

## 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.*

### NATIONAL CONGRESS OF MEDICINE OF ARGENTINA

SIXTH CONGRESS, CÓRDOBA, OCTOBER 16-21, 1938

#### REPORTS ON LEPROSY, SECTION OF DERMATOSYPHILOGRAPHY<sup>1</sup>

DR. JOSE J. PUENTE: *Present status of the prophylaxis of leprosy in the Republic of Argentina.* The author, who is the chief of the section of prophylaxis of leprosy and venereal diseases of the National Department of Hygiene, reported on the endemicity of leprosy in the republic. Officially known cases for the whole country total 3,500, and the estimated number is 10,000. The regions most affected are the littorals of the great rivers. In the estimates of the numbers of cases in relation to the density of population there are the following figures: In Misiones, 2 per thousand; in the city of Buenos Aires, capital of the republic, with 2,000,000 inhabitants, 0.2 per thousand. The hospital-colonies intended to care for the lepers are distributed by regions in accordance with the conditions existing. Three are now constructed, at Cerrito in the Chaco, San Francisco del Chañar in Córdoba, and Posadas in Misiones; this last one is now being equipped. Soon to be finished also is the General Rodriguez hospital, to be used for cases from the Province of Buenos Aires and also from the capital city. In addition there will be constructed three more hospital-colonies. The author believes that home segregation is almost impossible.

DR. GUILLERMO BASOMBRIO: *Present status of the treatment of leprosy.* This report is a synthesis of the positive acquisitions to date for the treatment of the disease. Chaulmoogra has lost none of its prestige, and we now have improved methods for using it. The author emphasized the necessity of a uniform basis for estimating the results of treatment. For this purpose it is necessary always to choose lepromatous cases upon which to experiment with new remedies, or with improved forms of known ones; and it

<sup>1</sup> Report by Dr. Guillermo Basombrio, of Buenos Aires.

is necessary to express the results clearly. Results may be partial or definitive. Partial results lend themselves to personal interpretation; the definitive results are more convincing. It is not sufficient to arrive at a clinically or bacteriologically negative stage; it is necessary also that these good results be maintained for a reasonable time.

DRS. RAFAEL GARZÓN AHUMADA and OSCAR GIRARDET: *Cholesterol in leprosy*. The authors determined the cholesterol content of the blood of cases of the different clinical forms of leprosy. They encountered high values in the benign forms and low in the malignant ones. The antileprotic treatment has no influence on the amount of cholesterol present.

DRS. ENRIQUE P. FIDANZA and SOLOMÓN SCHUJMAN. *Sarcoids en placas and erythrodermia sarcoidica leprosa*. A report of a case in an adult female who had lesions so described. There were no lesions of the conjunctiva, lungs, lymph nodes, bones or tonsils.

DRS. SOLOMÓN SCHUJMAN and AUGUSTIN VACCARO: *Treatment of the bacilliferous forms of leprosy (cutaneous of Manila, lepromatous of Cairo) with high doses of chaulmoogra derivatives*. The authors chose for treatment the most serious form of leprosy, as indicated by the title, selecting young patients without organic disturbances and in not very advanced stages of the disease. Some patients received as much as 900 cc. of chaulmoogra in 10 months. Although no case became clinically and bacteriologically negative, it is evident from photographs taken before and after the treatment that the patients were benefited. None of them got worse.

DRS. ENRIQUE P. FIDANZA, FRANCISCO P. CARILLO and ORESTE CALCAGNO: *First results obtained with the use of iridium in the treatment of leprosy*. Four patients were treated, two with the lepromatous form of the disease, in whom no result was obtained, and two of the tuberculoid form, in whom there have been evident results. The authors believe that in this form iridium had some effect.

DRS. LUIS FLORIANI and CARLOS FLORIANI: *Aspidosperma polyneuron (palo rosa) and Bixa orellana (urucú) in the treatment of leprosy*. Extracts of these plants given by intramuscular injections have an effect on the ulcers of lepers.

DR. DOMINGO A. TELLO: *Census of leprosy in Córdoba and some considerations thereof*.

DR. PEDRO P. PIÑERO GARCIA: *Endemiography of leprosy in Rosario*.

DR. ALFREDO J. DEL PIN: *Observations on leprosy.*

DR. EVERARDO GODOY: *Leprosy in Cuyo.*

DR. RODOLFO BORZONE: *Viscerology of leprosy; neuroendocrine leprosy. For the conquest of leprosy; emergency solutions in the antileprosy campaign in Santa Fé.*

#### ANOTHER EFFORT IN ARGENTINA

In June of last year, after the return of Professor Baliña from the Cairo meeting, the National Academy of Medicine in Buenos Aires resolved to initiate a new effort to secure action with regard to the leprosy situation. In the preceding month the member from Corrientes had introduced in the senate a resolution interrogating the authorities as to what they had done about giving effect to the leprosy law, passed twelve years ago (No. 11359, amended by No. 11410), and what they intended to do about it now. In July a committee of the Academy of Medicine called on the President to discuss the matter generally, and to urge that the leprosaria ("hospital-colonies") that have been or are being constructed should be put into operation. It was said that there are now probably 10,000 lepers in the country (in a debate one senator gave 18,000 as an estimate) with nearly 3,600 actually listed at the present time.

Of the seven regional hospital-colonies that had been planned, one, near Posadas, Misiones, was occupied, and Cerrito, in Corrientes, and San Francisco del Chañar, in Córdoba, were constructed but not occupied. [A small one in Formosa built by the Patronato de Leprosos had recently been inaugurated but was not mentioned.] The sum of 900,000 pesos had been put aside to habilitate the Cerrito institution, built several years ago on the island of that name in the upper Paraná River, near the city of Corrientes, to be used as a central, Federal leprosarium; but under the terms of the appropriation law that money would have to be used in the current year. It was insisted that such institutions offer not the least danger to the neighboring populations.

The President of the nation sent to the Senate a careful review of the situation, and asked for a new pronouncement on the part of the present Congress as to whether the law that had been ignored for twelve years should be put into force, or if some other measure should be taken. Shortly afterward a member of the House of Representatives introduced a resolution calling on

the Minister of the Interior to explain the situation and especially why Cerrito had not been put into operation.

At once—and as usual—the authorities of Corrientes province rose in violent protest, their attitude being that such an institution would, to say the least, impede the progress of the province, and that the proposal to establish it was inspired by hostility. Meetings of protest were held, and finally it was proposed formally to set aside, in another part of the province, land which the national government should accept and on which it should build a leprosarium for 400 patients, to be used only for persons of the province. What it was proposed should be done with the Cerrito institution, on which so much money had been spent, does not appear. Again as usual, it would seem from newspaper editorials and statements of prominent persons that this attitude gained little sympathy in other parts of the country, not even from Rosario where only recently the Patronato de Leprosos had found itself stopped, for the usual reasons of prejudice, in its plan to construct what was intended to be the research center for the country.

Immediately after this discussion took place a law was promulgated in the Province of Salta, authorizing the installation of asylums, colonies and sanatoria in the province, at such places as may be chosen by the authorities, for interning lepers during the contagious period; but at the same time the installation of any such establishment for interning of lepers from other parts of the nation, without previous arrangement with the provincial government, was prohibited. Information received recently from correspondents in Argentina indicates that the government has overcome the political resistance to the plan to equip the hospital-colonies.

#### PATRONATO DE LEPROSOS

Taking advantage of the renewed agitation for official action against leprosy in Argentina, the Patronato de Leprosos, over the signature of its president, Sra. Hersilia Casares de Blaquier, has sent out a resumé of the work accomplished by that entity—the main organization and its branches, of which there are thirteen—in the seven years of its activity. In summary the principal accomplishments are:

Construction and equipment of a dispensary-laboratory building at the Mufiz Hospital, where nonresident patients are treated; extensive improve-

ments of the leper's quarters in that hospital; reconstruction amounting almost to new construction of the leprosy wards and treatment rooms at the Carrasco Hospital in Rosario; improvements of the leper wards in the Avellaneda Hospital in Tucumán; entire construction of a 50-bed leprosy hospital near Formosa in the Territory of that name, on land ceded by the national to the local government, inaugurated on May 22, 1938. The expenditures on these projects amounted to nearly 400,000 pesos. Contributions have been made to dispensaries in other places and to other activities, study tours of two physicians have been financed, and has been given to needy lepers and families of lepers, and much educational work has been done. A colony for children of lepers is planned, and a leprosy library is being set up.

In line with the attention that was being paid the matter at the moment, a member of the Municipal Council in Buenos Aires proposed the creation of a municipal institute for the study of leprosy, to be located at the Muñiz Hospital, thus taking advantage of the improvements made there by the Patronato.

There has recently appeared, without date, the first issue of a periodical entitled *Presente*, the "revista oficial" of the Patronato. It is a 38-page magazine of popular style, printed on good paper with a colored poster-subject cover, and of most varied subject matter, not confined wholly to the topic of leprosy.

#### LEPROSY IN NIGERIA

An exceptionally valuable popular article by Dr. T. F. Davey, in the *British Weekly* (London), contains many interesting facts about the situation in Nigeria and the work that is being done there. Among an especially favored group dwelling in the forests of the Niger delta the author had found approximately 500 cases among 15,000 people, over 3%. That figure, it is stated, is low compared with those for other regions. The total for the country is certainly in excess of the present estimate of 200,000 and probably more than 500,000. In the past lepers were systematically murdered in some areas, and in many villages they were expelled and regarded as dead, but under modern influences the people are losing their dread of the disease and the inevitable consequence is seen in the large numbers of early cases that are now found.

The Uzuakali colony, spoken of as one of the spearpoints in the fight against the disease and typical of a group of excellent institutions, is described. It has 1,150 residents, and in the last three years it has been necessary to refuse admission to some 5,000

others. The colonies of Nigeria at present represent almost the only effort made to combat the disease, but as they have altogether only about 5,000 inmates, possibly 1% of the lepers of the country, their contribution to the question of the elimination of the disease is very small indeed. To segregate the remaining 99% would be impossible. If a colony with 1,000 inmates requires £2,000 a year—a moderate estimate—the budget for 500 colonies would be colossal, a million pounds. Some simpler means must be found. The only hopeful scheme in sight is that of "clan colonies," under which all lepers from a group of villages would be installed in a separate village built especially for them. The difficulties of this plan are discussed, including among other things the necessity that the inmates be self-supporting or be cared for by relatives, and the problem of bringing to them the treatment for which they clamor.

In a statement in the *Rhodesia Herald* (Salisbury) ascribed to Mr. Emery Ross, general secretary to the American Mission to Lepers, there is notable cooperation between the Moslem inhabitants, the British Government as represented by the Colonial Office, and the Christian missions in Nigeria. In the Northern Province five new leper colonies have been established recently on invitation of the Emir. The government set aside a square mile of land for each colony and will build the necessary roads and sink wells. The American Mission to Lepers will be responsible for the operation of the colonies, various missions supplying the medical and nursing staffs. For every £2 that is expended by the missions the government and the Emirs will between them contribute £3 towards the running of the colonies.

#### RECONSTRUCTION OF THE CARVILLE LEPROSARIUM

The United States Marine Hospital at Carville at the present time is an institution which honors the United States Public Health Service. It is well equipped and it has a personnel of physicians who are interested primarily in leprosy and research problems presented by this disease. In spite of the apparently adequate provisions for the care of the leper, it was felt that the institution should be improved still further, so in August, 1937, there was appropriated \$4,600,000 for rebuilding and enlarging the institution. One and a half millions have already been made available and the whole sum will be spent in a period of approximately three years. With the expenditure of this money undoubtedly



there will be constructed one of the outstanding leprosaria in the world.

The hospital is maintained at the present time on a budget of approximately \$400,000 a year, to which sum has been added certain grants for research work. The research problems have to do with the bacteriology and pathology of the disease and an important field study on the epidemiology of leprosy. The medical staff consists of four doctors on a full time basis and one dentist. In addition to these men there are four attending specialists who make weekly or bi-weekly visits to the institution.

It may be of interest to know that since 1894 there have been treated 11,063 patients, and that there are now 372 in the hospital. The care of these patients is magnificent. They are extremely well treated both from the physical and the medical points of view. Their quarters are excellent and everything is done to make their unfortunate lot as happy as can be. Altogether, it may be said without qualification that the institution, when reconstructed, will be as adequate and complete as such an institution could be made.

From little seeds giant oaks spring; from the small beginning of the able and energetic Doctor Dyer there has developed a great leprosarium.—[Editorial from the *New Orleans Med. & Surg. Jour.* 90 (1937) 291-292.]

Shortly after the appropriation mentioned was made, a question was raised as to the desirability of spending so large a sum (representing more than \$12,000 per patient now there) on the present leprosarium, located as it is in the steaming lowlands of Louisiana, behind the great levee of the Mississippi River. It was suggested that it might be better to transfer the institution entirely to some place with a more favorable climate. The patients held a mass meeting and passed a resolution calling upon the authorities concerned to secure a new location where the climate would be beneficial rather than detrimental, as they are convinced is the fact in the present place. It was mentioned, among other things, that in 1935-36 nearly one-half of the patient body was involved in an outbreak of malaria, which remains a constant menace.

The history of the institution, which is recounted in the resolution, has some features of interest. The Carville location for the old Louisiana Leper Home, which was established in 1894, was originally chosen on a temporary basis, as a last resort; it was recognized to be unsuitable for the purpose but no better place could be secured because of objections of the residents of the areas concerned. At first it was taken on a five-year lease, and no improvements were made for eight years. In the meantime another site was purchased, but plans to move the leprosarium to the new location were frustrated when the buildings were burned by the residents of the neighborhood. It was not until 1905 that the present site was finally

bought as the permanent location of the asylum. In 1921 it was purchased from the State by the Federal government, after a four-year search for a better location, and it was taken over only because of objections of other states to the location of a leprosarium within their borders. The resolution points out, in that connection, that in the forty-four years of existence of the Institution no member of the staff ever contracted the disease, and no person in the neighborhood has had it.

#### DYER: THE LEPER'S CHAMPION

No one in the United States has ever devoted himself so untiringly in behalf of the leper as the late Doctor Isadore Dyer, at one time Professor of Dermatology and Dean of the Medical Department of Tulane University. The lazaretto at Carville is his monument. Unquestionably his labor brought it into existence and saw to its growth, both by the state and national authorities.

These unfortunates loved him, "The Father and Founder of the Institution." Taken from the care of the unscrupulous and from the worst pest houses, Doctor Dyer made it possible for them to be provided a home and medical treatment. The efforts in their behalf have continued, and Louisiana has become host to the nation's lepers. The difficulties that Dyer met with were great. He wanted the lepers near the city and his university, where he and his professors could work as a unit. However, the people refused to have them situated near the city.

In time he developed another plan, to have the national government take over the responsibility of the institution (the Louisiana Leper Home) which was established; in reality it was a national responsibility. He succeeded, but the height of his ambition has never been carried out—"the utilization of the nation's scientists in their behalf." Dr. Dyer was the first on the continent to administer chaulmoogra oil to the lepers, and subsequent to its use many of them were discharged from the institution.—[From an editorial in the *New Orleans Med. & Surg. Jour.* 90 (1937) 159.]

#### THE KOMYO-EN LEPROSARIUM

The Komyo leprosarium (once called Sotojima) was founded in Osaka in 1909, in the same year as the four other prefecture-group hospitals at Tokyo, Aomori, Kagawa and Kumamoto. The purpose of these institutions was to receive beggar or vaga-



bond lepers; so, it is said, they were concentration places of sins and immoralities. That period was the Dark Age of the leper hospital in Japan. Through education and the influence of many pioneers, the spirit of the lepers is changed, and the old prison has become a home. Especially influential, not only on the patients but on all hospital workers, has been the great interest and benevolence toward lepers of the Empress Dowager.

Our hospital was destroyed by the great storm of 1934 and 173 patients were drowned, and also 14 members of the staff or of their families. The surviving patients were distributed among the six other national or prefectural leprosaria then existing: Nagashima and Kusatsu (national), and Tokyo, Aomori, Oshima and Kumamoto (prefectural). Most of the staff was also assigned to these hospitals.

The new hospital, the Komyo-en, is under construction at Mushiake, Mokake-mura, Oku-gun, Okayama-ken. This Spring it reached a point where all of the patients and staff could be together again, like the Israelites returned to Palestine from Egypt, and there was much rejoicing. The buildings were not yet completed but the work was progressing.

Fortunately we recently received some money to console patients from the Omiyagoshō, the palace of the Empress Dowager. This money is saved by the court ladies who are devoted to the Empress Dowager, and the high officials who visited the Omiyagoshō. We are now planning to build an observatory for patients with this money, so that they may be able to see the beautiful scenery of the Inland Sea.

When the buildings of our hospital are completed we will be able to receive 1,000 patients. We hope to make it an ideal leprosarium, and ask the interest of other leprosy workers.—DR. RYOICHI JINGU, *Director*.

#### PRO LEPROOS

This periodical, published in Bandoeng, Java, is now in its sixth year. It has had some excellent articles in the past and if it would hold to its avowed purpose of helping lepers it would carry on a worthwhile work. From recent issues we get the impression that its main purpose now is to support a certain Dr. Mulder, proponent of light therapy in leprosy, in a campaign against the Department of Health. This greatly mars the value of the paper; in fact, it nullifies its whole program.

If Dr. Mulder and his party can prove scientifically to recognized specialists in leprosy, through results obtained with a sufficient number of patients,

that light treatment is what it is claimed to be, that proof will be welcomed by leprologists from every land. Until that is done the opposition of *Pro Lepros* antagonizes more than helps the leper cause. If it should work constructively to procure funds for a really scientific investigation of this matter, instead of engaging in a controversy that is only of local interest, it would do a worthwhile work.—[From an editorial in the *Leper Quarterly* 12 (1938) 65.]

#### NEWS ITEMS

*British Medical Association.*—It was recounted in the last issue of *THE JOURNAL* (p. 561) that at an Overseas Conference of the British Medical Association a resolution was adopted, in spite of opposition, calling attention to need of increased support of antileprosy work by governments concerned. This resolution was referred by the council to other entities. The last news of the matter that has been seen (*British Medical Journal*, November 5, 1938) is the following:

The [Dominions] Committee reconsidered the subject of the control of leprosy, which the Representative Body had referred back to the Council. The Council had submitted a motion to the effect that it was not satisfied that any useful purpose would be served by making representations suggesting that the expenditure specifically devoted to the control of leprosy should be increased. The Representative Body rejected the motion and asked the Council to reconsider the matter in conjunction with the report of the International Leprosy Conference held at Cairo last March. The Dominions Committee could see no reason to disagree with the opinion of the Conference that the control of leprosy was essentially the responsibility of Governments, and that anti-leprosy work should form an integral part of the public health programme. It decided, however, before making any further report to the Council, to obtain the views of the Branches in whose area leprosy was a subject of special interest.

*Expansion in Paris.*—Dr. Charles Flandin writes that the "Pavillon de Malte", the leprosy department of the Hospital Saint-Louis, in Paris, is being extended and now has 40 beds. There are nearly 200 outpatients in attendance. Altogether, this makes the institution the largest one for leprosy in Western Europe. The new treatment which he reported in Cairo (*THE JOURNAL* 6 (1938) 453) continues to give good results, especially in acute and early cases. In a magazine article entitled "La lèpre gagne du terrain en Europe" (seen from *Avenir du Tonkin*, Hanoi), Dr. Flandin noted three things urgently needed in that city: (a) more provision for hospitalizing lepers—his special service, the Pavillon de Malte, though recently enlarged is full; (b) provision for intensification of research—the work of his laboratory is carried on earnestly by volunteers, but it lacks space, specialists and materials; (c) provision for manufacturing the chaulmoogra-cholesterol complex on a large scale—hardly 6 thousand ampules are now being made per month whereas 50 to 100 thousand would be required to meet the present demand. He points out that since the City of Paris has arranged for the next international leprosy conference to be held there, the city should prepare to show its guests "an instrument of treatment and research worthy of it."

*Increase of leprosy in Roumania?*—Used as the text of the article referred to in the preceding item is the following item from Bucharest:

Emotion ran high the other day in Tulcea, a town of 12,000 inhabi-

tants... [in eastern Roumania, in the Danube delta near the Black Sea, in the north part of the Dabruja district and near the southern end of Bessarabia], when it was threatened with an invasion of a crowd of lepers who had left the establishment on the outskirts of the town where they are under treatment. The authorities were able to reason with the lepers, who complained of being badly cared for, and it was because formal promise to improve their condition had been made that they forewent their frightening demonstration.

Dr. Flandin went on to say that it has been known for some time that leprosy is increasing to a disturbing degree in Roumania, especially on the frontier of Bessarabia (the territory that was formerly Russia but that was joined to Roumania in 1918); that it affected particularly a religious sect which changes its adherents to eunuchs when they have had a son, but that it was also involving the "normal population"; and that a Roumanian leprologist had recently stated that where only an occasional leper was known fifty years ago there are many today. Some of the authorities of Roumania appreciate the need of prompt action in that country where, heretofore, the treatment of lepers has been that of the Middle ages—isolation without medical care, it being still the prejudice that leprosy is incurable.

*Greece and the newest treatment.*—The Minister of Hygiene of Greece, the *Le Messenger* of Athens reported last September, commissioned Professor Photinos to investigate in Paris the new treatment that is being used at the Hopital Saint-Louis. Dr. Flandin had offered, it is said, to provide a quantity of the new drug for trial, which Dr. Photinos upon his return would undertake to apply at the "antileprosy station" that is operated in Athens.

*Census in Pará, Brazil.*—A revision of the census of lepers of Belém, Pará, was started last April by Dr. Henrique Rocha, an expert sent there by the National Department of Health. Four months later he had visited 13,301 houses and examined more than 60,000 people, of whom about 35,000 were under 20 years of age. He recorded about 600 lepers, or 1 per thousand of the population.

—H. C. DE SOUZA-ARAUJO

*New Brazilian colony inaugurated.*—The new Colonia de Leprosos do Iguaú, located 50 kilometers from Nictheroy, the capital of the State of Rio de Janeiro, was inaugurated on August 20th, 1938, in a ceremony attended by the president of the republic and other distinguished officials. This colony, whose capacity for the present is 200 patients, was built by the Federal government; the operating expenses will be shared equally by that entity and the state government. To this colony belongs a primitive agricultural district, organized a few years ago by Drs. Motta and Botelho, now with 100 patients. The authorities intend to increase the agricultural activities of the colony.

—H. C. DE SOUZA-ARAUJO

*Leprosy law for Uruguay.*—A note from Montevideo to *La Prensa*, Buenos Aires, dated August 10th, stated that the senate had approved in general the proposed law for the prophylaxis of leprosy and had commenced a detailed discussion of it. [Further information about it is not available.]

*Pan-American Sanitary Conference, in Bogotá.*—The Pan-American Sanitary Conference was held in Bogotá, Colombia, last September. The Delegates of Brazil were Dr. J. Barros Barreto, Director General of Health, and Drs. Mario Pinotti and Victor Godinho, Directors of Health of the States of

Rio de Janeiro and São Paulo. The problem of leprosy in Brazil was discussed by Dr. Barros Barreto, with numerous documents regarding control organizations:

—H. C. DE SOUZA-ARAÚJO

*Dr. Muir's tour of East Africa.*—In a report of a Rotary Club talk by Dr. E. Muir, which appeared in the *Westminster Record* last November, there are given details of the tour in East Africa which he made after the Cairo meeting. This tour, undertaken at the request of the various governments in order that he might advise upon leprosy relief, and on a program drawn up by the directors of medical services of the various territories, was as follows:

....Malta, Cairo .... up the Nile to Khartoum and on to the equatorial province of Sudan for two to three weeks. In turn he visited Belgian Congo, Uganda, Kenya, Mombassa and Dar-el-Salaam. Chiefly using air transport, Tanganyika, Nyassa and the Western Provinces were traversed, then back to the coast of Zanzibar, Aden, Somaliland, Port Said, Palestine and home.

*Special mission to A.O.F.*—By a decree of August 23, 1938, a special mission consisting of Dr. Ragu, assistant physician of the Pavillon de Malte (leprosy section) of the Hospital Saint-Louis, and Professor Baranger, of the École polytechnique, was sent to visit the Bamako Central Leprosy Institute and other places in French West Africa. The purpose was to observe the treatment work done there, especially that with the cholesterol-chaulmoogra complex B.55. In the region visited (the French Sudan—Bamako, Ségou, and colonization villages of the Office of the Niger) there is a leprosy rate of "at least 1.5% and, in certain regions, much more," Dr. Ragu reported. The B.55 drug, now put up in 3% concentration, does not flocculate as the original 5% solution sometimes did. Its use in Africa is too recent to permit observations of results there, but its trial is being continued. [From the process-verbal of the Commission Consultative de la Lèpre, November 4, 1938.]

*Evacuation of Ethiopia.*—In September the last missionaries of the Sudan Interior Mission from Ethiopia arrived in the United States. The Italian government has bought all mission property, including the Haile Selassie leprosarium. "Thus is finally closed" states *Without the Camp*, from which this item is taken, "the missionary chapter of one of the great tragedies of contemporary history. The Sudan Mission will now press its leper ministry in Nigeria and the Anglo-Egyptian Sudan."

*Leprosy rates in the Cameroons.*—The second semestral report for 1937 to the Commission Consultative from the Cameroons stated that the leprosy census to date had revealed a total of over 20,000 cases, of which 17,000 were living. The average rate was 1%, but in the region of Messaména it was 16%; and some villages were veritable collections of lepers, with 30 to 40% morbidity. In the discussion of this report it was suggested that the population concerned had long been sorely afflicted by trypanosomiasis and so weakened to leprosy, but another speaker said that in the Sudan there were also highly leprous villages but no such explanation of the condition.

*Opening of the Fyzabad Leper Home and Hospital.*—This new institution in the Fyzabad Division of the United Provinces, India, to which Mr. A. Donald Miller, Secretary in India of the Mission to Lepers, had transferred his residence for some months in order to supervise the construction, was

opened ceremoniously on August 17, 1938. The Governor stated in a speech that for the province as a whole the 1931 census brought to light 14,485 lepers, or 3 per 10,000 of the population; to help them the province has 12 leper hospitals with a total capacity of nearly 1,000. The new center is designed ultimately to care for 250 or more patients, though as yet there have been built cottages for only 75. All of the buildings were erected with funds provided by persons in the United Provinces, not with money contributed from abroad. Supervision will be by the Methodist Mission in Fyzabad. The provincial government is contributing an annual per capita toward maintenance.

*Specialist in India assaulted.*—Travancore, the large Native State in the southern extremity of India, was revisited last September by Dr. Isaac Santra, propaganda officer of the British Empire Leprosy Relief Association in India—who, according to reports in Madras newspapers, has in the eleven years of his service worked in fourteen provinces and examined over two and one-half millions of people—which must be a record! Dr. Santra is quoted as saying that there are 35,000 lepers in Travancore, and that in areas surveyed nine years ago as high as 1.5% infection was found, and 1% among 6,000 schoolchildren; in the whole area there are sixteen times as many as recorded by the census. The present visit was for the purpose of ascertaining what changes have taken place as a result of work done in the interim; but it was not without interference. Started, it is said, by an element that was boycotting the state educational institutions, word was passed around that he had been brought down to kill children by injections, and a hysterical rabble assaulted and stoned him, and damaged his car.

*The Ceylon survey.*—Upon his return to Ceylon last August after spending some months in England following the Cairo meeting, Dr. D. S. de Simon announced that the leprosy survey of the island that has been under way for some time would be completed by the end of 1939. It is hoped that subsequently, with the cooperation of the Leonard Wood Memorial, intensive epidemiological work can be undertaken in selected areas.

*"La lutte contre la lèpre aux Antipodes."*—This is the title of a brochure by Eugénie Peter, published last year by the Mission de Paris in Geneva, reviewed briefly by the *Semaine Religieuse* of that city. The author, a missionary working in Lifou, one of the Loyalty Islands where leprosy has existed for only perhaps sixty years, describes the medical work that the Mission has done there since 1922 and particularly the leprosarium of Tchila. [There are four other leprosaria in those islands, two on Maré and two on Ouréa.] According to another item in the same periodical, the Mission de Paris was appealing for a nurse to go to Lifou to do work at this leprosarium, among other things. For the large, 750-inmate Manankavaly leprosarium, in Madagascar, a nurse with administrative ability was needed, for although there are doctors and nurses there the direction of the place is assigned by the government to the nurses of the Mission who are stationed there. There are four of these, three on duty and one on vacation by rotation.

*Wanted: The Leper Quarterly.*—The Chinese Mission to Lepers whose official organ is *The Leper Quarterly*, published this appeal in its September issue:



As a result of the war, bundles of old copies of the Leper Quarterly, hitherto stored in the stockroom of the Tazang Leprosarium, have either been destroyed or stolen. We beg to appeal to our readers throughout China and abroad if they could return us old copies of the Leper Quarterly in their possession so that we can complete our set. We are willing to pay something for them, if desired. The following is a list of what is lacking: Vol. I, No. 1 to Vol. 10, No. 4 inclusive, and Vol. XI, No. 1. (English and Chinese bound issues are preferred.)

*Hong Kong, 1937.*—Apart from offering asylum to lepers at the Kennedy Town Settlement, where the inmates come and go at will, and from sending a number of lepers who have come to the Colony from other parts of China to the Shek-lung Settlement in Chinese territory, no special measures were taken against the disease during the year. The problem is bound up with the low standard of living in the poorest classes and until economic conditions, nutrition and environmental sanitation improve, it is unlikely that there will be any marked change in the incidence of the disease. The foregoing statement, from the annual report for 1937 of the Director of Medical Services of Hong Kong, seems decidedly at variance from the spirit that led in the adoption of a new leprosy ordinance for the colony [see *THE JOURNAL* 4 (1936) 524.]

#### PERSONALS

PROF. ENRIQUE P. FIDANZA, of Rosario, Argentina, has recently been made an honorary member of the American Dermatological Association.

DR. JOHN REENSTIERN is reported (*El Telegrafo*, Guayaquil) to have left Ecuador for New York about the middle of August on advice of physicians, because of an infection with malaria that he had acquired in Magdalena. He thus disappointed, it is stated, the numerous persons with leprosy who had desired to submit themselves to his special treatment.

DR. FONG F. SEC, one of the founders and vice-presidents of the Chinese Mission to Lepers, died on October 3, 1938.

MÉDECIN GÉNÉRAL SOREL, who took a live interest in leprosy during his term of office as Inspecteur-General de la Service de Santé des Troupes Coloniales, has been succeeded in that office and, automatically, as a member of the Commission Consultative de la Lèpre, by MÉDECINE GÉNÉRAL BLANCHARD.

DR. H. C. DE SOUZA-ARAUJO has had conferred upon him, by decree of the president of the Republic of Colombia, the decoration of Knight-Commander of the Colombian National Order of Boyacá.

DR. C. L. WONG, who spent some months in the Philippines recently, has been relieved of most of the administrative part of his duties at the National Leprosarium of Shanghai, with the appointment of Dr. H. P. CHU, Acting President of the National Medical College, as Honorary Superintendent of the leprosarium.

MR. T. C. WU, who resigned the general secretaryship of the Chinese Mission to Lepers late in 1936, after eleven years of service with that organization, resumed the position last May. In the interim Dr. SZEMING SZE served as Hon. General Secretary, and Mr. C. B. CHEN acted as General Secretary for a few months.