

## NEWS AND NOTES

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

DR. C. H. BINFORD, MEDICAL DIRECTOR, LEONARD WOOD MEMORIAL

The Board of Trustees of the Leonard Wood Memorial has announced that Dr. Chapman H. Binford, of the Armed Forces Institute of Pathology, in Washington, D. C., has been appointed medical director of the Memorial, effective July 1st, 1963. Since the death of the previous incumbent, Dr. James A. Doull, on April 6th, he had occupied that position in an acting capacity. The office of the medical director is at 1832 M Street, N.W., Washington, D. C. 20036.

In his new post, which he will fill in addition to his position as chief of Geographic Pathology at the Institute until a successor arrives (\*), Dr. Binford will direct research in leprosy by the staff in Baltimore, Washington, and the Philippines. He will also continue the animal inoculation work that he has been carrying on for several years.

Dr. Binford's interest in leprosy began in Hawaii, where as an officer of the U. S. Public Health Service he was assigned from 1933 to 1936 to the research laboratory at the Kalihi Hospital in Honolulu. From then until his retirement from the USPHS in 1960, Dr. Binford served as pathologist in Public Health Service hospitals, the last one at Baltimore, Md., and at the Armed Forces Institute of Pathology. There, in addition to other duties, he was the Registrar for Leprosy of the American Registry of Pathology, which supplies teaching materials on leprosy to physicians and medical schools. His animal transmission experiments in leprosy were conducted at the Communicable Disease Center, Chamblee, Georgia, and at the Institute in Washington.

Members of the staff of the Leonard Wood Memorial, by agreement with the Philippine government, are conducting research in the Philippines at Cebu City and Cullion; also in the United States, at the Johns Hopkins School of Hygiene, Baltimore, Md., the National Institutes of Health, Bethesda, Md., and the Armed Forces Institute of Pathology, Washington, D. C.—[In part from the *Tropical Medicine and Hygiene News*.]

### FIRST CONGRESS, INTERNATIONAL SOCIETY OF TROPICAL DERMATOLOGY

This Society, which was organized through the initiative of its secretary-general, Dr. Frederick Reiss, of New York, and formally founded at a meeting held in New York on January 25, 1960, at which time Sir Aldo Castellani was made president, has announced plans for its first congress. This meeting, the Congresso Internazionale di Dermatologia Tropicale, is to be held from June 8th to 13th, 1964, at the Palazzo dei Congressi, Mostra d'Oltremare, Naples, Italy, under the presidency of Prof. Pietro Cerutti. The office of the secretary-general of the organizing group, Dr. Pietro Santoianni, is at the Clinica Dermatologica, Università de Napoli, Napoli 321, Italy.

\* Dr. Howard C. Hopps, Professor of Pathology, University of Texas, will assume his full-time duties on 1 January 1964.

The main topics to be dealt with are: (a) leprosy, (b) mycoses, (c) leishmaniasis, (d) treponematoses, (e) dermatoses caused by helminths and larvae, (f) other tropical dermatoses, (g) dermatological geographic ecology, (h) photodermatoses, and (i) deficiency diseases of the skin. One session will be devoted to free communication. Most of the main papers and introductory discussions will be invited.

#### DYNAMIC CAMPAIGN IN ARGENTINA

In Argentina what is called the Dynamic Phase of Leprosy Control is under development in the province of Entre Rios. This campaign is headed by Dr. Hector Fiol, formerly chief of the Baldomero Sommer leprosarium, under the supervision of Dr. Carlos Maria Brusco, Director of Leprosy Control, and of Dr. Martinez Dominguez, of WHO, who is Assessor in Leprosy for the Vth zone of the Pan-American Health Organization, which serves as the office for the Americas of WHO. The immediate results are encouraging, and other pilot areas will soon be incorporated in the program; the work has already been extended to the province of Misiones.—[Enrique D. L. Jonquieres.]

#### SOCIALIZED MEDICINE IN JAPAN

A report on this subject—which has nothing to do with leprosy but is a matter of much interest—appeared last year in the *Journal of the American Medical Association*. The writers, Drs. Eliot Cordary and Simeon Daek, of Los Angeles, Calif., had been members of a five-man team which, sponsored by the American College of Cardiology and the U. S. Department of State, had given a series of lectures in Manila, Taipei, and Tokyo. At the first two places they had talked to full audiences, but in Tokyo the audience at a full morning session was much smaller.

After the lectures, five Japanese professors tendered them and their wives a luncheon party at a first-class restaurant. During the course of the meal they asked their hosts “how their medical insurance scheme was working out.” At first there was silence, and then a disturbed muttering.

It was finally explained that under the national insurance program the average income of practitioners amounts to \$35 a month; professors earn about \$50. To earn that amount the doctor has to see about 100 patients a day, which means that not enough time could be spent on each for adequate diagnosis.

In reply to a question, one of the host professors—English-speaking since he had trained in the United States—said that factory workers earn more. His own wife, he said, had to work in a transistor factory because his practice alone could not provide them a decent livelihood.

He could not afford a car, and so—like most other Tokyo practitioners—he made his house calls on foot or by street car. Nor can he afford for his office a secretary, or a nurse, or a technician. He has to handle everything himself, including the overwhelming paper work required by the insurance program. And that explained the sparse attendance at the lectures that morning; to take the time off meant missing patients and corresponding reduction of income.

Asked about the national medical association, they said that it is powerless in the situation. The insurance program is run mainly by a bureaucracy with little sympathy for

the doctor's plight. There had been a doctor's strike in 1960, but that had gained them no significant benefit.

The guests, looking around the obviously expensive restaurant, were uncomfortable at the thought of how much of their month's earnings the bill for the luncheon must have cost their hosts, but there was nothing they could do about it. It would have been an offense to offer to pay the bill.

And yet, the writers continued, a section of the American lay press and some of the leading American politicians are in full cry against the American Medical Association for battling social medicine schemes. How many of our doctors, they wondered, have been brainwashed by this campaign? What proportion of the American people appreciate the fact that, under the present democratic system of practice, they can be assured of comprehensive attention and the best in medical techniques when they need help?

At the time this report was seen, the physicians of Saskatchewan were on strike against a heartless, bureaucratic take-over of the control of medical practice by the provincial government.

#### INFRARED DETECTION OF TEMPERATURE CHANGES

It may interest readers of the article by S. N. Chatterjee (pp. 280-302) to learn that the Eastman Kodak Company has very recently announced a radically new system for measuring skin temperatures, one that does not involve actual contact and the error which that introduces. [Eastman Kodak Company. Radiometry of the epidermis. *Science* **142** (1963) 983, advertisement].

A small converging lens is made of Kodak Irtran 4 optical material, which transmits infrared in a band wherein falls nearly all of the energy emitted by sources around 300°K; the human epidermis, it is said, is normally a 310°K emitter. This lens is built into a portable instrument which images a small area of the skin on a thermistor in a bridge circuit with microammeter. The lens makes the response independent of exact distance.

Examples of clinical applications of such an instrument are given. The stump of a finger amputation for Raynaud's disease was lower in temperature than the skin 2 cm. back from wound surface. A woman with a barely palpable breast nodule gave a reading 0.7°F higher in that area than in the neighborhood; on operation an adenocarcinoma was found. Another woman with a soft mass in the breast read 0.3°F cooler in that area; the tumor proved to be benign. A male with an ulcerated lesion of the ear showed an increase of 0.5°F over it; the lesion proved to be basal-cell carcinoma. A patient was burned on the leg and that was bandaged; fever developed on the third day, and the bandage was scanned by the instrument; an area that showed a 2°F rise in temperature revealed the site of an infection.

For further information about this line of development, the announcement advises, inquire of The Dudley Observatory, 140 South Lake Avenue, Albany, N. Y.

## NEWS ITEMS

**United States: Leprosy in Hawaii.**—The total number of persons on the leprosy registry list in Hawaii on January 1, 1963, was 396, according to information derived from Dr. Ira B. Hirschy, of the Hawaii Department of Health. There were 60 patients at the Hale Mohalu hospital, of whom 56 were classed as "active" cases, and 211 residing at the Kalaupapa Settlement, of whom 72 were "active." (Cases are presumably called "active," as they are at Carville, as long as they are bacteriologically positive, regardless of whether or not the disease has regressed under treatment.)

*Rehabilitation manual published.*—It has been reported that a Manual for Training Leprosy Rehabilitation Workers, by Masayashi Itoh, M.D., and Alice L. Eason, R.P.T., has been published by the International Society for the Rehabilitation of the Disabled. The book is available from the Society's headquarters at 701 First Avenue, New York N. Y., 10017, at \$1.00 per copy. A Spanish edition is to be distributed by the Pan American Health Organization to its medical and paramedical personnel in the Americas.

*Stanley Stein's autobiography.*—This book, entitled *Alone No Longer*, an autobiography of the editor of the *Star*, of Carville, has recently been published by Funk and Wagnalls, New York. A review will appear in THE JOURNAL shortly.

**Canada: New leprosy cases.**—It is reported that two new cases of leprosy have been diagnosed in Canada. One was found in Ontario, a 64-year-old woman who was born in Russia and had lived in Paraguay before going to Canada; having no child contacts, she is to be treated at home. The other, in British Columbia, is a 55-year-old Chinese market gardener, born in China and brought to Canada at the age of 14.

**Argentina: Colegio Ibero-Latino-Americano.**—The fifth congress of this organization is scheduled to be held in Argentina from November 24 to 30, 1963, under the presidency of Prof. Luis E. Pierini, with Prof. David Grinspan serving as secretary to the Congress. The time is to be divided between meetings in Buenos Aires and Mar del Plata. The publications put out in preparation for the Congress are elaborate.

**England: A new theory of transmission.**—Dr. A. G. M. Weddell, neurologist at Oxford University, is said by the *Star* of Carville, to have announced a new and controversial theory of the mode of transmission of leprosy. He suggests that the bacillus enters the body through the lungs or stomach, from where it is carried by the blood stream to the sensory nerves. "Bits of the skin nerves are constantly dying and being replaced [and] it is this turn-over of the skin nerves which, in susceptible people, causes all the trouble in leprosy." Dr. R. G. Cochrane is quoted as saying that this idea "has shaken the very foundation of the principle for governing leprosy and cast very serious doubts on our theories." If Dr. Weddell is correct, ". . . the whole of our preventive programme in leprosy will need to be entirely altered." It will make for simpler preventive measures.

Dr. Bernard Moiser, retired from the superintendency of the Ngomoharu leprosarium in Southern Rhodesia, in a letter to the *Star*, applauded Dr. Weddell's findings in that they "prove" that the leprosy bacillus does not enter the body by way of the skin. He had been "preaching for many years . . . that the disease is neither infectious nor contagious." He still holds emphatically to the opinion that the disease is transmitted by the cockroach.

**Germany: The Society for Aid to Leprosy.**—It is said that this organization, founded in 1957, had reported at its fifth anniversary ceremony that it had collected \$3 million dollars for its work. Working with religious organizations, it maintains [or aids?] leprosy stations in Ethiopia, Tanganyika, and other parts of Africa. It supports, on a three-year term basis, 40 assistants, including doctors, nurses and technicians.

**Republic of Congo: Research and training center at Kimpese.**—At the Institut Medicale Evangelique, located at Kimpese, Congo, an interdenominational medical center established in 1950, is, according to a note in the *Carville Star*, one of the most rapidly developing Protestant medical services in the world today. Shortly before independence the Belgium government built a leprosy hospital for 140 patients, for the maintenance of which since then the American Leprosy Missions has made emergency grants. That organi-

zation, and the Mission to Lepers (London) have undertaken to develop in connection with the Institut a leprosy research and training center for all of West Africa.

**India:** *Rehabilitation institute at Vellore.*—Officially opened at the Vellore Christian Medical College and Hospital on January 5th by the President of India is what appears, from its description in a dispatch picked up by the *Carville Star*, to be an elaborate rehabilitation establishment in the program of which work on leprosy is fully integrated with that on other crippling diseases. The new project, which will carry on a comprehensive training program, includes a series of workshops where prosthetic and orthotic appliances are made, and a physiotherapy department with a large gymnasium and a swimming pool. The director is Dr. Mary Verghese, a Vellore graduate who spent two years at the Institute of Physical Medicine and Rehabilitation in New York "as a patient and a student." The financing agencies include the American and British Leprosy Missions, British Leprosy Relief Association, the International Society for the Rehabilitation of the Disabled, the Polio Research Fund, and the U. S. Office of Vocational Rehabilitation.

It appears that Dr. Verghese, when recently graduated in medicine at Vellore, was in an automobile accident that left her a paraplegic. She is a unique person, for she now performs complicated reconstructive and plastic surgery from a wheel chair. Her story is told in a book, "Take My Hands," by Dorothy Clarke Wilson (McGraw Hill, 216 pp., \$4.25).

*Fleming Research Institute at Vellore.*—The Fleming Research Institute, honoring the late Sir Alexander Fleming, the discoverer of penicillin, has been opened at the Christian Medical College at Vellore, according to the *Carville Star*. Apparently the Institute's research program, in which emphasis will be placed on leprosy, is primarily concerned with physiology and pharmacology.

**Korea:** *Rehabilitation unit at Taegu.*—This story, from the same source as the preceding one, tells of the establishment of a \$100,000 rehabilitation unit, financed by the American Leprosy Missions, that was to be opened in May at the United Presbyterian leprosarium at Taegu, "with the enthusiastic approval of the Korean government." The unit consists of a large hospital building with operating theater, a small inpatient ward, and other appropriate facilities. Specialized training has been provided for Dr. Yun Bin Park, medical director of the leprosarium, Dr. I. D. Kim, orthopedic surgeon, and Mr. Yun Bok Moon, a technician who will serve as physiotherapist.

**Japan:** *Sister Hilary at Wakayama.*—Sister Mary Moran, superior of the hospital for crippled children at Wakayama-shi, Japan, in a recent visit to Carville told the *Star* of the activities of Sister Hilary Ross, who went there when she retired from Carville after 37 years service at Carville. She is as busy as ever, it is said, being in charge of both laboratory and the pharmacy, and serving as photographer. "Sister Hilary usually has several cameras going." As yet she has acquired only a limited vocabulary in the Japanese, but with that—"plus gestures"—she gets along very well.

**WHO:** *Leprosy Advisory Team in the Philippines.*—The WHO Leprosy Advisory Team (LAT), composed of Dr. J. A. Cap, previously head of the government leprosy service in the (then) Belgian Congo, as team leader, Mr. Keith M. Cress, microbiologist, and Mr. Kamini Patwary, statistician, have been assigned to the Philippines "to make random samples" of leprosy as it now exists in certain parts of the country, with special reference to the Ilocos region. This team had previously been doing similar work in Burma and Thailand.

#### PERSONALS

THE REV. HAROLD C. ETTER, of Portland, Oregon, an ex-missionary who had been in leprosy work and who afterward founded an organization called the International Christian Leprosy Mission, died in an automobile accident on October 19, 1962.

DR. ROBERT M. WILSON, of Richmond, Va., who in 1909 established and for about 40 years operated at Soochun, Korea, the leprosarium now known as the R. M. Wilson Leprosy Colony, died on March 27, 1963, aged 83.