

NEWS ITEMS

Missionaries infected.—In European newspapers last year there appeared several accounts of Catholic missionaries who had developed leprosy in line of duty. One of these is the Rev. Leo Lejeune, a Belgian belonging to the Marist Fathers, who had been in Oceania since 1901. He is now at the Makogai colony where, it is stated, a previous chaplain, Fr. F. X. Nicouleau, had contracted the disease and died in 1928. Another recent victim was Fr. Ignace d'Ispre, a Capuchin, who went to Brazil in 1910 and worked at the Tucunbuda leprosarium (which was later abandoned). He developed leprosy in 1923 and was sent back to Milan, but in the following year, after the death—from leprosy—of his associate, Fr. Daniel de Samarate, he insisted on returning to Brazil. The disease progressed steadily and he died in 1934. In Surinam, it is said, Fr. Lemmens started work with lepers in 1887 and died of leprosy, as did one Sister Flérèse. An English nun who had spent forty years with the lepers at Trinidad was said last year to be then dying of the disease.

Leprosy in Lithuania.—There are (1935?) 214 cases of leprosy in Lithuania, isolated in three special hospitals at Riga, Tasai and Cosis, according to a Thèse de Paris by J. Glusckin, noted in the *British Medical Journal*.

Mutiny at Tikilesti, Roumania.—“Panic stalked through the little Danube town of Isacea,” stated dispatches to European papers last February, when 123 lepers, including some 45 women, left the Tikilesti leprosarium and invaded the village in protest against insufficient food and fuel. They captured the town hall without opposition, and as the populace frantically rounded up their children, bolted their doors and attempted to seal their windows “the lepers shouted mockingly their age-old stigmata epithet, ‘Unclean! Unclean!’” The police conferred with the leaders, at a distance, and were forced to guarantee better treatment for them before they would evacuate the village. When the villagers had calmed down somewhat, there ensued a campaign of fumigation of the buildings that the lepers had occupied. Official Roumanian reports had previously stated that in view of the steadily increasing number of cases in the country the leprosarium there had become inadequate, and that the government planned to build a new one with a capacity of 400 inmates.

The Muuli leprosarium in Esthonia.—The Muuli leprosarium, situated not far from the old university city of Tartu-Dorpat, was founded in 1891, according to an account in the *Urological and Cutaneous Review*. In that year there was some agitation about the danger of the spread of leprosy in the country, and a popular appeal for means to construct a leprosarium was made; at the same time a Society for the Control of Leprosy was organized and recognized by the Russian authorities. The leprosarium was opened in September, with accommodations for 17 patients, but the number there has always fluctuated. Since Esthonia became independent, Muuli has been connected with the dermatological polyclinic of the university medical school, under Prof. Dr. Alexander Paldrock, but it is supported by the government, with a Sister of Mercy as superintendent. The patients attend to their own household duties, the men do the outside work and are engaged in shoemaking and carpentry, and each patient has a plot of ground to cultivate.

Indian Council, B.E.L.R.A.—Reports of the annual meeting of the governing body of the Indian Council, British Empire Leprosy Relief Association, note that Rs 313,000 out of the Silver Jubilee Fund had been ear-marked for the Council; that out of its regular revenues for the year (Rs 115,402), allotments of Rs 60,450 had been made to the provincial branches; that the educational and propaganda work carried on since the inauguration of the Association in 1925 is being continued; and that support is being continued for the research work in Calcutta, where 1,686 patients had attended the diagnostic clinic and 924 patients had received treatment. Visits to the homes of known cases had resulted in the detection of many unsuspected cases.

"Calcutta Beggar Menace."—In a booklet with the foregoing title, issued, it is said, by the Rotary Club of Calcutta, the statement is made that there are 2,000 leper beggars in the city who are aided by an equal number of persons who exploit them. It is proposed that there be established a colony, an infirmary, a children's home and a workhouse. It is understood that these beggars, who frequent markets and other places where food is sold, are organized as a sort of guild. A letter in *The Statesman* (Calcutta) from the officials of the Charitable Outdoor Leper Dispensaries, which, in connection with the Church Missionary Society, support the only clinics of the kind in the city, pointed out that beggars form but a small proportion of the leper population in Calcutta; there are many hundreds of others who follow their regular occupations. Last year 1,004 cases received regular treatment in the clinics mentioned; 95 of them had become arrested, 536 were markedly improved, and 223 slightly improved. An appeal was made for support of this work.

A problem of leprosy hospitals.—From Dehra Dun it is reported (*The Statesman*, Calcutta) that the policies of the MacLaren Leper Hospital had to be modified. The hospital, founded in 1879, was intended for the treatment of early cases and not as an asylum for exiled advanced cases, but so many of the latter category had been admitted that much effort and money were being expended uselessly as regards benefits from treatment. The same situation had been allowed to develop with regard to the outpatient clinic, "to avoid the criticism of want of sympathy levelled at the institution by the public." This problem, it may be remarked, is a serious one in any country where the existing leprosaria can care for only a limited proportion of the existing cases. For reasons quite apart from thought of criticism of outsiders, the stark need of many of the people who apply for admission creates a very difficult situation for those who administer those institutions that are intended to operate on a hospital rather than an asylum basis.

Colony for the United Provinces.—A note submitted by a special officer investigating the incidence of leprosy in the United Provinces, in India, reveals an "appalling state of things." Statistical returns from various towns show that, except for three towns, Cawnpore has the highest incidence of leprosy. It is surmised that laborers coming from outside areas spread infection among their fellow workers in the mills, who, in their turn, carry it to the villagers. A scheme has been drawn up for the establishment of a leper colony near Cawnpore.

A mercy killing.—At Bhagalpur, India, a man was charged with having murdered his leper brother, whose life had almost come to an end as the result

of the disease. The accused man confessed that he had done the killing in the name of Allah in order to put an end to his brother's miserable existence.

Leprosy in Burma.—The health report of Burma for 1934 (summarized in the *Indian Medical Gazette*) states that no new survey work had been undertaken, as it seemed best to consolidate in the Minbu and Meiktila districts where surveys had been made. In the latter district the 1931 census gave a rate of 1.3 per 1,000, but a leprosy survey of 19,249 people had revealed 16.6 per 1,000 or (at the same rate) over 5,000 cases among the 310,000 inhabitants. A small colony had been started in Minubu (34 cases at the end of the year), and another was planned for Meiktila, but the hostility of the community had prevented the obtaining of a site.

Treatment in Burma.—The annual report of the Kemmendine Leper Asylum, Rangoon, which at the end of 1935 was full to capacity with 378 inpatients, states that systematic injection treatment of these patients was started during the year. Because this kind of treatment had not been given previously, the patients were reluctant to volunteer, and only 81 took it. Alepol was used during the year but was to be replaced by a mixture of chaulmoogra oil and its ethyl esters. For the outpatients, of whom there were 145 (only 49 of them remaining over from the previous year), the chaulmoogra pills (previously mentioned in these pages) were still used. From Mandalay the annual report of the St. John's asylum states: "A pernicious influence, and one that militates seriously against the purpose served by recognized leper institutions, is the quack doctor who, with his pretensions, claims and spurious nostrums, attracts a good number of patients and keeps them deluded until the last stages of the disease."

Pulau Jerejak settlement in Malaya.—A peculiar situation in Malaya is commented on in the annual report for 1934 of Pulau Jerejak, near Penang, Straits Settlements, of which comparatively little is heard though its population is not much smaller than that of Sungei Buloh, near Kuala Lumpur in the Federated Malay States. Out of the total of 986 inmates 122 were Indians and 799 Chinese—a total of 921—while only 29 were Malays, indigenous to the country. Most of the former groups were immigrants who had entered Malaya infected but with the disease dormant. It is asked whether it would not be worth while to station in the immigration camps specially trained doctors to prevent the entry of persons who have the disease in the earlier stages, which are not readily detected in the ordinary examination. Because of the increasing popularity of the institution and the improvement of modern treatment, it is stated, the number of voluntary admissions was steadily increasing and had reached 234 in 1934, and many of these—though still a minority—were early cases. Deaths had fallen from 16 to 8 percent per annum since 1926.

Condemned lepers saved.—Sixty lepers of Hoh T'ong, a town near Kongmoon, South China, were condemned by the local council to be drowned because they were public nuisances, according to the *Catholic Times* of London. They were saved by the intervention of the Maryknoll Fathers at Kongmoon, whose offer to house them in their own asylum was accepted.

Lepers in Kyoto.—The *Japan Chronicle* stated, last April, that the police of Kyoto had become alarmed at the sudden increase in lepers begging in the

streets. They had discovered over forty men in camps on the Katsura river. After prolonged persuasion nine men agreed to enter a sanatorium, but the others fled.

Australia, Northern and Western.—A travelling medical officer for the far northern parts of Australia has been provided for, according to reports. The appointee, Dr. A. P. Davis, will travel his district to search for leprosy and other diseases among the natives. People of Wooroloo, Western Australia, have agitated for the establishment of a leper colony for that entire region on some suitable island or coastal region. "There is nothing to stop lepers at the Wooroloo lazaret from leaving the institution in the evening," and those "whose friends with cars can bring them to Perth in the evening . . . without anyone being the wiser." However, the Commissioner of Public Health of the State asserted that the leprosy outcry is ludicrous, affirming that the five white cases who constitute the Wooroloo "colony" are sufficiently isolated and offer no danger to the community in the neighborhood.

A millionaire patient.—At one of the Australian leprosaria, it is reported, there recently died a patient who was one of the biggest agriculturists of the country. While he had been in the institution he had installed a radio telegraph station, through which he directed the operation of his farms, fixed the price of cattle, and even dealt in the stock market.

Lavongai colony in New Guinea.—According to the *Pacific Islands Monthly* an observation colony is to be established at Taskul, New Hanover district, New Guinea, to house quiescent cases from Anelau. It is hoped that in time the colony will become self-supporting. The cultivation of land and the housing, etc., are to be worked on a community basis. Surplus foods and materials will be sold for the benefit of the whole colony.

Transporting patients to Makogai.—A steamer was chartered by the government to bring 48 lepers from Tarawa, Gilbert Islands; it arrived in the group on November 2nd and at Makogai on the 14th. Another expedition to bring 35 persons from the Cook group and Samoa, this time by a Government steamer, had a most unpleasant experience when one of the patients went mad and injured three others before he could be subdued.

Infection of Penrhyn Island.—A writer in the *Press* (Churchill, N. Z.) relates the supposed way in which Penrhyn Island (Tongareva), of the Cook group, from which 20 cases of leprosy were taken recently to Makogai, was infected about the middle of the last century. A native of that island who had joined a whaler got as far as Hawaii and also stopped at Samoa, where he married; when he returned to Penrhyn he was apparently leprous. Later a leprous European sailor stayed for a while on the island. A sailor from a private yacht who had been recruited at Tahiti was dropped at Penrhyn because the crew feared his disease.

Solomon Islands; re-establishment of the leprosarium.—It has been reported from Australia that the Bishop of Melanesia has been able to secure money for the re-establishment of the asylum at Quibaita, Malaito Island. This asylum was closed during the depression because of lack of funds and difficulty in securing personnel, and the huts were destroyed. The money obtained would permit erecting fifteen improved though simple houses at a cost of £12 each. The permanent dispensary built with funds provided by the British Empire Leprosy Relief Association was re-opened. Funds for maintenance will have to be secured

as time goes on. This colony is intended to serve all of the Solomon Islands, from where of late years cases have been sent to Makogai in Fiji. The number of cases on Malita alone is estimated at 400.

Captured by lepers.—A story in *Feuille d'Avis* (Neuchâtel), headed "La terrifiante aventure d'un marchand capturé par les lépreux," tells of the experience of a trader who had lived for many years on the island of Manihiki, in Polynesia. One day last year he saw near his beach a modified junk which signalled the need of food and water. He went aboard with supplies to negotiate, whereupon anchor was immediately lifted, and he found that he had been abducted by a dozen lepers. They demanded that he navigate their boat to a certain island, and he overheard a plan to dispose of him afterward. Near Tongewara Island he found himself unobserved and managed to beach the boat and escape through the surf. On the following morning the boat was found destroyed by the elements, but there was no trace of the lepers.

Revolt at Cairo.—News dispatches from Egypt last June told of a revolt of the inmates of the Abou Zabal leper settlement near Cairo against alleged ill-treatment. The immediate reason for the uprising was not stated, but it appears that five days previously 40 inmates had escaped because their demand that their wives and children be allowed to live with them had not been granted; these men had been returned to the colony. During the revolt police armed with shotguns were called out, and these were forced to fire upon the rebellious inmates. Fifty lepers and twenty other persons were said to be wounded, the injuries of two persons on each side being serious. One dispatch stated that the injured included two nurses.

Developments in Ethiopia.—A United Press dispatch sent out last May stated that Marshal Badoglio had announced that the leprosy hospital established by an American mission organization in Addis Ababa would continue its normal activities, but under the direction of the Italian medical corps. Earlier dispatches had stated that Italian soldiers were aiding in rounding up a number of lepers who had left the hospital to beg by the roadside during the disturbance accompanying the occupation of the city. More recently the Reuter agency announced from Rome that a hospital and home for lepers is to be built in Ethiopia by the Knights of Malta. The hospital will be built in Tigré and will be run by the Order itself. It will be open to lepers from the whole of "Italian East Africa."

Colonies in French Cameroons.—A report issued last year stated that there were 16 farm colonies for lepers in the French Cameroons, housing a total of 3,213 patients. A new colony for 100 patients was being completed in Yaoundé.

Camundongo, West Africa.—At Camundongo, four hundred miles by rail from Lobito, Portuguese West Africa, is a leper colony with 300 inmates living in tiny huts. "Most of them are self-supporting," states a report, though they receive one meal a day from the mission which runs the nearby hospital.

The Makete settlement in Tanganyika.—Between the small town of Toukyou and the northern end of Lake Nyassa is the unusual leper settlement of Makete, under the direction of the White Fathers, who are aided in the care and treatment of the patients by the White Sisters, maintaining a dispensary and a hospital nearby. Makete is not an ordinary leprosarium, but a colony where each

of the neat native houses is occupied by a family one or more members of which have the disease. The houses are arranged in a dozen villages, extending for a distance of eight kilometers, according to a description in *La Croix* (Paris). The government makes an annual appropriation for this work and supplies the necessary medicines, and the medical officer at Toukoyou visits the place once a month to supervise the treatment. There are about 1,300 lepers around Makete, of which 500 reside in the settlement. Patients whose condition prevents them from going to the dispensary are visited in their homes, and those who live too far away to go there receive their injections at a center some distance away.

Southern Rhodesia.—The report on the public health of Southern Rhodesia for 1935 has much to say about leprosy, according to the *Medical Officer* (London). In that year 1,359 cases were treated. As in other parts of Central Africa, little is known of the general conditions, and most of the known cases come from around the principal centers of population. There is an apparent, but not real, increase in the disease. An attempt is made to prevent the immigration of persons with leprosy, but as early leprosy is difficult to detect and the frontiers are lengthy and often ill-defined, this measure can be only partially successful.

South Africa.—The annual report of the Department of Public Health, Union of South Africa, for 1934-35, states that there are 2,144 cases of leprosy under treatment in the Union, and that 1,405 had been provisionally discharged from the leprosy institutions.

Leprosy in Mauritius.—The annual report for 1934 of the Medical and Health Department of Mauritius shows an almost stationary leprosy population. There were 47 cases at the beginning of the year (36 males and 11 females), with 6 discharges, 4 deaths, and 11 admissions during the year, leaving 48 on December 31. From a legacy the patients are supplied with materials for agricultural and other activities.

Committee on leprosaria, Brazil.—The Minister of Education and Public Health of Brazil has appointed a committee from the members of the staff of the National Department of Public Health to superintend the construction of national leprosaria. The members are: Dr. Theophilo de Almeida of Rio de Janeiro, the founder and director of the Hospital-Colônia de Curupaity, for the State of Minas Geraes; Dr. Luis Medeiros of Parana, formerly director of the Leprosario São Roque, for the State of Rio Grande de Sul; Dr. Bonifacio Costa for the States Pernambuco and Parahyba; Dr. Antonio Pery-Assú for the State of Pará; and Dr. Decio Parreiras for the States of Rio de Janeiro and Espirito Santo. [H. C. DE SOUZA-ARAÚJO.]

Leprosy in São Paulo.—A story in the *Jornal do Brasil* states that of about 5,500 known cases of leprosy in the State of São Paulo 4,235 are in leprosaria, and the remaining 1,200 or so are expected to be interned by the end of 1936. This state, which is attacking its problem very energetically, is establishing a series of model leprosaria throughout the region. It is said that 396 incipient cases are under treatment, with excellent results.

New leprosarium in Rio Grande do Sul.—A law has been passed authorizing the expenditure of 450 contos de réis by the state of Rio Grande do Sul for the purchase of land in Lagoa Grande for the proposed leprosarium of Itapoam.

Ministry of Health of Venezuela.—On February 25, 1936, the president of Venezuela issued a decree creating a Ministry of Health and Social Welfare, under which come the leprosaria of the country. Shortly afterward arrangements were made for Dr. Martin Vegas, of Caracas, to make an extensive visiting tour to leprosy institutions abroad.

Personals.—PROF. ROGER ADAMS, of the department of chemistry in the University of Illinois, has been awarded a William Gibbs Medal "for outstanding and fundamental contributions to synthetic organic chemistry." Conspicuous among the accomplishments noted in the announcement of the award is his synthesis of chaulmoogric acid, and of analogous compounds which "are believed to be even more efficient" for the treatment of leprosy.

DR. ETIENNE BURNET has been appointed director of the Institut Pasteur de Tunis, to succeed Dr. Charles Nicolle, who died recently. Dr. Burnet will retain his connection with the Health Organization of the League of Nations as secretary of the leprosy committee and also will continue as a member of the managing committee of the International Leprosy Center at Rio de Janeiro.

DR. T. M. CLOUSTON has assumed the position of government medical officer at Nauru, and is taking up actively the treatment of the lepers in that particularly interesting area.

PROF. E. P. FIDANZA, of Rosario, Argentina, was recently invited to speak before the medical society of Paraná, Brazil, on some aspect of the leprosy problem.

PROF. H. GOUGEROT, of Paris, has succeeded the late Professor Jeanselme in charge of the clinic of skin and syphilitic diseases at the Faculté de Médecine.

DR. E. MUIR, medical secretary of the British Empire Leprosy Relief Association, has returned to London from a tour of West Africa.

DR. J. J. DU PRÉ LE ROUX resigned last January as medical superintendent of the West Fort Leper Institution, near Pretoria, South Africa, to take another position in the health service. DR. H. MOSTERT acted as medical superintendent for four months, until Dr. J. H. LOOTS, recently of the Capetown Infirmary, was appointed to that position.

DR. SOLOMÓN SCHUJMAN, head of the leprosy service of the Hospital Carrasco in Rosario, Argentina, has recently made a study trip under the auspices of the Patronato de Leprosos, to the International Center in Rio de Janeiro, Brazil.

MÉDICIN-GÉNÉRAL SOREL has been appointed Inspector-Général du Service de Santé (in reality the director of health of the Colonial Ministry), to succeed Médecin-Général Boyé, retired. General Sorel's career has been mostly in Africa, from the time of the colonial conquest, though he has also been director of health of the colonial troupes in Indo-China. He is the author of important publications on leprosy, especially rat leprosy. At Dakar he served on the leprosy commission. At Hanoi, Indo-China, he energetically advocated leprosy control work along modern lines. With the Governor-General of French West Africa, he is to be credited with the creation of the Bamako center. It is expected that he will work for the development of leprosy prophylaxis in the French colonies. [ET. BURNET.]

DR. H. C. DE SOUZA-ARAUJO, of Rio de Janeiro, has been nominated Knight-Commander of the Ordre Militaire et Hospitalier de Saint Lazare de Jérusalem.

DR. MARTIN VEGAS, of Caracas, Venezuela, is on a tour of leprosy institutions which will take him as far as the Philippine Islands and India.