

## 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 Day for Leprosy Sufferers, 1967

World Day for Leprosy Sufferers, recognized by more than one hundred countries throughout the world to emphasize programs for the eradication of leprosy, was observed on 29 January 1967. The concept of a special day for rededication to this objective was originated in 1954 by Count Raoul Follereau of Paris, founder of the Order of Charity. The special day has been endorsed by heads of state in various nations, and national committees. Agencies stimulating observance include American Leprosy Missions, Inc., the Leonard Wood Memorial, The Damien-Dutton Society, and the International Society for Rehabilitation of the Disabled.

### The Salvation Army's Leprosy Program

As part of its medical missionary service, The Salvation Army maintains six leproseries, accommodating 1,656 patients. Two are in India, two in Indonesia, one in the Republic of Zambia, and one in Surinam. In addition, one of the Salvation Army's general hospitals in India is doing extensive reconstructive surgery among leprosy patients and in Jamaica, West Indies, the Salvation Army has a home for children whose parents suffer from leprosy or tuberculosis.

The Salvation Army's leprosy work began in 1909 when the Netherlands Indies Government entrusted it with an old military health resort and a number of leprosy patients on the island of Java. Although tidal waters from the mangrove forest daily swamp the ground, there is plenty of space

and farming is carried on, with goat herds, especially for the Moslem patients. The Army's other Indonesian settlement is on Sumatra.

In India, The Salvation Army first managed the Evangeline Booth Leprosy Hospital in Andhra, taking over in 1928 upon the request of a young woman missionary whom death had left alone and unable to cope with overwhelming responsibilities. Fortunately, a New Zealand Salvationist had made a considerable donation to the Army for leprosy work just a few weeks earlier, so that operating funds were available.

Oil massage and hand exercises are conducted daily for all patients, to prevent deformity and restore lost function. Selected cases are given wax baths and plaster of paris splints. A daily class also is held for those with foot drop. In one year, skin graft operations were performed on the feet of 13 patients with 100 per cent success. Each patient received special footwear when the grafts had healed. Outpatients are treated at daily clinics. Once a week a mobile canteen visits surrounding districts.

Colonel William A. Noble pioneered Salvation Army leprosy work in South India. In 1930, at the invitation of the government, he assumed management of the Cochin State Leprosy Hospital, which admitted only Cochin residents. Because of a flood of applications, the Salvation Army soon decided to open another leprosy hospital in neighboring Travancore. Long before the buildings were ready for occupation, patients were at the gate. The first patient was welcomed on 9 December 1935. Located on a 100-acre compound, about half of which is under cultivation, the hospital accommodates patients in free wards and low-rent private rooms and cottages. It has a complete primary school

and a 1,600-volume library for patients. Both are assisted by government grants. Able-bodied patients may earn spending money by working in agriculture, masonry, carpentry and other occupations. As in all Salvation Army hospitals, there is complete religious freedom and a broad representation of various faiths. One census showed 16 Salvationists, 25 Roman Catholics, 30 other Christians, 108 Hindus, and 15 Moslems.

At Catherine Booth Hospital in Nagercoil, South India, outstanding work among leprosy patients is being done through the Department of Plastic Reconstructive Surgery, which started in 1959. The main physiotherapy building has been extended and old buildings in the compound altered to provide rehabilitation workshops. There are a sewing room, weaving, carpentry and cobbler's workshops, a bracemaker's room and smithy, and a supervisor's office. In each section there is a craftsman who can teach convalescent leprosy patients how to handle tools. Convalescents spend two periods a day in these occupations, while being taught the care of hands and feet. In many cases, reconstructive surgery on leprosy patients enables them to escape social ostracism when they return to their villages.

The Salvation Army Hospital at Chikankata, largest mission hospital in Zambia, has a leprosy settlement of about 350 in-patients. It also has a general hospital and a tuberculosis section. After operation on ulcerated feet, leprosy patients get special shoes, made from old motor-car tires, to prevent further injury. These are sandal-style, with the sole made from the outer tire and straps from the inner tube. Insoles may be made from inner tube rubber,

or sorbo rubber or microcellular rubber, according to the condition of the foot. Reconstructive surgery is combined with exercises in the physiotherapy department. In some patients the ulceration associated with bone infection is so severe that the only successful treatment is amputation of the leg and fitting of an artificial limb.

The Salvation Army leprosy colony in Surinam (formerly Dutch Guiana) was recently highly commended by the government. In fact, a similar colony was closed down so that patients might receive better care at The Salvation Army establishment.

—A. S. MILLER

### Symposium on Leprosy at Congress in Japan

A symposium on leprosy was held among meetings devoted to geographic pathology on 13 October 1966 under the auspices of the Sixth International Congress of the International Academy of Pathology in Kyoto, Japan, 13-19 October 1966. Dr. C. H. Binford of the Leonard Wood Memorial, Washington, D.C., acted as moderator, and Dr. K. Kageyama of Keio University, Tokyo, as co-moderator. The program included the following papers:

SKINSNES, O. K. Leprosy:—Immuno pathologic disease model.

JOB, C. K. General pathology of leprosy.

ABALOS, R. M. Histopathologic diagnosis of early lesions of leprosy.

YOSHIE, Y. The status of the cultivation of *Mycobacterium leprae*.

BINFORD, C. H. The problem of transmission of human leprosy to animals.

## NEWS ITEMS

**India:** *Leprosy seminar at Agra.* An international seminar sponsored by the Government of India in association with the

Indian Association of Leprologists and Indian Leprosy Association, to review recent advances in the control of leprosy, has

been scheduled for 30 January to 2 February 1967 in Agra. According to the *Carville Star* (Nov.-Dec. 1966) the seminar will open with the inauguration of hospital buildings of the Japan Asian Leprosy Mission in Agra. Discussion was scheduled on: Leprosy Control, including Prophylaxis; Recent Advances in Leprosy Research; Medical Rehabilitation, including Reconstructive Surgery and Physical Medicine; and Social Work and Rehabilitation.

**Korea: Leprosy census.** Leprosy continues to be a serious problem in Korea. A government report in 1962 mentions 21,000 patients in 61 institutions or colonies. Also given is an estimate of 80,000 additional undiscovered cases in the population. Care of leprosy patients in institutions has been a major item in the South Korean Health budget over the past years. A program has been underway to reduce the number of leprosia, upgrade the quality of medical care given in these institutions, and provide institutional care for only those needing the most medical services. The official report of the calendar year 1964 listed 21,643 registered leprosy cases with 10,086 of these resident in eight leprosy hospitals. (*From Health Data Publication No. 31, The Republic of Korea, published by Walter Reed Army Institute of Research, Washington, D. C., June 1966.*)

**Philippines: Physical therapy at Tala.** At the Central Luzon Sanitarium in Tala a new, modern physical therapy department was dedicated in June 1966 at a ceremony attended by patients, former patients, government officials and representatives of mission groups. A three month training course for leprosy technicians, sponsored by the Office of Health, Education and Personnel Training, was scheduled to open in September 1966. The unit, built with funds from American Leprosy Missions, is manned by a team consisting of two physicians, a reconstructive surgeon, three paramedical workers, a registered physical therapist, and 12 physiotherapy aides. More than 30 trainees are expected to attend the course. After completion of the course they

will be assigned to five stationary skin clinics. (*From ALM News, October 1966.*)

**Hong Kong: Rehabilitation conference.** The 4th Pan Pacific Rehabilitation Conference was held in Hong Kong 2-8 September 1966. Within the theme "Rehabilitation: New Talent for the Community," the Conference considered the potential talent inherent in those apparently limited by blindness, deafness, leprosy, diseases of childhood, paraplegia, tuberculosis, drug addition and mental illness.

**Burma: Leprosy program.** Leprosy is a serious problem in Burma. By the end of October 1963, the leprosy control projects in Burma had registered 115,362 patients and treated over 100,000. It was estimated in 1965 that more than 200,000 cases existed. However, this program covered only one-half the population. The overall rate is estimated to be 10 per 1,000, but the disease is somewhat more prevalent in the dry zone than in the rest of the country. School surveys have shown a high rate among children. The lepromatous or "open" cases account for an unusually high percentage—35 per cent. Fifty-eight deaths were reported in 1960. Control efforts, which were organized in 1957, receive continuing assistance from WHO and UNICEF. A WHO leprosy consultant is permanently established in Mandalay. Fourteen project areas have begun operations. These are in Kyaukse, Magwe, Mandalay, Meiktila, Minbu, Monywa, Myingyan, Pakokku, Pegu, Sagaing, Shwebo, Taunggyi, Thayetmyo, and Yamethin. Further project areas are planned. Most case finding is done through school surveys, but contacts are not followed up and there is no central registry. The survey work is done by teams composed of a doctor, two leprosy inspectors, one junior leprosy worker, one clerk and one field assistant. Treatment facilities are found in several leprosy clinics. (*From Health Data Publication No. 30, Burma, published by the Walter Reed Army Institute of Research, Washington, D. C., January 1966.*)

*Nationalization of leprosy hospitals.* It is

reported that the Government of Burma has nationalized four leprosy institutions. The Leprosy Mission's Home and Hospital at Mandalay is one of the four nationalized. So far, the position of the Leprosy Hospital at Moulmein remains unchanged. (*From Without the Camp*, October-December 1966.)

**South Vietnam:** *USAID program aids leprosy patients.* In a report to American Leprosy Missions' Board of Directors, Dr. George F. McInnes of Augusta, Georgia, said that among 10,000 operations performed by the American surgical team he headed at Danang Hospital from December 1965 to June 1966, were many reparative hand and foot operations on leprosy patients brought in from behind the Viet Cong lines. Most of the patients came from a World Evangelization Crusade leprosarium in the battle zone. They were given preoperative and postoperative physiotherapy care at a clinic set up by the Crusade on the outskirts of Danang when it became impossible for American personnel to work at the leprosarium. Patients were brought back and forth across the lines by Vietnamese workers. Special shoes for patients with ulcerated feet were flown in by U. S. pilots from the ALM-supported McKean Leprosy Hospital in Chiangmai, Thailand. The program was under the auspices of the U. S. Agency for International Development. (*From ALM News*, November 1966.)

*Leprosy patients.* There are approximately 15,000 registered patients with clinically recognizable leprosy in South Vietnam. Many cases are unknown and unrecognized. Leprosaria are located near My Tho in the south and BanMeThuot, Kontum and Djiring in the mountains. Treatment of ambulatory registered leprosy patients is provided. It is said, however, that the present program is inadequate and patients under treatment are poorly supervised.

**Ethiopia:** *Conference on rehabilitation.* Leprosy specialists from England, Ethiopia, India and the United States led the

leprosy section of the Second Conference on Rehabilitation in Africa held in Addis Ababa, 24-28 October 1966. The conference was devoted to the subject of "Integrating Rehabilitation in Africa." Participants and their papers included: Dr. Paul W. Brand, Chief of Rehabilitation, U. S. Public Health Service Hospital, Carville, Louisiana, "Leprosy Rehabilitation"; Jane Neville, occupational therapist at the All Africa Leprosy and Rehabilitation Training Center (ALERT), Addis Ababa, "The Occupational Therapist in Vocational, Domestic and Social Training"; Dr. Stanley G. Browne, director, Leprosy Study Centre, London, "Leprosy, the Greatest Crippler of Them All"; Dr. Felton Ross, clinical director, ALERT, "Comprehensive Medical Care with Rehabilitation"; Dr. N. H. Antia, plastic surgeon of Bombay, India, "Experiments in Rehabilitation in Leprosy and Burns"; Dr. D. K. Dastur, neuropathologist, Bombay, "Mechanisms in Sensory and Motor Changes in Leprosy." (*From the Carville Star*, November-December 1966.)

**United States:** *Texas grant.* A grant of \$267,000 has been made by the U. S. Department of Health, Education and Welfare to the Texas State Department of Health for a program to demonstrate the effective control of leprosy by using improved methods of epidemiology and public education. Dr. Melford S. Dickerson, project director, said that the three year program will attempt to educate the public and the medical profession about Hansen's disease to find understanding for victims of the disease and to halt its spread. Two facts about leprosy that are being studied are the unexplained decreasing number of cases among Negroes in Texas and the increasing number of cases in the higher socio-economic groups. The program will include examination of the 12,000 persons who have been in close contact with the 400 leprosy cases in the state. To date, on the average, one new case has been discovered in every 50 contacts examined. (*The Star*, Carville, La., Sept.-Oct. 1966, p. 5.)

*Twenty-fifth anniversary of the Carville Star.* *The Star* of Carville, Louisiana, celebrated its 25th Anniversary in 1966. During its quarter century of existence *The Star* has been edited continuously by Stanley Stein. Its circulation has grown from a small mimeographed beginning to 23,000 in 68 countries in 1966, in addition to its home country the United States. The issue of *The Star* for September-October 1966 carries many letters of commendation from leaders in public health and welfare, and leprologists throughout the world, on

the accomplishments of *The Star* throughout those years. Among the letters of congratulation was one from President Lyndon B. Johnson.

*Seminar for Military Dermatologists.* The Third Annual Seminar for Military Dermatologists, to "present up-to-date practical information on the role of the military dermatologist in diagnosing, treating and managing cases of leprosy in the service and abroad," was held in Carville, Louisiana, 17-19 October 1966.

## PERSONALS

**Dr. Harry L. Arnold, Jr.** The Hawaii Medical Journal of September-October 1966 published a tribute to Harry L. Arnold, Jr., who has been editor for the entire period of its existence (1941-1966), on the occasion of the Journal's 25th Anniversary.

**Dr. Howard I. Cole** (1892-1966), one time chief chemist of the Philippine Health Service, stationed at the Culion Leper Colony (1926-1934), died November 28, 1966, at the family residence in Santa Barbara, California. Dr. Cole served as a chemical expert for the League of Nations in Rio de Janeiro from 1935-1939, and held numerous staff positions in Washington, D. C. in later years. He was a medical officer in the U. S. Army in both world wars and was decorated with the Legion of Merit.

**Dr. N. D. Fraser** retired in 1966 from his position as Medical Secretary of the Leprosy Mission. His leprosy service began when he went to Swatow, S.W. China, as a medical missionary of the Presbyterian Church of England in 1924. Later he served in Swabue and Wukungfu and, after the withdrawal of the Presbyterian Mission from China, the Overseas Missionary Committee of the Presbyterian Church of England lent him to the Mission to Lepers. As

Secretary for the Far East, Dr. Fraser accepted responsibility for the planning of the Isle of Happy Healing (Hay Ling Chau), Hong Kong, and he has watched its development from a barren island to a center for leprosy care, rehabilitation and research which has gained a world reputation. In 1959, he returned to London at the request of Council of the Mission and organized the Mission's medical work as Medical Secretary. His years of service have been marked by a dramatic development in the research program of the Mission. Dr. Fraser was until recently a member of the Council of the International Leprosy Association.

**Dr. José Gay Prieto** of Madrid has been elected President of the International Society of Tropical Dermatology, succeeding the late Alfred Marchionini.

**Dr. Gudmund Harlem**, medical director of the State Rehabilitation Institute of Oslo, which he helped establish in 1946, and Minister of Health and Social Affairs in Norway from 1955 to 1961, and Minister of Defense from 1961 to 1965, was elected President of International Society for Rehabilitation of the Disabled at the Tenth World Congress for Rehabilitation of the Disabled in Wiesbaden, Germany, 11-17 September 1966.