

LEPROSY NEWS

Information concerning institutions, organizations and individuals connected with leprosy work, scientific or other meetings, acts of legislatures, and other matters of interest to leprosy workers. Readers are invited to cooperate by sending in material of such nature.

THE UNITED STATES NATIONAL LEPER HOME

The annual report of the U. S. National Leper Home for the year ending June 30, 1933, unpublished, is summarized. The mean population was 369, a slight increase. Admissions were 78; deaths 24 (6.5 per cent); cases released, leprosy arrested, 25; deported as aliens, 11. The patients represent 24 States, 4 insular possessions and 21 foreign countries. Chaulmoogra oil has continued a part of routine treatment; 185 patients received injections of the crude oil with benzocaine twice weekly; 192 took the oil orally in dosage ranging from 5 to 75 drops, three times daily. Mercurochrome and neoarsphenamine are used intravenously as routine in certain secondary infections. Approximately 15,000 intramuscular and intravenous injections were given. In addition to the routine clinical laboratory procedures, which included 9,180 examinations, important research was conducted. The patients' outdoor recreation facilities include a nine-hole golf course, baseball diamonds, concrete tennis court, soccer ball courts, etc. Plans were completed for a new infirmary which will provide under a single roof hospital beds for those ill with acute or chronic intercurrent complications of leprosy, and will centralize many now scattered activities, including the care of insane lepers, of which there are nine.

THE BIEDERWOLF LEPER COLONY

The following is excerpted from a report by Dr. R. M. Wilson, summarizing the status at this colony at Juntun, Soonchun, Korea, at the end of 1933. There were 765 inmates, admitted by selection, of whom 126 were children. The institution comprises a total of 56 stone buildings, 20 cottages for men, 23 for women, and 13 other buildings, all built of stone quarried on the place. Each of the 126 living rooms for patients has from 5 to 7 inmates who live as a sort of club or family, each group doing their own cooking, sewing, washing, gardening, etc., different individuals for the different jobs.

Each of the rooms has an outside fireplace where the food for the group is cooked, and flues from it pass under the earth floor to heat the room. Some 620 of the inmates are taking injections of chaulmoogra oil and 40 are taking it by mouth. Only 300 are able to work, these including 6 carpenters, 5 masons and 4 stone cutters; 25 are blind and 50 others have poor vision because of leprotic eye involvement; 12 wear peg legs of their own making. There were 16 deaths during the year, about 2 per cent. The children attend a school taught by 8 leper teachers, and some 90 women also attend the night school that is maintained. The children study half the day and work the other half. It is planned soon to put most of these into carpenter shops and teach them trades.

ACTIVITY IN PARAGUAY

The present administration in Paraguay, it is reported, is facing with determination a relatively serious and increasing leprosy problem, and with the backing especially of the President, Dr. Eusebio Ayala; the Minister of Education, Dr. Justo Prieto; and the dean of the Faculty of Medicine of the National University, Dr. Ricardo Odrioso, measures are being initiated to meet the immediate requirements. At present only about 80 cases are being cared for in Asuncion, the capital; whereas it is believed that there is a very much larger number, estimated between 2,000 and 2,500, in this country of only a million inhabitants. Proposals submitted by Dr. J. N. Hay, a medical missionary, recite the principles of modern efforts at control and point out that conditions permit more intensive efforts than would be possible in more populous countries. Plans are under way for the construction of a leper colony to be built near Sapucaí, some 80 miles from Asuncion, on a large tract of about 2,500 acres of fine farming land, on which there is an abundance of timber. With very limited funds only the simplest type of native house can be built for the present—36 of them, for 4 persons each, are to be built for a start, besides a treatment building with a laboratory. The patients will have much freedom of action and will be given ground on which to grow food-stuffs. It is hoped that with its exceptional natural resources the colony will in time be largely self-supporting. Dr. Hay has been appointed director of the colony with a post on the staff of the University, since the colony will be under the control of the Medical Faculty. Other developments are anticipated as the work progresses.

DR. JAMES ALEXANDER MITCHELL

The death of Dr. James Alexander Mitchell, which was noted in the last issue of the *JOURNAL*, occurred at the age of 57 at his home near Cape Town on June 12, 1933, after a prolonged illness. Dr. Mitchell, formerly Secretary of Public Health for the Union of South Africa, participated in December, 1930, in the meeting of the Leprosy Commission of the League of Nations in Bangkok and in the interval between that and the Leonard Wood Memorial Conference in Manila, in which he was to participate (January, 1931), he visited the ruins of Angkor, in French Indo-China. There he suffered a cerebral disturbance which necessitated his returning forthwith to South Africa. With great difficulty, he carried on in office until December, 1931, soon after which he retired. He was survived by his wife and six children.

Dr. Mitchell was born in 1876, in County Tyrone, Ireland, according to the *Cape Times*, and received his education in Londonderry, Glasgow, Edinburg and Cambridge, completing his medical training at the age of 23. While serving as a civil surgeon to the Army Medical Service at Edinburg, in 1899, he was selected by Lord Lister for the post of bacteriologist for leprosy research in Robben Island, near Cape Town. This connection was brief, for the outbreak of plague in the following year took him away from leprosy work, and at the time of the Union he was made Assistant Medical Officer of Health for the Union of South Africa. During the World War he participated actively in the medical work of the campaign in German West Africa where he gained distinction, retiring with the rank of lieutenant-colonel.

In 1919 Dr. Mitchell was appointed Secretary for Public Health, and to his credit stands the present organization of the public health and medical services of the four Provinces and for drafting the legislation and regulations embodying it. He is credited with being largely responsible for important advances in South Africa especially in connection with leprosy, malaria, housing and child welfare. He was endowed with an unusual administrative ability which was fully called on to meet the varied and changing problems of the country, and with a tremendous capacity for work in which he never let down until forced to do so by aggravation of his illness.

NEWS ITEMS

Reconstruction at St. Croix.—The United States Government will spend U. S. \$114,500 for reconstruction, repair and new work at the asylum at St. Croix in the Virgin Islands, where by recent reports there are some eighty inmates. The appropriation for the project was included in a recent announcement of the Public Works Administration, according to the *Sixty-Six Star*, a mimeographed periodical put out by the patients at the U. S. Federal institution at Carville, Louisiana.

BELRA Secretary to the West Indies.—The Secretary of the British Empire Leprosy Relief Association, Dr. Robert G. Cochrane, who has recently returned to London after several months in India, during which time he also made a special investigation for the Government of Ceylon, is expected to visit the West Indies shortly in connection with the work done and planned by his organization in that region.

Leprosy courses in Brazil.—From December 11, 1933, to January 6, 1934, Dr. H. C. de Souza-Araujo gave his fourth course on leprosy in the Institute Oswaldo Cruz. There were 34 students enrolled for the course, which was divided into theoretical and practical lessons and surveys. The topics dealt with were history, statistics, endemiology, pathology, symptomatology, therapeutics, prophylaxis and comparative legislation. Another course will be given in the middle of 1934.

Transmission experiments in Brazil.—A research laboratory for microbiology maintained in Sao Paulo, Brazil, by the Kaiser Wilhelm Gesellschaft zur Förderung der Wissenschaften, has been working on problems connected with leprosy, according to reports in the *Hamburger Nachrichten* and other German newspapers, and recently announced success in transferring leprosy to the white rat. Why this occurred in this particular experiment among many hundreds of others could not be explained. In connection with the search for a more susceptible experimental animal, a French physician in Guiana noticed a leprosy-like condition in an opossum. Unfortunately, it is stated, this animal is not kindly disposed to being utilized in scientific work, it being difficult to maintain it in captivity for long periods. It is further stated that there have been found indications of transmitted physical peculiarities in leprosy families, and that there may also be a special constitution, a special susceptibility to leprosy transmitted by heredity from parent to child, "as in tuberculosis."

Ages of inmates at Riga.—In a popular article on leprosy which has appeared in the German press (among others the *Saarbrücker Zeitung*) the fact that the patients may live to a considerable age was exemplified by interesting figures ascribed to the Riga (Latvia) asylum. Of the 294 inmates there (at what time is not stated) 47 are said to have been between 60 and 70 years old, 41 between 70 and 80, and 25 between 80 and 90; thus giving 38 per cent over sixty years of age.

Leprosaria in Greece.—A "travel letter" by Prof. Dr. Mulzer that appeared in the *Hamburger Nachrichten* describes the medical and hygienic work in Athens. With regard to leprosy, he points out that previously it was very prevalent, but that now it is not—thanks to the isolation policy. There are

four leprosaria, one each in Samos, Thios, Spina longa (on Crete), and in Athens. The last, the largest and best, had 169 cases of all ages and stages of the disease. Here they remain until they die; "cure of leprosy is not yet possible." The leprosaria cost the State about three million drachmas a year for maintenance.

Leprosarium at Las Palmas.—Information concerning the Spanish leper home at Las Palmas, in the Canary Islands, has appeared in the *Ostpreussische Zeitung* following a visit to the institution by a party of German physicians. It is described as an excellently organized place, on the order of a German health resort, and in the charge of a German-trained physician, Dr. F. de Armas. There are 60 to 70 inmates, of whom two-thirds are men, drawn chiefly from the islands of the regions. A large property belongs to the institution, and the inmates have opportunities for physical work. Antileprol is the drug used in treatment.

A "leper ship"?—The following paragraph is from a news article that seems to have had a wide circulation in the German press; this happens to have been taken from the *Leipziger Zeitung* of November 19 last.

"From year to year there appears in the harbor of Marseilles a strange old ship. Anchored far from all other vessels is the old craft, its long black pennant fluttering spectrally in the breeze. It is the ship of the lepers. From year to year some dozens of the afflicted from all the lands of Europe are sent to Marseilles, where they board the ship to be taken to the leper island at Tahiti."

This story can be classed as "interesting if true," but if there is any annual sending of patients from Europe to any other place this office has not heard of it.

A Red Cross mission to the Congo.—In February Dr. Albert Dubois, of the Prince Leopold Institute of Tropical Medicine, left Belgium for the Belgian Congo where, according to *Le Soir*, he was to establish at Pawa, in the Népoko district, the first antileprosy laboratory in the colony. He was accompanied by Dr. Degotte, who will be the resident there. This mission is being carried out under the auspices of the Croix-Rouge du Congo, which some years ago took the initiative in starting work against the increasing menace of leprosy in the region mentioned, the government forces being occupied with more immediate problems, especially that of sleeping sickness.

Demonstrations at Pretoria.—During 1933 demonstrations were arranged at the Pretoria Leper Institution for parties of medical students from the Universities of Capetown and the Witwatersrand, and also for the district surgeons who attended a post-graduate course at the latter university. Such demonstrations also have propaganda value, resulting in the influx of early, tractable cases into the institutions. Professor C. de Langen, of Batavia, spent several days at the Institution in May, when among other things he made the medical officers of the Institution conversant with his technic for demonstrating the presence of *Myco. leprae* in the blood.

Control measures in Uganda.—The medical authorities in the Uganda Protectorate have recently succeeded in introducing there an innovation in leprosy work in Africa. The principle has been adopted that the local native chiefs

should take the responsibility for the treatment and maintenance of the patients in their own small districts. At the same time a new colony is being formed in Busaga, in the Jirija district to the east of Lake Victoria. Further details will be forthcoming later.

Earthquake damage to an asylum.—Early in January a severe earthquake occurred in Bihar, India, which caused extensive damage to a leper home maintained by the Mission to Lepers near Muzaffarpur. A most curious feature of the affair, according to reports seen, was that subterranean water had been forced to the surface during the shock, leaving crater-like formations where it had come forth and as it slowly subsided leaving the ground surface covered with a gray, sandy slit. Not only were the buildings of the leprosarium badly damaged but the wells were filled to the surface with this sandy material.

The Shanghai Leprosarium plan.—It is learned that early in the present year the Chinese Mission to Lepers initiated a fund-campaign to raise \$100,000 (Mex.) to further the plan to construct a leprosarium in the neighborhood of Shanghai. The plan, which has already been noted in these pages, is that this leprosarium shall serve as a center both for treatment of cases from that area and for the training of doctors and nurses. More than half of this amount had been raised by the end of January, at which time it was expected that the full sum would be obtained.

Infection at Kalapapa.—The infection of the present occupant of the old post of Father Damien is reported in a French newspaper. After recalling that the latter had so thoroughly identified himself with those among whom he worked that he would commence a sermon with: "We lepers . . ." the article states that Father d'Orgueval, now at that post, might use the same form of address with the fullest reason.

To quote:

The fact is that the good missionary has been affected with the disease for about a year. And he has no hope of cure. The Sisters who assist him in his work assert that it is his lack of prudence that has made him a victim of the disease. He did not take enough care when he was with the patients. He always refused to observe any precautions whatever because, he said, he did not wish to give the lepers any impression that he feared their malady or felt repulsion for them.

Leprous colitis.—Dr. C. J. Austin, in the report of the Makogai Central Leper Hospital, Fiji, reports that during an epidemic of dysentery a few of the cases "passed into what was apparently a leprous colitis, accompanied in one or two instances by alarming hemorrhage, smears showing masses of acid-fast bacilli." It is also stated that an epidemic of dengue affected practically 100 per cent of the staff and healthy laborers, but not a single inmate contracted the disease.

A therapeutic serum.—At a recent meeting of the French Academy of Sciences Dr. Nicolle, lately director of the Institut Pasteur at Tunis, presented the results of treatment of two cases of cutaneous leprosy with a new serum prepared by Dr. J. Reenstierna, of Sweden, according to a recent news story in the *Annales Coloniales* of Paris. The serum, it is said, was prepared by the use of cultures and gave remarkable results in the two cases treated.

Personals.—SIR LEONARD ROGERS, who since his retirement in 1921 from the Indian Medical Service has served as medical adviser to the Secretary of State for India and president of the India Office Medical Board, retired from those positions under the age limit late last year. He is continuing his connection with leprosy work under the British Empire Leprosy Relief Association and otherwise. SIR JOHN MEGAW, who succeeded to the offices mentioned, retired as Director-General of the Indian Medical Service, which position he had held since 1930.

DR. ETIENNE BURNET, Secretary of the Leprosy Commission of the League of Nations, arrived at Rio de Janeiro January 5th, 1934, commissioned by the League authorities to cooperate in the organization of the International Institute of Leprology of Brazil, according to information from Dr. H. C. de Souza-Araujo. Shortly after his arrival he was so unfortunate as to suffer injuries including a fractured arm, in an automobile accident, which compelled him to spend two months in a hospital, but from which he has quite recovered.

DR. L. F. HEIMBURGER, for some years medical director of the hospital of the Shantung Christian University, Tsinan, China, and in charge of the leprosy hospital which was developed as a part of the activity of the larger institution, has resigned and returned to the United States. DR. H. JOCELYN SMYLY is taking over the work of the leper hospital.

DR. JOHN LOWE, of the leprosy research laboratory in Calcutta, is to take leave in England during the latter half of the year.

DR. MASAYUKI KAWAMURA, director of the Fifth Leper Sanatorium, Kumamoto, Kyushu, Japan, died on July 26, 1933.

DR. P. D. STRACHAN, Superintendent of the Batsobelo leper asylum in Basutoland, returned to that station in January after six months leave spent in England.