

## LEPROSY NEWS

*Information concerning institutions, organizations and individuals connected with leprosy work, scientific or other meetings, acts of legislatures, and other matters of interest to leprosy workers. Readers are invited to cooperate by sending in material of such nature.*

### REGULATIONS GOVERNING LEAVE FROM PHILIPPINE TREATMENT STATIONS

One of the practical advantages of the group of regional treatment stations that has been developed in the past few years in the Philippine Islands is that the friends of the inmates may visit them much more easily than is possible at the central Culion colony, which is virtually inaccessible to most of the people of the Islands. This has been one of the most important of the factors pertaining to these stations that resulted, immediately after their opening, in a marked acceleration of volunteer reporting by persons with leprosy. In one of these stations, located in a region that previously had contributed only 25 cases per year to the Culion population, more than 100 cases were registered in the first three months, almost all of them coming in voluntarily.

A further move to lighten the onus of isolation on the inmates of these leprosaria has recently been made by liberalizing the conditions under which certain classes of them are permitted to take leave for stated periods. The improvement of morale in these institutions that has resulted from this is so great, according to the official in charge of one of them, that it is deemed worth while to indicate the regulations now in force. It may be that other institutions may find it advantageous to do something along similar lines.

To elucidate the following it is to be pointed out that under Philippine regulations no patients are isolated unless found bacteriologically positive (i.e., "open" cases) by the routine method of examination, wherefore the "negatives" in the leprosaria are patients who have become bacteriologically negative after admission. Patients put on the "negative list" have to remain there continuously for a year before they can be released by the special Disposal Committee that has charge of this matter for the entire insular system, and

for administrative purposes that year is divided into two periods of six months each, the first six months being more provisional, probationary, than the second.

Under the revised regulations bacteriologically positive patients may be allowed to leave, but only in case of real necessity such as serious illness of a relative or important business, and only after confirmation of the importance of the occasion by the official in charge of the leprosarium. Such passes may be for a few hours or for two or three days, according to circumstances (the distance to be travelled and the reason for granting leave). Ordinarily they may be given not more than twice a year, and they are conditional upon good behavior and compliance with minor regulations governing such leaves. A guard shall be provided for every such person given leave "in order to enforce the necessary precautions."

Bacteriologically negative patients within the first six months on the negative list, whose behavior is satisfactory, may during that period be given leave of one week in each month, this to be with or without guard at the discretion of the official in charge. This leave may be so arranged as to give two continuous weeks every two months. Patients in the second six months on the negative list may be allowed leave for one continuous month, and this may be granted every other month.

The official who grants a leave is required to send word of the fact to the health officials of the place to which the patient concerned is to go. The patient is required to report to the local health official, both when he arrives at his destination and when he leaves to return to the leprosarium. Patients on leave for more than two weeks are expected while away to arrange to receive treatment from some authorized hospital or official. Penalties are prescribed for infractions of regulations governing leave.

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## LEPROSY LAW OF THE REPUBLIC OF COLOMBIA

### ACT NO. 32 OF 1932, PROVIDING MEASURES FOR THE CAMPAIGN AGAINST LEPROSY, AND ADOPTING OTHER REGULATIONS ON HYGIENE

The following is a translation of matter which appeared in *Archivos de Lepra* 4 (1932) 185.

The Congress of Colombia decrees:

*Article 1.* The campaign against leprosy in this country shall be carried on in accordance with the universally accepted principles of prophylaxis of the disease, according to which the contagious cases, which constitute a menace to society, shall be isolated, while those which do not constitute such danger may remain at large, subject, however, to the supervision of the health authorities and to regulations prescribed by the National Department of Hygiene.

*Article 2.* Segregation in the leprosaria shall be compulsory for patients with leprosy recognized to be contagious. Patients who do not constitute a danger of contamination and who have the means to maintain themselves and can comply with the conditions to be imposed by the National Department of

Hygiene, and who give a sufficient guaranty for such compliance, may be permitted to be isolated in places outside of the leprosaria to be determined by the National Administration of Hygiene, provided that by reason of the location of such places the lepers shall be subjected to constant supervision by the health authorities and shall be accessible to treatment, which shall be obligatory.

*Article 3.* To permit isolation in his domicile the National Department of Hygiene shall require as a primary condition that, under no circumstances, shall the patient live with healthy children or make change of residence.

*Article 4.* The National Department of Hygiene may deny the privilege of domiciliary segregation if, in its opinion, compliance with the conditions imposed can not be guaranteed in a satisfactory manner. Likewise, this privilege may be withdrawn in the case of patients who violate the conditions imposed. In such a case the patient shall be transferred to a leprosarium.

*Article 5.* To supervise and treat lepers who remain outside of the leprosaria according to the provisions of this Act, as well as their families and servants who live with or are assigned to their service, the National Department of Hygiene shall establish antileprosy dispensaries in places which it deems convenient. These dispensaries shall be provided with the necessary personnel and facilities.

*Article 6.* The taxes referred to in Articles 10, 11, 12, 13, 14, 15 and 16 of Act No. 53, of 1921, shall be assessed and collected by the National Government to be used exclusively for the improvement of the leprosaria and the operation of the dispensaries mentioned in the preceding article. Article 7 of Act No. 86, of 1923, is hereby repealed.

*Article 7.* Patients may be released [from the leprosaria] only when the dispensaries in the regions where they are to reside shall have been established, in order that they may be given the treatment. In the meantime [i.e., pending the establishment of the dispensaries] the patients will remain in the leprosaria, which shall be transformed into sanatoria under such rules and regulations as the National Department of Hygiene may prescribe.

*Article 8.* With previous permission of the National Department of Hygiene, special pavilions may be established in public-aided general hospitals for the isolation and treatment of indigent patients whose good condition gives a probability of cure. Such permission may be granted only when the Department is satisfied of the adequacy of the facilities obtaining in the hospitals for the isolation of the patients, and if it is satisfied that the institutions can comply with the rules and regulations prescribed by the said Department. The National Department of Hygiene shall enter into contract with such hospitals for the treatment of the patients referred to in the preceding article.

*Article 9.* The campaign against leprosy shall continue as a national service under the charge of the National Department of Hygiene, the only entity having the authority to direct and prescribe regulations for such matters.

*Article 10.* There shall be created in the National College of Medicine a course in leprology. This course shall be included in the curriculum of the college.

*Article 11.* Patients with leprosy who have been cured in the leprosaria shall be aided in returning to their homes if they do not have sufficient means.

*Article 12.* The National Department of Hygiene shall prescribe rules and regulations whereby moneys and articles intended for the lepers, derived from social benefits, bazars, acts of charity and other benevolent sources, shall accrue to the funds of the leprosaria.

*Article 13.* There shall be included in the national budget, an appropriation for a period of not less than six years, beginning from 1933, providing such sums as may be necessary for the purchase and payment of rent of sites intended for the care of lepers in the leprosaria of the Republic. To determine the amount of the sums needed, the report to be submitted by the National Department of Hygiene to the Government shall be taken into account.

*Article 14.* In the application of the present Act, which is founded on high motives of public welfare, the doctrines laid down in Art. 18, of Act No. 153, of 1887, shall be taken into account, and the execution of the orders issued thereunder shall be an immediate concern of the National Department of Hygiene. Therefore, the said Department shall have authority to direct and issue regulations relative to the treatment and prophylaxis of leprosy, as well as to solve the difficulties incident thereto.

*Article 15.* The provisions of Art. 9 of Legislative Act No. 136 of January 23, 1932, shall not apply to the pensions to which are entitled the physicians who have been employed in the leprosaria and in the service of hygiene referred to by Acts Nos. 118 of 1928, and 98 of 1931. Such pensions shall be recognized and payable from the date from which they commence; but if in computing the monthly allowance, in accordance with the Acts cited, it results that such amounts exceed two hundred fifty pesos (\$250.00) for the physicians in the hygienic branch of the service, or two hundred pesos (\$200.00) for those who have served in leprosarium work, the said pensions shall be reduced to these sums.

*Article 16.* The government requires, under the provisions of this Act, that the corresponding Ministry shall make within a period of six months a compilation of all the laws on the subject, codifying into one all the resolutions on the matter, coordinating their different provisions. Such a compilation shall form a single body of rules for ready reference. A sufficient number of copies shall be printed to supply all public offices desiring to consult this compilation.

*Article 17.* Notwithstanding the provisions of this Act, the Executive Power shall be authorized to develop the antileprosy campaign in accordance with the plan of the National Department of Hygiene, within the financial resources available for the purpose, without prejudice to the authority of the Executive Power to suspend such plans or projects which, in its opinion, the finances available do not permit, or if the amounts appropriated shall be reduced by the government in the exercise of the extraordinary powers vested in it by law.

*Article 18.* All laws or parts of laws in conflict herewith are hereby repealed. This Act shall take effect on its approval.

Dated at Bogota on the 14th day of November, 1932; published and executed November 18, 1932. (Signatures follow.)

## NOTES ON BRAZIL

In Brazil, where it is commonly believed that leprosy is a growing menace, interest in the matter seems to have been increased by the establishment of the international research center at Rio de Janeiro.

In connection with the visit of Dr. Etienne Burnet last year to further that project, a correspondent of the London *Observer* discussed the prevalence of the disease and the measures that are being taken against it. Another report that has been seen emanated from the United Press on the occasion of the formal opening, in April, 1934, of the international center leprosarium established at the Maguinhos institute for tropical diseases in Rio de Janeiro. This leprosarium, it is explained, is for the observation of selected cases from the different hospitals of the country, which will be visited from time to time by the specialists in leprosy. Other studies are to be carried on coincidentally.

Leprosy is reportable in Brazil, and diagnosed cases are supposed to be isolated if there is a place for this, though under special circumstances they may be confined in their residences. To the late Professor Chagas is ascribed the statement that there are some 30,000 cases in the country, and perhaps 90,000 more in other parts of South America. From another source comes an estimate of some 20,000 cases in the state of Minas Geraes alone, where in certain localities 20 per cent of the inhabitants are affected; a survey made in certain cities is said to have indicated that hardly 30 per cent of the cases are known. Of an estimated 13,400 cases in northern Brazil, with a population of 14,655,000, it is reported that only 1,900 were isolated and less than 8,000 registered. It appears that for the most part the lepers go about freely, though public opinion forces tainted families to hold aloof to some extent. Among the ignorant inhabitants of the remote interior practically no preventive measures are taken, for even where there are segregation camps they are usually quite inadequate. The attitude toward the sufferers is tolerant, particularly in the north; they travel on trains and trams without protest, and there is sentimental reluctance to the separation of healthy children from infected parents when this is attempted.

Brazil is so extensive and in large part so undeveloped, and the medical facilities in many regions are so limited, that there are great difficulties in dealing with this problem. However, the government is making determined efforts, and there are modern leprosaria in Minas Geraes, Sao Paulo and Paraná, though others are needed—in Minas Geraes at least five or six. A special postage stamp had been issued for use on inland letters to finance a great national campaign, and plans were being prepared for coordination of preventive measures in the different states and for the construction of more dispensaries and isolation hospitals throughout the country.

The Director-General of Public Health of the State of Sao Paulo, in an interview reported in *La Nacion* of Buenos Aires, stated that because of the seriousness of the problem the said state in 1927 began actively to increase the efforts begun in 1918; it created a special office, the *Inspetoria da Lepra*,

to deal with it, made a census of cases, and forwarded the construction of regional leprosaria, of which there are now five located at strategic points in the state. At the time there were 3,200 cases in them, and more than 7,000 known cases had attended the dispensaries. There are also preventoria for untainted children of lepers, with 300 being cared for. A *Fundación Paulista de Estudios de Lepra* was organized and has raised funds by public subscription to aid in the preparation of drugs and in investigational work. These activities, he pointed out, are entirely under the jurisdiction of the individual state, which has full autonomy in such matters.

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### NINTH PAN-AMERICAN SANITARY CONFERENCE

The Ninth Pan-American Sanitary Conference, held in Buenos Aires from November 12 to 22, 1934, attended by delegates from most of the countries of the new world and from four official and other organizations, devoted a portion of one session to leprosy.

The discussion was led by Dr. Pedro Baliña, of Argentina, who pointed out that this disease constitutes a sanitary problem for many of the countries of the Americas. He related the efforts made to put into effect the existing law in his own country, and pictured the present inadequacy of means to combat the disease, though there were prospects of having seven leprosaria there, some of the construction having already been completed. He believed that a major impediment in the fight against leprosy is the absence of coordination of methods and of cooperation among the nations. He proposed a resolution to the effect that the countries having leprosy should enact laws for prophylaxis against the disease; that these laws should establish coordination and cooperation of the antileprosy fight among the different nations; that lepers who need it should be segregated in adequate institutions or in their domiciles, and that the rest of them should be treated in suitable dispensaries; that the establishment by the sanitary authorities of leprosaria in the vicinity of cities does not offer any danger to those cities; that it is desirable to centralize the directing of the campaign against leprosy, which can be combined with the antiveneral fight. The delegate from Colombia, Dr. Jorge Bejarano, proposed that to the foregoing recommendations should be added one to the effect that the sanitary authorities and the governments should endeavor to prohibit marriage between lepers and non-lepers. These recommendations, it appears from the press reports, were approved.

Earlier in the Congress Dr. Bejarano declared that the numbers of cases frequently attributed to Colombia are exaggerations. The exact official enumeration, based on a thorough search for cases, shows that there is not more than 1 case per 1,000 inhabitants. He believes that the intensive campaign now being carried on permits assurance that the disease will be controlled. This campaign is based on dispensaries in leprous regions [in addition to the long-established leprosaria] and the establishment of a large research laboratory in Bogota

headed by Professor Federico Lleras, who has recently made interesting observations on the cultivation of the leprosy bacillus.

The delegate from Venezuela stated that in his country the chaulmoogra ethyl esters had been used since 1920 in the Capo Blanco leprosarium. The annual examination of the inmates showed: cured 10.7 per cent; much improved 39.8 per cent; improved 33.1 per cent; stationary 7.2 per cent; and worse 3.4 per cent.

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### ERNEST ASTON OTHO TRAVERS

Dr. Travers, who for several years had charge of the leper asylum at Kuala Lumpur, Federated Malay States, died in England on November 9, 1934.

Dr. William Fletcher, who at one time served under him, writes in the *London Times* that Dr. Travers went to Malaya in 1887 and was soon assigned State Surgeon in Kuala Lumpur, where he lived until he finally retired in 1925, with the exception of the period from 1911 until 1919 during which he served in the Great War. Financially depleted by the rubber slump, he obtained a minor post in the service of which he had been the head for years before his first retirement, and was placed in charge of the old leper asylum near the town where there were some 400 people living under deplorable conditions. These conditions were soon corrected, the terribly high death rate fell to a quarter of its previous magnitude, and the spirit of hopelessness and apathy was dispelled, but Dr. Travers greatly desired to see these people removed to a suitable settlement elsewhere. The model village which the government subsequently built for them at Sungei Buloh, 18 miles from Kuala Lumpur, stands as a monument to his devotion. His name is perhaps best known to leprosy workers because of his *tai fong tsi* treatment, in which he adapted three native Chinese medicaments—one of them the chaulmoogra seed—in a meal-like preparation which was taken by mouth and which he found decidedly beneficial.

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### NEWS ITEMS

*A new chaulmoogra derivative.*—It is understood, according to Dr. James L. Maxwell, that one of the leading English pharmaceutical firms has produced a new preparation intended for oral administration in leprosy, phenyl ethyl esters of chaulmoogra oil. Nothing has yet been learned of pharmacological or clinical trials of it, and it is not known whether it has yet been put on the market.

*A leprosy vaccine.*—Press reports emanating from Russia in March, 1934, announced success of Professor Kedrowsky, of the Tropical Institute in Moscow, in preparing a curative vaccine from cultures obtained from leprosy, which showed that the organism is not a bacillus but an actinomyceete. The vaccine was said to be much more efficacious than any previous treatment, even in ad-

vanced cases. Equally important results were claimed with regard to biological investigation of the bacillus, a specific extract having been obtained which permits early diagnosis of the disease. Much interest was shown by South American newspapers, but of several editorial comments which appeared a very few suggested caution in accepting entirely these reports as broadcast.

*The Friedmann vaccine in leprosy.*—From newspaper accounts, not confirmed by any scientific report yet seen, it appears that the Friedmann vaccine has been employed recently in the treatment of leprosy in South America. The Tuberculose-Heilstoffe-Werke of Leipzig was quoted as reporting that Drs. Parra, Palacios and Villemarin of the Agua de Dios leprosarium in Colombia had found it useful. One of them is said to have stated that in two cases with large nodules, of a kind that chaulmoogra treatment had had no effect upon, the nodules "disappeared rapidly after one injection of the Friedmann vaccine." In the state of Corriente, Argentina, an official commission was appointed last year to investigate the use of this preparation, and it appears that it was also being tried at the Muñiz Hospital in Buenos Aires, though it is indicated that there has been "a defamatory campaign by obscure professionals who venture to express opinions of fear over the possibilities."

*B.E.L.R.A. worker in Zanzibar.*—The British Empire Leprosy Relief Association has provided a full-time leprosy worker for Zanzibar, and Dr. T. B. Welch, formerly in Trinidad, has been appointed to this position. There is a possibility that whole-time workers may also be appointed for Nigeria and the Gold Coast.

*Leprosy epidemic in Mozambique?*—In the *Neue Zürcher Zeitung*, of Zurich, there appeared last year a dispatch from Lisbon in which the remarkable statement was made that a "leprosy epidemic" had broken out in Mozambique, Portuguese East Africa, and more than a thousand persons were infected.

*Research at Calcutta.*—The All-India conference of medical research workers, held in Calcutta last November, which conference has the disposal of certain funds for such work, decided according to a report in the *Calcutta Statesman* to continue its grant to Dr. John Lowe, working at the leprosy research laboratory in Calcutta. It also recognized the necessity of appointing a successor to carry on the work of Dr. Muir, retiring.

*Continuation of epidemiological work in Cebu.*—It has previously been noted that Dr. J. A. Doull, of the Western Reserve University, Cleveland, Ohio, spent several months in Cebu, Philippine Islands, under the auspices of the Leonard Wood Memorial, making an investigation of the possibilities of intensifying the epidemiological studies that had been carried on there by Dr. José Rodriguez of the Philippine Bureau of Health, and in that connection surveying intensively the municipality of Cordova. Early this year the Memorial appropriated funds for carrying on this special work, under the immediate direction of Dr. Rodriguez. Dr. Ricardo Guinto, who assisted Dr. Doull, was engaged to participate in this, and the matter is being furthered actively.

*Japanese Leprosy Association.*—The annual meeting of the Japanese Association for Leprosy was held in November last, 75 doctors attending; 125 papers upon the various aspects of the subject were read.



*Extension of Oshima Leprosarium.*—The Oshima leprosarium (Oshima Rai Ryoyosho) in Oshima, Kagawa Prefecture, has recently been extensively reconstructed and enlarged at a cost of Yen 130,000, the maximum capacity now being 700 patients, according to a note from Dr. M. Ota. It is an interesting fact that, probably owing to the increased knowledge of the people at large, the number of patients sent there under compulsion has shown a gradual decrease, while the number of those paying their own expenses has tended to increase.

*Banishment of patients from a leprosarium.*—An interesting system of self-government was practiced among the patients of the Sotojima Hoyoin, the Third District leprosarium near Osaka, Japan, which was destroyed last Fall by a typhoon. Some months before that happened, according to Dr. M. Ota, they passed a resolution demanding that the director (Dr. M. Murata), dismiss twenty of the patients on the ground that they were disturbing the peace of the leprosarium by their radical views. This resolution was complied with, the patients for the sake of formality being recorded as having escaped. This occurrence was exaggerated in the press and became a serious matter, resulting in a dispute between the director and the authorities in charge. However, the matter was satisfactorily settled by mediation, the patients of the leprosarium, medical scholars, and medical publications all supporting the director.

*The Happy Mount colony, Formosa.*—The opening of the colony of this name (Rakusanen), early last year, marked the partial realization of work which Dr. G. Gushue-Taylor has been carrying on for several years. In 1928 the Government of Formosa granted him permission to collect funds for the purpose, and in 1930 the Empress Dowager of Japan donated 5,000 yen and the Formosan government 25,000 yen toward the project. In the following year an attractive site was selected in a valley at some distance from Taihoku, and after opposition to the location of the colony was overcome work was started. On March 30, 1934, it was opened with ceremonies attended by many government officials and others. There were 20 cottages to house 80 patients, a special sick ward for men, and a church, administrative block, and other essential structures, all built of brick. It is understood that difficulties are being met in obtaining funds for operation, though contributions are received from several sources and those inmates who can do so contribute something toward their expenses. The outpatient work at the Mackay Memorial Hospital, in Taihoku, which has been carried on for a number of years is being continued.

*Leprosy in Holland.*—“Leprosy has broken out at Nijmegen, Holland, a rare occurrence in that country,” to quote verbatim an extremely brief item from the *Daily Telegraph*, of London.

*March of starving patients.*—The breaking out of inmates of a Roumanian leper colony was reported some time ago in the *English Christian Herald*, the scene depicted being reminiscent of mediaeval days.

Thirty persons, clad in rags, emaciated, and in advanced stages of leprosy, dragged themselves all night through village after village to reach the town of Isacceia in search of food. A *Daily Telegraph* correspondent tells how the horrified inhabitants fled from the streets, and, locking themselves in their houses, threw food, and lowered water from the windows to the undesired visitors. It appeared that the lepers were starving, having been left for ten days without

proper food. The prefect of the province, a doctor, and a detachment of gendarmes galloped to the town, and the lepers were rounded up and driven back, protesting and screaming, to the colony.

*Personals.*—DR. E. MUIR, who for fourteen years has been senior leprosy research worker in India, located at the Calcutta School of Tropical Medicine, has retired from his position there and left for England in April. The All-India conference of medical research workers, held in Calcutta last November, adopted a resolution placing on record its appreciation of his services to India. Though he thus retires from activity in that country, Dr. Muir has accepted another important position in connection with leprosy work with headquarters in London.

DR. JOHN LOWE, of the leprosy department of the School of Tropical Medicine in Calcutta, has been placed in charge of that department since the retirement of Dr. E. Muir, according to a letter from the latter. It is expected to appoint an assistant to fill the vacancy thus created.

PROF. BERNARD NOCHT, retired head of the Institut für Schiffs- und Topenkrankheiten in Hamburg, visited Manila last November on his way to Hong Kong where he spent the winter. In Manila he gave experimental treatments to a number of cases of leprosy at the San Lazaro hospital, giving them a final examination in March on his return trip to Germany.

DR. P. MONTAÑES, recently director of the National Leprosarium of Fontilles, Spain, has resigned from that position and is now provincial inspector of sanitation of the Province of Huesca and director of the provincial Institute of Hygiene.

DR. J. A. K. BROWN, who is in charge of the Uzuakali Leper Colony of the Methodist Mission at Uzuakali, in Southern Nigeria, had home leave in England last year. This colony, it is stated in the London *Independent*, was started in 1932 with 10 patients, which number had increased in three weeks to 250, since when the work has been developing well.

DR. A. C. DECKELMANN, of San Francisco, said to have had experience with leprosy in Honolulu, China and elsewhere, visited South American countries last year, apparently representing the American Mission to Lepers. In interviews extensively published in Argentina he upheld the view that leprosy is not contagious and that the bacillus is an actinomyces of the soil, and disparaged the use of chaulmoogra oil or its esters or soaps in treatment, advocating a certain water-soluble preparation devised in Honolulu.

H. I. COLE, PH.D., has been appointed by the League of Nations as research chemist at the International Leprosy Center, Rio de Janeiro, and took up his work there in April.

DR. H. P. LIE, of Bergen, Norway, dean of leprosy workers and an associate editor of the *JOURNAL*, writes that he retires from official connection with leprosy work in Norway on July 1st. He will, however, continue with his present connection with the International Leprosy Association and this publication.