

LEPROSY NEWS

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

NOTES ON INDIA

In India, as everyone knows, there has been a great change with respect to leprosy, both in attitude and actuality, from the old days of tranquility. It is not so many years since the authorities did nothing more than remove from the streets of a few cities an occasional mendicant under the Leper Law of 1898, and gravely record the totally inadequate findings of the census-takers—while missionary institutions gave aid to such as they could. But the change that has occurred seems to be most irregular in degree, if not in direction. For the most part the authorities throughout this vast, economically handicapped country stand helpless before this problem.

General interest began to be awakened, it may be said, with the new hope from treatment resulting especially from Roger's work before 1920; it was stimulated by the organization of the British Empire Leprosy Relief Association, in connection with which Oldrieve's name is to be mentioned; and it has been greatly increased by the subsequent studies and propaganda of Muir and his group. However, the situation at present is too undeveloped to serve as more than an indication of what it may be in future years—provided of course nothing, either discouragement on the one hand, or some unforeseen scientific advance on the other, changes the course of events.

Fundamental are the facts that the magnitude and character of the problem have hardly been ascertained, though recent investigations have brought much of interest to light and have increased the estimate of incidence to perhaps a million cases; that, because of the size of the problem and the economic and social conditions prevailing, the drastic and expensive measures employed in certain more restricted areas would be utterly impracticable even if they were desirable in this country; that not all cases of leprosy require to be dealt with in the same way, either for their own welfare or (so far as is known) that of those whom they contact; and, finally, that the prob-

lem can neither be coped with by isolated workers, no matter how enthusiastic or compassionate, nor left entirely to any central agency or agencies, official or otherwise, but must be met in considerable part by the people themselves on their own terrain. It is in respect to this last condition that the most interesting developments are occurring.

Recent reports of the Indian Council of the British Empire Leprosy Relief Association, of the Mission to Lepers, and of the health authorities of the major provinces, evidence active prosecution of their work and the extension of work in local areas by local agencies. There has been steady progress in propaganda work, research, training of medical workers, and extension of treatment activities. Under the governmental and private agencies concerned the number of outpatient clinics rose in Assam from 81 in 1932 to 145 in 1933, and in Madras from 219 to 322, while in provinces where no new ones were started the attendances by patients increased. Isolated reports from various parts of the country tell of the raising of funds, opening of clinics, and plans for hospitals in local areas, all testifying to an awakening sense of local responsibility.

The most striking focus of public activity—and one of the principal foci of leprosy—is the Madras Presidency, a rural region of 143,000 square miles with a density of population of 329 per square mile. It seems to have special repute for advancement in medical affairs, with a modern scheme of health administration introduced by Col. A. J. H. Russell in 1923. Several years ago there was instituted at Tirumani (Chingleput), a short distance to the south of Madras City, the Lady Willingdon Settlement, the largest and by far the best government leprosarium in the country. The number of cases in the Presidency is of course not definitely known, but the figure 33,000 is used; it has been said repeatedly that there are 20,000 in and about Madras City alone, and there is an impression here as in Calcutta that the incidence is increasing rapidly. The more recent and popular activity was apparently initiated by General Sprawson while he was Surgeon-General of Madras, and it is being carried on vigorously by many interested persons. In many places there have been set up District Leprosy Relief Councils, with the organization of which is especially associated the name of Mrs. Barbara Geraldine Todd. These councils arouse public interest, initiate the formation of smaller, more local groups, raise funds, set up local clinics, arrange set-ups to search for cases and to persuade them to take treatment, and even provide noon-time meals for patients who come to the clinics. Treatment is given by specially trained non-medical men (compounders) under supervision. Government hospitals have opened clinics, and local governments aid by supplying drugs and otherwise. The provincial government also aids private institutions by fixed per capita grants.

In Madras a City Leprosy Council was organized early in 1933, and the first annual "Leper Day" was held late that year, more than a thousand volunteers canvassing the city for donations. The second was held last year. These appeals have netted a considerable amount of money, and indubitably a quickening of public interest. A house-to-house survey in one section revealed 456 cases (of whom 73, or 16 per cent, were children), among 23,283 persons, practically 20 per

thousand; the incidence among children was 2.5 times that among adults. The number of cases found in one district, called the "wash-house of Madras," was so large that all washermen have been required to obtain health certificates. Clinics have been opened in several parts of the city and a home is under consideration—with, incidentally, the usual protests forthcoming. It appears that patients are attending the clinics in increasing numbers, despite an attitude exemplified by the statement of the father of one patient, who expressed a view said to be generally shared by the masses and to constitute one of the chief obstacles to leprosy relief work: "It is all fate, and the retribution of a misdeed in his past birth. The boy was destined to become a leper . . . How can man help it?"

The result of the treatment given in these clinics is not known, but an official when formally interrogated stated that the majority of cases do not attend long enough to permit of cure, though they usually show considerable improvement. It cannot be ignored that in some quarters the establishment of segregation centers for infectious cases is being urged as it was not a few years ago. To Muir is ascribed the statement that clinic patients do not help all they can, the great majority discontinuing treatment before the disease is fully arrested. Santra is quoted as saying that a campaign based on clinics alone is inadequate and alluding to the combined system in operation in the Philippines. The present situation is such that the All-India conference of medical research workers held in Calcutta last November passed a resolution recommending the isolation of infectious cases, though it was not prepared to recommend any one method of securing segregation since conditions differ so widely in different areas.

NEW ACTIVITY IN CEYLON

Efforts are being made in Ceylon to put into effect new measures to control leprosy there, on the basis of a scheme proposed by the leprosy survey made in 1933 by Dr. Robert G. Cochrane, of the British Empire Leprosy Relief Association of London, and local officials.¹ This is indicated by newspapers from Colombo, one of which reports an address before the local health officers' society made by Dr. D. S. de Simon, who participated in the survey and is in charge of the new work.

Pointing out that their work was purely preventive, Dr. de Simon said that the cases will be dealt with according to their classification under the Manila

¹See review of report, *The Leprosy Survey of Ceylon*, in this JOURNAL 3 (1935) 254.

Conference scheme, the cutaneous cases to be isolated and the neural treated in clinics. For suitable cases of the former type home isolation was being considered. It was stated that 40 per cent of the cases discovered were abortive, 15 per cent active, and the rest quiescent. It appeared, for one thing, that nearly 90 per cent of those who contract the disease are children, and for another that there is not much leprosy in the rural districts, it being mostly in the urban areas, unlike the situation in India.

Contacts, defined as the immediate relatives living in the same house as the leper, are to be visited periodically by sanitary inspectors, who are to see to it that those who should do so attend one of the two skin clinics established, where the medical officer in charge will decide what cases are to be treated there and which ones are to be isolated. Dr. de Simon pointed out that in some parts of India the children of lepers who show no trace of the disease are placed in boarding schools, and stated that in Colombo the survey had shown about 400 school children who were early cases and who might with advantage be placed in a separate boarding school.

In the asylum near the city there are about 900 lepers, of whom at least 250 are arrested and negative bacteriologically. A plan is being considered to provide a separate home for such cases who are crippled.

The question of domiciliary isolation of infectious cases presents difficulties, particularly in the case of the poorer classes. Experience has shown that the lepers go about the city in the night—sometimes even inmates of the asylum have been detected in night-rambling—and in the majority of cases it is not practicable for the families to employ a separate washerman to wash the patient's clothes and a separate cook to prepare and serve his meals. It was felt that permission for home isolation should be given only to persons who could give a guarantee that every reasonable precaution would be taken to secure complete isolation of the patient.

NEWS ITEMS

Expansion in Korea.—The government of Korea is planning to expand its antileprosy activities, according to Dr. R. M. Wilson, of Soonchun. There is one official leprosarium on Deer Island, and three private (mission) institutions in different parts of the country with a total capacity of less than 1,500. It is the intention to expand the Deer Island leprosarium, the present capacity of which is less than 1,000, to accommodate 4,000 patients. A prison for leper criminals is also being erected. The main objective, it is said, is to clear the land of the leprous vagrants who encumber the roads.

Birth control proposed for Culion.—A proposal that inmates at the Culion colony in the Philippines be given advice on birth control has recently been considered seriously. When the colony was started it was intended to separate the sexes, but as it is a real colony on a large island reservation, with a town-

like center and outlying farming and fishing districts, such a division of the population proved utterly impracticable, though it is done in the relatively small regional treatment stations that have been built. As the Culion population increased—it is now nearly 7,000—social problems appeared, despite the general orderliness of the place. Marriage, though discouraged for medical as well as social reasons, was permitted when the participants were legally eligible. Births, not all of them legitimate, increased with the growth of the colony until the care of the children became a problem and a burden of some magnitude. A few years ago an attempt was made to modify the situation by prohibiting marriage, with results that were not favorable. Subsequently the Culion Medical Board, composed of the senior officers of the colony, proposed to higher authority the introduction of birth control, a proposal that was opposed by the religious workers in the place. In Manila the matter was referred to the Council of Hygiene, a body advisory to the Director of Health. One faction of this, according to Manila newspapers, decided to advocate limiting such measures to "natural means," while the other advocated permitting artificial methods. The former view was approved, according to one report, but it is understood that nothing further has been heard of the matter at Culion in the year that has elapsed since then.

Expansion of Sungei Buloh, Malaya.—The Sungei Buloh Settlement, near Kuala Lumpur, F. M. S., one of the best and most modern of leprosy asylums, was materially increased in capacity during the past year. Near the institution originally built for leprosy patients, the capacity of which was about 1,000, was another recently constructed institution for other wards of the State, called the "Decrepit Settlement," the two together being designated the "Sungei Buloh Settlements." A letter from Dr. Gordon A. Ryrie, the medical superintendent, states that because of over-crowding of the former, the latter was evacuated of its inmates and is now used for lepers, thus increasing the capacity of the institution by something like 60 per cent. The added section is composed entirely of large wards, with a central dining room, whereas in the original portion the inmates live in neat, small houses, prepare their own food, and have space for gardens. A rapid increase in the numbers of admissions had taken up a large part of the added space within a few months. Another change made during the year was to transfer the 37 Malay patients, formerly cared for in a separate institution at Pulau Pangkor Laut, to a section of Sungei Buloh specially set aside for them. The present inmate population is approximately 1,500, of whom roughly 900 are Chinese, 400 Indians, and 200 Malay.

The Kemmendine asylum, Rangoon.—The annual report for 1933, quoted at length by the *Rangoon Gazette*, states that there were 317 inmates at the end of the year; the death rate was nearly 13 per cent; many applicants were refused for lack of space. The outpatient department, with 38 remaining from the previous year, admitted 73 new cases; the number dropping out is not stated. In-patients were given alepol injections, 143 of them accepting injections, but out-patients are given a chaulmoogra pill. This form of treatment is becoming popular, it is stated, many patients in Burma and India getting the pills by

mail, and a Rangoon physician is quoted as saying that of the many other forms of treatment used for patients referred by him none has had "such a remarkable effect as the pills which are now supplied at the Asylum." Early in 1934 an appeal was made for funds to replace some of the buildings of the asylum. A letter from Lady Page, wife of the Chief Justice, to the *London Times* stated that some of the inmates might have to be turned back onto the streets because of decay of buildings. This institution, started on a small scale in 1896 by the Paris Missionaries, was at first made up of bamboo huts and then of wooden buildings; most of these were later replaced by brick structures. On November 15, according to dispatches, the Lady Page Ward was opened, its cost having been defrayed by the Rangoon Turf Club. It was explained officially that the Government had refused to contribute, not entirely for financial reasons, but because advances in medical science had changed the outlook on the problem, shifting the emphasis from asylums to clinics, "thus attacking the disease directly with a view to eradicating it." The work of institutions such as this was appreciated, but such work now fell more within the scope of private benevolence than that of the Government.

The Kentung asylum, Burma.—The Kentung Leper Asylum, in Burma, directed by the Milan Foreign Missionaries, was begun ten years ago in a bamboo hut, notes the *Winnipeg North West Review*, but it now shelters 114 inmates in a dozen buildings grouped about a chapel.

Work in Assam.—Leprosy surveys were carried out in Assam during 1933 by the civil surgeons in several districts, and 1,314 cases were found and brought under treatment, according to a summary of an annual report, of the Public Health Department, printed in the *Calcutta Statesman*. The leprosy work of the department was started in 1932, but developed somewhat slowly because of the necessity of training personnel. The leprosy surveys had been made in connection with investigations of other diseases, and the cases found were induced to attend the department's dispensaries. A total of 2,439 cases had come under treatment up to the end of 1933. The Assam Leprosy Relief Committee made grants toward maintenance of the leprosy treatment in these dispensaries and for the erection of treatment sheds in connection with various civil hospitals and dispensaries. The Assam branch of the Indian Red Cross expended Rs 1,000 for leprosy treatment, and was asked for a grant for the leprosy work of the Health Department. The Gouhati Municipal Board constructed an asylum for 20 inpatients, and the American Baptist Mission established a colony at Jorhat on Government land granted to it. It has been stated that the Salesian Mission proposes to build a large asylum among the nomad tribes 9,000 feet up on the slopes of the Himalayas.

The Purulia asylum, India.—Accounts of a report by Rev. E. B. Sharpe, superintendent of the Purulia Leper Hospital, state that 1,500 patients are under treatment there, and that 61,000 outpatient visits were made in 1933. No fewer than 200 patients had become symptom-free in 10 years, and very few of them had relapsed. Occupational therapy was stressed, and people hitherto thought useless were now engaged in building, gardening, agriculture and nursing.

Pressure on Dichpali.—So appreciative have the people of Hyderabad (Deccan) become of the Dichpali hospital that there are many more applicants than

can be admitted. During 1933, with an average of 425 in the place, 573 applicants had to be refused, though 166 inmates were released symptom-free and bacteriologically negative during the year. Systematic follow-up is impossible, but hundreds of released patients are known to have remained well, according to the Rev. G. M. Kerr, superintendent, who is quoted as saying that expansion of the institution would do more for the reduction of the disease in that State than many dispensary clinics.

"Leper Menace in Delhi."—A statement was carried recently by the *Bombay Times of India* that a group of about 60 beggar lepers had established themselves on the bank of the Jumna where people gather for prayers and bathing. The Municipal Council had assigned an inspector to prevent their going about the city, but that did not work; consequently, it was decided to establish for them a small asylum. It was expected that as soon as segregation was undertaken most of them would disappear, since begging is lucrative to them.

Agitation in Bombay.—There was some discussion last year in Bombay newspapers of the nuisance presented by leprous beggars in that city. Correspondents pointed out that there were perhaps 2,000 cases in and about the city, that they were increasing in numbers, many coming from other regions, and that they infested certain streets to beg. It was brought out that the Acworth Asylum at Matunga, near the city, supported jointly by the provincial and municipal governments, received chiefly contagious cases picked up by the police and committed under the Lepers Act of 1898 and that the asylum, with 364 inmates, was seriously overcrowded. Escapes were common (up to 80 per cent of the commitments, it was said); to prevent them the authorities had changed the original 6-foot fence to a higher angle-iron fence, finally building a low wall at the base to stop burrowing under it; habitual absconders when re-arrested were kept in separate wards locked at night, and lepers from other regions were sent home; but all these measures did not prevent the return of these people to their begging "pitches" in the city. Among suggestions made was one that an asylum should be built on an island off Bombay. Another was that the Albless Leper Home at Trombay, picturesque, efficiently managed, and with few inmates, might receive some of the cases, but this suggestion brought a prompt protest from residents of that suburb.

B.E.L.R.A. in Bombay.—Widely published reports of the work of the Bombay Presidency branch of the British Empire Leprosy Relief Association in 1933 have been received. Thirty-seven outpatient clinics treated 2,938 cases, there being a steady increase. Though about one-half of the patients came only intermittently, manifestations had disappeared in 276 cases ("clinical cures"), and there were 30 "bacteriological cures." Many patients similarly recovered in the past had been observed periodically, with no relapses found. It is stated that the main obstructions to further progress are the small number of clinics, the long distances that patients have to come for treatment with consequent interruption of their normal activities, and the length of duration of treatment, of which they tire.

The Miraj asylum, Bombay.—The asylum at Miraj, in the southern portion of the Bombay Presidency, operated in conjunction with several other medical missionary institutions, is reported to have 160 inmates and to have sent a con-

siderable number out as arrested in the past few years. Field work, construction, repairs, etc., are done by the inmates without pay, though previously they received wages for such work. Treatment is given at the nearby mission hospital, and outpatients come there to be treated, sometimes from as far as 40 miles away.

The Asylum at Goa.—Notice was taken in Bombay papers last year of the asylum near Curtorim, in Goa, the Portuguese possession on the west coast of India. This institution is said to have been founded by one Father Dighi, a "leper colonization fund" having been raised. It is run on the colony plan, the inmates making gardens and doing their own cooking. Treatment is given, and an official communique states that almost all cases are improving; 5 had recently been discharged as "clinically and bacteriologically cured," to be kept under further observation. The institution was being enlarged to accommodate 60 more patients.

Madagascar.—A statement from the London Missionary Society in the *Christian World* announced that the French government would turn over to that organization for operation a colony with 300 inmates in southern Madagascar on the condition that it supply two trained nurses. An effort was being made to secure funds to provide for them.

Leprosaria in Ethiopia.—What is spoken of in the New York *Herald-Tribune* as the first leprosy hospital in Ethiopia was opened at Addis Ababa in March, 1934. This was aided by the American Mission to Lepers, which is pledged to contribute \$5,000 in the current year. However, it is known that for years there has been an asylum of sorts at Harrar, established and run by French Capucin missionaries. A volunteer physician, who gives treatment with a proprietary medicine called "neophage," is said in an account in *l'Intransigeant* to estimate more than 100,000 cases in the country, many of them beggars, but many working as servants and in other capacities without apprehension on the part of the people.

✓ *The Ganta colony, Liberia.*—In a recent letter Dr. G. W. Harley, of the Ganta M. E. Mission, states that his colony there is really in its beginning, with only 70 patients in residence, though work in progress will soon increase the number to 200 or more. In addition, a few come for treatment to the dispensary from nearby towns. The entire work he refers to as of the outpatient dispensary type.

The Itu colony, Nigeria.—Attention was recently drawn to the Itu Colony when its founder, Dr. A. B. Macdonald, received the M.B.E., in the last Birthday Honors list. This institution, said to be the largest in Africa, was started only seven years ago but now has more than 1,500 inmates. The foreign staff consists solely of Mr. Macdonald and his wife, who is a trained nurse.

The colony now has electric lights and a cine theatre. There is a hospital for the worst cases, but the bulk of the inmates live in native huts which they build themselves. There is a leper chief with his court. The police force, carpenters, blacksmiths, etc., as well as the farmers who work on the land to provide food for the colony, are all inmates.

The St. Francis (Nyenga) Leper Camp.—Irish newspapers last year noted the leprosy work at Nyenga, near Linja, Uganda, on the occasion of visits home by the chaplain, Fr. Bernard MacLoone, and two Franciscan nuns, representing a

group who run the St. Francis Leper Camp there. This is in the Buganda kingdom where, it is said, there are no less than 30,000 cases, while across the Nile is perhaps an equal number. The camp is an unfenced area situated on a hill overlooking the Nile at Bugunga Bay, where it joins the waters of Victoria Nyanza. An appeal for aid stated that funds for feeding the 108 patients there were so low that 100 lbs. of ground corn, cooked in water, had to serve as their sole diet for two days, an occasional banana being a rare treat.

New ward for the Hôpital St. Louis.—Last year a special ward with accommodations for 26 leprosy patients, built and equipped through the efforts of the Knights of Malta, was inaugurated at the Hôpital St. Louis, in Paris. An account in the London *Morning Post* relates that that hospital had not been without such cases during the past 100 years, and that there were 10 there at the time, though there were more than 26 known cases in Paris, all from the tropics.

Improvements at Tracadie.—It was announced last November by Dr. Murray MacLaren, Minister of Pensions and National Health of Canada, on the occasion of a visit to the leper colony at Tracadie, New Brunswick, that a recreation hall would soon be built there. This is to be a steel structure 35 by 100 feet, to be used as a skating rink in the winter and otherwise in other seasons. A bowling green was also to be built for the patients.

A protest in Puerto Rico.—Early last year, according to a special dispatch to the New York *Herald-Tribune*, ten of the inmates of the Trujillo Alto leprosy hospital appeared in San Juan to protest at the care they were receiving. They had evaded the guards and travelled the ten miles to the city to present in person the complaint which, they said, had been made repeatedly by letter with no result. The complaint was that the food received was of poor quality and limited in amount, and the medical attention unsatisfactory. Their presence caused dismay in the city, though a crowd followed them at "a respectful distance." They were rounded up by the police and returned to the hospital—after which the police station was disinfected with formaldehyde.

Progress of the Lady Denham Fund.—When Sir Edward and Lady Denham arrived in British Guiana, of which the former has been Governor since 1930, they found that when other arrangements could not be made for the nonleprosy children of patients sent to the leprosy asylum these children were also taken there, where they lived in intimate contact. It was then decided that a special home should be built for them and an appeal for a fund of £10,000 was made. [See this JOURNAL, 2 (1934) 104.] Speaking in England last October, according to newspaper reports, Lady Denham stated that to date £2,858 had been collected—£1,974 in the Colony and £980 at home—and that land had been provided by the Government, but that £800 more was needed before the proposed building could be put up. However, a report on the matter made more recently by the Medical Secretary of the British Empire Leprosy Relief Association showed that the problem of a site had not been settled satisfactorily—partly due to protests of the usual sort—and he suggested important changes in the entire plan.

The Sapucay leprosarium, Paraguay.—That the plan to build an official leprosarium in Paraguay, noted in the JOURNAL last year (p. 231), has progressed materially is evident from reports emanating from that country. The location, set aside for the purpose by the government, some 75 miles from Asunción and

two leagues from the town of Sapucay, is described as a healthy, picturesque location of 2,500 acres, well watered and timbered and with good farming land. Though the colony was in an early stage of development, with only 7 large temporary houses for inmates, 84 patients from Asunción were transferred there last October. With some 30 others already come from other parts of the country, it was expected that there would be at least several hundreds shortly. A hospital with 20 beds has been provided, and a number of outpatients are receiving treatment. The nursing and other services are carried on by inmates. The Government is aiding as much as it can under existing war conditions, and 20 other small houses are under construction by war prisoners. The place is under the direction of Dr. John N. Hay, who for the present is serving without remuneration. Laboratory equipment from the old leprosarium at Asunción has been transferred to it, but its use awaits installation of a power-producing unit in one of the streams that traverse the tract. Special efforts are being made to secure contributions of farming implements and of various domestic animals with which the inmates will help support themselves; the corn needed by the colony is already being raised there. It is hoped to make the institution largely self-supporting.

Experimental self-inoculation.—A dispatch from Alexandria to the *London News of the World*, states that a Greek doctor at Alexandria "wants to become a leper" and has injected leprosy germs into himself to obtain first-hand information about the disease.

Again snake venom.—A recent account in the *London Daily Telegraph* to the effect that a certain medical authority had stated that a product prepared from snake venom was expected to "rob a greatly dreaded disease [unnamed] of its terror," led to correspondence in which it was said that in Brazil there is a very strong belief in the efficacy of rattlesnake poison in leprosy, and that experiments in that connection have been made by Dr. Afronio de Amaval, of the Butantan Institute of Serum Therapy.

A new drug reported from Brazil.—A press dispatch from Rio de Janeiro reports that Dr. Ferdinand Terra, of the leprosy hospital at São Christavo, had announced five cases released apparently cured, credit being given to a new drug, the extract of a weed (not named) which had been added to chaulmoogra oil and had proved to be highly effective.

Valeolina and antilebbrina.—Valeolina, as described in the *British Medical Journal*, contains ethyl esters of the chaulmoogra fatty acids, together with guaiacol, thymol, camphor and active principles from cod-liver oil; it is prepared for intramuscular injection and is recommended for tuberculosis. Antilebbrina, a combination of the chaulmoogra ethyl esters with cycloform, thymol, camphor and active principles from cod-liver oil, is recommended for intramuscular use in leprosy. Both are marketed from Milan.