

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. ROBERT G. COCHRANE ELECTED PRESIDENT OF ILA

The Secretary-Treasurer of the International Leprosy Association, Dr. J. Ross Innes, has reported that in response to a circular letter from his office dated 18 August 1965 asking for nominations for President of the ILA to complete the term of the late President, Dr. J. M. M. Fernández, the members of the Council of the ILA have chosen Dr. Robert G. Cochrane, former Vice-President, as President. Dr. Cochrane, whose address is 57a Wimpole Street, London W.1., England, has assumed the duties of his office. A brief summary of Dr. Cochrane's many achievements in the field of leprosy and long service in the ILA is given in an editorial in this issue of THE JOURNAL.

UNITED STATES-JAPAN COOPERATIVE MEDICAL SCIENCE PROGRAM

A cooperative medical research program, to be carried out by United States and Japanese medical investigators, was inaugurated in a conference on October 4-7, 1965, at the East-West Center in Honolulu, Hawaii. Primary emphasis was laid on diseases of special concern in Asia, with special attention at first to (a) cholera, (b) tuberculosis, (c) leprosy, (d) certain respiratory and insect-borne virus diseases, and (e) parasitic diseases, schistosomiasis and filariasis. Emphasis on malnutrition is scheduled for later consideration. A release by the Head, Special International Programs Section, Office of International Research, U. S. Public Health Service, noted that President Lyndon B. Johnson of the United States and Prime Minister Eisaku Sato of Japan, "mindful of the many areas of human health which are of great concern to all the peoples of Asia, agreed in January 1965, to undertake a greatly expanded program of cooperation in medical science." A joint planning meeting was held in Tokyo in April 1965, at which arrangements were made for the Honolulu Conference.

Messages expressing hope for the success of the Honolulu meeting were sent by President Johnson and Prime Minister Sato.

At that meeting, Dr. Toshio Kurokawa, and Dr. Colin M. MacLeod, chairmen respectively of the Japanese and United States delegations to the Committee for the United States-Japan cooperative Medical Science Program, acted alternately as chairman of the plenary sessions. Approximately 70 scientists from the two countries were in attendance.

At the Honolulu conference a U. S.-Japan Panel held sessions on leprosy. It "devoted its attention," according to the U. S. Public Health Service release, "to a discussion of the leprosy research that needs to be undertaken as an assistance to those regions of Asia where the disease exists as a problem of great public health importance." The panel laid special emphasis on the need for research in the following areas: (1) cultivation of *M. leprae*, (2) transmission of infection by *M. leprae* to animals, (3) drugs effective against leprosy, (4) chemoprophylaxis, (5) vaccination against leprosy, and (6) antigens similar to lepromin and the mechanism of the lepromin reactions. The implementation of research through research grants and training was also discussed. At the several meetings of the leprosy panel Dr. Y. Yoshie of Japan and Dr. C. C. Shepard of the United States served as chairmen. A complete report of the meeting will be published.

The U. S.-Japan Cooperative Medical Science Committee has scheduled another meeting, to be held in Japan in May 1966.

LEPROSY IN THE NETHERLANDS

Before World War II the Netherlands used to have a small number of leprosy patients, fluctuating between 20 and 50, mainly immigrants from the East and West Indies. After the war, large numbers of people returned from Indonesia and New Guinea, and the number of immigrants from the West Indies increased considerably. In consequence, the number of known cases of leprosy increased to about 300, the peak being reached in 1958. Thereafter there has been an annual influx of 10-20 cases, but the total of cases decreased slowly because the number of cases cured surpassed the number of new cases.

It is interesting to note that, although segregation was not practiced, only one autochthonous case—a man who had never left the country and who had no known contact with leprosy patients—has been discovered so far.

The great majority of the patients are treated as outpatients by the Gostmann Wichers Foundation at Rotterdam; only 28 patients are living in a sanitarium at Heerde, maintained by this foundation. Those who are still capable of working are employed at a nearby center in factories in the neighborhood. A few old and severely handicapped patients are completely cared for. Admission is based on social rather than on medical indications. The Foundation employs a social worker, and with her aid most patients have found suitable accommodations and employment in the community.

Small numbers of patients are treated as outpatients at the University Clinics of Amsterdam, Leiden, Utrecht, Nijmegen and Groningen, and a small number are treated by private dermatologists.

Although leprosy is not a great public health problem in the Netherlands, the percentage of "problem cases," i.e., patients who present persistent reactions, even after a few years of treatment

without complications, is relatively high as compared with endemic countries in the tropics. The reason for this high incidence is not known. There is no evidence that factors such as various kinds of stress, intercurrent diseases, intake of iodine, focal infections, or abuse of steroids are involved. On the other hand, the relapse rate of cases who received adequate treatment is very low. (See also *THE JOURNAL* **33** (1965) 246-247.)—D. L. LEIKER

WHO EPIDEMIOLOGY TEAM (LAT)

A circular recently distributed by the World Health Organization tells of the imminent expansion of function and change of name of what has heretofore been called the Leprosy Advisory Team. In the following introductory paragraphs, slightly edited, the reason for these changes is explained, and the proposed functions and objectives are stated. The rest of the 6-page circular deals with details of the plan of action, the staff and its administration, and the equipment of the team.

The Leprosy Advisory Team (LAT) has been in operation since 1960. Surveys on the assessment of results of leprosy control programmes have been carried out in several countries of Africa and Asia. The Team is now working in the Americas.

In these surveys valuable epidemiological information has been obtained about prevalence and distribution of leprosy in the surveyed areas, prevalence rates in sex and age groups, partial rates of the different types of leprosy, clinical patterns, classification, frequency and type of disabilities, bacteriological status, as well as clinical and bacteriological therapeutic results in mass treatment. With the data which the LAT will obtain in America, this over-all static picture of the epidemiology of leprosy in the world will be completed. A paper on the findings in three countries has been prepared for publication in the *Bulletin*, and a full analysis of the whole information will be made in headquarters for a more complete publication. This information will increase the basic knowledge of some aspects of the epidemiology of the disease, and will be very useful for future planning of leprosy control programmes.

In order to take full advantage of the experience gained by the LAT in field work in previous surveys, it [has been decided] that the Team will continue in 1965 *but with new functions* such as field research in epidemiology, therapy, etc., and from 1966 it will take the name of the Leprosy Epidemiological Team. Thus, the Team will undertake epidemiological and other field research in order to obtain a realistic picture of the disease and the way it spreads in the community, so that control measures may be established on more solid grounds.

The functions of the Epidemiological Team (LET) will be as follows:

To implement field research projects in selected areas with the following objectives: (a) To undertake epidemiological research: attack rates among noncontacts and contacts with different types of leprosy, and the influence of biological, ecological and social factors in the spread of the disease. (b) To study operational methods and adapt them to local conditions; to study a uniform recording system suitable for leprosy control; and to study integration into the general health services. (c) To study practical problems of leprosy therapy in the field. (d) To study bacteriological problems in the field. (e) To study the effect of chemoprophylaxis in the protection of child contacts. (f) To give practical training in leprosy control to national personnel.

The LET could cooperate with other WHO field research teams (e. g., the Leprosy BCG Trial Team in Burma) to reinforce their activities and to complement and expand epidemiological research, if found necessary. It could cooperate in the implementation of demonstration areas for leprosy control and field research.

ASOCIACION MEXICANA DE ACCION CONTRA LA LEPROA, 1964

During the year 1964 this Association held 38 meetings, at 17 of which reports of clinical cases were presented, and in 21 various papers were discussed. There were presented 74 patients, of whom 9 represented leprosy with various points of interest, clinical, epidemiologic, social, and therapeutic. Of the 21 topics discussed, 14 dealt with the various aspects of leprosy.

1. Leprosy in the southern part of the Federal District of Mexico. By Drs. E. CASTRO, S. VARGAS, J. VALENCIA and nurse CARMEN ALVAREZ.
2. Leprosy in Mexico City. Analysis of 142 new cases studied at the Centro Dermatológico Pascua in 1963.
 - (a) Clinical data. By Drs. J. CASTILLO and S. VARGAS.
 - (b) Epidemiologic data. By Drs. A. SAUL and F. LATAPI.
 - (c) Social data. By Sister CATALINA MONTOJO and Dra. C. ESTRADA.
 - (d) Follow-up control of patients. By Drs. E. CASTRO and P. LAVALIE.
3. Leprosy meeting held at Rosario, Argentina, December 2, 1963. Dr. F. Latapí gave a brief review of this meeting, organized by Dr. José M. M. Fernández and his co-workers, following the V Ibero-Latino American Congress of Dermatology held in Buenos Aires in November.
4. The campaign against leprosy in the northern part of Argentina, Resistencia, November 1963. Travel notes. By Dr. A. SAUL.
5. Leprosy and the laboratory. By Dr. M. MALACARA.
6. VIIIth International Congress of Leprology. Panel on Education and Social Aspects. Review by Dra. C. ESTRADA.
7. Control of leprosy in Jalisco, Colima and Sinaloa, by means of mobile units. By Drs. V. N. RUIZ-GODOY, A. CHAPA, and G. PENA.
8. Dermatology and leprology in Paraguay. Travel notes. By Dr. A. SAUL.
9. Program for the control of leprosy in the Philippines. By Dr. J. N. RODRIGUEZ.
10. Leprosy prophylaxis in Costa Rica. By Dr. E. RAMIREZ-CASTRO.

—AMADO SAUL

REPORTED CULTIVATION OF *M. LEPRAE*

The Israel Sector correspondent of Jerusalem for the New York Times has reported (December 12, 1965) an interview with Prof. Aryeh S. Olitski, head of the Department of Clinical Microbiology and Serology of the Hadassah Hospital of Jerusalem, who recently published an article, in collaboration with Mrs. Zippora Gershon, in the *Israel Journal of Medical Sciences* (1 (1965) 1004-1005) entitled "Maintenance of cytopathic activity of *Mycobacterium leprae* in Eagle's medium supplemented by mycobacterial extracts." The procedure reported is based on the incorporation of an extract of sonically disrupted cells of one of several strains of nonpathogenic anonymous, or atypical mycobacteria in Eagle's medium. The principles outlined by J. H. Hanks are cited as germane to the procedure. The combined medium was inoculated with a suspension of *M. leprae* from a nodule removed from an untreated leprosy patient. Signs of growth were evident in the originally inoculated medium and in four serial transplants over a period of five months. The apparently cultivated bacilli exerted cytopathic activity in murine monocytes.

Prof. Olitski, in the interview reported, said he planned to send sample cultures to "some of the major institutions" where parallel research has been going on, "to see if the experiment can be duplicated." He pointed out that the procedure, if found to be repeatable, could be useful in leprosy research in immunologic and chemotherapeutic trials as well as other fields of leprosy research.

THE MAKOGAI LEPROSY HOSPITAL

Noting that the news about the plans for Makogai in a recent issue of *THE JOURNAL* 32 (1964) 450 was inadequate, Dr. Desmond Beckett, our Contributing Editor for the Fiji region, has supplied the following release:

Over the last five years the incidence of leprosy in Fiji has been steadily declining. During 1964 only 29 new cases were discovered. As a result of modern treatment the length of time that patients have to remain in hospital has also diminished considerably. The result of these two facts is that the number of patients in Makogai has been dramatically reduced from nearly 700 in 1957 to less than 200 today.

The Fiji Leprosy Hospital, which still costs nearly £61,000 a year to maintain, has therefore become uneconomical. The Medical Department has accordingly decided to close the institution and build a new, smaller and more modern hospital in a more convenient location. A site beside the tuberculosis hospital at Tamavua has been chosen for this purpose and . . . architects have been engaged. The New Zealand Lepers' Trust Board have generously agreed to contribute the sum of £40,000 towards the new hospital as a memorial to the late Mr. P. J. Twomey, the famous "Leper Man," and the proposed hospital has been tentatively named The Twomey Memorial Hospital.

It is not without considerable regret that the Department has decided to close Makogai. The leprosy hospital was founded on that lovely island in 1911, and since that time 4,023 patients have been treated there. Of these, 2,104 were sent home cured of their disease, 516 have been repatriated to their home-lands before their treatment was completed, and 1,221 rest forever in the beautiful cemetery on the hill behind the hospital.

During its existence Makogai gained an international reputation as a center of research into the treatment of leprosy, a place of Christian kindness and care, and an example of all that a leprosarium ought to be.

Although the plans for the new hospital, which is anticipated to accommodate about 120 patients, are being prepared by the architect, it is unlikely that building can commence before next year or that the hospital can be moved until 1967.

HISTORY OF THE AMERICAN LEPROSY MISSIONS

In a report in the December 1965 issue of *ALM News*, Dr. O. W. Hasselblad, president of the organization, reviewed its origin and development. In 1874, the year in which Hansen reported his discovery of the leprosy bacillus, the beginning of what was soon called "The Mission to Lepers in India and the East" occurred at a tea party in Dublin where Wellesley C. Bailey told of his work in India.

The first instance of American participation was when, in 1877, a small donation from a church in New Jersey was received at the London headquarters. In 1905 and 1906 local auxiliaries were organized in Pennsylvania and in California, and such groups soon numbered almost 20.

Also in 1906, a meeting held in New York by William Jay Schieffelin and a few others with Thomas A. Bailey, from the London headquarters, resulted in the formation of the Committee for the United States of the Mission to Lepers (etc.). In 1917 this Committee became an autonomous body, the American Mission to Lepers. The name was changed in 1950 to the present one.

Although the American organization became independent of the parent one, the relationships of the two have remained close through the years, and have recently become closer. Examples are seen in the cooperative budgets for Africa and Asia, and in the joint supports of what is called "the most important leprosy institution in the world," the Wm. Jay Schieffelin Leprosy Research and Training Center at Karijiri, near Vellore, South India. Another example is the recent formation of a Medical Consultative Committee, composed of outstanding men in the various fields of leprosy, headed by Dr. Paul W. Brand, which is responsible for policy and strategy of Christian leprosy work in more than fifty countries.

The report ends with a list of the various other activities in which the American Leprosy Missions is engaged.

NEWS ITEMS

United States: *The National Library of Medicine*, now a unit of the U.S. Public Health Service, formerly the Surgeon General's Library (of the U.S. Army medical service), one of the world's largest and most comprehensive medical libraries, observed its hundredth anniversary on June 17, 1965. The anniversary was named the John Shaw Billings Centennial in honor of Dr. Billings, U.S. army surgeon in the American Civil War, who founded the library and its famous *Index Catalogue*. The National Library of Medicine is taking a foremost part in the use of computers in the recording, analysis, and "retrieval" of medical articles in the hugely expanding medical literature of the world today.

England: *Mission to Lepers; electron microscope.*—As a 90th Anniversary gift of the Mission to Lepers, it is noted in *Without the Camp*, an electron microscope has been provided for use in the Karijiri-Vellore region in India. No details are given, but it is believed this is the first time such an instrument has been provided for use in the Mission field.

Publication contributed for the electron microscope fund.—Another, unrelated, item in the same periodical tells of the abridgement of J. G. Lockhart's great biography, *The Life of Sir Walter Scott*, little read nowadays, from nearly 700 pages to a mere 50. This was done by an elderly lady, Miss E. MacKerchar, long a Mission worker in Scotland but now in retirement, in the hope that those who read it will be led to read the original book. The abridgement is available from the Scotch branch of the Mission to Lepers at 5 St. Andrew Square, Edinburgh 2, Scotland, at 5 shillings per copy, plus postage. Proceeds are to go to the Mission's 90th Anniversary appeal for the purchase of an electron microscope.

Yugoslavia: *Grasping with electronic fingers.*—An account in a recent issue of *World Veteran* tells of the development by Prof. Rajko Tomavic and associates, at the Institute on Automation and Communications "Michailo Pupin" in Belgrade, of an artificial hand designed to come as close as possible to the natural human hand. In the unique prosthesis produced, an "electronic-automatic" device, the movements of the fingers are meant to be the same as those of a real hand—partly voluntary and partly automatic. The device is complicated and apparently involves the wearing of a special electronic box, which receives impulses from sensitive elements on the fingers and in the stump of the prosthesis and which then gives commands electrically to a motor built into the root of the artificial hand. The device is still in the experimental stage, and further development is required before it can be manufactured on a large scale.

Ethiopia: *Leprosy and cutaneous leishmaniasis.*—An article in *AMA News* tells of the various functions of the more than 12,000 physicians in the U.S. Armed Forces. For one thing, a medical research unit in Cairo has, at the request of the Government of Ethiopia, studied leishmaniasis and schistosomiasis in that country. This work included the identification of some cases of diffuse cutaneous leishmaniasis supposed to be leprosy. These cases, after appropriate treatment, were released from confinement.

Rehabilitation Training Center proposed.—A proposal for the establishment of a training center for leprosy rehabilitation in Ethiopia was endorsed by the Committee on Leprosy Rehabilitation of the International Society for the Rehabilitation of the Disabled at a meeting held in Carville, Louisiana. This center, to give training to workers from all African countries, is said (by the *ALM News*) to be jointly sponsored by the Ethiopian Government and the Committee referred to, with financial support of the American Leprosy Missions, the Mission to Lepers, and other agencies. It is proposed to locate this center at the Princess Zenebework Hospital in Addis Ababa.

Tanzania: *Leprosy control unit for Shirati.*—Plans for the establishment of a leprosy control center as an integral part of an upgraded medical complex at Shirati, in northwest Tanzania have been approved by the American Leprosy Missions and the Eastern Mennonite Board of Missions. This unit, for which the ALM has promised \$60,000 for construction, will replace the present Shirati leprosarium built in 1954 on the shores of Lake Victoria; that place, located 3 miles from the general hospital where it is to be established, has become inadequate for its 360 resident and outpatient clinic patients. The new center will occupy 75 acres immediately adjoining the hospital grounds, and the staff housing will be located with the general staff housing.

Ghana: *Post of Senior Medical Officer for Leprology.*—The Ghana Ministry of Health has invited applications from physicians trained in leprosy for the post of Senior Medical Officer (Leprology). Attractive salary, depending on the level of experience, and other benefits, are offered, information on which, together with application forms, may be obtained from The Director of Recruitment, Ghana High Commission, 248 Tottenham Court Road, London, W.1., England.

Burma: *Mission hospitals nationalized.*—A recent report from Rangoon, noted by the *JAMA*, tells of the nationalization in July by the revolutionary government of five prominent private hospitals, and the dismissal of foreign doctors and nurses on their staffs. The hospitals affected are not named, but they are said to include two established by the Baptists and one each belonging to the Seventh-Day Adventists, to Roman Catholic organizations, and to an Indian mission.

Viet Nam: *Three years since capture of medical missionary.*—It is now three years since the capture, by Communist guerrillas, of Dr. Eleanor Ardel Vietti from the Banmathust Leprosarium located 180 miles north of Saigon. According to the *AMA News*, her family had heard nothing from her since her capture, and the U.S. State Department had failed to obtain definite information about her whereabouts, although it was thought that she might be at a Communist hospital in the Central Highlands. She is supposed to be the only American physician in the hands of the Viet Congs.

Leprosy—another older enemy in Viet Nam. Under this title a note is made in *Today's Health*, a popular journal published by the American Medical Association, of the prevalence of leprosy in war-ravaged Viet Nam. The article states that physicians in that country see more cases of leprosy in one day than doctors in a large part of the world see in a life time. An extensive modern program is described, involving 10 leprosaria and a travelling consultant medical service maintained by helicopter.

Pacific Area: *Pan-Pacific Conference on Rehabilitation.*—Sessions on leprosy were held at the Third Pan-Pacific Conference of the International Society of the Disabled, held in Tokyo, Japan, April 13-17, 1965. Sessions on rehabilitation in leprosy were organized by the International Society's Committee on Leprosy Rehabilitation, under the leadership of Dr. Kikuo Hamano, Director of the Japanese Leprosy Foundation. Dr. Kanehiko Kitamura of Japan, Vice-President of the International Leprosy Association, was chairman of a session devoted to "Recent advances

in reconstructive surgery in leprosy". Dr. T. N. Jagadisan, Hind Kusht Nivaran Sangh, Madras, India, was chairman of a session on leprosy rehabilitation in Pacific countries. The problems of Burma, the Philippines, Korea, China and Okinawa were presented by physicians engaged in leprosy work in those countries. (From communication from Mrs. Dorothy Warms, Deputy Secretary General, International Society for Rehabilitation of the Disabled, New York, N.Y., U.S.A.) (See also *THE JOURNAL* 33 (1965) 364.)

General: *Leprosy in recent philately.*—A news note in a June 1965 issue of the *JAMA* entitled Medical Philately, tells of a number of recently-issued postage stamps of medical interest. Two of them refer to leprosy. *Niger.*—A 60-franc stamp shows a patient being examined for leprosy. *Senegal.*—Examination of a [patient] and the leprosarium at Peycouk emphasize the fight which is being conducted against leprosy [denomination of the stamp not stated].

WHO: *General Assembly, 1965.*—In a WHO Press Release, after the 15th World Health Assembly, as summarized in the *JAMA* for August 30, 1965, leprosy was mentioned by the delegates of a few nations. The delegate from Mauretania mentioned this disease in a southern band of the country, but stated that on the whole it is not a problem since there are less than 2,000 registered cases. The delegate of the Congo was the only one cited as mentioning leprosy as among its problems. For India, where leprosy is certainly of importance, it is not mentioned; emphasis is laid on family planning as essential for the welfare of a country with a population of 460 millions, increasing by 10 millions each year. The remarks of the delegates of the USSR and of Yugoslavia are cited, but it is noted that their remarks, "like those of most of the representatives from communist nations, concerned health conditions in other countries and little was said about the conditions in [their] own countries."

PERSONALS

DR. D. W. BECKETT, formerly of the Makogai Leprosy Settlement, Fiji, is now Assistant Director of Medical Service (Health) and Leprologist to the Government of Fiji.

DR. STANLEY G. BROWNE, until recently Senior Specialist Leprologist in charge of the Leprosy Service Research Unit at Uzuakoli, Eastern Nigeria, has been invited to succeed DR. ROBERT G. COCHRANE as Director of the Leprosy Study Centre in London, at 57a Wimpole Street. He will begin his duties on 1 January 1966.

DR. VIRGILIO P. ETCHEVERRY, of Buenos Aires, died on March 29, 1964. Besides his hospital appointment, in charge of the leprosy wards of the Hospital Muñoz in that city, he served as editor of the *Temas de Leprologia* put out by the Patronato de Leprosos of the Republic of Argentina, and as director of the Biblioteca "Dr. Enrique P. Fianza" of that organization. These last positions have been taken over by DR. ENRIQUE D. L. JONQUIERES.

DR. EDGAR B. JOHNWICK, Medical Director of the U.S. Public Health Service Hospital at Carville, Louisiana, U.S.A., internationally recognized authority on skin disease and expert on leprosy, died of a heart attack at his home in Carville on October 14, 1965. Further notice of Dr. Johnwick's career will be made in a subsequent issue of *THE JOURNAL*.

DR. V. MØLLER-CHRISTENSEN, Professor of Medical History of the University of Copenhagen, has presented to the Medical Museum of the Armed Forces Institute of Pathology, in Washington, D.C., several bone specimens which he had excavated from the burial grounds of a medieval leprosy hospital in Denmark.

DR. H. W. WADE, of Culion, Palawan, the Philippines, Editor Emeritus of the *INTERNATIONAL JOURNAL OF LEPROSY*, former president of the International Leprosy Association, and Pathologist Emeritus of the Leonard Wood Memorial was awarded its Diploma of Honor, by the Philippine Medical Association in Manila, September 25, 1965. The citation that accompanied the award called attention to Dr. Wade's services in the control of leprosy among Filipinos, extending over almost half a century, and his early and long continued use of opportunities for research in the Philippines in furthering knowledge of the pathology and clinical nature of the disease.

DR. R. V. WARDEKAR, secretary of The Gandhi Memorial Leprosy Foundation, Warda, India, has been given a six-months assignment by WHO as a consultant to study the leprosy problem and leprosy control work in the South Pacific. In 1963 he was consultant for the WHO leprosy control project in Nepal.

MRS. EUNICE WEAVER of Rio de Janeiro, Brazil, completed 30 years as President of the Federation of Societies for Leprosy Prevention, formerly the Federação das Sociedades de Assistência aos ~~Lazaros~~ e Defesa Contra a Lepra, on July 28, 1965. Mrs. Weaver was reelected to the position of president fifteen times.