patients may be permitted to operate small businesses in the hospital community. Surgery to improve function or appearance is another vital tool in rehabilitation. Physical and occupational therapy, manual arts, and planned recreation may be prescribed. Accurate information concerning the disease is provided to the patient, to professional groups, and to the general public through a health education program. Research concerning both medical and social aspects of the disease is of paramount importance, as is periodic examination of the discharged patient. It is emphasized that an effective rehabilitation program demands a partnership of the Federal government, the state health departments, the offices of vocational rehabilitation, and other agencies at the state and local levels involved in assisting the patient and his family.—AUTHOR'S SUMMARY.

WHO ASSISTANCE IN THE CONGO

Dr. M. G. Candau, Director-General of WHO, reported to the Executive Board at its late-November 1960 meeting on the actions taken, at the request of the United Nations, to relieve the medical emergency in the Congo, it is reported in *WHO Chronicle* (January 1961). The U.N. having guaranteed to meet the expenses, WHO had assigned 28

staff members to the Congo and had arranged for 28 medical teams from the Red Cross and other societies. This made it possible to get a number of hospitals working again, both in the cities and in the interior. To meet the long-term needs, since there are no Congolese doctors, *assistants medicaux* were selected for further training to become fully qualified doctors, several of them being given WHO fellowship to train in France who should graduate in three years' time. For the training of students awarded fellowship to the local Lovanium University, WHO provided 9 professors for the medical faculty and 4 for the school of nursing. Furthermore, 130 health workers were being recruited.

NEED FOR DOCTORS FOR THE CONGO

The need for medical men in the Congo at present was the subject of notes in the *AMA News* late in 1960. A letter from the Rev. R. G. Metzger, executive secretary of the Congo Protestant Relief Agency (CPRA), 297 Park Ave. South, New York 10, N. Y., contained the following statement which indicates what has been done or attempted and what is needed under the so-called "Operation Doctor."

"The need for doctors in Congo becomes increasingly desperate, since more and more of the International Red Cross teams are leaving because their terms of service have come to an end. The World Health Organization is finding it very difficult to recruit physicians who have a knowledge of French, and they do not have the same possibility of using non-French-speaking doctors that the missions do."

Then there are listed alphabetically no less than 16 types of specialists who are needed, from dentists to surgeons—including leprologists. The first two doctors to go under the CPRA program were to be leaving for Congo in mid-December. Both were former medical missionaries.

It was explained editorially that Operation Doctor was seeking to provide at least 66 additional U.S. physicians as medical missionaries in Congo. Physicians who can go for one, two, or three years will have their travel expenses paid by CPRA and will receive a $1,500 yearly living allowance. Those able to go for periods of less than a year will be expected to do so at their own expense. The physician's family will not be sent. Housing will be provided. Anyone interested should write to the CPRA headquarters.

NEWS ITEMS

England: *BBC documentary broadcast on leprosy.*—The British Broadcasting Company has presented a documentary broadcast on leprosy in its series on The Fight Against Disease. Opening with a song by children of the Hay Ling Chau leprosarium at Hong Kong, the film goes on to describe the new hope of the sulfone era. Appearing on the broadcast were: Peter Greave, a former leprosy patient and author of The Second Miracle, and Drs. Ernest Muir, Neil Fraser, Ross Innes, and Hennesy.

Belgium: *Conference on mycobacteria.*—At an international conference on mycobacteria held in December 1959, L. Guerden, of Gand, Switzerland, classified mycobacteria as (1) pathogenic mycobacteria in poikilothermal animals; (2) pathogenic mycobacteria

in homeothermic animals; and (3) saprophytic mycobacteria, identified by cultural characteristics, animal inoculations, sensitivity or resistance to bacteriostatic agents, and the tissue reactions produced. P. Hauduroy, of Lausanne, Switzerland, called attention to the imperfections with which identifications are made, the lack of criteria for distinguishing different species, and the need for studies that would establish such criteria. Quertinmont described cutaneous ulcers rich in acid-fast bacilli which spread far under the skin and even invade bones. In contrast to the bacillus detected by Janssens in Tora, the bacillus found by the speaker in Kasongo, Belgian Congo, could be cultivated. It had definite characteristics and was particularly distinguishable from *M. ulcerans* and *M. balnei*. The histopathologic findings were those of an ordinary inflammation.—[*J.A.M.A.* **174** (1960) 908 (Foreign Letters).]

U.S.S.R.: *Postage stamp honoring leprologist.*—One of the postage stamps in current use in the U.S.S.R. is a handsome one with a white background bearing the portrait of Dr. G. Munch, a famous Russian leprologist of the nineteenth century.

Portuguese Guinea: *Colony-wide survey.*—Since leprosy work was begun in the Balanta region of Portuguese Guinea in 1950, by the Rev. Michael Tarrant of the Worldwide Evangelical Crusade, with a grant from the Mission to Lepers, the movement has initiated extensive work in that field, setting up in 1958 a Sleeping Sickness Mission consisting of 8 doctors and many nurses, with 22 vehicles, for a colony-wide antileprosy campaign. Arrangements have been made whereby the WEC's group has continued its clinic work under the supervision of government physicians, aided by supplies from the government. With the official backing, attendance at the clinics has been high—96% at the time of the report seen in *Without the Camp.*

India: *Training centers.*—A correspondent has reported the results of inquiries about places in India where one might go for advanced training in leprosy. From the Calcutta School of Tropical Medicine, N. Mukerjee told of a special course to be held in July and August, but said that with permission a visitor could go there at any time for one or two weeks to observe the work of the clinic. From Chingleput in Madras, Dharmendra mentioned, besides his own institute there (which has been established as a training as well as research center) Polambakkam. Vellore and Karagiri. (Polambakkam is the headquarters of the Belgian effort in South India, now under the charge of Dr. Vellut since Dr. Hemericjkx has left; just how it functions as a training center, except for its own workers, has not been heard. At Vellore, under Dr. Brand, it is said there was to be a ten-day course for government candidates sometime in February, and presumably the work extends to the nearby Karagiri institution.) From the Bombay side, Wardekar told of several work centers at one of which there is a nine-month training course for nonmedical workers extending from November to July, and arrangements can be made for visitors to spend shorter periods there.

Burma: *Leprosy in Burma.*—Burma is carrying on a vigorous campaign against a rising prevalence of leprosy. With a population of 20,000,000, the country has 200,000 cases, nearly 30% infectious. The most alarming feature is that about 18% of children in Burma are already afflicted by the disease. The government is being assisted in its drive by WHO and UNICEF. Last year about 55,000 patients were treated.—[*J.A.M.A.* **174** (1960) 2234 (Foreign Letters).]

Japan: *Rehabilitation Center for Crippled Children.*—Sister Hilary Ross, in an article in the May-June 1960 issue of the Carville *Star* relating the high lights of her 37 years experience at Carville, tells of the institution in Japan to which she—having retired from the USPHS, at the age of 66—has gone. Under organization in the city of Wakayama by the Sisters of Charity Daughters of St. Vincent de Paul is a Rehabilitation Center for Crippled Children, a 100-bed hospital fully equipped with surgery, laboratory, pharmacy, x-ray departments, and for physiotherapy and occupational therapy. Sister Hilary's responsibility is to organize the laboratory, pharmacy, and x-ray departments.

The 33rd meeting, J.L.A.—The 33rd general meeting of the Japanese Leprosy Association was held at the Nagashima Aisei-en on April 4-5, 1960. The July 1960 issue of *La Lepro* is devoted to that meeting—entirely in Japanese except for the translated program. The special discourse, by Seiichi Omori, was on Some Fundamental Problems in Skin Grafting. A symposium on Anemias in Leprosy was contributed to by four speakers. The general papers numbered 48, of the usual wide range of interest.

Eastern Section, J.L.A.—The annual assembly of the Eastern Section of the Japanese Leprosy Association was held on September 24th at the Tohoku Shinsei-en National Leprosarium, at Miyagi, The program featured a special speech by Dr, K. Kitamura on the subject of Skin Tuberculosis, Tuberculids, and Sarcoidosis, with Special Reference to Leprosy. Sarcoidosis has become an object of increasing interest in Japan, Dermatologists have long regarded Boeck's sarcoid, or miliary lupoid, as merely a form of skin tuberculosis. Now, however, they have been led to turn their attention to sarcoidosis, or the so-called Besnier-Boeck-Schaumann disease, which is now regarded as probably a rather unspecific, hypergic, systemic disease,

Philippines: *Appointment of a former patient.*—Dr. Julio Pasion, a former leprosy patient himself, has been appointed director of Physical Medicine and Rehabilitation at the Central Luzon Sanitarium at Tala, near Manila. He had been sent by the American Leprosy Missions to Vellore, India, to receive hand surgery, and to study rehabilitation methods at the Schieffelin Sanitarium in near-by Karagiri.

United States: *Increase of leprosy in American Samoa?*—Early in 1960 there appeared a report of a marked increase of leprosy in American Samoa. One Donald L. Donohugh, a young civilian medical officer there, gave out an interview which reached the weekly newsmagazine *Time,* to the effect that in the Manus group of outer islands he had found a large number of previously unknown and untreated cases (how diagnosed not stated) indicating that leprosy is increasing in that area at an "ominous" rate. This report was challenged by Lawrence H. Winter, director of medical services of Samoa. Disturbed about the possibility of a Nauru-type epidemic, with spread to the main island, Tituila, the local legislature promptly started an investigation of the matter. Winter stated in an interview that it had become known that there are more cases in American Samoa than had been realized, but that he personally had initiated a survey (accompanied by Donohugh) in the Manus District and had found few definitely diagnosable cases and no active ones. The findings of the legislative hearing were not to be released until after the visit of a U.S.P.H.S. team which had been appointed to survey the situation.

New division of the Armed Forces Institute of Pathology.—Always keenly interested in tropical and exotic diseases, the AFIP in Washington, D.C., has established a new division, that of Geographic Pathology, more fully to study diseases of international importance. Leprosy constitutes one of the four branches of this division, the others being Geographic Pathology. Nutritional Pathology, and Bacteriology (including immunology and infectious diseases). The new division will be headed by Dr. Chapman H. Binford (USPHS, ret.), registrar for leprosy of the American Registry of Pathology, and research pathologist of the Leonard Wood Memorial—the latter assignment being a recent one, since his retirement from the Public Health Service.

Another leprosy clinic, in San Francisco.—A leprosy clinic has been established at the U.S. Public Health Service Hospital in San Francisco, it is reported (Carville *Star*), to which Dr. Paul Fasal, a California dermatologist, serves as consultant. The total registration is 22 cases, of which a few are under diagnostic evaluation; of the 17 diagnosed cases, 11 have the "skin" and 6 the "neural" type of the disease. "Today there are 198 registered cases . . . in California 'most of whom are living relatively normal and busy lives'" under the state laws as liberalized in 1950 and 1955. Outpatient clinics for leprosy patients in New Orleans, La. and San Antonio, Texas, are also mentioned. All are very small-scale operations.

Twentieth sulfone anniversary.—The anniversary of an important event in medical

history is to be marked on March 10th at the Carville hospital, Dr. E. B. Johnwick, medical officer in charge, has noted. On that date in 1941, six patients received injections of Promin (disodium p,p'-sulfonyl-dianiline-N,N'-diglucoside disulfonate), by the direction of Dr. Guy Faget, Dr. Frank McCreary administering the drug. With this act, the Sulfone Era dawned. It is not known which one of the group received the first injection. Although this important event took place twenty years ago, one of the six recipients is still hospitalized at Carville. It is appropriate, continues Dr. Johnwick, to honor this man as one of the first contributors to this forward step in the fight against leprosy. Although uncounted numbers of leprosy patients have benefited from the sulfones in the last two decades, yet one of the original group treated remains ill. This emphasizes the great need for continued intensive study of leprosy to further our understanding of the disease process, so that more effective methods for its management may be developed.

—John A. Robertsen.

Discharge criteria, Federal leprosarium.—Obviously obtained from an authoritative source but written for the layman, is a statement on this matter carried last year by the Carville *Star*. Saying that "A patient can be discharged when he has received maximum benefit from hospitalization at Carville," the statement explains that there are, in general, two types of leprosy. In the lepromatous type, which mainly affects the skin, negative smears for 12 months is usually considered to be an indication of arrest of the disease, although other factors have to be taken into consideration. For the tuberculoid type, which mainly affects the nerves, no such definite indication of readiness for discharge is given; that unless treatment is early, nerve damage may cause severe disability and reparative surgery may delay discharge. The requirements for discharge of a patient before complete arrest of the disease are: (1) approval by the hospital, after consideration of the individual circumstances; (2) approval by the state authorities for the return of the patient to his community, required by many states; (3) agreement by the patient to put himself under the care of a physician in his community; and (4) certain other requirements, such as avoidance of contact with children and of employment as a food handler.

Rheumatoid disease and leprosy.—It is reported that there is under way a collaborative study between investigators at the Massachusetts General Hospital, in Boston, and at the Carville leprosarium, on the relationship of these two diseases because it has been found that some of the leprosy patients give positive latex reactions. It is indicated that there may be some connection between that fact and the secondary amyloidosis which is so frequent a complication in both diseases. Dr. Evan Calkins, who is in charge of the project at the M.G.H., is reported as saying that the relationship is of tremendous importance. "On the one hand, we have a known infectious bacillus in leprosy with apparently the same factor in the blood as in some rheumatoid arthritis cases. Could arthritis be caused by an infectious agent against which some antibody reacts? Our studies of rheumatoid arthritis have suggested that,,, the patients who have this [possibly genetically controlled] factor in the blood exhibit a greater tendency to unremitting disease and to serious sequelae than do patients who do not have this factor. As we have become more interested in the problem of leprosy, we have become increasingly interested in the occurrence of amyloidosis in this disease."

Unjustifiable publicity again.—Although under New York State law leprosy is not a reportable disease, the Carville *Star* has reported—with justified indignation—another case of "panic publicity" about a case of leprosy found, this time in Syracuse. A young man from India employed in a hotel who was found to have leprosy was, first, reported to the State Health Department, although that is not required. Then the press was told about it by the authorities, and stories were sent out by the national press services. Furthermore, the patient was placed in isolation in a Syracuse hospital, although state regulations do not require isolation of persons with leprosy.

Damien-Dutton award for 1960.—The 8th Annual Damien Dutton Award was received by the Rev. Louis J. Mendelis, S.T.D., L.L.D., of Baltimore, Md., a parish priest who in period of ten years had raised by means of an annual Christmas Leprosy Fund, more than a million dollars from his parish for the missions, some of it for leprosaria.

Gynecomastia in lung cancer.—In the J.A.M.A. for July 30, 1960 [**173**, 1462] there is a report of 3 cases of gynecomastia in men with carcinoma of the lung. In the discussion 10 causes of gynecomastia are listed, leprosy not being included. In the cases reported there was found no single endocrine aberration which would explain the gynecomastia in all cases.

Venezuela: *Leprosaria operating and projected.*—In a report which appeared some time ago in the Carville *Star,* Dr. J. A. Doull told of a visit to Venezuela and mentioned the two old leprosaria there, Cabo Blanco, near the port of La Guiara, and Providencia, on an island in Lake Maracaibo. This led to an inquiry about the fate of an ambitious project for a place, called Las Caracas, located along the coast east of La Guiara, which several years ago was being built for the purpose of abolishing Cabo Blanco because of its proximity to the town and the international airport. When the buildings were practically ready for occupancy, Dr. J. Convit has reported, the government decided to utilize the place as a vacational and recreational resort for workers. Another project has been started to build a new leprosarium in the mountains 50 km. west of Caracas, with a 400-bed hospital equipped for reconstructive surgery and laboratory research, and also with separate accommodations for 200 invalids and chronic cases.

Brazil: *Leprologists decorated.*—By decree dated December 1, 1960, the President of Brazil, Dr. Juscelino Kubitschek de Oliveira, decorated among other personalities as "officials" of the National Order of Medical Merit for "their notable and relevant services in favor of the national public health," the following leprologists or sanitarians who have collaborated in the control of leprosy in Brazil: Dr. Antonio Goncalves Pery-Assú, the famous entomologist who, as delegate of Federal Public Health in Pará, intensified the control of leprosy there. Dr. Francisco Eduardo Accioly Rabello, the originator of the polar classification of leprosy. Dr. Heraclides Cesar De Souza-Araujo, who since 1915 has collaborated in the study, control, and teaching of leprosy in Brazil. Dr. Janduy Carneiro, member of the Federal Chamber of Deputies, author of the project of the national leprosy campaign now in force. Dr. José Paranhos Bonifacio Costa who, as director of health in the State of Rio Grande do Sul, founded the Itapoan leprosy colony. Dr. Lafayette De Freitas, who as director of rural sanitation, National Department of Public Health, intensified the control of leprosy in various states. Dr. Maya Faillace, technician in leprosy of the Department of Public Health of Rio Grande do Sul. Dr. Orestes Diniz, the first director of the Colonia Santa Isabel, later director of the Minas Gerais state and the national leprosy service, currently director general of health. Dr. Samuel Libanio, who when director of health of Minas Gerais regulated the control of leprosy and projected the Santa Isabel Colony. Dr. Theophilo De Almeida, who was the first director of the Hospital-Colonia Curupaity, Rio de Janeiro City, from 1928 to 1940.—H. C. De Souza-Araújo.

General: *World survey of prevalence.*—A world-wide survey of leprosy prevalence, by the Damien-Dutton Society and report in its *Call,* was completed in 1958, with the Communist countries and a few others remaining silent and so compelling the use of old data for them. The total number of registered cases was 1,358,774, and of estimated unknown cases 1,955,387, making a total of 3,341,161. This is recognized to be far from the actual truth (e.g., Communist China is supposed to have 1,000,000 cases), and it is thought that the total is possibly around 10 million.

PERSONALS

Drs. K. Hamano and K. Yanagisawa visited the Philippines late last year, Dr. Yanagisawa staying over to attend the WHO Regional Meeting.

Dr. Georg Klingmüller, of Würzburg, West Germany, has accepted appointment as Contributing Editor of The Journal, taking the place of Dr. E. Keil who resigned at the time of his retirement from the Bayer Company.

Dr. F. M. Naussitou, originally of Argentina but recently working for WHO in Syria and East Pakistan, has been appointed by WHO to conduct a leprosy control project in Burma.

Prof. N. A. Torsuev, of the Rostov Institute, in Rostov-on-Don, has accepted appointment as Contributing Editor of The Journal for the U.S.S.R.

Dr. H. W. Wade, who recently served for two months as a WHO consultant in Rio de Janeiro, was while there awarded by the Government of Brazil the Ordem do Merito Medico, that being the third time it has ever been given to a foreigner.

Dr. Paul W. Brand, Professor of Orthopedic Surgery at the Christian Medical College at Vellore, India, was awarded one of the three Lasker awards at the recent Eighth World Congress of (what has been renamed) the International Society for the Rehabilitation of the Disabled.

Dr. Robert G. Cochrane has recently served for three months as consultant to the resident staff at Carville.

M. Raoul Follereau has been nominated by the French government to receive the 1960 Nobel Prize for Peace.