

LEPROSY NEWS

Wiss & Decreto

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

THE LEPROSY LAW OF SPAIN

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DECREE OF SEPTEMBER 2, 1933

The need for intensifying the campaign against leprosy and for coordinating the now dispersed efforts in that direction, calls for the establishment of rules in accord with present scientific knowledge and with the means now available. Therefore, on proposal of the Ministry of the Interior and with the approval of the Council of Ministers, the following is decreed:

ART. 1.—The Provincial Inspectors of Health will see to it that all known or suspected cases of leprosy are reported by the practicing physicians, and to this end will take note of methods and means for the bacteriological diagnosis of the disease and the registration of the cases.

ART. 2.—The Direction-General of Public Health will provide for the diagnosis of cases of leprosy and the free ambulatory treatment of poor patients who may be permitted to remain in their homes. For this purpose it will utilize especially the services of the national antivenereal organization, the physicians of which, by delegation of the Provincial Inspection of Health, will be charged with the sanitary and medical inspection of the nonhospitalized lepers in their respective districts.

ART. 3.—When distance from the sanitary centers makes it necessary, the Provincial Inspection of Health may place the necessary medicines at the disposal of a Municipal Inspectors of Health who may be charged with the care of one or more lepers. The Municipal Inspectors of Health will report periodically to the Provincial Inspection concerning the state of the cases in their respective districts.

ART. 4.—With regard to isolation, the persons affected with leprosy are classed in two categories: (a) Closed cases, those not giving off bacilli either from lesions or from the nasal mucosa; and (b) open cases, those giving off bacilli.

Patients of the first group may remain in their dwellings, submitting themselves periodically to treatment and observation, or on their own request they may be sent to the leprosaria, provided there is space available for them. If

they later are found to be carriers of the bacilli, they will immediately be dealt with as such in view of the consequence which the situation entails.

ART. 5.—Patients of the second group will be isolated in a leprosarium, except when their isolation at home can be controlled effectively. In the latter case the Provincial Inspector of Health should see to it that the patient submits, under the care of the nearest antivenereal service, to the appropriate sanitary surveillance, and takes proper measures with regard to treatment and disinfection. On his failure to do so the Provincial Inspector will order the isolation of the patient in a leprosarium.

ART. 6.—To patients remaining in their homes it will be forbidden to follow any activity that may involve danger to others; if they fail to observe this obligation they will immediately be isolated in a leprosarium. All members of the family of a patient or those living with him will be subjected to periodical examination.

ART. 7.—In order that a leper may be permitted to remain in his home it is necessary that all conditions required for his isolation from the rest of the family can be carried out; in particular he must have a sleeping place for his exclusive use, suitably separated from those occupied by his relatives and neighbors. He will also have for his own use utensils and clothing clearly distinguished from those of his family and never used by other persons. The excretions of the patient will be suitably disinfected and his effects washed separately.

ART. 8.—The isolation of poor patients will be a responsibility of the Provincial Deputation of the province of their residence, which may make the arrangements necessary for the said isolation in appropriate places.

ART. 9.—When these places of isolation are of a hospital type, they shall be reserved exclusively for the poor patients having advanced lesions which prevent their doing any kind of work.

ART. 10.—When they are of the colony-leprosarium type, there may be isolated in them all cases of leprosy, both bearers and nonbearers of the bacillus, but in the latter case only on the request of the patients.

ART. 11.—Colony-leprosaria, whether provincial or organized by groups of provinces, may, if they have space for the purpose, admit lepers from other provinces, the latter to pay for the care of the patients whom they so send, under conditions to be established beforehand by contract. The State may subsidize the colony-leprosaria to the extent that the Direction-General of Health considers necessary in each case and under the conditions of control laid down by it.

ART. 12.—The State itself may create colony-leprosaria where will be admitted lepers sent by the provinces the Deputations of which assume the expenses of maintenance.

ART. 13.—Unofficial organizations may also organize and maintain leprosaria where may be admitted cases under the conditions mentioned above, or gratuitously if such is the intention of the founders. These special establishments must submit, with regard to their regulations, to the conditions established by the Direction-General of Health which, among other things, will inspect them periodically.

ART. 14.—Each leprosarium, whether newly created or already organized, dependent upon an official or upon a private organization, will submit, within two months, its regulations for the approval of the Direction-General of Health. The latter will give its approval, requiring such modifications as it may deem necessary.

ART. 15.—In the said regulations the following should always be included:

(a) That the leprosarria will submit, no matter upon what organization they may be dependent, to inspection by the Direction-General of Health and to the rules based upon the present regulations and any that may be published in the future;

(b) That they will present each month a report on the discharges and deaths of patients, and will always agree, insofar as they may have vacant space, to receive lepers sent by the Provincial Deputations through the intermediation of the sanitary authorities, provided that the said Deputations will assume the expense of maintenance of such patients according to an accepted tariff approved by the Direction-General of Health;

(c) That the treatment and care of the lepers will be organized in a proper manner;

(d) That the technical direction will be properly assured; there should be at least one physician who is a specialist in leprosy, having successfully passed a test of capacity before a jury presided over by a representative of the Direction-General of Health;

(e) That the patients who are able to work may occupy themselves on the farms or in the shops, according to their individual capabilities;

ART. 16.—Patients may not be permitted to leave without the consent of the sanitary authorities. Corrective penalties for grave misdemeanor may not be imposed without the approval of the said authorities, and if it should be necessary to apply penalties provided by the penal code they will always be imposed by, and under the responsibility and guarantee of, the judiciary authorities.

ART. 17.—Patients who absent themselves from a leprosarium without the permission of the physician in charge, may be recalled by the Ministry of the Interior, through the judiciary and sanitary authorities, for their reincarceration.

ART. 18.—The life of the lepers in the colony-leprosarria will be regulated by the general laws of the country, except for the restrictions imposed on account of the nature of their malady. These restrictions will be published explicitly in each establishment and will never pertain to the receipt of correspondence, books, periodicals, and other means of recreation, etc., which are permitted to normal people under the laws of the country.

ART. 19.—In all of the colony-leprosarria there will be suitable habitations for occupation together by lepers who desire to contract marriage. In such cases the medical chief of the establishment will duly instruct the future partners concerning contraceptive methods, and if they are poor will provide them gratuitously, at the expense of the leprosarium, with the necessary means.

ART. 20.—If a child is born to leprous parents it will immediately be separated from them. If, however, it should become leprous it will be at once returned to them.

ART. 21.—In the colony-leprosaria there will be pavilions or small separate houses for patients who have the means to pay for their own care.

ART. 22.—Each leper who will work shall receive a salary in keeping with his work, and all that he produces will be destined for the use of the leprosarium or for sale to other establishments of the same nature.

ART. 23.—In no case may a colony-leprosarium be utilized for any other purpose than the isolation and treatment of lepers and for the study of the disease.

ART. 24.—When a new leprosarium, whether official or private, is projected, the plans shall be presented to the Direction-General of Health for study and approval. These plans should comprise at least places for use as an infirmary for the serious and infirm cases, separate pavilions for those able to work, and the necessary installations for treatment, laboratory work, and disinfection. There should always be available for the lepers land suitable for cultivation, and places for work and recreation.

ART. 25.—The central committee of the antivenereal campaign will examine the regulations provided for by the present decree and will advise the Direction-General of Health concerning all that relates to the campaign against leprosy.

ART. 26.—Entry into Spain of foreign lepers is forbidden; Spanish leper immigrants will submit immediately to the regulations in force.

[From a translation into French by N. A. Zamora y Torres in *Bull. Off. Internat. Hyg. publ.* 26 (1934) 218.]

NEW REGULATIONS IN MADAGASCAR

The Governor-general of Madagascar has promulgated an order organizing a leprosy prophylaxis service, which provides for the completion of the work undertaken from the first years of the French occupation of the island.

At the beginning of 1933 the Institut d' Hygiene sociale of Tananarive inaugurated an antileprosy service through which those afflicted with this disease would be put under active surveillance and continuous treatment. The principal native hospital also plays a part in this work. Present plans call for modernization of the central leprosarium of Manankavaly, situated thirty kilometers from the capital on a large area of 300 hectares. As this leprosarium has 1000 patients it constitutes an important center for study. Eight other centers of census and treatment are planned, in connection with the existing leprosaria, official and private. The conditions of life of the patients registered will be investigated in order to determine whether they should be isolated, either in an institution or at home, or whether they should merely be put under surveillance. Beyond the radius of action of these centers mobile census groups will tour the country. Propaganda designed for the backward and timid population will attempt to introduce new ideas to the native masses and to encourage voluntary presentation of early cases.—[From *Le Temps* and *Courrier du Parlement, Paris.*]

REVISTA BRASILIERA DE LEPROLOGIA

Under date of September, 1933, there appeared the first issue of the *Revista de Leprologia de São Paulo*, published from the Sanatorio Padre Bento by the Sociedade Paulista de Leprologia under the editorship of Drs. L. de Souza Lima and J. Menança Barros. Two volumes of four issues each had appeared by the end of 1935. At the end of that year there was published a large "special number" which contains eighteen papers read at a meeting that was held in June, 1935, at the time of the visit to São Paulo of Dr. Etienne Burnet, of the Health Organization of the League of Nations, and Prof. Eduardo Rabello, head of the International Leprosy Center at Rio de Janeiro.

This periodical has now been replaced by the *Revista Brasileira de Leprologia*, which is the "second series" of its predecessor, starting with Volume 4. The new periodical is the result of a cooperative agreement between the Sociedade Paulista, which continues in charge of its publication, and the International Center, which provides the major part of the cost of publication and the head of which serves as scientific director of the periodical. Dr. Nelson Sousa Campos, sub-director of the leprosy service of São Paulo, is the editor-in-chief. The language continues to be exclusively Portuguese, but some of the articles carry summaries in more generally read languages. The foreign subscription rate is 50\$000 per annum.

MISSION TO LEPERS CONFERENCE

A conference of leprosy workers in India was held in Calcutta last February, under the auspices of the Mission to Lepers. Much time was given to a consideration of how to make the Mission's institutions more effective, and the need for more work among children was particularly emphasized. Of special interest, in view of the doctrine that has for so long prevailed in India, is the statement ascribed to Dr. John Lowe, that: "The backbone of leprosy work in India is the in-patient institution." The report of the conference can be had by application to Mr. A. Donald Miller, Secretary for India, Mission to Lepers, Purulia, Bihar.