

NEWS AND NOTES

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

PROCEEDINGS OF THE CARVILLE CONFERENCE

A summary account of the proceedings of the Carville Conference on Leprosy Research, held at Carville November 7-10, 1960, is announced as available on request from the *Carville Star*.

Based on tape recordings, summaries of the papers read and the discussions that followed them during the first two days appeared in the January-February issue of the *Star*, and a similar report of the proceedings of the last two days, "devoted to high-powered research," was expected to be published in the following issue. Due to unexpected circumstances it was not possible to run that material in that issue, it has been announced, but reprints of the proceedings of the entire meeting have been printed and can be had, gratis, on request.

LEPROSY IN VIET-NAM

"We endeavor in this number to show to the medical public the interest of the problem of leprosy in Viet Nam, the present organization of the antileprosy campaign, and its future perspectives which one can view with optimism." So reads the first paragraph of the introduction to special issue of the *Bulletin du Syndicat des Médecins du Viet-Nam* (March 1960) which is devoted to the subject. The following is the list of original papers, the variations of the name Viet-Nam are as in the originals.

TRAN-VAN-BANG. The problem of leprosy in Viet Nam.

[Map] Present armament of the antileprosy campaign in Viet Nam.

HARTER, P. What is thought of Hansen's disease in Vietnam.

LITALIEN, F. and NGUYEN-VAN-AI. Contribution of the antileprosy dispensary of the Institut Pasteur de Saigon to the campaign against leprosy in Viet-Nam.

[Unsigned] The "Oeuvre S.A.L.V.E."; its contribution to the campaign against leprosy in Viet-Nam.

BUU-HOI, N. P. and T. V. BANG. Reaction of the skin of leprosy patients to intradermal injections of fatty acids from tubercle bacilli.

NGUYEN-VAN-UT. Clinical particularities of leprosy treated by the sulfones.

TRAN-VAN-BANG and NGUYEN DINH TIEP. Arteriography of perforating wounds in leprosy patients.

TRAN-VAN-BANG. Laboratory examinations.

BUU-HOI, N. P., TIEP, N. D. and XUONG, N. D. On the use of isonicotinyl-hydrazone in chemotherapy of leprosy. (Tokyo congress paper, in English.)

NGUYEN-BA-KHUYEN. Treatment of leprosy by D.D.S.O.

NGUYEN-BA-KHUYEN. Treatment of leprosy by Dialide.

PHAM-KIM-LUONG, TRAN-VAN-BANG and NGUYEN-DINH-TIEP. Essay at treatment of plantar mal perforans of leprosy by placental implantation.

TRAN-VAN-BANG. Treatment of leprosy by D-cycloserine; results after a year of treatment. (Presented to Soc. med. Hop. Paris by M. Pestel, Oct. 17, 1958).

TRINH THI KIM MONG DAN and TRAN VAN BANG. The mysteries of leprosy.

LEPROSY INSTITUTIONS IN NORTHERN RHODESIA

The following information about leprosy institutions and the numbers of cases under treatment in Northern Rhodesia has been supplied by Dr. E. James Carrant, Territorial Leprologist for that section of the Rhodesia-Nyasaland Federation. His list was not designated one of leprosaria, but of centers where leprosy patients are treated. These centers also have outpatient clinics; and all of the Ministry's hospitals, dispensaries and clinics, as well as some of the 39 general mission hospitals in the territory, have facilities for outpatient treatment of leprosy.

	<i>Patients</i>
<i>Luapula Province</i>	
Luapula Leprosy Settlement, P.O. Kawambwa	450
Kasaba Mission Settlement, P.O. Mwewa, Fort Rosebery	100
<i>Northern Province</i>	
Lukupu Leprosy Settlement, P.O. Kasama	150
Shiwa Ngandu Hospital, P.O. Shiwa Ngandu	30
Kawimbe Mission Leprosy Settlement, P.O. Abercorn	100
<i>Eastern Province</i>	
Minga Mission Leprosy Settlement, P.O. Petauke	120
Nsadzu Mission Leprosy Settlement, P.O. Fort Jameson	200
Mwami Mission Leprosy Settlement, P.O. Fort Jameson	300
<i>Central Province</i>	
Fiwila Mission Leprosy Settlement, P.O. Mkushi	115
Liteta Settlement, P.O. Broken Hill	100
<i>Southern Province</i>	
Chikankata Mission Leprosy Settlement, P.O. Mazabuka	310
Gwembe Leprosy Village Settlement, P.O. Gwembe	120
Namwala Leprosy Village Settlement, P.O. Namwala	30
<i>North Western Province</i>	
Chitokoloki Mission Leprosy Settlement, P.O. Balovale	100
Nyamona Mission Village Leprosy Settlement, Chitokoloki, P.O. Balovale	300
Kalene Hill Mission Leprosy Settlement, P.O. Mwinilunga	70
Kabulamema Mission Leprosy Settlement, P.O. Kabompo	300
Kaonde Mission Leprosy Settlement, P.O. Kasempa	150
Mayinga L.N.A. Leprosy Village, P.O. Kabompo	50
St. Theresa Mission, Ibenga, P.O. Box 6, Luanshya	15
<i>Barotseland Protectorate</i>	
Lukulu Saneta Maria Mission Leprosy Settlement, P.O. Lukulu	60
Mongu Village Leprosy Settlement, P.O. Mongu	60
Sesheke Village Leprosy Settlement, P.O. Mongu	100
Sesheke Mwandu Mission, P.O. Sefula, Mongu	15
Senanga-Likulwe Mission, P.O. Sefula, Mongu	50
Yuka Mission Settlement, P.O. Kalabo	100
Luampa Mission Settlement, P.O. Mankoya	250
Kaba Hill Village Leprosy Settlement, P.O. Mongu	60
Luwuji Village Leprosy Settlement, P.O. Mongu	30
Mushwala Mission, P.O. Mongu	10

During 1959, Currant was required to spend much time at the Luapula Settlement, but was able to visit most of the treatment centers. Apparently the highest prevalence is in Barotseland, but the figures below indicate that Luapula is a close second. It was believed that practically every known infectious lepromatous case was under treatment at a settlement. The chief difficulty was the irregularity of attendance of the patients under treatment as outpatients, largely because they no longer consider it important to continue after the obvious signs of the disease have subsided. The numbers of new lepromatous cases admitted per year are steadily decreasing. The routine treatment is with DDS by mouth, although the parenteral route is useful for outpatients who live at a distance. Regarding cases under treatment, and their rates per thousand of the population, the following figures are given.

<i>Province</i>	<i>Inpat.</i>	<i>Outpat.</i>	<i>Total</i>	<i>Pop.^a</i>	<i>Rate^b</i>
Barotseland	1,154	3,265	4,419	298	14.8
Luapula	688	2,275	2,963	236	12.6
N. Western	961	816	1,777	202	8.8
Eastern	963	958	1,921	392	4.5
Southern	740	149	889	285	3.2
Central	342	188	530	200	2.7
Northern	284	239	523	355	1.5
TOTAL	5,132	7,890	13,022	1,968	6.9

^a In thousands.

^b Per thousand.

SOUTHERN RHODESIA

Because of fundamental differences in policy, information such as that for Northern Rhodesia and Nyasaland has not been obtained. While the leprologists of those two regions are cooperating and attempting to unify their campaigns, they have not been able to include Southern Rhodesia in that effort. The medical superintendent of the leprosarium at Ngomahuru, Dr. Jack Allan, is not designated "Leprologist" and has to confine his activities to the settlement. He has no responsibility for organizing district antileprosy campaigns as have the leprologists of the other two territories.

ANTILEPROSY ACTIVITIES IN NYASALAND

Nyasaland, now a part of the Federation of Rhodesia and Nyasaland, has a population of approximately 3,000,000 with a leprosy prevalence—determined by surveys—of just over 10 per cent, according to information received from Dr. Gordon Currie, who is the only government doctor in leprosy work, with the title of "Medical Superintendent" [of the government leprosarium at Kochira], "Leprologist." There are four missionary doctors doing some leprosy work, but they also do general medical work as well.

The prevalence is about the same in all of the three provinces, Northern, Central and Southern, but varies with geographic factors. In the high plateau areas it is 5 per thousand or less, whereas in the low, humid areas bordering Lake Nyasa it varies from 20 to 30 per thousand. These latter areas constitute a problem, because a profusion of rivers

makes access impossible for more than half of the year. This fact, and the population density (50 per sq. mile), make impracticable mobile treatment units such as are used, for example, in French West Africa.

There are in the country five leprosaria, with a total capacity of over 2,000 in-patients, as follows:

<i>Leprosarium</i>	<i>Auspices</i>	<i>Capacity</i>
Kochira	Federal Government	650
Utale	Roman Catholic Mission	460
Mua	Roman Catholic Mission	500
Malamulo	Adventist Mission	420
Likwenu	Anglican Mission	90
Total (approximately)		2,120

The Federal Government has in hand a project for another leprosarium at Rumpi, for some 500 patients, so it is hoped that ultimately about 2,600 inpatients can be accommodated. The cases in the settlements are over 80 per cent "open" ones, for only infectious cases are supposed to be hospitalized. The government makes grants to the missions for hospital treatment of only such cases.

Outpatient treatment is available at all government district hospitals, rural dispensaries and health units, comprising 129 centers; and at last returns some 5,600 cases were being treated there. In addition, some 2,000 outpatients are being treated at mission medical centers, making the total approximately 7,500. Thus it can be claimed that about one-third of the estimated 30,000 cases in the country are being treated. Fully one-half of the infectious cases are isolated, for lepromatous cases constitute an estimated 14 per cent of the total. Tuberculoid cases are 80 per cent.

The prospects for the future are uncertain because of political instability. It is impossible to obtain a sufficient European staff to supervise the health campaigns; at the time of writing there were three health inspectors for the entire country. For political reasons there had been a big walk-out of the African medical staff, since when the leprosy work had fallen down badly on supervision of the rural treatment centers and on the follow-up work. An effort was being made to train African medical auxiliaries, but because of their low level of basic education such workers require supervision for which no staff is available.

ANOTHER U. S. P. H. S. FILM ON LEPROSY

Note has previously been made [THE JOURNAL **28** (1960) 77] of a moving picture film produced at Carville entitled *The Recognition of Leprosy*, dealing with diagnosis and intended for audiences, practicing physicians and medical students.

Since then another film has been produced, entitled *Management of the Leprosy Patient*, a 16 mm. film in color and with sound which—687 ft. long—takes 19 minutes to show. Slanted for nonprofessional lay groups and the general public, it is described as follows:

This film explains the procedures of the Public Health Service Hospital at Carville in treating and rehabilitating leprosy patients. Shows the effectiveness of the sulfone drugs. Explains the importance of rehabilitation: restoring muscular function, teaching vocational skills, and generally building of self-confidence, so that on discharge [the patient] can face possible nonacceptance by society.

Both films are available on loan within the United States for short periods, not to exceed one week, from the U.S.P.H.S. Communicable Disease Center, Atlanta 22, Georgia. They are also available for purchase (\$100.32 for the first one, \$125.48 for the second one) from the Manager, Government Films Department, United World Films, Inc., 1445 Park Avenue, New York 29, N. Y.

THE ARGENTINE SOCIETY OF LEPROLOGY

The Argentine Society of Leprology has announced the following Comisión Directiva for the two-year period, 1960 and 1961.

President	Dr. Félix F. Wilkinson
Vice President	Dr. Manuel H. Iglesia
Secretary, general	Dr. F. J. Pablo Bosq
Secretary, coordinating	Dr. Juan C. Gatti
Treasurer	Mr. Victor de Amorrortu
Vocales	Drs. Manuel M. Giménez and Ricardo Cusanelli

For *Leprológia*, Dr. Luis M. Balaña, director, and Drs. Luis Argüello Pitt, Carlos M. Brusco, José M. Fernández, Enrique D. Jonquieres, and Norberto Olmos Castro, editorial committee.

NEWS ITEMS

Congo: *WHO action in the Congo.*—An article in *WHO Chronicle* [15 (1961) 45-48] tells of the situation that had developed in the Congo which led the United Nations to ask WHO to intervene. Although there had been an efficient health service throughout the country, with an ample stock of supplies in central depots, there was not a single Congolese doctor or graduate nurse, and what work in hospitals and clinics was still being carried on was being done largely by the auxiliary personnel. As a result of an appeal for help, 34 teams of doctors and nurses were sent from 20 countries, 27 by national Red Cross societies and 7 by governments. "It is estimated that the minimum number of foreign personnel that will have to be recruited from abroad for the next 10 to 15 years is between 700 and 800. . . ."

Australia: *Peel Island to be a tourist resort.*—According to a newspaper report Peel Island, off the coast near Brisbane, which until 1959 was used as the locale of a small leprosarium for patients now transferred to the mainland, has been rechristened Cherecooba Island and is being developed as a tourist resort. It is said that there will be a tourist hotel, swimming pools, tennis courts, a golf course, an airstrip, and lavish beach accommodations. A person concerned with this development is quoted as saying that he did not think that the people will attach any stigma to the island. On an average long week-end 80 small craft now go there for fishing.

New Guinea: *Change of method of leprosy control.*—It is reported that in New Guinea, where there have been eleven "Hansenide Colonies" [See Russell, D. A., *THE JOURNAL* 27 (1959) 26-30], the efforts will hereafter be expanded on treating the patients—most of whom have the noninfectious form of the disease—while living in their own homes, by medical officers who will travel from village to village. It is believed that isolation of patients does more harm than good.

United States: *No epidemic in Samoa.*—The report which received much publicity some time ago [see *THE JOURNAL* 29 (1961) 116] to the effect that a considerable number of undiagnosed cases of leprosy had been found in American Samoa, has been proved erroneous. The U.S.P.H.S. sent a survey team there, and in January there was issued a statement to the effect that no evidence had been found that the disease was assuming unusual proportions. Of 168 cases diagnosed since 1917, only 44 are active today;

and of 33 cases tentatively diagnosed since January 1, 1959, only 10 were confirmed as active leprosy.

AML seminar at Carville, 1961.—The second seminar for medical missionaries, held for the American Leprosy Missions by the Public Health Service, was held at Carville, March 16-21. It was attended, according to an account in the *Star*, by 37 missionaries from more than a dozen countries. Papers were read and clinics and panel sessions were conducted mostly by the Carville staff; three New Orleans consultants—Dr. James H. Allen (ophthalmology), Dr. Marvin H. Miller (psychiatry) and Dr. Daniel C. Riordan (orthopedics) participated. A third such seminar is planned for April 1962.

Loan collection of histologic slides.—The National Leprosy Study Center at Carville has prepared a loan collection of histologic slides illustrating the various pathologic changes in leprosy, according to a notice in the *Archives of Pathology*. An illustrated set of protocols of the cases from which the specimens were obtained accompanies the set. They may be obtained, without charge, on a three-week loan basis by pathologists and dermatologists. Application should be addressed to the Medical Officer in Charge, Public Health Service Hospital, Carville, La.

Service connection regarding leprosy.—It has been reported (*J.A.M.A.*) that Congress has passed legislation "providing a three-year presumption of service connection for Hansen's disease. . . ." Interpreted (Sr. Hilary Ross) this means: Previously, if leprosy appeared in a man within one year after his discharge from active duty with the Armed Forces, it was presumed to be connected with his military service and he was entitled to all rights pertaining to a service-connected disability. In recognition of the fact that the disease may not appear in so short a time, the period has now been extended to three years. [The adequacy of this recognition may be questioned, in view of the commonly long latent period, exemplified for example by a case dealt with in this issue, in which it was 7 years.]

Reader's Digest rehabilitation fellowships.—The Reader's Digest International Fellowships in Rehabilitation, of which there are 6, were created by the World Rehabilitation Fund, Inc., with contributions from the Reader's Digest Foundation. The World Rehabilitation Fund is said [*J.A.M.A.*] to be a nonprofit organization supported by American industry, foundations and individuals to assist in international development of rehabilitation services to the physically handicapped. One of these fellowships was recently awarded to a Japanese physician, who has taken up work in the United States. Other fellowships are to be awarded to physicians from Mexico, Brazil, France, Italy and Spain.

France: *Courses in leprology.*—Courses in leprology were given in January and March 1961, in the Faculties of Medicine of Bordeaux and of Toulouse, for fifth year medical students, for candidates for the diploma of tropical medicine, and for candidates for the graduate diploma in bacteriology. These courses were given by Dr. E. Montestruc, director of the Institut Pasteur of Martinique, who then returned to his post there.

General: *International research support in the Americas.*—An agreement to aid in the administration of medical research in the Americas has been announced jointly by the Pan American Health Organization (PAHO) and the U.S. Public Health Service (PHS), it is reported by *Tropical Medicine and Hygiene News*. The PAHO will provide moderate financial support to certain research projects and programs, conduct research by its own staff, provide coordination for research projects involving more than one country, and aid in the development of scientists, scientific communication, and other medical research activities. The PHS will provide technical advice on research design. In addition, PHS will consider research-grant proposals from investigators who may wish to participate in research conducted or coordinated by PAHO staff.

Monsterkongresskrankheit.—Anyone concerned with international medical congresses, either as organizers or participants, will find interest in the issues of the *CIOMS Newsletter* which deal with "the disease process affecting congresses." First were described

the clinical features of the condition, to which a German pathologist had given the name "Monsterkongresskrankheit"; and later "the epidemiology of the disease" was dealt with. An analysis of 108 such meetings held in 1952-1954 shows among other things that July, August, and especially September are the most popular months, only 7 of the meetings being held in the November-April period; that Europe is by far the most active continent (London and Paris the leading cities); and that only 11 of the meetings were held elsewhere than in Europe or North America. Recommendations were offered.

Films of leprosy cases wanted.—For the Twelfth International Congress of Dermatology, to be held in Washington, D.C., September 9-15, 1962, a program of short (3-5 minutes) filmed case presentations is planned. The considerable list of conditions of which films are wanted includes leprosy. Detailed information and instructions are given in the *Archives of Dermatology* **83** (1961, 533-536 (March)).

PERSONALS

DR. STANLEY G. BROWNE, now at Uzuakoli Settlement in Eastern Nigeria, has recently been elected Fellow of the Royal College of Physicians of London. Being already a Fellow of the Royal College of Surgeons of England, he is now one of a small group with the two fellowships.

MISS RUTH DUNCAN, a Texas-born nurse in leprosy work in Taiwan (Formosa) since 1952, after working in a general hospital in China from 1946 until the Communists took over, has married an expatriate, Lin Cheng-hui (Frank C. H. Lin), who since leaving the leprosarium in Taipei has been a volunteer worker active in assisting Miss Duncan in developing a small hospital and treatment center at Chiayi in the southern part of the country.

DR. GRACE HEDGCOCK, medical director of Hawaii's Hale Mohalu Hansen's Disease Treatment and Rehabilitation Center, retired on September 30th last. The occasion was marked by a dinner in her honor.

DR. F. HEMERIJCKX has been appointed WHO leprosy adviser to the Government of India, for the development of a WHO/UNICEF-assisted leprosy control program which is to start this year.

DR. KENSUKE MITSUDA was given the 1961 Damien-Dutton award in a ceremony held on February 15 at the Nagashima Aiseien leprosarium. Accompanying it was a congratulatory letter from President Eisenhower. Dr. Mitsuda, now 83, was unable to attend the ceremony because of illness, but the *Star* carries a picture of him receiving the plaque in his home at Okayama City, with Sister Hilary Ross—now working in Japan—looking on.

MR. STANLEY STEIN, it is said in the January-February issue of the *Carville Star*, of which he is editor, had fallen and broken his left arm. In the following issue he relates, in inimitable fashion, his further experience about ten days later of a fall in which his hip was broken. The fracture was pinned under spinal anesthesia, which did not interfere with his auditory perception of the job. He and his secretary were carrying on with the work on the *Star* from a wheelchair in his infirmary room.

DR. R. M. WILSON, of Richmond, Va., now 80, has been selected as "A Great American" by a magazine published in Atlanta, Ga. In his thirty years work at the leprosarium which he developed in South Korea, now known as the R. M. Wilson Leprosarium, he was decorated twice by the Japanese government while it was in control, it is said, and since then by the Korean government.