

## NEWS AND NOTES

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

### WORLD COMMITTEE ON LEPROSY REHABILITATION

The International Society for Rehabilitation of the Disabled, whose headquarters are at 701 First Avenue, New York 17, N. Y., has recently formed a World Committee on Leprosy Rehabilitation, according to a report from New York picked up by the *Carville Star*.

A statement of purpose ascribed to the new committee is said to stress, as two of its major concerns, education of the medical profession in leprosy, and development of training programs in "medical and professional schools." Also stressed is the simultaneous development of programs for the control of leprosy and for the rehabilitation of its victims, since "prevention, treatment and rehabilitation are inseparable parts of the total leprosy program." Other objectives include establishment of vocational, rehabilitation, and sheltered workshop facilities; fostering of research in leprosy; cooperation with governmental agencies; education of professional groups to open the doors of general hospitals, dispensaries, and rehabilitation programs to leprosy patients; and initiating pilot projects to demonstrate leprosy rehabilitation programs.

The members of the World Committee are:

- Dr. Paul W. Brand, principal of the Christian Medical College and professor of orthopedic surgery, Vellore, South India (*chairman*).
- Dr. José Arvelo, of the Leprosy Service, Caracas, Venezuela.
- Dr. James A. Doull, medical director of the Leonard Wood Memorial, Washington, D. C.
- Dr. Oliver W. Hasselblad, president of the American Leprosy Missions, Inc., New York, N. Y.
- Mrs. Margaret Pope Hovey, Beverly Hills, California.
- Dr. Masayoshi Itoh, of the Institute of Physical Medicine and Rehabilitation, New York University School of Medicine.
- Dr. Alan E. Nicol, chief of the Rehabilitation Services, USPHS Hospital, Carville, La.
- Mr. A. S. Penny, Ontario, Canada.
- Dr. Daniel C. Riordan, professor of orthopedics, Tulane University School of Medicine, and consultant to the USPHS Hospital, Carville, La.
- Dr. Howard A. Rusk, director of the Institute of Physical Medicine and Rehabilitation, New York University School of Medicine.
- Dr. Glen W. Tuttle, founder of the Institut Medical Evangelique at Kimpese, Republic of Congo.
- Dr. Mary Verghese, of the Institute of Physical Medicine and Rehabilitation, New York University School of Medicine.
- Mr. Donald V. Wilson, secretary-general, International Society for Rehabilitation of the Disabled.

Dr. Arvelo has spent two months with Dr. Brand at Vellore, observing his approach to the rehabilitation of leprosy patients, under the auspices of the Commission on Re-

search of the ISRD, the World Health Organization, and the World Rehabilitation Fund. After visiting leprosy centers in several other countries, he returned to the Leprosy Service in Venezuela where he is engaged in giving training courses and setting up departments of reconstructive surgery and physical therapy in the leprosy hospitals.

Mrs. Hovey, a director of the United States Committee of the ISRD, said to be a victim of poliomyelitis who has spent her life in the service of others, left her home on March 30 for a second round-the-world trip—in a wheelchair—scheduled to arrive in Manila in time to attend the Second Pan-Pacific Rehabilitation Conference to be held December 3-7, 1962.

#### SECOND PAN-PACIFIC REHABILITATION CONFERENCE

As announced by the host organizations, the Philippine Foundation for the Rehabilitation of Disabled and the International Society for Rehabilitation of the Disabled, the Second Pan-Pacific Rehabilitation Conference is scheduled to be held in Manila December 3-7, 1962. The general program provides for two occasions on which leprosy ("Hansen's Disease") is to be discussed.

The first occasion is on the second day of the conference, when it will be broken up into sectional meetings on 14 different topics, 6 in the forenoon and 8 in the afternoon, besides seminars on cerebral palsy. Like the other sections, the one on Hansen's Disease is complete with a chairman, a rapporteur, and one listed speaker, he being Dr. Paul W. Brand, but no less than six "resource persons" are also listed. The program provides for an open forum, and for the reading and discussion of scientific papers.

The second occasion is scheduled for the morning of the third day, when Dr. Brand will be one of the two speakers at a special general session, his subject "Hansen's Disease."

#### VIIth CONGRESSES ON TROPICAL MEDICINE AND MALARIA

A preliminary notice invites the attention of interested scientists to the 1963 convocation of the Seventh International Congresses on Tropical Medicine and Malaria, to be held in Rio de Janeiro, Brazil, September 1-11, 1963. The officers include: president, Prof. J. Rodrigues da Silva, University of Brazil, Rio de Janeiro; vice president for tropical medicine, Dr. Brian G. Macgrath, Liverpool School of Tropical Medicine, Liverpool, England; vice president for malaria, Dr. Justin M. Andrews, National Institute of Allergy and Infectious Diseases, Bethesda, Md.; secretary general, Dr. F. Nery Guimaraes, Rio de Janeiro, Brazil.

As has been the custom in the past, the technical sessions of the two Congresses will be held simultaneously. Papers will be by invitation from the respective vice presidents, and will be limited to 3,000 words and not more than 15 minutes each. Uninvited papers may be presented in special meetings devoted to free communication. **These will be limited to 5 minutes each.** Further information can be obtained from the secretary general, ICTMM, Post Office Box 1859, Rio de Janeiro, Brazil.

#### III CURSO INTERNACIONAL DE LEPROLOGIA PARA MISIONEROS Y AUXILIARES SANITARIOS

The Third International Course of Leprology for Missionaries and Sanitary Assistants, under the auspices of the Direction General of

Health, the Sovereign and Military Order of Malta, and the San Francisco de Borja Sanitarium at Fontilles, Alicante, Spain, and with the collaboration of the National School of Health, the Professional Schools of Dermatology of Madrid and Barcelona, and the Institute of Hispanic Culture, was scheduled to be held from July 19 to August 28, 1962. The course, to be under the direction of Dr. Felix Contreras, director of the sanitarium, with the collaboration of other professors of the Schools of Medicine, was to consist of 30 themes, ranging from general features of pathology (etc.) to the prognosis and curability of leprosy. (The notice of this course was received at the end of July, after it was already well under way.)

#### THE CONGRESSES OF DERMATOLOGY

The imminence of the Twelfth International Congress of Dermatology, held in Washington, D. C., in September 1962, led Dr. Henry E. Michelson, of the University of Minnesota, to review (in the *Archives of Dermatology*, **86** (1962) 2-15 (July)) the eleven preceding congresses. Their published proceedings, he says, are available to those with an urge to peruse them, "and a rewarding experience is in store for those who do." At the end he was led to philosophize a bit on the reason for and value of international congresses—which part of his paper will be treated separately (see p. 494).

The First Congress was held in 1889, 73 years ago, in Paris, at the Hôpital St.-Louis. The writer found no mention of how or with whom the idea of this specialists' meeting originated, but there was an organizing committee and—an odd feature—when the meeting convened the set-up included 20 vice presidents representing almost all of the countries which participated. (At the 6th Congress there were 42 vice-presidents, and at subsequent meetings—where they were called Honorary Vice-Presidents—there were still more of them; but they had been reduced to 12 by the time of the Stockholm Congress.) There were 250 registrants, and the Proceedings is a book of some 950 pages dealing with a great diversity of subjects. These include leprosy, which—it is noted—together with tuberculosis and syphilis—"must have been the chief concern of the dermatologists of that day."

The Second Congress was held in Vienna in 1892. Of the rules adopted, one limited the length of presentations to 20 minutes (it being noted that the previous meeting had been bothered by the great length of some of the papers). Of the list of eight main themes, one was the "Position of Leprosy in Europe," to be dealt with by Drs. Arning, of Hamburg, and Petersen, of Petersburg. The subject, especially the matter of its social importance, was considered in the first session of the meeting, with reports from several countries, including Germany, Portugal, Italy and the Balkan States.

The other Congresses may be listed:

Third, in London, 1896.	Seventh, in Rome, 1912.
Fourth, in Paris, 1900.	Eighth, in Copenhagen, 1930.
Fifth, in Berlin, 1904.	Ninth, in Budapest, 1935.
Sixth, in New York, 1907.	Tenth, in London, 1952.
	Eleventh, in Stockholm, 1957.

Rules of the Congresses are mentioned occasionally. For example, it is said about the Fourth Congress that the individual papers that were read had been chosen by the Committee. The Seventh Congress is spoken of as the last of the first group (also as the "Salvarsan Congress"), and the Eighth Congress, held after an interval of 28 years, as the first of the modern congresses—which, in turn, suffered another long interruption. It was at that one that there was created the International Committee, providing for the first time a continuing link between meetings.

Interest in leprosy as a subject of discussion apparently waned for a while, for it is not mentioned in the review in connection with the Third and Fourth Congresses. However, at the Fifth Congress (Berlin, 1904), it was one of the four main themes of the program: "Leprosy. Especially Concerning the Campaign Against the Disease, and a Review of the First Leprosy Conference of 1897." This, it is said, with certain details, was the most important section of the Congress, and the subject matter of that theme was published in a separate volume.

At the Sixth Congress "tuberculosis, syphilis and leprosy again occupied the center of the stage," but that is all that is said about any of them. At the Seventh Congress "leprosy came in for much discussion" (and there was a report on the use of Salvarsan in that disease); and the same is said of the Ninth Congress, but that subject does not appear in connection with the other "modern" meetings. Nor did it have a place among the 15 symposia of the advance program of the Twelfth Congress. There was listed a session on sarcoidosis, of which Dr. Michelson was named as chairman. It will be interesting to see how the dermatologists dealt with the skin lesions of that disease—the very existence of which the special Conference on Sarcoidosis which met in Washington in June of last year refused to give recognition.

#### LEPROSY AT THE XII DERMATOLOGY CONGRESS

Whereas leprosy was one of the three main topics at some of the earlier Dermatology Congresses, it was but little represented at the last one, held in Washington, D.C., September 9-15, 1962. According to what took the place of the customary book of abstracts (this being No. 52 of the International Congress Series of *Excerpta Medica*), there were only two papers on the subject, and one exhibit. The information available was supplied by Dr. James A. Doull.

The papers referred to, both entitled Leprosy, were read in a part of the program devoted to epidemiology of skin diseases. One was by Dr. J. A. Doull (U.S.A.), and the other by Drs. F. Sagher and R. V. Wardekar (Israel and India).

The printed abstract of the first of these papers is:

A brief description is given of the various forms of leprosy and of current views on etiology, sources of infection, and mode of transmission. On the basis of these views an attempt is made to explain the variations in prevalence which have been observed. The explanation is not entirely satisfactory. Direct person-to-person contact, expanding its potential constantly with extension of maritime commerce, may be a valid explanation of the rise of leprosy in Europe in medieval times and of its spread to the New World and throughout the Pacific. The virtual disappearance of the disease from most areas in the temperate zones, however, remains unexplained, as does its extraordinary rise in Norway in the 19th century, while declining in the rest of northern Europe. Higher prevalence in tropical countries may be attributable to peculiarities of environment, but there are remarkable inequalities within areas where the environmental conditions are apparently the same. The higher frequency of the lepromatous type in males is apparently caused by their greater natural susceptibility. Children are more susceptible than older persons, but exposure in adult life may result in infection. Of special interest to dermatologists is the variation in the relative frequency of the major types in different parts of the world. This is also intriguing to the epidemiologist. The maintenance of leprosy at a high level in the presence of a very low proportion of cases of the lepromatous type challenges the widely held concept of the relatively low infectiousness of tuberculoid cases. The need for expansion of research is stressed—in the laboratory, in the clinic, and in the field.

No abstract accompanies the title of the second paper, but according to Dr. Doull's jottings on his copy of the book, that presentation began, in effect, with the question: Should contacts without signs of the disease be given treatment?

Sagher had previously written, in a "Symposium by Correspondence" in *THE JOURNAL* [23 (1955) 73, 197-205], about persons whose skin smears were positive but who had no clinical signs of leprosy. Under treatment, it now appears, they became negative within a year. Such individuals are "infected but not diseased," but with respect to infectiousness they are really "open" cases. Children should be treated before the disease becomes manifest.

The scientific exhibit pertaining to leprosy was by Paul Fasal (U.S.A.), entitled *The Semblances of Leprosy*.

According to the brief descriptive statement it was: "A comparison of color prints, showing skin lesions of which one is leprosy and the



other is not, but is identical in appearance." According to notes made by Drs. Mario C. Mabalay and H. Moss, the subjects were (1) lichen planus, (2) parapsoriasis (resembling tuberculoid leprosy), (3) acne conglobata, (4) pityriasis rosea, (5) mycosis fungoides, (6) rhinoscleroma, (7) reticulum cell sarcoma, (8) deep mycoses, (9) neurofibromatosis, and (10) tinea corporis.

## NEWS ITEMS

**Congo:** (Leopoldville): *Leprosy services.*—According to a report on WHO assistance to the Congo, summarized in the *WHO Chronicle* for August 1962, a WHO consultant who investigated the leprosy situation in Leopoldville, Equateur, Kasai, Kivu, and Orientale provinces had found that there had been a considerable deterioration in case-finding and treatment. It had been possible, however, to maintain a modicum (*sic*) of medical care and outpatient treatment in most of the leprosy establishments.

**Rhodesia:** *Air force aid to flooded leprosarium.*—A note in the *Central African Journal of Medicine* (Rhodesia and Nyasaland) tells of the transportation by the Royal Rhodesian Air Force of food, drugs and transport fuel to the Luapula leprosy settlement at Kawambwa, about 250 miles northeast of Ndola and 30 miles south of Lake Mweru. Devastating floods had completely cut off the town for the first time in history, and the situation at the leprosy settlement, where there are about 450 patients, had become critical. The patients were expected to leave the settlement to beg for food throughout the area. Furthermore, there are more than 1,700 leprosy patients in the district who must be visited regularly at 20 outlying clinics, and fuel for transport to those places was required.

**Saudi Arabia:** *Discharged patients in Oman.*—Christian work and medical advances have combined to change traditional attitudes toward leprosy in the Sultanate of Oman in Saudi Arabia, according to a dispatch based on a report by Dr. Wells Thoms, medical superintendent of the Knox Memorial Hospital in Muscat. Discharged leprosy patients today find increasing acceptance, partly because they tend to come early for treatment, so that most of the patients recently discharged had no marks of the disease. But the primary cause of this change in the attitude of the public, Thoms believed, is the hospital's own attitude toward discharged leprosy patients. Ten former patients are employed on the hospital staff, and they "are completely accepted by the rest of the staff and are included in all our social activities."

**India:** *"Domiciliary program" for Karigiri region.*—An extensive home treatment program by three mobile clinics is planned for as many areas in the Karigiri region, it is reported. Sponsorship is to be shared with the well-known local institutions by the Swedish Red Cross, which ran a fund-raising campaign for the project. The mobile clinics, which are to make surveys, examine contacts, and supervise home treatment of patients, will be in the charge of specially trained paramedical workers. (Except for this last condition, these mobile clinics appear to be similar to the several which, beginning about 1956, have been operating in the Philippines with UNESCO aid and WHO advice.)

**Malaya:** *Annual visiting day at Sungei Buloh.*—The Malayan government has announced the inauguration of a campaign to break down public prejudice against leprosy. To that end, the public will be allowed to visit the Sungei Buloh Leprosy Settlement *one day each year* (italics ours). The director of the institution, Dr. M. K. Bhojwani, is quoted as saying, "One of our main tasks after curing a leper is getting him accepted back in society. We believe this open day will help us in our work." (A contrast is seen on another page of the *Carville Star*, in which the foregoing item

appeared, where—speaking of the U. S. Federal Leprosarium—it is said that “Visitors march through this hospital every day of the year. . . .”)

**Japan:** *Tuberculosis; drug resistance; strange bacillus.*—The 37th meeting of the Academy of Internal Medicine, according to a note from Japan in the Foreign Mail department of the *J.A.M.A.*, heard a disturbing report on the increasing percentages of drug-resistant tuberculosis cases: from 13% in 1955, to 25% in 1958, and 55% in 1961. Another report—a somewhat weird one—was of the rise of a new acid-fast organism in all ways different from the Koch bacillus (human, bovine or avian varieties), which when inoculated into animals causes no reaction, clinical symptoms developing only after the animal has been sensitized by a known tubercle bacillus.

**Korea:** *New basis of leprosy control.*—Heretofore, most of the leprosy patients in Korea who received treatment entered one or another of the sanatoria, although on a lesser scale treatment was carried out on an outpatient basis in special institutions. Since July of this year a radical change has been undertaken, according to a report from Dr. Suh Sung-Taik. Case-finding and treatment is now being done by the Health Centers distributed all over the country, and the doctors working at those centers have received proper training in leprosy. This means that leprosy, like other diseases such as tuberculosis, will hereafter be handled by the regular health service rather than by a special service.

**United States:** *Tapazole treatment in San Francisco.*—Dr. Paul Fasal, in charge of the leprosy outpatient clinic at the Public Health Service Hospital in San Francisco, is said by the *Carville Star* to be “cautiously optimistic” about the results he has obtained with Tapazole. It had been used in the treatment of 12 patients for 8-12 months, and there had been “fair to good” clinical improvement, but no bacteriologic change. The preliminary results were nevertheless believed to warrant continued trial of the drug, especially in combination with other drugs.

**NIH grant to Meharry worker.**—Dr. William E. Bennett, of the Meharry Medical College in Nashville, Tennessee, has received from the National Institutes of Health, U.S.P.H.S., a grant of \$27,277 for “research into the responses of rodents to the Hansen infection”—to quote from the *Carville Star*. Dr. Bennett is reported to have said that the investigations planned are designed for “elucidating the Hansen bacilli,” which in turn might contribute to a better understanding of homotransplantation immunity, of protection against radiation, and possibly of the prevention of the spread of cancer through the body.

**Venezuela:** *NIH grant to electron microscopist.*—Dr. Tamotsu Imaeda, of Kyoto, Japan, who is working at the Instituto Venezolano de Investigaciones Científicas in Caracas, has received a grant from the National Institutes of Health for a study of Cellular Changes *in vitro* by *M. leprae*. It is intended to carry out histochemical and electron microscopic analyses of changes in both the bacilli and the cytoplasm of host cells in tissue cultures. As this grant continues through May 1963, Dr. Imaeda expects to remain until then, and possibly longer, in Venezuela.

**Bolivia:** *Missionary leprosy worker honored.*—Mr. Walter Herron, an Australian flying missionary, has been awarded the Gold Condor, the highest distinction ever given a foreigner in Bolivia, for the “extraordinary social work he has developed in this country since 1933.” According to the report seen, Herron, who introduced the first air taxi in Bolivia in 1941, is Chief of Provincial Sanitation and as such in 1944 set up a sanitation post which is now the Health Center Hospital of Magdalene. In 1948 he founded the Tone Leprosy Settlement, which at the government’s request took over all the patients then at the San Juan asylum at Trinidad. He supervises the leprosy settlement, which is in a remote and nearly inaccessible place on Lake Victoria, by regular trips by airplane from his headquarters in Magdalene. One may suspect that the story of the nurse, Mary Cermak, who lives on the grounds of the leprosy settlement and is in charge of the dispensary, rates much more than the passing mention she is given.

**Ecuador:** *Plantation seized by leprosy patients.*—It has been reported by AP dispatch from Quito, Ecuador, that leprosy patients confined at a plantation near Cuenca, owned by the city of that name, had seized the plantation and divided it among themselves. (The dispatch apparently did not say to what extent the seizure had changed the mode of life of the patients, or what advantages they had derived.)

**General:** *Pan-American Sanitary Conference.*—The 16th quadrennial conference of the Pan-American Health Organization (and the 14th regional committee meeting of WHO), held in Minneapolis, Minn., in August 1962, approved a program of 307 health projects for 1963, with a budget of more than \$16 million, according to a news story in the *JAMA*. Top priority is to go to research on the communicable diseases with high morbidity and mortality rates, and of them malaria, smallpox, yellow fever, and tuberculosis were discussed particularly. Leprosy is not mentioned in the report.

#### PERSONALS

DR. RICHARD S. BUKER, director of an extensive training and village treatment program in Southeast Asia under the auspices of the American Leprosy Missions, is reported to be chairman of a steering committee the purpose of which is to organize a Christian Leprosy Worker's Association in Thailand. The objective, it seems, is to coordinate leprosy programs of the missions and other voluntary agencies working in that country, to plan overall leprosy strategy, and to share ideas, personnel, and special services.

DR. JOHN W. EDWARDS, a Burmese citizen of English ancestry, who formerly was a leprosy patient and now is medical director of the Susan Haswell Leprosy Hospital of Moulmein, has been given by the government one of the highest awards made to civilians for meritorious services, for outstanding work in "leprosy therapy, reconstructive surgery, and rehabilitation." He is the only surgeon in Burma who does surgical work for the relief of the deformities of leprosy, having trained for that work under Dr. Paul W. Brand at Karigiri, India.

DR. R. A. MERCAU, chief of the Servicio de Leprología "Enrique P. Fianza" of the Carrasco Hospital of Rosario, Argentina, has been elected president of the Sociedad Argentina de Leprología.

MR. STANLEY STEIN, editor of *The Star*, the magazine put out by Carville patients, has recently been in New York working with a collaborator on his autobiography, to be published by Funk and Wagnals next year, probably in June.

DR. CARL E. TAYLOR, previously of the Harvard School of Public Health, has, after a year at the Ludhiana Christian Medical College, Ludhiana, Punjab, in India, taken over the position of director of Division of International Health at the School of Hygiene and Public Health of the Johns Hopkins University.