

NEWS AND NOTES

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

DAMIEN-DUTTON AWARD, 1964

DR. ROBERT G. COCHRANE of London, technical medical advisor for American Leprosy Missions for eleven years and a member of its medical consultative committee jointly sponsored with The Mission to Lepers, and currently Acting President of the International Leprosy Association, was honored at Carville, La., on November 11, 1964 for his outstanding contributions in the field of leprosy. At special ceremonies in the U. S. Public Health Service Hospital attended by public dignitaries, hospital staff and patients, he received the 12th Damien-Dutton Award for 1964. It was presented by Howard Crouch, director of the Society, which provides funds for Catholic leprosy work. Among the many messages of tribute and congratulations to Dr. Cochrane was a personal message from Lyndon B. Johnson, President of the United States.

DAMIEN-DUTTON AWARD, 1965

The Damien-Dutton Award for 1965 was made to the late President John F. Kennedy of the United States, *in memoriam*. The Award was presented at a luncheon meeting, sponsored by the Damien-Dutton Society, at the Rutgers University Commons, New Brunswick, New Jersey, on January 31, 1965, in ceremonies marking the Twelfth World Day for Leprosy Sufferers. The Award was presented by His Excellency, the Most Reverend George W. Ahr, Bishop of Trenton, N. J., and accepted for the Kennedy family by the Honorable Edward J. Patten, member of the United States House of Representatives. President Kennedy was named, posthumously, for the award because of his interest in the world-wide control of leprosy and support of World Leprosy Day.

LEPROSY IN QUEENSLAND, AUSTRALIA

The report of Medical Supervision of Hansen's Disease, by Dr. M. H. Gabriel, for the financial year 1963-64 reveals a relatively low rate of turn-over in admissions and discharges of leprosy patients in the white population, and a somewhat higher rate in the colored population, although in comparison with figures from other regions the latter rate was still relatively low. In view of the fact that florid cases were still found in young people it appeared evident that not as much progress had been made in the control of leprosy in the colored population as in the white.

A review of leprosy in Queensland after 17 years of sulfone treatment showed "profound effects," as set forth in a table indicating a

steady reduction in the number of cases treated since 1946, and a corresponding increase in the length of life of treated patients. In the presulfone days prolonged isolation was the rule, and relapse was not infrequent. At present relatively few patients remain in isolation, and reactivation is rare. The basic drug regimen is combined treatment with dapsone, diethyl-dithiolisophthalate and methimazole.

PILOT LEPROSY CONTROL PROJECT IN MALAWI

Successful treatment of leprosy was made possible by the introduction of the sulfones, but results have been disappointing in mass ambulatory schemes because of a number of factors including (a) failure of most schemes to find cases and keep them under surveillance, (b) tendency of patients to hide their disease, in order to avoid prolonged treatment, (c) failure of ambulatory projects to ensure regular treatment, and (d) absence of adequate laboratory facilities. Recent advances in leprosy research, together with the results of carefully controlled trials by the Medical Research Council in Great Britain, led the Medical Committee of LEPRO to consider that a Pilot Leprosy Control Project designed to control leprosy in an area with 10,000 untreated cases should be set up to prove that leprosy can be controlled and to show how this can best be done.

The project will be under the central direction of LEPRO's Medical Committee, which can call on the Leprosy Committee of the MRC and WHO for advice. It will be under the personal direction of Dr. Gordon Currie, a leprologist with extensive knowledge of the Malawi people and their language. The project will proceed with (a) extensive propaganda to explain its aims, (b) comprehensive case finding surveys and close surveillance of contacts, (c) out-patient treatment supervised by mobile teams, with hospitalization of severe reaction cases and those requiring surgery or specialist treatment, (d) BCG as a protective vaccine for child contacts, (e) reconstructive surgery, physiotherapy and occupational therapy for advanced cases, (f) training of nationals in leprosy control and laboratory work, and (g) incorporation of facilities for research and use of the project to test new drugs.

The project has been endorsed by WHO and assured of the personal interest and support of Dr. Banda, the Prime Minister. Permission has been given for the erection of hospital buildings on the grounds of the Queen Elizabeth Hospital, Blantyre, thus putting leprosy at the center of the country's medical service instead of in the background. The capital required to set up the project has been promised, and the undersigned are convinced that, given the necessary money (estimated at £50,000 per annum for seven to ten years) the project will achieve its object, thus making a major impact on the world fight against leprosy. (From communication to the IJL by R. J. W. Rees, Chairman, Medical Committee of the British Leprosy Relief Association; National Institute for Medical Research, and J. R. Innes, Medical Secretary of

the British Leprosy Relief Association; Secretary-Treasurer of the International Leprosy Association. *Editor's Note:* Both Dr. Rees and Dr. Innes are members of the WHO Advisory Panel on Leprosy.)

AMERICAN LEPROSY MISSIONS CONFERENCES SCHEDULED FOR 1965

American Leprosy Missions' *News* notes the following conferences scheduled for 1965: The sixth annual leprosy seminar jointly sponsored by American Leprosy Missions and the United States Public Health Service will be held at the USPHS Hospital at Carville, April 22-28. Some forty mission workers from all denominations are expected to attend the sessions, which will be led by outstanding specialists including Dr. Paul W. Brand of The Mission to Lepers and Dr. Roy E. Pfaltzgraff, Church of the Brethren missionary at Garkida, now acting Chief of Rehabilitation at Carville during his furlough.

In May, American Leprosy Missions will sponsor a two weeks course at the Kimpese medical institute for leprosy workers in the Congo. Dr. Stanley G. Browne of Uzuakoli, Nigeria, will lead the course. He will also make a special survey for ALM of the leprosy incidence among the thousands of Angolan refugees who have settled near Kimpese.

The Third Pan-Pacific Conference on Rehabilitation in Tokyo, April 13-17, sponsored by the International Society for Rehabilitation of the Disabled. ALM will send as its representatives Dr. John Edwards of Moulmein, Burma, Dr. Y. B. Park and Dr. K. Kim of Taegu, Korea, and Dr. K. Saikawa of Tainan, Taiwan.

A two and a half month seminar on leprosy rehabilitation, beginning on May 1 in Venezuela. Titled "A Course on Prevention of Deformities and Physical Rehabilitation of Leprosy Patients by Non-Surgical Methods," the conference is sponsored by the Pan American Health Organization, the Government of Venezuela and the International Society for Rehabilitation of the Disabled in cooperation with American Leprosy Missions and the World Rehabilitation Fund.—(*ALM News*, February 1965.)

DR. O. W. HASSELBLAD'S ASIA SURVEY TRIP

Dr. Oliver W. Hasselblad, President of American Leprosy Missions, who has recently visited various regions in Africa in the interest of leprosy surveys and integration of leprosy programs, has been scheduled to spend January and February in India, Vietnam, the Philippines and Okinawa, visiting ALM-supported treatment centers, conferring with mission and public health officials, and surveying new areas of need.

In India, he will spend some time in Bombay in discussions with Dr. N. H. Antia, whose research into nerve lesions under the auspices of the Vocational Rehabilitation Administration has received some help from ALM. He will visit the Kondhwa Hospital in Poona, where Dr.

Antia has developed a remarkable surgical program and where Miss Wyva Hasselblad made a survey last year of rehabilitation needs. Among ALM-supported centers on Dr. Hasselblad's itinerary in India are the American Marathi Mission Leprosy Control Center at Satara, the Schieffelin Leprosy Research Sanatorium at Karigiri, Christian Medical College at Vellore, Seudder Memorial Hospital in Ranipet, the mobile clinic program at Wandiwish, and St. Luke's Hospital at Peikulam. Other visits include Bethesda Hospital at Ambur, Central Leprosy Institute at Chingleput, the Belgian work at Polambakkam and the Nagpur Medical College Hospital. A three-week stay in the Philippines will mark his first visit to see the work of the Philippine Leprosy Mission in the eight government leprosaria.—(*ALM News*, February 1965.)

VIIth BIENNIAL CONFERENCE OF THE INDIAN ASSOCIATION
OF LEPROLOGISTS

January 18-19, 1965

The VIIth Biennial Conference of the Indian Association of Leprologists was held in Madras, South India, 18-19 January 1965. There was broad representation of leprologists from centers of leprosy investigation in India and other countries. Scientific sessions were devoted to the following subjects: (1) Acute exacerbations in leprosy; (2) Genetics in leprosy; (3) Plantar ulcers and corrective surgery; (4) Chemotherapy of leprosy; (5) Borderline leprosy; (6) Physical medicine in leprosy; (7) Experimental studies in leprosy.

The VIIth Biennial Conference of the Association was followed by the IXth All India Leprosy Workers Conference, which included sessions on (1) Social aspects, including rehabilitation; (2) Health education, and (3) Leprosy control. Its present status and suggestions for future work.

SYMPOSIUM ON LEPROSY, BOMBAY, INDIA

February 26 to March 1, 1965

Notice has been received by THE JOURNAL of a symposium, February 26 to March 1, 1965, on various aspects of leprosy, held under the auspices of the University of Bombay at the J. J. Group of Hospitals in that city. The symposium was organized by the following groups: The Tata Department of Plastic Surgery; the Projects on Nerve Studies and Rehabilitation in Leprosy of the Vocational Rehabilitation Administration of the U. S. Public Health Service; and the ICMR Neuropathology Unit. It was scheduled to be convened by R. G. Cochran, advisor in leprosy to the Ministry of Health, Great Britain, visiting scientist to the above named groups, and Acting President of the International Leprosy Association. The scheduled opening address was given by Dr. R. V. Sathe, Vice-Chancellor of the University. The speakers, in addition to those named, included Miss N. B. Shah (socio-

economic problems), Dr. L. D. Sanghavi (genetic factors), Dr. Mrs. Shanta Rao (antigenicity of *M. leprae*), Dr. Mrs. K. J. Ranadive (experimental studies), Dr. D. K. Dastur (neuropathology), Dr. Miss S. C. Divekar (electrophysiology), Dr. B. M. Braganca (biochemistry), Dr. S. C. Desai (differential diagnosis), Dr. N. Figueredo (infection and chemoprophylaxis), Dr. Paul W. Brand (ulceration of the feet), Dr. G. S. Ahern (surgery of the hand), Dr. W. M. Lennox (surgery of foot, deformities), Mr. H. D. Pavri (rehabilitation), and Dr. J. C. Schroff and Dr. Hugh Johnson as discussants.

RENEWED INTEREST IN THE FORMER LEPROSY COLONY ON
PENIKESE ISLAND, MASSACHUSETTS

Publicity has been given through several media, including the *Star* of Carville, La. to the leprosy colony that was maintained many years ago on Penikese Island in Buzzards Bay, some 18 miles off the Massachusetts coast. This was one of two leprosaria maintained in the USA at the time, the other being "The Louisiana Leper Home," now the U.S. Public Health Service Hospital at Carville. Both the *Massachusetts Physician* and the *Boston Herald* have paid attention to recent researches of Dr. F. Rondolf Philbrook on this institution. An excerpt from a "Report of the Committee on Public Health and National Quarantine of the United States Senate," entitled "Care and Treatment of Persons Afflicted with Leprosy," published in 1916, is of interest in this connection. The item (statement of Dr. F. H. Parker, Superintendent of the Colony to the Senate Committee) reads:

"Commencing with our leper history in Massachusetts, we have no authentic record of any lepers previous to 1882. Since then we have had 30 cases, representing 11 different nationalities, namely, 4 Chinese, 1 Japanese, 1 Swede, 3 British West Indians, 6 Cape de Verde Islanders, 2 Russian (Lettich), 4 Russians (Hebrews), 2 Greeks, 1 Italian, 1 Syrian, 4 Americans, and 1 unknown. There were 23 males, 6 females, and 1 unknown; 15 were single, 9 married, 1 widow, and 1 widower. In 4 the civil status was unknown. Nine were known to have children with whom they had been living since the onset of the disease. Three were mariners or in some form followers of the sea, 6 were outdoor laborers, 3 laundrymen, 2 cooks, 1 painter, 1 brush maker, 1 factory hand, 2 clerks, 1 dishwasher, 3 housewives, 2 domestics, 1 student, and 1 teacher. The occupation of 3 was not ascertained. In 3 of these cases the disease took the anesthetic form, in 2 the type would be most accurately defined as "mixed," and 23 cases exhibited the tubercular form; in 2 of the early cases the record fails to show the form of the disease. With the exception of one case, the history of which is unknown, these patients were either immigrants or showed a history of travel and sojourn in foreign countries or districts where leprosy is more or less prevalent."

The Massachusetts colony was active from 1905 to 1921. In the latter year the remaining patients were transferred to Carville. An informative account of its history, entitled "The Penikese Story. From Bird Sanctuary to HD Haven and Back to the Beginning Again," was given in the *Star* for March-April 1962.

SAN FRANCISCO OUTPATIENT CLINIC CELEBRATES FIFTH ANNIVERSARY

On Thursday, January 21, 1965, the Leprosy Clinic of the U.S. Public Health Service Hospital, San Francisco, celebrated its fifth anniversary. The Clinic began from an idea of Dr. Paul Fasal, Con-

sultant in Leprosy to the U.S. Public Health Service and to the State of California Department of Public Health. Dr. Fasal is presently Director of the Clinic, assisted by Dr. Louis Levy, Assistant Chief of Medicine at the Public Health Service Hospital. The Clinic was begun with 15 patients residing in the Bay Area, most of whom had previously been patients at the U.S. Public Health Service Hospital in Carville, Louisiana, the only hospital in the continental United States for the care of leprosy patients. The need for the Clinic, and its success, may be judged by the continuous increase in the number of patients served. During the past five years, a total of 135 patients with leprosy have been seen. Most of the patients have been residents of the Bay Area, but some have come from other parts of California and from neighboring states, and some have come from other countries. Many patients with suspected leprosy have been referred to the Clinic, where another diagnosis was established; these patients have been returned to their referring physicians for the necessary care. Thus, although it was originally planned to serve as a follow-up facility for patients discharged to the Bay Area from Carville, the Leprosy Clinic at the San Francisco Public Health Service Hospital has become a center for diagnosis and ambulatory treatment of leprosy. The Clinic has also served an important educational function. Because leprosy is not common in this country, and because it is not often considered as a diagnostic possibility by many physicians, it is frequently not diagnosed in its early stages, and many years may elapse before the correct diagnosis is established. In order to make the practicing physician more aware of leprosy, patient demonstrations and lectures have been held at this hospital, at the two nearby medical schools, and at two national medical meetings. This program has resulted in an increasing number of patient-referrals from physicians who have attended the demonstrations. (*News Release* from the United States Public Health Service.)

PAHO FIGURES ON LEPROSY MORTALITY

In a recent supplement to the *Boletín de la Oficina Sanitaria Pan-americana* entitled "Las Condiciones de Salud en las Americas 1961-1962" (Supplement Vol. LVIII, No. 1, January 1965) figures are given for the mortality from infectious and other diseases in the Americas in the two years named. The greatest numbers of deaths recorded for leprosy were in Brazil (377 deaths in 1961 in the state of São Paulo and cities of Recife and Rio de Janeiro; rate/10,000, 2.1), and Colombia (130 deaths recorded provisionally for 1961; rate/10,000, 0.9). In a few other places rates were higher, but the total number of deaths was relatively low. The total number of hospitals for leprosy patients in the Americas was recorded as 81; 38 of these were listed as in Brazil.

ANNUAL REPORT OF DIRECTOR, PAHO, 1963

Leprosy Prevalence

The Annual Report of the Director of the Pan American Health

TABLE 9. Cases of Leprosy Discovered in 1963, Classified by Sex, Age, and Clinical Form, in 16 Countries of the Americas*

Country	Sex		Age		Clinical form				Total
	Male	Female	Under 15 years of age	15 years and over	Lepromatous	Tuberculoïd	Indeterminate	Others	
Argentina ^a	261	219	18	462	144	164	161	11	480
Brazil	---	---	---	---	---	---	---	---	2,774
Colombia ^b	---	---	65	552	---	---	---	---	617
Costa Rica ^c	23	12	2	33	16	4	15	---	45*
Dominican Republic	25	14	5	34	21	13	5	---	39
Ecuador ^d	125	73	12	186	97	38	63	---	228°
El Salvador	10	1	---	11	3	5	2	1	11
Guatemala	6	2	2	6	3	4	1	---	8
Honduras	14	4	2	16	4	13	1	---	18
Jamaica ^e	---	---	---	---	---	---	---	---	25
Mexico ^f	855	577	106	1,322	663	323	423	23	1,432°
Nicaragua	20	11	3	28	3	12	13	3	31
Panamá	6	2	---	8	1	5	1	1	8
Paraguay	---	---	---	---	---	---	---	---	333
Perú	---	---	---	---	40	22	32	3	97
Venezuela	386	187	65	490	229	193	96	37	573°
Subtotal	1,731	1,102	280	3,148	1,224	796	813	79	---
Percent	61.1	38.9	8.2	91.8	42.0	27.5	27.8	2.7	100.0
Total	2,833	---	3,428	---	---	2,912	---	---	6,719*

—None.

---Data not available.

*Differing sources of data account for the disagreement between total and sum of figures in preceding columns.

^aProvinces of Buenos Aires, Entre Ríos, Misiones, and Tucumán.^bJanuary-June.^cReprinted through courtesy of PAHO.^dPartial information.^eJuly-November.^fJanuary-1 September.^gJanuary-September.

TABLE 10. Status of Leprosy in 18 Countries of the Americas as of 31 December 1963*

Country	Cases in the active register			Sex		Age		Clinical form			Treatment				Contacts		
	Under surveillance	Without surveillance	Total	Male	Female	Under 15 years of age	15 years and over	Lep-roma-tous	Tu-ber-cu-loid	Inde-termi-nate	Others	Hos-pita-lized	Am-bu-lat-ory	None	Under sur-veil-lance	With-out sur-veil-lance	Total
Argentina ^a	3,928	7,519	11,447	939	737	38	1,638	744	509	378	45	374	1,302	224	8,813	8,813	8,813
Pilot program ^b	(1,676) ^c	(1,372) ^c	(3,048) ^c									18,528	33,955	50,752	73,290	91,092	164,382
Brazil ^d	47,167	56,068	103,235									5,106	9,733				
Colombia ^e	13,330	1,094	14,424									54	322	96	508	495	3,093
Costa Rica ^e	458	182	640	306	177	16	467	262	86	131	4	508	2,965				
Cuba	3,473	1,238	4,711	2,972	1,401	64	3,473	1,832	667	516	460	139					
Dominican Republic	134	5	139														
Ecuador	561		561	215	345	20	541	104	41	82	334	198	363		2,139	2,139	2,139
El Salvador	143	67	210												227	432	659
Guatemala	104	36	140	92	48	13	127	63	42	27	8	24	80	36	231	354	585
Honduras	81	71	152	100	52	13	139	27	69	56		6	75	71	152	1,155	1,307
Jamaica			528														
México	6,906	3,356	10,262					5,039	2,729	2,358	136						
Nicaragua ^e	169	54	223	109	62	6	165	84	105	24	10	72	72	73	254	837	1,091
Panamá	136	49	185	123	62	4	181	56	81	4	44	105	30	50	372	103	475
Paraguay ^f	2,428	1,188	3,616					1,801	1,111	777	50	282	2,409	1,048	1,774	12,690	14,464
Perú ^f	1,438	1,370	2,808									583	848	1,356	1,812	10,335	12,747
Trinidad and Tobago			1,372	749	623			398	880	53	41	263					
Venezuela	9,405	2,980	12,385	8,047	4,338	1,226	11,159	5,352	3,744	2,613	676	650	8,045	3,690	26,803	26,290	53,093
Subtotal	89,861	75,277	165,138	13,652	7,845	1,400	17,890	15,762	10,064	7,019	1,808	26,892	60,199	57,396	118,525	144,293	262,818
Percent	53.6	46.4	100.0	63.5	36.5	7.2	92.8	45.4	29.0	20.2	5.4	18.5	41.6	39.9	45.0	55.0	100.0
Total		167,038		21,497		19,290		34,633				144,487					

— None.

... No data available.

^a All the country.^b Provinces of Entre Ríos, Misiones, and Tucumán, and Buenos Aires City.^c Included in preceding line, therefore not added to the totals.^d Data as of 30 September 1963.^e Incomplete data.^f Data as of 31 December 1962.

* Reprinted through courtesy of PAHO.

Organization, Regional Office of the WHO, carries figures for 1963, which are worth recording in THE JOURNAL (see Tables 9 and 10), although it is recognized that numerous inaccuracies and inadequacies exist in collection of the basic data. The Director noted that 167,038 cases of leprosy were on record in active registers as of 31 December 1963, only 89,861 of which were listed as under active supervision.

The Director called attention to a steady change toward abolishment of compulsory isolation, and replacement, where appropriate, by voluntary hospitalization and ambulatory instead of institutional treatment. In the Americas, leprosy control has come to be accepted as a regular activity of public health services. The Director's Report carries a review and assessment of leprosy control activities in individual countries.

NEWS ITEMS

Mexico: *The Mexican Society of Dermatology.*—This Society will hold its Third Congress in the city of Monterrey, Nueva León, Mexico, from October 13 to 16, 1965, under the presidency of Dr. Juventura Gonzalez B. The Secretary of the Society is Dr. Francisco Xavier Olivares H. Themes to be discussed include (a) occupational dermatology, (b) syphilis, (c) collagen disease, (d) cutaneous oncology, (e) mycoses, and (f) leprosy. For further information inquiry should be directed to The Secretary, Ensenada 209 Ote. Col. Mitras, Monterrey, N. L., Mexico.

Dominican Republic: *The Patronato de Lucha Contra la Lepra.*—The Patronato founded in July 1963 in the city of Santo Domingo, Dominican Republic, has had 18 months of intensive activity. This organization, made up of women dedicated to the medico-social care of leprosy patients and their families, is under the presidency of Señora Carolina de Bogaert. Drs. Huberto Bogaert Díaz and Guillermo Herrera serve as medical advisors. Material is prepared for newspapers, radio and television, informing the public on leprosy and creating a sympathetic attitude toward leprosy patients. The organization also provides certain services and supplies, and has been instrumental in the construction of three cottages for leprosy patients, old persons and invalids with permanent deformities.

In January 1965, under the auspices of the patronato de Lucha Contra la Lepra, Professors Fernando Latapí and Amado Saúl of Mexico City lectured on dermatology before University and medical society audiences in Santo Domingo. Their lectures are said to have been of special value not only for physicians and medical students, but also for the public in removing existing prejudice against leprosy. At the present time construction is being completed in the Dominican Republic for a Dermatological Institute. Among its activities will be diagnostic and treatment facilities for leprosy.

United Kingdom: *World Day for Leprosy Sufferers.*—In connection with the World Day for Leprosy Sufferers January 31, 1965, a press conference was held in St. Brides Church, London, Wednesday, January 27. Arranged by the Editorial Secretary of The Mission to Lepers, the conference was sponsored by LEPRO (The British Leprosy Relief Association), St. Francis Leper Guild, The Home of St. Giles, The Order of Charity and The Order of St. Lazarus of Jerusalem. The Chairman was Group Captain G. Leonard Cheshire, V.C. Brief addresses were given by Dr. Ernest Muir, Vice President of The Mission to Lepers, and Hon. Medical Advisor to LEPRO, and Dr. T. Frank Davey, formerly chief leprosy specialist to the Nigerian Government. Press reports were given in many London and provincial newspapers and magazines. Radio interviews were given for the British Broadcasting overseas service. This is the first occasion in which English groups devoted to leprosy service have collaborated in this way and it is hoped that

year by year close relationship with the press will be made through similar conferences.
—N. D. FRASER.

Mission to Lepers.—On the occasion of its 90th anniversary celebration in London on October 1, 1964, the Council of The Mission to Lepers announced the intention of recommending a change in the name of the Organization. The new title recommended by the Council is "Christian Leprosy Mission." The change will be voted on at the next Annual Meeting of Members to be held in London on May 4, 1965.

United States: ALM program.—American Leprosy Missions, in its *News* issued in February 1965, reviewed part of its program in the following note: Through the years American Leprosy Missions has financed the construction of some of the major leprosy centers in the world. The spectacular medical and surgical advances of the last two decades, however, have radically changed the concepts of leprosy management and demand highly specialized and varied medical knowledge and skills. To meet this need American Leprosy Missions now emphasizes the recruitment of urgently needed, spiritually motivated workers, and their training in surgery, physiotherapy and all aspects of leprosy treatment. This training is given at the Schieffelin Sanatorium in Karigiri, India, at an annual orientation seminar in Carville, La., and by means of short-term courses directed by ALM's medical consultants in strategic areas in Asia and Africa. Dr. R. G. Cochrane's Leprosy Research Unit, jointly supported by ALM and The Mission to Lepers, also provides an effective diagnostic and teaching center for mission workers passing through London.

Hawaii: Closing of Special Dermatology Clinic.—The Special Dermatology Clinic of the Department of Health, State of Hawaii, Honolulu, was closed on August 1, 1964 and the direct management of the Hansen's Disease Outpatient and Consultant Services assumed by Dr. Ira D. Hirschy, Executive Officer, Communicable Disease Division, Department of Health.

Change in program for leprosy control.—Outpatient services for released Hansen's disease patients were reorganized in July 1964 with discontinuation of the clinics previously held twice a week, and assignment of all outpatients to private physicians for medical supervision and treatment. An annual review is made by a leprologist, to note progress, revise treatment schedules, and determine the need for further surveillance. Special clinics are held occasionally for examination of groups of contacts. Both the routine medical supervision, which involves monthly examinations, and the consulting services by leprologists, are obtained on a fee-for-service basis. The following medical services are in effect on this basis: DR. HARRY L. ARNOLD, JR., has served as leprologist since May 1, 1964, for the islands of Kauai, Maui, Molokai, and Lanai and provides consultative services for Hansen's disease treatment at Kalaupapa Settlement, Molokai; DR. CLAUDE V. CARVER serves as consultant on the island of Oahu and as consultant in Hansen's disease for Hale Mohalu Hospital. DR. HAROLD M. JOHNSON serves as consultant in the Hansen's disease program on the island of Hawaii. He holds clinics on this island and acts as consultant for the diagnosis of new cases or suspects referred on or from the island of Hawaii.

Africa: Republic of the Congo—Dr. Helen Roseveare, of the Worldwide Evangelisation Campaign, who was in charge of a hospital and leprosy treatment center at Nebobongo in the Congo is reported safe and well after returning to her home in Kent. Her story is reported as similar to that of many other white people, caught up in the strife between rebel and government forces, and subjected to atrocities. Many did not survive. "Once the country is stabilized again the medical services will have to be rebuilt from scratch," Dr. Roseveare emphasized. "Meantime two million people are being faced with epidemics and disease. In this territory there are more people suffering from leprosy than anywhere else. There are no drug supplies left. There are now 10,000 sufferers without treatment."—N. D. FRASER.

India: Leprosy film in West Bengal.—The Mission to Lepers, as reported in "Without the Camp" (Jan.-March 1965) has sponsored the production of a sound/color film

of the Mission in West Bengal. The film was shot at Purulia. Dr. Ernest Muir was a guest in the hospital at the time and he, with members of the present day staff, appears in the film.

Malaysia: *Sungei Buloh Leprosarium.*—The Research Unit at Sungei Buloh Leprosarium has increased its activity in the past year, as Dr. J. M. H. PEARSON has joined the Unit as Assistant Research Officer. In addition to the drug trials still being carried out in the Unit, and studies on the genetics of leprosy, the tuberculin test and its conversion, and sulfone blood levels, the work has recently been expanded to include investigations on the first cases of *Mycobacterium ulcerans* infection reported from South-East Asia. The Unit has had many visitors recently, including Dr. R. J. W. Rees from the National Institute for Medical Research, England, Professor M. Nishiura and Dr. E. Toda from the Leprosy Research Laboratory, Kyoto University, Kyoto, Japan, Dr. Chaisiri Kettanurak from the Leprosy Control Division, Bangkok, Thailand, and Dr. Henning Schmidt from the Department of Dermatology, University of Copenhagen, Denmark.

Sarawak: *The Rajah Charles Brooke Memorial Hospital for Leprosy.*—Since the departure of Mr. McGregor the Hospital, which is situated just outside Kuching in the first province of Sarawak, has been without a Superintendent. Mr. Generawi bin Mok has been Acting Superintendent during this time. At the request of the Malaysian Ministry of Health, Dr. J. H. S. Pettit from Sungei Buloh Leprosarium studied the leprosy control program in the Sarawak, and certain modifications have been instituted, which will ensure that patients are encouraged to return to their homes at an earlier date than had previously been found possible. It is hoped that in the future a study may be made of the incidence of leprosy in the different ethnic groups in Sarawak.

WHO: *Expert Committee on Leprosy.*—The Expert Committee on Leprosy of the World Health Organization will meet in Geneva, Switzerland 27 July—2 August 1965. The provisional agenda call for a review of technical policy in leprosy with respect to epidemiology and associated disciplines, diagnosis and classification, therapy, and control measures including medical techniques, training, health education, and social, legal and administrative measures. Rehabilitation will be discussed, and consideration will be given to the present status of research in microbiology, immunology, pathology, diagnosis, therapy, chemoprophylaxis, and epidemiology.

PERSONALS

DR. DAVID CAMPBELL, preceding his journey to Easter Island, where he expects to spend two years as a delegate of the Chilean Navy Force, was recently in Argentina for training in leprosy work at the Sanatorio Sommer. Easter Island has 30 leprosy patients, living in a closed community. A commission of geneticists of the WHO studied them a few months ago.

DR. K. R. CHATTERJEE has returned to India after five years' stay at the National Institute for Medical Research in London. His present address is c/o Ramakrishna Mission Boys Home, P.O. Rahara, District 24 Parganas, West Bengal, India. Dr. Chatterjee was recently elected a member of the Expert Advisory Panel on Leprosy of the World Health Organization.

DR. EDWIN K. CHUNG-HOON, chief of medical services for the Hansen's Disease Branch of the Department of Health, State of Hawaii, was given disability retirement in March 1964, after 30 years of service. Dr. Chung-Hoon began working in the field of Hansen's disease in 1935 and was appointed Chief of Medical Services in 1949. He continued in this post until his retirement.

DR. HECTOR FIOL, chief of the "Dynamic Leprosy Campaign" in Argentina which is under the supervision of Dr. Carlos M. Bruseo, Director of Leprosy Control, resigned from his position in January 1965. Dr. Domingo R. Rinaldi has taken his place temporarily.

DR. GEORGE L. FITE, Chief of Carville's Laboratory Branch since July 1958, left the Public Health Service hospital in December 1964 to assume duties as a Senior

Editor of the *Journal of the American Medical Association* in Chicago. Dr. Fite first came to Carville in January 1945 from the National Institutes of Health, Bethesda, Maryland. He has had two tours of duty at Carville. Also leaving the laboratory with Dr. Fite was Mrs. Fite (Carolyn Wrinkle) who came to Carville in January 1961 to head up the new Bacteriology Section. A graduate bacteriologist from the University of Tennessee and holder of a Master's degree from Ohio State, she had a strong interest in acid-fast bacteria and was able to put her knowledge and skill to good use in the Carville laboratory.—(The STAR 24(1965)11)

DR. JOSEPH C. HATHAWAY was appointed to serve as Medical Administrator at Hale Mohalu Hospital, Pearl City, Hawaii, during the absence of Dr. Erida Reichert on maternity leave, from October 1964 through March 1965.

DR. WALDEMAR F. KIRCHHEIMER, who has been Chief of the Microbiology Section of the Laboratory Branch at the U. S. Public Health Service Hospital at Carville, Louisiana, has been appointed Chief of the Laboratory Branch, succeeding Dr. George L. Fite, who has retired.

DR. MICHEL F. LECHAT, who has been Leonard Wood Memorial-National Institutes of Health Fellow in Epidemiology at the Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland, and Visiting Professor at the School of Tropical Medicine, Antwerp, Belgium, has been appointed Epidemiologist of Zone II, Pan American Health Organization, with residence in Mexico City.

DR. B. L. MALHOTRA, who was recently Acting Medical Superintendent of Sungei Buloh Leprosarium, has been transferred to Penang, where he serves as dermatologist in the Penang General Hospital and also visits the small but beautiful leprosarium on Pulau Jerejak just off the coast of Penang, where some 400 patients with leprosy are being treated.

DR. RICARDO O. MANZI, Director of "Dr. Baldomero Sommer" Leprosarium, General Rodriguez, Argentina, is in Venezuela making an evaluation of the Leprosy Campaign in that country, with support from the Pan American Health Organization.

DR. WAYNE M. MEYERS, of Aitch, Pennsylvania, has been appointed by American Leprosy Missions as medical director of the Institut Medical Evangelique leprosarium at Kimpese, Republic of Congo. Dr. Meyers is the first full-time director of leprosy work at the interdenominationally and internationally sponsored medical center which was established in 1949 as a teaching institution for the training of Congolese auxiliary medical personnel. After the leprosarium was opened in 1960 American Leprosy Missions and The Mission to Lepers (London) assumed the responsibility for its support. Former medical director of ALM-supported leprosaria at Nyankanda in Burundi, and Oicha in Northeast Congo, Dr. Meyers will take over his new post early in 1965 after a preliminary period of language study.

DR. JOSE N. RODRIGUEZ, the well-known Philippine leprologist, visited Argentina in October 1964. In Rosario he called on Dr. José M. M. Fernández, President of the International Leprosy Association, who has been confined to his home by illness.

DR. LAMBERT SWERTS, who had been in charge of leprosy services for the Congolese Red Cross (Croix Rouge du Congo) at Pawa, Vela, Congo, since 1947, is reported to have been among the casualties in the recent massacres in the Congo. Dr. Swerts supervised several leprosaria, and was responsible for the organization of outpatient treatment in the Congolese Red Cross area, a region containing some 6,000 leprosy patients. A bacteriologist by original training, Dr. Swerts, who was 43 years of age, had been appointed as an employee of the World Health Organization in this region in February 1964.