LEPROSY NEWS AND NOTES

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

REMOVAL OF THE ASSOCIATION OFFICE

The office of the British Empire Leprosy Relief Association in London has been removed from 131 Baker Street, W.1, to 115 Baker Street, and that also becomes the address of the office of the International Leprosy Association, which in the matter of its general secretary-treasurership is dependent upon the other organization. This change has resulted from increased activity of "BELRA," which had quite outgrown the smaller quarters which sufficed for several years. It is understood that the results of a recent radio appeal for financial support far exceeded all expectations, indicating a highly sympathetic attitude on the part of the public toward the work of the organization.

DISCUSSIONS ON LEPROSY IN ENGLAND

Several notes in the *British Medical Journal* and elsewhere indicate an at least momentarily increased interest in England regarding certain problems of leprosy. Some of this interest appeared in discussions in Parliament.

At an Oversea Conference of the British Medical Association, held in Belfast in July, 1937, a resolution was introduced calling attention to the urgent need for increased support, by the governments concerned, of the campaign for the eradication of leprosy in the British Empire. An objection was raised, it being contended that leprosy is being boosted out of all proportion to its importance from the public health point of view, that malaria causes a far greater mortality than leprosy, and that any further funds that might be devoted to public health work would much better be spent on malaria. Nevertheless, the resolution was adopted.

In correspondence in the *British Medical Journal* [**2** (1937) 1300] the objections were noted and the other side of the question was argued, because "if these objections cannot be answered a

doubt arises as to whether such an organization as the British Empire Leprosy Relief Association . . . may not be but another example of well-intentioned but mistaken zeal for humanitarian causes." Admitting frankly that mortality from malaria is enormously greater than that from leprosy, this letter points out that there is much to be said for the other side. It is argued that from the point of view of misery and suffering, leprosy holds perhaps the highest place among diseases of humanity (Muir is quoted as saying that one of the sad things about it is that it does *not* kill), and that for peoples at a low level of personal hygiene there can be little more effective health propaganda than is involved in leprosy work among them. The special features of this disease, it is asserted, give it an importance from the public health point of view that cannot be measured by statistics of mortality or of morbidity.

The resolution in question was referred by the Council of the Association to its Dominions Committee. One member thereof argued that there was no neglect of the leprosy problem, that concentration of funds on it would lead to neglect of other phases of public health work, and that treatment of individual cases would never stamp out leprosy—that it will die out in the tropics, as it had in England, only through a raising of the level of existence. The Committee agreed to advise the Council that in its opinion the work on the "treatment and cure" of leprosy was not being neglected and that no useful purpose would be served by making representations to the government on the lines suggested. [What action has been taken by the Council, if any, has not been learned. The attitude of the general public is indicated in the preceding item.]

In Parliament the matter of leprosy in England was brought up twice, in November and December. The Minister of Health was asked if he was aware that out of the 60 known lepers in Great Britain only 12 can receive treatment in homes suited for that purpose, and if it was proposed to take any action to remedy this state of affairs. It was replied that the Minister was advised that under the conditions which exist in England leprosy is very unlikely to be conveyed from one person to another, and that no action would appear to be called for in the interest of the public health.

In reply to a later question the Minister of Health is quoted as saying that cases of leprosy were not required to be reported to his department, but he had information of 38 such cases in the country. In only four, over a long period of years, was it con-

sidered that the infection was incurred in England. In each of them there was a history of prolonged and intimate contact with a person who contracted the disease abroad. There was only one colony, for twelve patients. Because prolonged and close contact with an infected person is necessary for the transmission of this disease, the risk of transmission under the conditions normally existing in England is negligible. Steps are being taken by the managers of the one existing colony to raise voluntary funds for an extension of accommodations.

Prof. J. M. H. Macleod, chairman of the St. Giles Homes for British Lepers, stated recently in a lecture that the number of cases in the country could not be estimated, that the figures usually given, 75 or 100, were pure guess-work though perhaps not far wrong. He said, according to the *Times* (London), that the present situation, in which lepers could travel freely in public conveyances, attend places of entertainment, and even live with their families in close association with young children, cannot be regarded as a credit to an enlightened country with an active ministry of health. In some cases there is danger of infection and supervision is advisable.

ORGANIZATION IN FRENCH TERRITORIES

The following excerpt from the *proces verbal* of a session of the Commission Consultative de la Lèpre, held in Paris on May 13, 1938, during a visit in that city of several leprologists from South America after the Cairo congress, summarizes comprehensively the principles and practice of leprosy work in French territories.

M. Sorel fait un exposé de l'état actuel de la lutte contre la lèpre dans les colonies françaises. Complètement réorganisée d'après les directives de la Commission consultative instituée le 16 septembre 1931 au Ministère des Colonies, la prophylaxie est basée sur quatre grands principes:

1° Recensement de tous les lépreux et dépistage précoce des cas de début.

2° Isolement humanisé de tous les lépreux, soit à domicile sous controle (cas légers, cas non contagieux et malades aisés), soit dans une colonie agricole (cas moyens, malades contagieux mais encore valides et améliorables sinon curables), soit dans un asile (cas très avancés).

3° Traitement prolongé du plus grand nombre possible de lepréux, à domicile, dans les dispensaires, dans les organismes de ségrégation.

4° Propagande éducative visant à la fois à répandre les notions élémentaires de propreté et d'hygiène et à enseigner que la lèpre est contagieuse et évitable.

Les efforts accomplis n'ont pas été les mêmes dans toutes les colonies. Chacune s'est équipée selon ses ressources. Aussi faudrait-il pouvoir décrire

ce qui a été réalisé dans chacune d'elles: ce serait trop long, et M. Sorel ne peut donner que les renseignenents les plus saillants.

L'A.O.F., avec son Institut Central de la Lèpre, est l'une des mieux organisées. Le total des lépreux recensés jusqu'à ce jour dépasse 30.000. L'Institut se compose d'une cité technique (logements, laboratoires, un pavillon réservé aux hotes scientifiques) et d'une cité hospitalière (4 pavillons d'hospitalisation et 4 colonies agricoles). Deux médecins sont affectés à l'Institut. Sa capacité hospitalière est de 550 lits. Outre l'Institut de Bamako, l'A.O.F. possède 2 asiles et 6 colonies agricoles.

Au Cameroun, 18.768 lépreux ont été identifiés. Le tiers environ est réparti et hébergè dans 30 colonies agricoles.

À Madagascar la prophylaxie antilépreuse a été réorganisée en 1935. Elle relève depuis cette date d'un service spécial rattaché à l'Institut d'Hygiène de Tananarive et dirigé par un médecin spécialisé. Jusqu'à ce jour 6000 lépreux ont été recensés. Un plan de rénovation des organisations existantes et de construction de nouvelles formations a été établi, dont la réalisation doit s'échelonner sur cinq années.

En Indochine, le chiffre total des lépreux est évalué à 12 ou 15.000. Mais le nombre connu n'est que de 4057. L'armement antilépreux se compose actuellement d'un asile et de 15 colonies agricoles. La ségrégation dans ces villages spéciaux bien organisés est très facilement acceptée en Indochine.

Dans les autres colonies, notamment dans l'Inde Française, dans la Nouvelle Calédonie, à la Guadeloupe, à la Martinique et à la Guyane, la lutte a été intensifiée et partout des résultats encourageants ont été obtenus.

M. Sorel termine son exposé par quelques mots sur les traitements utilisés: injections intraveineuses d'huile d'*Hydnocarpus wightiana* neutralisée à moins de un pour mille; injections intraveineuses d'esther de chaulmoogra; injections intramusculaires d'huile de chaulmoogra partiellement neutralisée à l'alcool.

M. Fernandez demande comment fonctionne le service de la lèpre au Ministère des Colonies et si chaque colonie a une réglementation sanitaire spéciale.

Le President explique le fonctionnement de la prophylaxie de la lèpre. Les directives générales élaborées par la Commission consultative qui se réunit une fois par mois, sont transmises aux diverses colonies par l'Inspection Générale du Service de Santé du Ministére des Colonies.

Les premières directives après une étude qui a duré plus d'une année, ont été appropriées aux 3 groupes de pays qui constituent notre domaine colonial:

pays où les populations sont encore primitives, comme l'A.O.F.

pays où les habitants sont citoyens français, comme la Guadeloupe, la Martinique, la Réunion, la Guyane

pays où la population comprend des citoyens françcais et des indigènes, comme la Nouvelle-Calédonie.

Chaque colonie possède une direction sanitaire, dans les attributions de laquelle rentre la prophylaxie de la lèpre au même titre que la prophylaxie des autres fléaux sociaux. Le Directeur organise la lutte en s'inspirant des directives de la Commission, et tous les médecins de colonisation en service dans l'intérieur du pays participent à l'exécution du programme établ après

accord avec les pouvoirs publics. Certaines colonies ont, comme il est très souhaitable, institué un service de la lèpre, à la tête duquel se trouve un médecin spécialisé. C'est le cas de l'A.O.F. et de Madagascar.

Les dispositions libérales qui ont remplacé la ségrégation obligatoire dans les léproseries ne représentent sans doute pas un point de vue prophylactique ce qu'on peut faire de mieux. Mais les résultats obtenus sont très intéressants alors que l'ancienne réglementation avait pour effet de faire cacher tous les lépreux et de rendre par conséquent inopérantes les mesures prises. Les vieilles léproseries, comme par exemple celle de l'Acarouany en Guyane, ou de l'île de la Désirade aux Antilles, ont été supprimées ou aménagées en asiles pour ne plus recevoir que les grands impotents.

THE SITUATION IN CHINA

Leprosy work in China has suffered greatly from the war, except in the International and French Concessions in Shanghai. In the foreign settlements combined efforts are made to control the influx of lepers, some of whom have come in with the hundreds of thousands of other refugees.

In consequence of this movement, Shanghai has probably never had as many lepers as at present. Despite the reduction of the number of cases when the Shanghai leprosarium was moved into the city, there are now close to 100 patients. The International Relief Society of Shanghai has been aiding in their care by a monthly grant to The Chinese Mission to Lepers. The China Medical Association, through its Council of Public Health, has opened a leprosy clinic in the city, and with the help of the public health officials it is carrying on a well organized leprosy control campaign.

Other leper projects in China are suffering greatly, as could be expected. In Jukao, where there is considerable leprosy, the clinic inside the city had to be given up, but steps are being taken to re-establish work in the country. On the other hand at Tsinan and Tenghsien, where there are leprosaria and clinics, work is still going on. The income of the Chinese Mission to Lepers has been curtailed, though the bulk of its income is a grant from the American Mission to Lepers, but by a policy of retrenchment it has survived the crisis so far.

Since the outbreak of hostilities in Shanghai the national leprosarium, built in the country outside of the city, has been moved three times. On November 11, 1937, when Tazang became the scene of one of the fiercest battles, the patients were evacuated to the Chung San Hospital, in the southern part of the Chinese city. Only about one-half went there, the others dispersing

to their home towns in the country. On December 7th the second removal was found necessary, and was done on short notice, as a sequel to the general retreat of the Chinese troops from Shanghai. This time it was removed to the Fourth International Red Cross Relief Camp, which was being run under the auspices of the Salvation Army; no Chinese were allowed to visit the patients and Dr. L. S. Huizenga undertook to supervise them. For a little over a half year the patients got along quite well in their emergency home, but on May 14 word was received that the whole camp ground must be cleared before June 15. After prolonged but fruitless search for a suitable unoccupied building or vacant ground, Dr. Alfred Sze, the former Chinese ambassador to London and Washington, offered the use of a plot of private vacant land and the patients were moved for the third time, to matsheds lined with paper for protection from the cold. These removals have added greatly to the financial burden to the supporters of the institution. It is hoped that the next move will be back to Tazang, where the buildings are still intact, though emptied of their contents, including the laboratory equipment and even the doors and windows.—[From a contribution from Dr. L. S. Huizenga and notes in *The Leper Quarterly.*]

LEPROSY INSTITUTIONS IN JAPAN

Developments in Japanese leprosaria in 1937 are related briefly by Mr. A. Oltmans in his annual report as secretary for Japan of the American Mission to Lepers. [For a list of these institutions from the same source see the JOURNAL **5** (1937) 220.]

There were few noteworthy changes in any of the eight private institutions, but the total number of inmates in them had lessened from 672 in 1936 to 614. The St. Barnabas home at the hot springs resort of Kusatsu is taking in no new patients, referring all applicants to the recently built National leprosarium nearby, but the official plan to transfer the inmates gradually to the new place has not been successful as yet because they are loathe to leave the hot sulphur springs, which they consider beneficial. Expansion of Tokyo has brought I-hai-en, one of the oldest leprosaria in Japan (still superintended by the wife of the founder, Mrs. K. Otsuka, now aged 84) within city limits, and in consequence considerable physical improvement has been required, the expense of which has in part been met by grants from the government.

Of the five prefectural leprosaria, built in 1909 as the first move of the government to deal with the leprosy problem, the four in operation during the year had 3,515 inmates, an increase of practically 500. Sotojima, located outside Osaka until destroyed by a typhoon in 1934, was being rebuilt on Nagashima Island, near the city of Okayama and beside the National leprosarium Ai-sei-en; it was expected to be ready to function before the end of the present year. Hoku-hu Hogo-in, near Aomori, north of Tokyo, has carried on during the reconstruction necessitated by the fire that destroyed nearly the entire plant; the rebuilding cost considerably more than a million yen. The largest of these institutions, Zensei, near Tokyo (1,200 inmates), is perhaps unique in that a clinic for treatment of diseases other than leprosy is operated there for the benefit of people of the neighborhood, adding to its popularity. There was at first severe opposition to the establishment of the leprosarium in this vicinity but, it is stated, no case of leprosy attributable to its presence has occurred in the neighborhood in the thirty years of its existence.

It is in the field of national institutions that most changes are occurring. The first of these, Ai-sei-en on Nagashima island, opened in 1931 (Dr. Mitsuda, Director) has now 1,361 patients, an increase of 350. The second, Kuriyu Raku-sen-en, near Kusatsu, opened in 1934, is under the special patronage of the Japan Leprosy Prevention Society; it has only 433 patients. Kei-ai-en, opened in 1935 (Dr. F. Hayashi, Director) is growing and now has 447 inmates. Three additional leprosaria are contemplated in the government's program of expansion, to which the Mitsui Hoonkai contributed over two million yen. One of them, Airakuen, at Hanejimura, Kunigama, Okinawa, in the Ryukyu (Liukiu, or Loochoo) islands in the southernmost part of the archipelago, had already begun to function. Another, near Sendai north of Tokyo, is expected to be opened early in 1939. The last, near Tattori in the Aichi Prefecture, north of Okayama, was to be put under construction this year.

The total number of patients in all of the leprosaria, including 94 children under 12, was 6,390 at the time of the report, nearly 1,400 more than in 1936; 239 untainted children were also being cared for. It is stated that doubling the present hospital capacity would permit hospitalization of "all known cases," but at the same time it is mentioned that a thorough survey of the children of lepers is much needed. Unhospital-

ized groups of lepers on the outskirts of some of the cities still continue a problem.

[These reports of Mr. Oltmans are unique in that each of them gives a succint review, with statistics, of all of the leprosaria of the country—with nothing said, however, of outpatient clinic work at other institutions—and notes at least the major developments in them. This is a form, or objective, that might be adopted with profit by those who report annually on institutions in other regions.]

In Korea, according to a report by Dr. J. Noble Mackenzie published in the *Japan Weekly Chronicle*, there were nearly as many patients in institutions as in Japan proper: 3,800 in the government leprosarium and an average of 700 in each of the three operated by missions. The situation differed from that in Japan in that there were always hundreds of others seeking admission, for whom there was no accommodation. For that reason the law under which leprosy is a notifiable disease remains inoperative. The situation is described as acute, with thousands of lepers who should be segregated. It was understood that the government planned to enlarge the capacity of its place to 6,000.

PRIZES FOR ORIGINAL RESEARCH

Doctor H. C. de Souza-Araújo, of Rio de Janeiro, has created, in the National Academy of Medicine of that city, two prizes each of 1:000$00 (one conto de reis, or about 2,000 French francs), to be granted by the said Academy on June 30th, 1940, to the authors of the best original and unpublished works presented to the Academy before April 30th, 1940, on the subjects of the Bacteriology of Leprosy and on the Immunology of Leprosy. The papers may be written in Portuguese, Spanish, French or English.

The first prize is called "Premio Kedrowsky," in homage to the memory of Professor W. Kedrowsky who died last December in Moscow, and the second is called "Premio Lleras Acosta," in homage to the memory of Professor Federico Lleras Acosta, of Colombia, who died in Marseille last March, on his way to Cairo to attend the International Congress of Leprosy. Communications about this matter should be addressed to the Secretary, Academia Nacional de Medicina, Syllogêo Brasileiro, Rio de Janeiro, Brazil, S. A.

EARL BALDWIN McKINLEY

Dr. Earl Baldwin McKinley died tragically, presumably on July 29, 1938, when the "Hawaiian Clipper" of the Pan American Airways disappeared between Guam and the Philippines. A prolonged and intensive search revealed no definite trace of the airship and it was given up as lost.

Dr. McKinley, born on September 28, 1894, and graduated in medicine from the University of Michigan in 1922, was a bacteriologist by specialty but his interests were broad. He had been dean of the George Washington Medical School, in Washington, D. C., since 1931, and for three years before that was director of the School of Tropical Medicine in Puerto Rico. He was one of the most prominent medical men in the United States, particularly in the field of medical and related scientific organizations, and among other things was a member of the National Research Council and of the executive committee of the American Association for the Advancement of Science.

Dr. McKinley became interested in leprosy in 1928 while he was serving in the Philippines as a field director of the Rockefeller Foundation, but his actual work in that field began in 1931 when he and Dr. M. H. Soule cultivated an organism from leprous tissues which those who are most familiar with it believe is the actual leprosy bacillus. Since 1932 he had been on the Medical Advisory Board of the Leonard Wood Memorial and was one of the most deeply interested and helpful members of that body.

In 1937 he spent the summer in Manila under the auspices of the Memorial doing further cultivation work and, with local workers, making skin tests with a large variety of antigenic substances which he had brought from the United States. [Articles on both of these lines of work have appeared in the JOURNAL.] The primary purpose of his last voyage was to collect, with a colleague from the Carnegie Institution in Washington, samples of air from high altitudes over the Pacific for biological study, but he was also bringing new antigens, one prepared at the Henry Phipps Institute in Philadelphia and another from a chromogenic culture recently isolated by himself from a leper in Washington, and was to initiate skin testing with them in Manila in the two or three days that the "Clipper" would take to complete its trip to Hong Kong and return.

The sense of loss felt by a host of friends and colleagues

was, of course, aggravated by the manner of his loss and the days of suspense that followed it, but his influence will long be deeply missed. Referring to only two of the many phases of his activity, Dr. H. H. Donnally, Professor of Pediatrics of the George Washington Medical School, wrote:

> His place cannot be readily filled for a long time. The next few years will prove how much George Washington will miss the leaven of science worked up by Dr. McKinley.
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> He gained recognition for the School by the publication of the contributions of its various departments, and by having outstanding scientists visit and address our students and faculty.
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> He organized the Academy of Medicine of Washington which is likely to be a monument to his originality and to his quick recognition of the appropriateness in Washington of an organization comprehending leaders in science basic to medicine and practitioners of medicine.
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> He was an inspiring leader and did many other things to advance the School, to enrich its student life, and to stimulate accomplishment by men composing the faculty. He was enthusiastic and sympathetic for our scientific aspirations and ambitions.
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> He lived the adventurous life, explicitly so, and lost his life a martyr to scientific endeavor.