

LEPROSY NEWS

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

THE SITUATION IN ARGENTINA

An impression of striking contrasts has been gained from information concerning leprosy in Argentina that has appeared in the past two years or so—an impression of considerable publicity without commensurate official accomplishment, of an advanced position on the part of certain individuals and an equally backward position on the part of the general public.

Numbers of cases.—The official figures are: 724 cases in 1906, 1,111 cases in 1927, 2,959 cases in 1934; the population is about ten millions. As in most countries, these figures pertain only to known cases. Current "estimates" of the total number of cases range from a more or less official 8,000 to less conservative figures two to three times as large. However, nowhere has a survey been made that would provide a factor by which to arrive at anything like a real estimate. Of the known cases 614 are in the Federal capital (Buenos Aires), 621 in Santa Fé, 339 in Corrientes, and 297 in Cordova. The disease is rife in the littoral, where 88 percent of the known cases exist; 11 percent are in the central provinces and only 1 percent in the mountainous districts. It is believed that the disease is very much on the increase. Professor Balaña, in Buenos Aires, is said to have seen 13 new cases a year between 1910 and 1921, and 62 a year between 1928 and 1933. In Rosario Professor Fidanza and his colleagues have seen a similar increase.

Attitude toward lepers.—Newspaper editors tend to show great concern about occasional cases brought to their attention, rather ludicrously in view of the numbers that the official figures show to be in the centers of population, and they are frequently critical of the lack of provision for the care of these unfortunates and the lack of real interest on the part of the public.

For example, the newspapers in Buenos Aires erupted after the discovery of a case in a suburb in which there are many unemployed people, but assurance was given that "the alarm was only a passing one." In Resistancia, Chaco,

alarm was reported over the presence of an advanced leper, supported by charitable individuals, for whom the sanitary authorities were doing nothing. From Azara, Misiones, came note of an advanced case which "constituted a serious danger to the public." It was reported from Tucuman that there was a leprous family there, vendors of meats and green stuffs, about whom nothing was being done. A report from Rio Cuarto, Cordova, told of "alarming rumors" that there were lepers in the city, engaged in commerce and filling public offices. In Santa Fé it was said that lepers had gravitated together to form a community which was virtually a lazaretto.

Instances of harsh treatment of lepers there are, of course, but those recounted in the news are not those of private individuals.

An interesting example was that of a man with leprosy who went from Cordova to Buenos Aires in the hope of being admitted to the Muñiz hospital. As far as Rufino he travelled with other passengers. When his condition was recognized he was taken off the train by the railway officials and kept over night in the station waiting-room "like a wild beast or a person with bubonic plague," and the next morning sent on in a separate coach. When he was refused admission to Muñiz because of lack of space, he was sent back home in the same coach. Considerable publicity was given this case, and also that of the escape of two criminal lepers from their detention cell at Muñiz.

It would, however, be a mistake to draw conclusions about the attitude of the people as a whole toward persons with leprosy from incidents like those cited, or from the attitude of communities when they learn of plans to erect leprosaria near them—and there are interesting examples of that attitude. It is difficult to see how any large number of lepers can live in a community without something definite being done about it, if there were very great aversion on the part of the population toward individuals with the disease.

Official attitude; interested groups.—Whatever the official attitude of the health authorities of the Federal Government, it appears that on the whole the local authorities are uninterested. Certainly they are largely inactive, though they could hardly be otherwise if they were so inclined, since there are practically no provisions for taking action. As for the attitude of authorities higher than those immediately concerned with health problems, there have been numerous indications in lay and professional publications.

Ten years ago (September, 1926) the central government, after long delay, passed a law designed for the control of leprosy (Act No. 11,359), now known as the Aberastury law, after the active and highly respected dermatologist who drafted it. Plans were then made and pushed forward for the creation of a Federal leprosarium, to be called the Colonia Nacional Maximiliano Aberastury.

For the site of this institution the government selected the island of Cerrito, described as a picturesque, fertile area of about 12,000 hectares (30,000 acres) located at the confluence of the Paraná and Paraguay Rivers, some 35 kilometers above the city of Corrientes in the province of that name. The leprosarium was to be well equipped for a medico-agricultural colony, and was planned at the outset for a capacity of some 800 inmates. Work was commenced in 1928 on a large scale, and it is said that something like one and one-half million pesos was expended on construction there. However, opposition on the part of the people of Corrientes developed to such a degree that the work was suspended.

For some years thereafter (during the period that coincided with the height of the depression), the central government was apparently quite inactive in the matter.

This was not the case with certain members of the medical profession, outstanding among whom were Professors Baliña and Fidanza. Repeatedly they called attention to the increasingly serious problem that was developing in the country, and urged that steps be taken to combat it. An element of the lay public also became aroused. Six years or so ago a group of socially prominent ladies in Buenos Aires, headed by Doña Hercilia Casares de Blaquier, started a society called the Patronato de Leprosos and organized affiliated groups of ladies in several other cities. This society has probably more accomplishment to its credit than any other organization of its kind in the world.

The purpose of the Patronato is not solely to help individual unfortunates, but also to carry on educational publicity, to work for the enforcement of the leprosy law, and to aid in the creation of entities for the study and treatment of leprosy. Working with sustained energy, supported actively by the press and other agencies of publicity, aided by many members of the medical profession who have given many public addresses and radio talks on the subject of leprosy, the organization has made annually, in various cities but especially in the capital, public appeals for funds with considerable success. In 1934 it financed a world leprosy tour by Dr. J. M. M. Fernandez, of Rosario, and this year has provided for a study trip to the Brazil leprosy center by Dr. S. Schujman of the same city. Last year it built a dispensary-laboratory at the Hospital Muñiz in Buenos Aires. Its most ambitious plan is for the creation of a large hospital and laboratory center in Rosario.

Leprosy institutions.—No summary of the existing facilities for caring for lepers in Argentina has been seen, but it appears that heretofore there has been no special institution worthy of consideration. In total there are only about 300 cases in institutions.

The large Hospital Muñiz, in Buenos Aires, built in 1894 as a contagious diseases hospital, has a leprosy department with a capacity of about 200, but that seems to have served only to take the most advanced cases off the streets.

By all accounts the department that was set aside for them has been thoroughly unsatisfactory. The dispensary-laboratory built by the Patronato de Leprosos and turned over to the municipality last December, at a ceremony attended by the president of the nation and other distinguished persons, has consulting rooms for men and women, provisions for dental, x-ray, minor surgical and physio-therapeutic work, and laboratories for research.

In Rosario the Hospital Carrasco has a leprosy department, with accommodations for 50 patients, but containing 60 patients a year or so ago. It is in this city that the Patronato plans to establish the main leprosy study-center in the country. In Posadas there apparently has been some sort of a place for lepers, but this is described as a miserable "rancho" crowded by its thirty inmates. If there are any other places in the country where such people have been taken care of the past they are certainly of no importance.

Recent developments.—Three years or so ago the national government was stirred anew to action. Early in 1934, despite the fact that in 1933 it had been decided to look elsewhere for a new location because of local hostility to the Cerrito institution, it was proposed that an appropriation of 500,000 pesos be made to rescue that abandoned project from the elements and the returning jungle, and to prepare the buildings to receive 300 patients.

Promptly the local opposition became furious. Not only was it argued that the place would be a danger (the presence of great numbers of mosquitoes, "the principal vector of the infection," was alluded to); the place would also be a stigma, for it would be used mainly to dump the lepers of the rest of the republic on Corrientes, which would become the "cloaca" of the country; the whole plan was a grave injustice, moral and economical, to the province, and it was unconstitutional. Strong criticism of this attitude from other parts of the country availed nothing.

The provincial legislature, after proposing that Cerrito be made an insane hospital (it was also proposed that it be used for a nautical school), announced its intention to build its own leprosarium. This announcement started another controversy, but the plan was pushed forward. A site was secured at San Cosme, some 40 kilometers from the city of Corrientes. On May 26, 1936, the new institution was formally opened. It is said to be on an area of 640 hectares (1,600 acres), parts of which will be allotted to the inmates for cultivation. The inmates will be permitted to live in family groups. How many patients have been provided for is not stated in reports that we have seen. The Patronato de Leprosos is credited with having given material aid to the realization of the project. Thus has arisen the first real leprosarium in Argentina.

Not as much progress can be recorded for the rest of the country, in spite of plans announced in 1934, during the height of the Cerrito agitation. Professor Baliña had proposed the establishment of seven regional leprosaria for: (1) Buenos Aires, province and capital, (2) Entre Rios, (3) Santa Fé, (4) Corrientes, Formosa and Chaco, (5) Misiones, (6) Cordova, and (7) the Salta region. Dr. Susini, head of the department of hygiene, toured the country to investigate the feasibility of this plan. In general the public utterances were in favor of it, though that was while it was in a preliminary state, before the selection of sites had been attempted.

For the territory of Misiones the national government planned to build a leprosarium near Posadas. It was reported that 582,387 pesos had been allotted for the purpose, and bids for its construction had been opened. A violently antagonistic campaign was started immediately, but the plan was pushed forward, and recently it was reported that an institution to accommodate 72 men and 48 women would be completed by the end of the present year.

In Buenos Aires province the legislature approved a plan to construct a leprosarium at General Rodriguez, primarily to relieve the Federal capital, and land was acquired for the purpose. The local reaction was such that a report appeared of a local organization for "communal defense," to oppose by violence if necessary the construction of the leprosarium.

For Cordova province it was proposed to establish a leprosarium in Sobremonte, a distant, dry, hot region near the border of Santiago del Estero; the cost was estimated at 300,000 pesos. We have no information of progress on this project. There was also talk of a small institution (14 beds) near San Vicente, for temporary care of patients awaiting transfer to the main one, to replace something of the sort already there.

In Entre Rios province, below Corrientes, another provincial asylum was planned and, it was stated, a site was selected. There was talk of running a provincial lottery for the support of this institution.

Another provincial leprosarium was planned for Santa Fé. According to one announcement it would be on the Paraná River, midway of the province, though another suggestion was that it should be on the site of a leper hospital built in 1824 by Dr. Manuel Rodriguez, "the first leprologist in the country."

The principal plans entertained for the Santa Fé region center at Rosario, where there is most activity in the study of leprosy. Here the Patronato plans to build an Instituto Científico Experimental de la Lepra, which will be the national center for this activity. In 1934 it announced the acquisition of five hectares of land some eight kilometers from the city, but the going has not been smooth. Unfavorable agitation developed and an ordinance was introduced to prohibit the establishment of a leprosarium in the populated zone of

the municipality or within 500 meters of a main boulevard. However, plans were drawn for an institution comprising a hospital with 200 beds for the early and moderately advanced cases, a skin dispensary for the detection and treatment of early cases, and a laboratory for routine and research work. It is understood that construction has been started.

Another phase of the leprosy problem that has been recognized in Argentina is the care of the children of leprosy parents. It is said that no asylum will receive them, even though they are certified by physicians to be healthy. Last June a bill was introduced in the Chamber of Deputies which, if passed, will provide 200,000 pesos for the erection of a home for such children. An endorsement by Professor Baliña recalled that in 1928 an attempt was made to build an asylum for them, and the first stone was laid, but that opposition on the part of the community had prevented the accomplishment of the plan. This is quite beyond comment.

HONG KONG LEPROSY ORDINANCE, 1935

For many years the view of the authorities of Hong Kong with regard to leprosy was that the disease did not exist on the island or in the New Territories, and that therefore any case discovered there was an imported one for which Hong Kong was not responsible. Consequently, under the original leprosy law the only thing done with a leper found there was to give him a dollar, put him on a boat to Canton, and advise him to get down from there by rail to Shek-lung.

Of late, however, difficulties have been met, the most important being that cases have been encountered in persons of Hong Kong origin and therefore British subjects. In total, it is estimated, there are perhaps 1,000 lepers in the city. A Committee on Lepers appointed last year to consider the matter made recommendations which resulted in the adoption of a new ordinance, which repeals that of 1910. The new measure follows:

AN ORDINANCE TO PROVIDE FOR THE SEGREGATION AND TREATMENT OF LEPERS

1. This Ordinance may be cited as the Lepers Ordinance, 1935.
2. It shall be lawful for the Governor in Council to appoint such places as he shall think fit to be leper settlements for the segregation and treatment of lepers; and every such settlement shall comprise such area as the Governor shall define by proclamation.
3. It shall be lawful for the Governor in Council to make regulations for any of the following purposes: (1) the inspection, examination, and removal of

lepers to a leper settlement; (2) the proper management and sanitation of leper settlements; (3) the discipline and good order of the inmates of leper settlements; (4) the provision of hospital accommodation, outpatient clinics and other facilities for the medical treatment and care of lepers; (5) generally, for the better carrying out of the provisions of this Ordinance, and for the well-being of leper settlements and the inmates thereof. Every person acting in contravention of any regulation shall upon summary conviction be liable to a fine not exceeding fifty dollars, or to imprisonment for any term not exceeding one month.

4. If it shall be brought to the notice of the Director of Medical and Sanitary Services that any person is alleged to be, or is suspected of, suffering from leprosy, he may cause an inspection and examination of the person to be held, of such nature as may be prescribed by regulations made under section 3, or if there be no such appropriate regulation then of such nature as he may deem sufficient.

5. (1) If after such inspection and examination the Director of Medical and Sanitary Services finds the person to be a leper and deems it necessary that he should be segregated, he may order the removal of the leper to, and his detention in, a leper settlement. (2) The Director of Medical and Sanitary Services shall not make such order if in his opinion the leper is able to provide for himself effective isolation and medical treatment elsewhere and if the leper undertakes to secure such isolation and treatment and to abide by such directions as the Director of Medical and Sanitary Services may prescribe. (3) In the event of any disregard or breach of such undertaking or directions the Director of Medical and Sanitary Services may at any time order the removal of the leper to and his detention in a leper settlement.

6. No person detained as a leper in a leper settlement shall leave the settlement without the permission in writing of the officer in charge, and every person acting in contravention of this section may be arrested by any police officer, or by any officer or servant of the settlement, without warrant and conveyed forthwith to the settlement.

7. (1) No person, not being a subject of His Majesty, suffering from leprosy shall enter the Colony without a permit from the Director of Medical and Sanitary Services. (2) The Governor in Council may by order prohibit any leper, not being a subject of His Majesty, who is found within the Colony without such permit, or after any period of residence allowed by such permit has expired, and who cannot show that he has contracted the disease in the Colony, from residing or being within the Colony for such period as the Governor in Council may think fit. The Governor in Council may by the same or any subsequent order direct his departure and fix the time for his departure from the Colony. (3) The leper named in such order shall be detained in the custody of the police until he leaves the Colony and any such order shall be sufficient authority to all police officers to effect his expulsion by any convenient vessel or train as often as may be found necessary.

8. (1) The Governor shall appoint, with their consent, justices of the peace to be visitors of leper settlements for periods to be specified in such appoint-

ments. (2) Such visitors shall be at liberty to enter any such settlement at all times and shall make such enquiry or examination therein as may be deemed necessary and shall render such reports to the Colonial Secretary as they think fit or as may be required by the Governor.

The Attorney General pointed out in a comment that although this ordinance does not expressly make leprosy a notifiable disease, that is done in another enactment; that segregation is to be carried out only when deemed necessary, as it is now realized that that measure is not necessary in all cases; that private leprosy asylums are no longer forbidden, as it is intended to entrust the management of leper settlements to suitable missionary or philanthropic bodies under regulation by the authorities; and that the prevalent idea is that a leper settlement or asylum is not to be regarded as a prison, but as a center for treatment and a retreat for severe cases and those deserted by their relatives. It is noteworthy that provision is made for controlling the immigration of leprosy persons and deporting those that are not British subjects.

BAMAKO LEPROSY INSTITUTE

An institution that is planned to be much more than just another local leper colony has been established under the immediate direction of Dr. Robineau at Bamako, in French West Africa, several hundred miles inland by rail from Dakar. Located some three miles from the town, it is described as divided into four principal parts: a technical section, containing the scientific headquarters (laboratories and pharmacy), and residences for the staff and the visiting workers; a hospital, comprising four buildings with a capacity of 60 patients; the farms, some 100 hectares (250 acres) in extent, where the less disabled inmates will produce food for the community; and an African town on another area of 100 hectares, where 1,500 patients will find accommodation in villages in which the huts are built in accordance with the customs of the different races by which they are occupied.

This institution is the headquarters of the antileprosy campaign in French West Africa, but it is also planned to serve as a center of study of international significance, for facilities are offered to foreign investigators to carry on work there. Dr. Robineau, according to Dr. Valléry-Radot, who was present at the inauguration (*l'Illustration*, Paris), "soit bientôt assisté dans ses recherches par des aides

de diverses nationalités, car le centre d'études de Bamako présente un intérêt mondial."

DAMIEN'S LAST JOURNEY

The remains of Father Damien, who for sixteen years ministered to the inmates of the Kalaupapa Leper Settlement, Molokai, Hawaii, have been laid in their final resting place in the Chapel of St. Joseph, in Louvain. Damien is the name in religion of Joseph de Veuster, a Belgian priest who volunteered to serve at Kalaupapa in 1873, eight years after the settlement was established, when such service was tantamount to accepting a leper's fate. Eventually (in 1885) he contracted the disease, and he died on April 15, 1889, and was buried in a portion of the settlement that was later abandoned.

In 1931 a movement was started in Belgium to canonize Father Damien. In June, 1935, the Hawaiian legislature made an appropriation to preserve as a national monument the area containing his grave and that of his successor, Brother Joseph Dutton. A few months later it was reported that King Leopold had requested that Damien's remains be removed to Belgium, and President Roosevelt offered government transportation to facilitate the transfer. In January, 1936, the body was removed with due formalities, first to Honolulu by an army aeroplane, from there to San Francisco on the U. S. Army Transport *Republic*, and thence by the same ship to Cristobal, where it was transferred to the Belgian training ship *Mercator*. The arrival at Antwerp on May 3rd was signalled as a national event, and the body was received with elaborate ceremonies, in which King Leopold, Church dignitaries and high government officials participated.

Much has been written of Father Damien, who must be looked upon as the representative of a not inconsiderable number of other, equally self-sacrificing, persons who have been infected while working among lepers and who have died unsung. In the year of his death there were published three books on his life, by Clifford, Cooke and Father Pampile. In the following year Robert Louis Stevenson, who happened to visit Molokai shortly after Damien's death, wrote the famous defense of him, which perhaps more than anything else has served to immortalize him. The Autobiography of Brother Joseph (Captain Ira B. Dutton, 1847-1931) appeared in 1931. The interest taken in the removal of Damien's body led to the publication of a new edition of Charles J. Dutton's *Samaritans of Molokai*. Last year there appeared a biography by L. V. Jacks entitled *Mother Marianne of Molokai*. She, an American nun of the Sisters of Saint Francis, went to the Molokai settlement in 1888, before Father Damien's death, and worked there until she died in 1918, past eighty years of age.