

NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

World Leprosy Day 30 January 1966

The thirteenth annual observance of World Day for Leprosy Sufferers occurred on 30 January 1966. The committee concerned with programs for the day was comprised of representatives of the four sponsoring voluntary agencies, i.e., American Leprosy Missions, Inc., the Damien-Dutton Society, the International Society for Rehabilitation of the Disabled, and the Leonard Wood Memorial for the Eradication of Leprosy. A message from the President of the United States was made public by the chairman of the National Committee on World Day for Leprosy Sufferers, Mary E. Switzer, the Commissioner of Vocational Rehabilitation Administration of the U.S. Department of Health, Education and Welfare. In his message the President called the World Day for Leprosy Sufferers "an occasion for all of us to rededicate ourselves to the eradication of a disease whose victims have been the most miserably neglected of all sufferers throughout recorded history."

Damien-Dutton Award, 1966

The Peace Corps of the United States has been designated recipient of the Damien-Dutton Award for its work with leprosy patients throughout the world. This, the fourteenth Damien-Dutton Award, is said to be the first award to an institution, rather than an individual. Mr. R. Sargent Shriver, long Director of the Peace Corps, accepted the Award at the annual luncheon of the Damien-Dutton Society, held on 30 January 1966, World Day for Leprosy Sufferers, at Rutgers University Commons, New Brunswick, New Jersey, U.S.A.

UNICEF Awarded Nobel Peace Prize

UNICEF, the United Nations International Children's Emergency Fund, was awarded the Nobel Peace Prize for 1965 at a ceremony in Oslo University in Oslo, Norway, December 10, 1965. This subsidiary of the World Health Organization has carried out broad and progressive programs for the prevention and treatment of disease among children in many nations. It is noteworthy that in 35 countries (21 in Africa, 7 in Asia, 6 in the Americas and 1 in Europe) technical advice and guidance has been furnished in the planning and operation of leprosy control programs. At the beginning of 1964, in projects assisted by UNICEF and WHO, there were 2,854,197 registered patients, of whom 1,826,688 were under treatment. A recognized difficulty is persuading patients to attend regularly and for an adequate period of time. It is noted that Burma has made considerable progress in its leprosy program. Approximately 117,000 cases received treatment in 1964 as compared with 46,000 in 1958. (Data from WHO *Chronicle* 19 (1965) 281-282).

Fifth International Course Leprology for Missionaries and Paramedical Workers

The Fifth International Course on Leprology for Missionaries and Paramedical Workers, organized by the Orden Soberana y Militar de Malta and the Colonia Sanatorio de San Francisco de Borja de Fontilles in Spain, was held in the Sanatorio de Fontilles from 17 January to 19 February 1966

under the direction of the Director of the Sanatorium, Dr. Felix Contreras. The course was carried out with the collaboration of the General Direction of Health, the Institute of Hispanic Culture, and distinguished professors from several university faculties of medicine. As in past years it covered the bacteriology and pathology of leprosy, its clinical manifestations, its medical and surgical treatment, and procedures used in rehabilitation of arrested cases of leprosy.

Tenth World Congress on Rehabilitation

The Tenth World Congress of the International Society for Rehabilitation of the Disabled will be held at Rhein-Main-Halle in Wiesbaden, Germany, 11-17 September 1966. The theme of the Congress will be "The Industrial Society and Rehabilitation." The Congress is being organized by the Deutsche Vereinigung für die Rehabilitation Behinderter (German Society of the Rehabilitation of the Disabled). Sessions will be held on "Rehabilitation and Social Legislation," "Vocational Rehabilitation in Modern Industrial Society," "Psychological Aspects of Rehabilitation in the Industrial Society," and "Rehabilitation Possibilities in Different Cultural Areas." A final plenary session will be held on "The Disabled Meets the Challenge" and "The Social Claims of the Disabled." Lasker awards for distinguished service to the physically handicapped will be presented during the Congress. An international exhibition illustrating the theme of the Congress and advances in the field of rehabilitation will be on display. Professional exhibits will include medical, educational, vocational and social aspects of rehabilitation. A preliminary program for the Congress is published in *International Rehabilitation Review*, Winter number, January 1966.

Eleventh Pacific Science Congress

The Eleventh Pacific Science Congress, which will take place in Tokyo between 22

August and 10 September 1966, will include a symposium entitled "Tropical Dermatoses in the Pacific Region in Relation to Social and Environmental Factors." Among those who have been asked to join the symposium are Dr. Chaisiri Kettanurak of the Leprosy Control Division in Bangkok, Dr. Grace Warren of the Hay Ling Chau Leprosarium, Hongkong, and Dr. J. H. S. Pettit of the Sungei Buloh Leprosarium in Malaya. They have been asked to discuss the social rehabilitation of the individual in their own countries.—J. H. S. PETTIT.

The All African Training Center for Leprosy and Rehabilitation, Addis Ababa, Ethiopia

An important step in the campaign against leprosy in Africa was brought to public attention in New York City on 3 February 1966, with the announcement of plans for the establishment of a model training center in leprosy control, treatment, and rehabilitation in Addis Ababa, Ethiopia, under the joint sponsorship of five international voluntary and governmental agencies. (See previous brief announcement, *THE JOURNAL* 33 (1965) 915).

The announcement was made by Donald V. Wilson, secretary general of the International Society for Rehabilitation of the Disabled and Oliver W. Hasselblad, M.D., president of American Leprosy Missions, Inc. The two agencies are the American-based sponsors of the training center. The other sponsoring groups are The Leprosy Mission (London), the Ethiopian Ministry of Health and Haile Selassie I University. The Emperor of Ethiopia, Haile Selassie, is patron of the proposed center.

The international project, called The All Africa Training Center for Leprosy and Rehabilitation, will be the first such center in Africa especially designed to serve the needs of all African countries. It will consist of an orthopedic and rehabilitation unit, a prosthetics and shoe workshop, and a medical unit which will be the headquarters of a domiciliary treatment program.

Construction costs of the project, which will be centered at the Princess Zenebework Leprosy Hospital in Addis Ababa, will total approximately \$500,000. American Leprosy Missions has assumed the responsibility of raising \$125,000 of this sum from American church and mission groups, as well as providing support of the newly appointed clinical director, Dr. Felton Ross, formerly of the Nigerian Leprosy Service.

Other organizations which have promised initial financial support of the center include Church World Service, the Swedish Red Cross, the Mennonite Central Committee, the Missouri Lutheran Synod, the Overseas Development Cooperation of the Swedish Government, the Swedish Save the Children Fund, Emmaus Suisse, Geneva, the Polio Research Fund, London, and the Church Missionary Society, London.

Purpose of the proposed unit is to provide in-service training courses and short term teaching seminars in every aspect of leprosy management, control, and rehabilitative procedures for leprosy personnel from all African countries.

The center will be a department of the Medical Faculty of the Haile Selassie I University and will encourage the Medical College to accept increasing responsibility in training and research in the field of leprosy. An important aspect of the program will be integration of the new center's facilities with rehabilitation services for those crippled by disease other than leprosy and also with the Ethiopian Government's leprosy control service.

World Health Organization and government leprosy programs throughout Africa will be asked to send doctors, physiotherapists and others to the center for training in methods which can be adapted for conditions in the various African countries.

The sponsoring agencies hope that in ten years enough doctors will have been trained for each country in Africa to become responsible for its own training center and that the permanent staff in Ethiopia will be in position to continue its own program without outside assistance.

The initial proposal for the All African Training Center was made by the World

Committee on Leprosy Rehabilitation of the International Society for Rehabilitation of the Disabled, of which Dr. Paul W. Brand, orthopedic consultant of The Leprosy Mission and American Leprosy Missions, Inc., is chairman. The World Committee and other agencies have been concerned with the crucial lack of rehabilitation facilities for leprosy patients in Africa where the disease is a major problem and the incidence of deforming leprosy is very high. World Health Organization estimates the leprosy incidence in Africa at almost four million, pointing out that the figure is possibly an underestimate because of the difficulty of getting accurate data. WHO also estimates that 25 per cent of the total number of leprosy patients are afflicted with some form of disability.

Ethiopia was decided upon as the best location for a Pan-African center because of its relative political stability, its growing role as a meeting place for African nations, and its rapidly developing medical facilities.

The International Society for Rehabilitation of the Disabled is a world federation of voluntary organizations serving the handicapped in 61 countries. American Leprosy Missions, Inc., is a specialized Protestant voluntary agency providing financial support and technical advice for some 500 leprosy centers in 27 countries. (*Reprinted from ISRD release, 4 February 1966.*)

New Leprosy Clinic, San Pedro, California

The United States Public Health Service has announced the opening of a new leprosy clinic in its San Pedro, California, Outpatient Clinic to meet the need for ambulatory care of leprosy patients in southern California. The new clinic provides medical service for some 50 persons with active cases of leprosy and about 200 others in general area who are in close contact with the patients.

Assistant Surgeon General G. P. Ferrazano, Chief, Division of Hospitals, who administers the Service's hospital system, has

named Dr. Donald A. St. Claire, Deputy Chief of Medical Service at the outpatient clinic and a trained internist, to direct the leprosy program.

Two prominent California dermatologists will serve as consultants: Dr. Norman Levan, Professor of Medicine, Chairman of Dermatology, University of Southern California School of Medicine, and Dr. Margaret Ann Storkan, a private practitioner and consultant to several public and private hospitals in southern California. The Los Angeles County Health Department will assist with visiting nurses and social services.

The San Pedro facility will be the third leprosy clinic operated by the U.S. Public Health Service. A San Francisco PHS Hospital operates a leprosy clinic to serve patients in the northern part of the state. It is the only PHS facility outside of Carville, Louisiana, with a diagnostic and medical care service as well as research activities. Another clinic at the New Orleans PHS Hospital serves primarily as a followup facility for patients discharged from Carville who live in that area. (*From Public Health Service, U. S. Department of Health, Education and Welfare, Washington, D. C., release, 1966.*)

Leprosy in Cambodia

In Cambodia leprosy is a notifiable infectious disease and segregation measures are required. However, the segregation department of the established leprosarium has been practically abolished, except for cases that are bacteriologically dangerous, patients who have been rejected by their families, indigent cases and those cases which, with open lesions, may be repugnant to their neighbors. Patients can be examined and treated in every health center in the kingdom, and isolation is only at their own request. Treatment and the laboratory examinations are entirely free. In addition to these treatment centers there are two others connected with leprosy, the Pen Thium Leprosarium dispensary at Phnom Penh, and the Troueng Leprosarium at Kampong Cham. Besides this a

National Anti-Leprosy Committee has recently been instituted. Because of the wide range of measures (voluntary admission, free treatment, multiple treatment centers), leprosy, although still endemic in Cambodia, has markedly diminished in the past few years, and treatment is now less of a problem than it was previously. Medical consultations concerning leprosy are increasing steadily, and patients have become more regular in attendance and follow the treatment with greater care.

Preventive measures include: (1) public health education concerning avoidance of examination for contagion and early treatment, (2) hygienic measures, taught to the patients to avoid propagation of the disease and to hasten the treatment and cure, (3) establishment of a nursery at the Troueng Leprosarium to care for the children who have been born to parents with the disease, (4) regular examination of the school children, military personnel and commercial and industrial employees, (5) regular examination of contacts.

Prophylactic measures include: (1) compulsory notification of the disease, (2) isolation treatment for positive cases and others with open lesions until the smears are negative, (3) disinfection of the fomites, (4) public health control of the infectious cases, and (5) prevention of infectious patients from taking certain jobs (cooks, hairdressers, nurses, etc.).

Measures of international import include the following: (1) persons with leprosy may not enter or leave the country, (2) foreigners with leprosy may not be granted naturalization.—J. H. S. PETTIT.

Leprosy Control Plan in Malaysia

In the next Malaysian Five Year Plan two and a half million Malaysian dollars (US \$825,000) have been set aside for a national leprosy control scheme under which it is hoped that 50 centers will be established throughout the country for the diagnosis and treatment of leprosy. The Malayan Leprosy Association has promised to assist

this scheme by providing a motor-cycle for the attendant at each clinic, and also by appointing a social worker to each area. The Government has also increased the grant to the Malayan Leprosy Relief Association by an additional sum of a hundred thousand Malaysian dollars per year.—J. H. S. PETTIT

Malaysian Prime Minister Encourages Leprosy Research

The Leprosy Research Unit at Sungei Buloh in Malaysia was honored on 15 December 1965 by the attendance of Tunku Abdul Rahman Putra Al-Haj, Prime Minis-

ter of Malaysia, at a reception to celebrate the tenth anniversary of the Unit. Other senior members of the Government and medical profession saw a demonstration of the work of the Unit in which particular emphasis was given to recent studies on the morphologic index in leprosy. As a result of these studies the Malaysian Ministry of Health has agreed that no patient with a negative morphologic index needs to be kept in hospital for public health reasons.

Some 120 patients, who entered Malaysia illegally from Indonesia, are reported to be under treatment at the Sungei Buloh Settlement. The Prime Minister ruled that these might remain, to take advantage of the treatment offered.—J. H. S. PETTIT

NEWS ITEMS

Australia: Leprosy in Queensland.—Under the title Hansen's Disease, M. H. Gabriel of the Office of Medical Supervision has reported on the prevalence of leprosy in Queensland, in the Annual Report of the Health and Medical services of the State of Queensland for the year 1964-1965. The report is divided into two sections, with separate figures for the white population and the colored population. On 30 June 1965 six white and 18 colored patients were in isolation. [The figure 18 is probably an error in printing and should probably read 15.—J.C.H.] At the end of 1964 there was a total of 111 registered patients, including both patients in isolation and those still living after discharge. Colored patients are isolated at Fantome Island. Certain white patients are allowed to be treated under home isolation conditions. Experiments with sulfone treatment, introduced into Queensland in 1947, have been similar to those encountered elsewhere. Follow-up treatment of discharged patients is apparently thorough, and there is good liaison between Queensland and the other states.—J. C. HARGRAVE

United States: ALM Seminar at Carville. Members of the Committee on Leprosy

Rehabilitation, International Society for Rehabilitation of the Disabled, met 28 April 1965, at the U.S. Public Health Service Hospital, Carville, Louisiana, for the Sixth Annual Seminar on Leprosy for American Leprosy Missions. The main topic of discussion was the proposed establishment of an African training center for leprosy rehabilitation workers (see this issue of THE JOURNAL, page 75). Plans were discussed for fund raising for capital expenditures and maintenance. Financial support will be sought from governmental and voluntary organizations.

Seminar at Carville, 1965. The second Seminar for Military Dermatologists of the U.S. Public Health Service Hospital in Carville, Louisiana, was held at Carville, 1-3 November 1965, with participants from all parts of the United States and from abroad. The group included representatives of the U.S. Army, Navy, and Public Health Service. The seminar had a 14-member faculty and 22 participants. Dr. M. L. Brubaker, Medical Officer-in-Charge at Carville, served as moderator the first two days, and Captain S. L. Moschella, Chief, Dermatology Service, U.S. Naval Hospital, Philadelphia, Pennsylvania, on the last day.

New brochure. The Star of Carville,

Louisiana, has recently published a brochure entitled "From Carville with Hope," which gives a pictorial review of the famous institution from its founding to the present time. The text is highly informative, furnishing, as it does, a running account of events and personalities over the years since 1894. The illustrations, however, go far beyond that, providing in a way beyond the capacity of printed description, intimate scenes depicting memorable occurrences and progression in construction and program, and a portrait record of the officials and staff responsible for Carville's achievements. Copies may be obtained at a small cost by writing to *The Star*.

Hong Kong: *Donation of \$10,000 to leprosarium.* The State Department of the U.S. Government has announced that a grant of \$10,000, from a special governmental fund, has been provided for a leprosarium in Hong Kong. The fund was presented by Rep. Otto Passman of Louisiana. It will be used as part of a Far East program for care of refugees in the Hong Kong and Macao region.

Republic of the Congo (Leopoldville): *Leprosy.* Almost 300,000 cases of leprosy are said to be present in the Congo. Between 20 and 30 thousand new cases are reported each year. These figures indicate that about 2 per cent of the population have leprosy. New cases are developing at a rate of between 1,500 and 2,000 per million population per year. The prevalence is highest in Equateur and Orientale provinces and lowest in Leopoldville. Most of the leprosy patients receive treatment on an outpatient basis through leprosy centers located throughout the country. Only highly infectious or crippled patients are hospitalized. There are two types of leprosy centers. The regional hospitals (CRT) provide a total of 8,500 beds. These hospitals are scattered throughout the country and are headed by male nurses. Another 8,000 beds are provided in isolation centers, directed by medical specialists. Major leprosaria are located at Yonda in Equateur, Pawa in Orientale, Oicha in Kivu, and Dikungo in Kasai. [*From Health Data Publications, No. 29, August 1965, Walter Reed Army Institute of Research, Washington, D.C.*]

PERSONALS

MAJOR GENERAL P. N. BARDHAM became Director of the Central Leprosy Institute, Chingleput, South India, in February 1966, following the retirement of Dr. Dharmendra from this position.

DR. PAUL W. BRAND and his wife DR. MARGARET E. BRAND, long intimately associated with the work of the Christian Medical College at Vellore, South India, have recently joined the staff of the U.S. Public Health Service Hospital, Carville, Louisiana. Dr. Paul Brand will take over the duties of Chief of the Rehabilitation Branch. Dr. Margaret Brand will be in charge of the eye clinic. Dr. Paul Brand was recently honored by Queen Elizabeth with the title Commander of the Order of the British Empire.

DR. MERLIN L. BRUBAKER, who served as

Chief, Professional Training and Research, U.S. Public Health Service Hospital, Carville, Louisiana, has been appointed Medical Officer-in-Charge of the hospital, succeeding the late Dr. Edgar B. Johnwick, who died 15 October 1965 (see this issue of *THE JOURNAL*, page 81). Dr. Brubaker's experience with leprosy prior to his period at Carville includes service as Medical Superintendent, Garkida Leprosarium, Nigeria, West Africa. From 1962-1964, he was Chief, Planning and Regional Medical Officer, Medical Program Division, for the Peace Corps of the United States, in Washington, D. C., which was recently designated as recipient of the Damien-Dutton Award in recognition of the work it has done for victims of leprosy throughout the world.

DR. S. G. BROWNE, who recently completed a two-month speaking tour in the United States under the auspices of American Leprosy Missions, has been appointed Central Advisor for Great Britain on Leprosy. Former head of the Leprosy Service Research Unit in Uzuakoli, Eastern Nigeria, Dr. Browne retains his post as lecturer in leprosy at Ibadan University, Nigeria, and will also continue with a drug research project he initiated in Uzuakoli several years ago. (ALM News, February 1966.)

DR. ROBERT G. COCHRANE, President of the International Leprosy Association, former technical-medical advisor of American Leprosy Missions, and recently retired head of the Leprosy Study Centre in London, has been appointed by The Leprosy Mission (London) as medical director of the Vadathorasalur Leprosy Hospital in Madras State, South India. Dr. Cochrane, who went to India in 1924 as the first medical missionary for The Leprosy Mission (then The Mission to Lepers) has volunteered for two years of service and will assume his new post on 1 May 1966. He served on American Leprosy Missions' staff for 12 years before his retirement in 1964. He still serves ALM in an advisory capacity as a member of its medical consultative committee. (ALM News, February 1966.)

MR. KEITH M. CRESS, scientist of the WHO Leprosy Advisory Team, died in Agua de Dios, leprosy center in Colombia, 15 July 1965. At the time the team was making an epidemiologic survey of the population of the town. Mr. Cress, who was only 32 years old when he died, joined the WHO, after technical training in England and Nigeria, as scientist for the Leprosy Advisory Team, and worked with it in Thailand, Burma, the Philippines, and Argentina.

DR. DHARMENDRA, Director of the Central Leprosy Teaching and Research Institute, Chingleput, Madras, India, was among those honored by the President of India on Republic Day (26 January 1966), in recognition of valuable service in the advancement of art, literature and science, by the award of PADMA SHRI. Dr. Dharmendra

received the prize in tribute to his thirty years of work on leprosy in India. PADMA SHRI, as noted in the *Hindu Weekly Review*, 31 January 1966, is an award comparable to the Medal of Freedom in the United States of America and the Order of the British Empire (O.B.E.) in the United Kingdom.

DR. DHARMENDRA, long-time Director of the Central Leprosy Institute, Chingleput, South India, has retired from this position and been appointed Emeritus Scientist. He will continue to work at Chingleput in the latter capacity, commencing in July 1966. Until then his address is c/o Dr. S. P. Kumar, G/62 Connought Circus, New Delhi 1, India. Dr. Dharmendra remains as Editor of *Leprosy in India*, and this journal will be published in Chingleput, as in the past.

DR. MICHEL ANGEL GONZALEZ PRÉNDÉS, distinguished Cuban leprologist, died 19 April 1965, at the age of 55 years. Dr. Gonzalez Préndes graduated at the University of Havana in 1934, after a course interrupted by the political exigencies of the time. In 1944 he was appointed Technical and Administrative Director of the National Sanatorium San Luis de Jagua; his service was again interrupted temporarily by political events. In later years he was Director of the hospital that succeeded the sanatorium of that name. In 1946 he was in charge of the subsecretariat of Health and Social Assistance. In 1962 he was named chief of the Department of Dermatology for the region of Oriente Sur, where he was responsible for the development of a program for leprosy control. This program was singled out for special recognition by the Ministry of Public Health. Dr. Gonzalez Préndes was a member of the principal societies for dermatology and leprology in Cuba, and published numerous papers in the fields of leprosy and medical history. His *History of Leprosy in Cuba*, published in 1963 was the most extended study of that disease in his country. Dr. Gonzalez Préndes was honored posthumously by the Minister of Public Health of Cuba for his twenty years or service to the Hospital San Luis de Jagua. [From data supplied by Dr. Sagaro Delgado of Havana through Dr. Michel F. Lechat.]

DR. EUGENE R. KELLERSBERGER, former general secretary of American Leprosy Missions, died in Florida on 30 January 1966. In 1930 Dr. Kellersberger established the first leprosy hospital in the Belgian Congo, at Bibanga, and in later years was largely instrumental in the development of leprosy control in the Congo region. For this service he received high official honors. He became President of American Leprosy Missions (then American Mission to Lepers) in 1940, and in succeeding years was a leading figure in setting up programs for leprosy treatment and training centers in endemic areas. The recently established All Africa Leprosy and Rehabilitation Training Center at Addis Ababa is considered in large measure a fruit of his efforts. Dr. Kellersberger took an active part in the successive International Congresses of Leprology, with special concern for improvement in measures for rehabilitation of leprosy patients.

DR. CARLOS SISIRUCÁ QUINTERO of Cara-

cas, Venezuela, a Subdirector in the Division of Sanitary Dermatology in Caracas, and active in the antileprosy campaign in his country, died 10 September 1965. Dr. Sisirucá graduated at the Universidad Central of Venezuela in 1948, while serving as a special student in the Leprosarium of Cabo-Blanco. After graduation he became epidemiologist in the antileprosy service of the states of Aragua, Miranda, and Lara. In 1957 and 1958 he was Medical Director of the Leprosarium of Cabo Blanco. In 1960, as part of the Pan American Sanitary Bureau/World Health Organization he was concerned with the leprosy problems of other countries in South America. Shortly before his death he was attending Johns Hopkins School of Hygiene and Public Health in Baltimore, Maryland. He was a member of the leading societies in leprology, dermatology and public health in Venezuela, and the author of numerous scientific papers chiefly on the subject of leprosy.