

## NEWS ITEMS

*Memorial survey unit in the Virgin Islands.*—Dr. G. M. Saunders, epidemiologist of the Leonard Wood Memorial, after an extensive tour of leprosy countries is arranging to establish an epidemiological unit in the Virgin Islands. The island of St. Thomas has been chosen for this purpose; it is small, with a population of only 6,000 persons and a fairly low leprosy rate. Cooperation of the United States Public Health Service has been arranged for, and the local administration has secured funds to provide the field personnel. The Cebu epidemiological unit of the Memorial, first set up in 1933, will be continued as previously. An effort is being made to arrange with entities doing similar work in other countries so that their data may be subjected to statistical analysis uniformly with those collected by the Memorial's units.

*Film of São Paulo institutions.*—The leprosy prophylaxis department of the State of São Paulo, Brazil, has prepared a film, with sound, showing and describing the leprosy institutions in that state. A showing of this film was one of the features of the Cairo meeting, and all who saw it were much impressed with the excellence of provision for the inmates and the physical attractiveness of the institutions.

*John Early dead.*—Probably the world's most publicized leper, John Early, died in the U. S. Federal leprosarium at Carville, Louisiana, last February. Presumably infected in the Philippines where he served as a soldier, he was found to have leprosy in 1908, thirty years ago. He was isolated, released when a New York dermatologist said that he could find no trace of the disease but nevertheless driven from his residence by an apprehensive community, isolated again on the basis of a report from Hansen that he had found the bacillus in a specimen that had been sent him, sent to Carville (then the Louisiana State Leper Home), released as an arrested case in 1928 (Federal authorities were then in charge of the institution), and finally returned there for the last time, supposedly having relapsed. An account in the *New York Times* tells of his disappearances and frequent elopements from the leprosarium, during one of which he appeared, to the embarrassment of all concerned, in the room in Washington in which a congressional committee was considering a bill proposing the creation of a Federal leprosarium. "The bill," the *Times* states laconically, "was passed."

*"Leprosy and exaggerated fears."*—Such is the title of an article in *West Africa* (London) in which are related two odd stories. One is that "some of the pleasant fellows in the U.S.A. whose form of enterprise is the kidnapping of persons of means" for ransom, informed the relatives of one victim that unless a certain sum should be paid he would be made a leper. "One wonders how they would set about it," the periodical remarks. The other story is of a decision of a court in one of the British territories denying the petition of the wife of an Englishman who was superintendent of a leper institution that a maintenance order should be made against him. She refused to accompany her husband to the place, though the local government was willing to pay her passage out and home in order that she might see the conditions for herself. Lack of sympathy for the lady is indicated. At about the same time the British Empire Leprosy Relief Association was moved to issue a statement regarding the danger of infection of those who work among lepers. This, as reproduced in *The Scotsman* (Edinburgh), is as follows:

There has been a certain amount of correspondence in the Press recently, they state, regarding the danger of doctors, nurses, lay workers, and others, contracting the disease as a result of working at a leper colony or among lepers. This is entirely contrary to modern experience. No one working for us has ever been so attacked, and, with ordinary precaution, there is no reason why they should be.

There is no more danger of doctors, nurses, and others working in well-conducted leper settlements contracting leprosy, than there is of doctors and nurses working in tuberculosis sanatoria contracting tuberculosis.

*Spinalonga, Crete.*—A note on this settlement, in *Without the Camp*, states that there are now 350 patients there, sent from various parts of Greece. The government makes provision for their food and clothing, but there are no facilities for occupation. Nothing is said about treatment.

*The lepers of Turkey.*—There are still many lepers in Turkey. At Scutari, the suburb of Stamboul, is a large leprosarium, but the proximity of the large city creates irregularities, the lepers finding means of leaving their buildings for a tour of the town. These evasions cause panic in Stamboul. But henceforth the danger of infection will cease to exist. All the lepers of Turkey are to be gathered in a large lazaret which is to be established in the neighborhood of El-Agir in East Anatoli. Stamboul will be at peace and so will the lepers.—[From *Lep. Rev.* 9 (1938) 138.]

*A new colony in the Belgian Congo.*—A new colony was inaugurated last year at Tunda Station, in the Belgian Congo, according to a note in *Without the Camp*. All of the buildings, which comprise 59 houses for families, two wards for bedridden patients and treatment room, laboratory, office and store-room, were constructed by the local government. These are of native materials but are well constructed and whitewashed inside and out. There is ample garden space, of good soil, and the water supply is near. The government provides food for the patients and some garden implements, and is expected to supply drugs for treatment. Women with young children are persuaded to give them up, to be cared for in an orphanage.

*Attitude regarding segregation in Uganda.*—A suggestion that lepers in Uganda should be segregated compulsorily is not to be followed by the government. This statement is reported to have been made in Parliament by the Secretary of State for the Colonies who added, first, that it would lead to concealment of cases, and second, that recent reports from Uganda do not bear out the opinion that the disease is increasing there.

*Sierra Leone, 1935.*—It is reported that there was a further increase in the number of new cases reported, 245 as against 212 in 1934. During the year a leprosy survey was made, the results of which show that there are about 3,600 known cases in the colony and protectorate. The question of establishing a leprosarium was under consideration.

*Southern Rhodesia, 1936.*—New admissions to the three leper settlements in the country totalled 432 during 1936, bringing the whole number to 1,315; but as 590 were discharged or died the number on the registers at the end of the year, 728, was less than in the previous year. The reduction is believed to be a genuine fall of incidence, according to a summary in the *Medical Officer* (London) of the annual report of the medical director. Treatment is much more hopeful than it used to be supposed, and 213 of the cases discharged were arrested, this being half as many as were admitted.

*Construction at Makutupora, Tanganyika.*—The difficulties of construction met with in one part of Africa are so foreign to experience in other parts of the world that the following account from *Without the Camp* is reproduced verbatim: "Erosion and a large population have given the district in which the leper settlement is situated certain characteristics. The most pronounced of these are few trees, little grass and a general air of barrenness. The building of a native hut under these circumstances becomes a task of some magnitude. The sticks for walls and roof have to be fetched miles from the small patches of "forest" which still stand, and they are cut as short as possible to save labor of transport. Grass is almost unobtainable, so a new technique of roof construction has been developed. In place of the almost universal and very effective grass thatch a convex roof of sticks is erected, and covered with damp mud. If this mud contains a good percentage of clay the roof will be fairly efficient and remain surprisingly, though not completely, waterproof for a few years. Unfortunately in the Makutupora area the clay content of the soil is nearly negligible, and house-erection a hopeless task. The earth roof is permeable, and to remedy that the quantity of earth is increased. During rainy weather the sodden earth either causes the main poles of the house to sink, or proves too heavy for the flimsy wall sticks. The result is the same in either case—the house falls. If there are people within, they are either killed or more or less injured. That is the state of affairs we endured at Makutupora for many years. The rainy season was one continuous nightmare for the Superintendent. He was always being called because someone's house had fallen, and as the rainy season is also cultivation season, when everyone is busy at field-work, labor for re-erection is unobtainable and the fallen house has to remain fallen until the end of the rains. The inmates find what shelter they can. From this precarious state of living we have been, to a large extent, rescued by the Mission to Lepers, who have provided cottages which are now in use. These cottages are higher, airier and more easily kept clean than their native prototype. Snakes and venomous insects cannot so easily escape notice, and so life runs a smoother course."

*Chingleput a training center.*—The government of Madras has passed an order recognizing the Lady Willingdon Leper Settlement as a center for special training of those who desire instruction in the diagnosis, treatment and prevention of leprosy, according to a report in the *Madras Mail*. The course, given by Dr. R. G. Cochrane, chief medical officer of the settlement, is of two weeks duration and is followed by an examination.

*Jubilee at Purulia.*—On February 23, 1938, the fiftieth anniversary of the opening of the Purulia Leper Home and Hospital was celebrated with about 1,000 persons present, some of them from neighboring towns, relates *Without the Camp*. Since the first case was registered, in 1888, nearly 13,000 have entered the institution. Tracing its development the superintendent, Rev. Mr. Sharpe, said that less than fifteen years ago no one imagined that people from the surrounding country would come to the institution for treatment as outpatients, but that since then over 4,000 had done so.

*Revision of the antileprosy campaign in Malaya.*—Last year the government of Malaya appointed a commission to investigate the leprosy situation and to make recommendations for future action in connection with it. The report of this committee, according to the *Evening Standard* (London), sug-

gests the taking of special precautions with regard to children of lepers by removing them from their parents at the earliest possible age and examining them periodically; changing the present legislation to remove the "suggestion of criminality" now attached to the disease and to provide for the compulsory isolation of only the open, infective cases that refuse to enter a settlement voluntarily; examining immigrants more thoroughly (this referring to those entering from China via Singapore, since Indians coming in through Port Swettenham are supervised efficiently); and making a series of surveys to gather further knowledge regarding the actual situation as regards the disease.

*Light therapy at Donoradja.*—The 1937 report of the Donoradja leprosarium, in Java, noted in the *Leper Quarterly*, states that equipment has been installed for application of light therapy, concerning the value of which workers in that country have long been divided. The institution has 207 patients, 19 of whom are located away from the center, on land which they cultivate.

*At Soonchun, Korea, 1937.*—At this institution, which Dr. R. M. Wilson reports had about 750 inmates in 1937, special attention is given to encouragement of self-aid by the inmates. Forty-three families comprising 129 persons (the husbands vasectomized, each couple with one adopted child), live in cottages and support themselves from the soil. [A report on the beginning of this experiment was published in the *JOURNAL* 4 (1936) 441.] The estimated value of all the crops grown by the inmates in the year was Yen 8,130. Over 100,000 trees were planted in the Spring. A large tract recently reclaimed from the sea is now under cultivation. Thirty arrested cases do most of the medical work, performing the injections, laboratory examinations, etc.; there are only three nonlepers on the staff; doctor, manager and pastor. An analysis of 1,324 cases, illustrating those that are taken into the mission leprosaria rather than a cross-section of the lepers of the country, showed neural 43%, cutaneous 35% and mixed 22%. Neuritis was complained of by no less than 57%, and 10% had lost one or both eyes.

*The Fusan Leper Hospital.*—From this institution, with an average of 600 patients in 1936, about one-half of the 81 patients who were discharged in that year went out because they wished to be exchanged for relatives in worse condition in order that they might receive treatment. Arrested cases: 29 without deformity, 25 with; those of the latter class are not received back into ordinary society. The staff includes 18 arrested cases who serve as nurses and skilled workers in various grades. The death rate has been reduced from as high as 25%, before chaulmoogra treatment was begun, to about 2%; tuberculosis is no more common than in the outside population.

*The Kongmoon Asylum.*—The past year was a hectic one, writes Rev. J. A. Sweeney, who is in charge of the Gate of Heaven Leper Asylum at Kongmoon, South China. For the second time in 13 months the old place in the Sunmui cemeteries, consisting of a collection of frail mat-sheds, was completely wrecked by a typhoon. The institution has now been rebuilt in a new location, with substantial brick structures with tile roofs. There are nearly 300 patients, with an equal number on the waiting list. A serious obstacle was violent opposition to its construction. Twelve villages in the locality, the nearest over three miles away, obtained an injunction against it, but the government finally gave its permission and warned the villagers

not to molest it. What has happened here and at the two other leprosaria in the region, since the invasion of China was extended to Canton, we have not learned.

*Murderer of lepers executed.*—Reports have been received, states the *Leper Quarterly*, that the officer who was responsible for the murder last year of the lepers in Yeungkong, South China, has been found guilty of being a spy and executed.

*A hospital in the Cook Islands.*—A hospital for lepers within closer range than the station on Makogai, in the Fijis, was installed last year on Penryhn Island, in the Northern Cook Islands, according to a statement in the *Auckland (N.Z.) Star* attributed to Dr. E. P. Ellison, officer in charge of the medical department of those islands. This place, to which 37 cases were transferred, is not in opposition to Makogai but is simply intended to care efficiently for the patients nearer home. Leprosy and other diseases are kept well in hand in that region, it is stated.

*New South Wales, 1935.*—It is reported that 18 patients, 15 of them males and only 3 females, remained in detention at the lazaret at the end of 1935. During the year 2 cases were admitted and 1 died.

*"Leprosy wipes out colony."*—Under this startling heading in the *Courier Mail* (Brisbane) appeared a story from Darwin that was told after an investigation of the suitability of Groote Eylandt island, in the Gulf of Carpentaria, for use as a base for flying boats. It is said that 15 years ago missionaries established there a colony of 35 or 40 half-caste aboriginals, and that because of lack of thorough medical examination at least two of them were lepers who escaped recognition. Ten years ago an inspection revealed that the disease was spreading alarmingly in the little colony, and numbers of patients were removed to the Channel Island leper hospital at Darwin—where, it is stated parenthetically, there are now 114 patients, the largest number on record. Now only one family of four persons remains in the half-caste colony on Groote Eylandt—the inference being that leprosy is responsible for the reduction. It is thought that the full-blooded aboriginals who live on the island have probably escaped infection, as they have always shunned the half-castes, and it is believed that if proper precautions are taken the "outbreak" should not affect the plans for the establishment of the flying-boat base.

#### PERSONALS

To attend the Cairo Conference several of the foreign members did not make the trip by the conventional manner, by steamer or rail. DRS. R. BRIERCLIFF, from Nigeria, H. DE BOER, from Uganda, L. W. HACKETT, whose permanent station is Rome, B. MOISER, of Southern Rhodesia, and G. A. RYRIE, from Malaya, came by airplane. DRS. ET. BURNET and T. BENCHIEKH drove overland from Tunis and back by automobile.

Certain members, including DRS. C. J. AUSTIN, of Fiji, H. I. COLE, of Rio de Janeiro, G. GUSHUE-TAYLOR, of Formosa, and F. G. ROSE, of British Guiana, attended the conference at the end of vacation trips. DR. G. M. SAUNDERS came from an extensive visit of leprosy countries in the Far East.

DR. K. BIRKHAUG's trip to Cairo from Norway was, in part, of the nature of a honeymoon, and that of MR. P. BURGESS, from New York, ended one.

DR. R. ROW, of Bombay, was accompanied by his daughter, who participated in an international tennis tournament at Cairo.

After the conference several members departed for further tours, among them the following: DR. A. DUBOTS, of Belgium, to the Belgian Congo; DR. J. M. M. FERNANDEZ, of Rosario, Argentina, to Paris and Brazil for several months of study; DR. V. G. HEISER, of New York, westward in North Africa by automobile; DR. P. H. J. LAMPE, of Batavia, to Holland for a stay of several months; DR. E. MUIR, of London, for a seven-months tour in Africa, expecting to return to London in September; DR. M. OBERDOERFFER, previously stationed in Nigeria, to India and Malaya for study; MR. E. ROSS, of New York, for an extensive tour in Africa; DR. D. S. DE SIMON, of Ceylon, to England; DR. H. C. DE SOUZA-ARAUJO, RABELLO, JR. and DE MOURA COSTA, of Rio de Janeiro, for a stay of several weeks in Paris; DR. H. W. WADE to the United States for a visit, during which he made a flying trip to Brazil and Argentina; MRS. E. G. WEAVER, of Rio de Janeiro, also to the UNITED STATES; and DR. W. A. YOUNG, of Singapore, to England on leave.

DR. M. A. K. DALGAMOUNI, previously Inspector of the Section on Chest Diseases and Leprosy, has been made Deputy Director of same section, continuing his work in charge of leprosy control.

DR. N. D. FRASER, of the English Presbyterian Hospital in Swabue, South China, has suffered interruptions in his leprosy work on account of storm damage and the war. A plan to make, with Dr. G. A. Ryrie, of Kuala Lumpur, a comparative study of leprosy in the Chinese resident in South China and in Malaya has been postponed indefinitely.

DR. V. G. HEISER has been appointed research director of the National Association of Manufacturers' Committee on industrial hygiene.

DR. JAMES L. MAXWELL, of Hankow, China, received the C.B.E. (Commander of the British Empire) in the last birthday orders. When Dr. Maxwell left the Henry Lester Institute in Shanghai to take over the directorship of the Institute of Hospital Technology in Hankow it was with the expectation that one-half of his time would be devoted to leprosy work, but since the outbreak of hostilities he has been serving as general secretary to the International Red Cross Committee of Central China.

DR. EINOSUKE SHIONUMA, an ophthalmologist who recently served as the senior physician of the Kei-ai-en leprosarium in Kagoshima (Dr. F. Hayashi, Director), has been made director of the new national leprosarium in Okinawa.

DR. P. D. STRACHAN, who last year retired on account of age from the medical superintendency of the Basutoland leper asylum, is teaching anatomy, physiology and public health in a Native college at Fort Hare, Cape Province, after having worked for several months in the Public Health Laboratory in Cape Town.

DR. MARTIN VEGAS, for several years physician in charge (on a part-time basis) of the Cabo Blanco leprosarium in Venezuela, resigned from that position four months after returning from a visit to leprosy institutions in the Far East, on account of unsatisfactory conditions.