

LEPROSY NEWS AND NOTES

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

REPORT OF MEETING

LEPROSY PROPHYLAXIS DEPARTMENT, SÃO PAULO

Each year the medical staff of the "Departamento de Prophylaxia de Leprosia de São Paulo," Brazil, has an annual meeting. That for 1938 was held from October 29th to 31st, the principal subject of discussion being the clinical aspects of the disease. Drs. H. Portugal, Rabello, Jr., and H. Moura Costa, of Rio de Janeiro, participated as guests. The program of papers was as follows:

DR. J. MENDONÇA DE BARROS. Some aspects of the ocular lesions in leprosy.

DR. LUIS MARINO BECHELLI. (a) On a case of leprotic polyneuritis. (b) Involvement of the sciatic nerve in leprosy; a clinical study.

DR. LINEU SILVEIRA. Acute leprotic neuritis; surgical treatment.

DR. ABRÃO ROTBERG. Immunological considerations of a case of tuberculoid reaction.

DR. DUARTE DO PATEO. A rare clinical case of leprosy.

DR. J. MENDONÇA DE BARROS. Eye leprosy and traumatism; notes on the pathogenesis of the leprotic lesions of the eyes and adnexa.

DR. FLAVIO MAURANO. Diffuse leprosy.

DR. FLAVIO MAURANO. Hutchinson's angioma serpiginosum in lepers.

DR. LUIS MARINO BECHELLI. Comments on a case with psoriasiform desquamating leprotic lesions of the skin.

DR. J. MENDONÇA DE BARROS. On the clinical and evolutive parallelism between some skin lesions and eye lesions of leprosy.

DR. NELSON DE SOUZA CAMPOS. Topographical aspects of tuberculoid leprosy.

DRS. ARTHUR T. DE CAMARGO and LUIS M. BECHELLI. The localization of initial manifestations of leprosy.

DR. ARGEMIRO RODRIGUES DE SOUZA. Poikiloderma of Petges-Jacobi. Weil-Mitchell syndrome in a case of leprosy.

DR. J. MENDONÇA DE BARROS. The organization of the eye department of the Sanatorio Padre Bento.

DR. ABRÃO ROTBERG. (a) Durhling dermatitis and leprosy (2 cases). (b) Erythrodermia in lepers not affecting the macular lesions. (c) Lesions on the articular furrows of the palm of the hands during tuberculoid reaction.

DRS. RABELLO, JR. and G. VILLELA. Utilization of a new antigenic substance extracted from a leproma in the diagnosis of leprosy.

DRS. RABELLO, JR., A. FIALHO and H. PORTUGAL. Alcohol-acid-fast bacilli in the lymphatic gland of guinea-pigs inoculated with material of Boeck-Schaumann's sarcoid.

DR. ABRÃO ROTBERG and NELSON SOUZA CAMPOS. Clinical cases: (a) Vitiligoid leprosy. (b) Coexistence of tuberculous gland of epitrochlear region in a case of macular leprosy.

DR. LUIS MARINO BECHELLI. Clinical aspects of leprosy of the scalp.

DRS. LUIS MARINO BECHELLI and JOÃO S. GUIMARAES. Clinical study of malum perforans.

DR. EURICO BRANCO RIBEIRO. Results of surgical intervention in a case of neural leprosy considered "burned-out."

DR. NELSON DE SOUZA CAMPOS. Clinical cases: (a) Syphilis simulating leprosy (2 cases). (b) Rhagade in tuberculoid leprosy.

DR. LINNEU SILVEIRA. Amputation and plantar malum perforans.

DR. J. MENDONÇA DE BARROS. (a) On iris involvement in leprosy. (b) On some therapeutic advances in ophthalmology.

DR. LAURO DE SOUZA LIMA. (a) Morphological classification of the leprids. (b) Evolutive classification of the leprids.

DR. H. MOURA COSTA. Leprosy treatment by oxygen and methylene blue.

LEPROSY IN NEW SOUTH WALES*

In Australia, leprosy is endemic to some degree in Western Australia, the Northern Territory and Queensland, although infrequent cases have been reported from all the other states. The disease first appeared in the country in the latter half of the nineteenth century, following the importation of colored aliens from 1850 onwards. Its epidemiological course appears, in general, to have followed three stages: (a) endemic disease among imported aliens; (b) spread to the aboriginal population; (c) sporadic infection of whites.

In New South Wales the first case was recorded in 1859, in a West Indian Negro living near Sydney. Its first appearance among the European population was in the case of a Dutchman residing on the South Coast, in 1868. It is probable that cases occurred among the aborigines but that, because the disease was not actively searched for at that time, they were missed. At all events there is no history of endemicity among the aboriginal population of New South Wales. That population dwindled rapidly, and close contact between aborigines and whites lasted only a comparatively short time.

* In part taken from the annual report for 1936 of the Director General of Public Health, Dr. E. Sydney Morris, with corrections and further data supplied by him.

The infection as it exists today consists of sporadic cases probably caused by migration of affected persons in past years. Apart from one or two in the vicinity of Sydney, nearly all cases have come from the North Coast district, where some wandering of affected persons from Queensland may have occurred in the past. All cases are now, it is believed, promptly notified, and examination of contacts is regularly carried out under government supervision.

The situation in the state remained quiet during 1936, with a decrease of patients at the Little Bay lazarets. On January 1st there were 18 patients, and though three new cases were admitted during the year only 16 remained on December 31st. One case was discharged, one repatriated to China, two were transferred to the Peel Island Lazaret in Queensland, and one died. Of the 16 remaining patients, 13 were males and 3 were females; 11 were whites and 5 were colored, only one of the latter being a native aboriginal.

The Little Bay lazarets (of which there are two, one for males and the other for females) have their own staff of experienced nurses and attendants, but are under the direct supervision of the medical superintendent and the matron of the Prince Henry Hospital. A specialist medical officer visits the lazarets once weekly and resident medical officers from the adjoining Prince Henry Hospital visit daily. Treatment by injections of alepol and hydnocarpate preparations is regularly given, under the supervision of the medical staff. The operating expenses of the institution for 1936 totalled £3,398, of which £1,858 was for salaries and £1,540 for other expenses. With an average of 17.8 patients, the average per capita expense was practically £190 (nearly \$1,000 U.S.).

The inmates of the lazarets at the close of 1937 were again 13, of the following nationalities: New South Wales, 8 (1 aboriginal); West Australia, 1; Pacific Islands, 1; China, 1; Straits Settlements 1; Malta, 1. During that year the total net cost of this institution was £4,042. Calculated on the average number of inmates, the average cost per inmate per annum was £265.18.5d. At the end of 1938 only 11 cases remained.

In the fifty-six years since the first patient was received in 1883 (seventeen years before notification of leprosy was made compulsory and the detention of lepers was provided for by law), a total of 196 had been admitted to the end of 1938.

Their nationalities are shown in the following table, and also what became of them.

Leprosy statistics of New South Wales, 1883-1935, inclusive.

Sources	Ad- mitted	Read- mitted	Dis- charged	Repat- riated	Died	Re- maining
<i>White patients (106) ^a</i>						
New South Wales.....	54	3	16	—	36	5
Other Australian.....	10	1	6	—	4	1
Other Australasian.....	3	—	1	—	2	—
Great Britain and Ireland.....	22	—	7	—	15	—
Continental Europe.....	11	—	2	3	6	—
Other.....	5	—	2	—	2	—
<i>Colored patients (91)</i>						
New South Wales.....	3	—	1	—	1	1
Pacific Islands.....	19	—	—	6	12	1
China.....	58	—	2	34	21	1
Other Oriental.....	7	—	2	1	3	1
Other sources.....	4	—	2	2	—	—
TOTALS.....	196	4	41	46	102	11

^a Of European descent.

MANGAL TARAI, A UNIQUE INSTITUTION

In the Central Provinces of India, on a tract of land near Dhamtari that was set aside by the government for the purpose, the Mission to Lepers is developing a "forest farm colony" for settlement by arrested cases and healthy young people from leper homes in mid-India. There will also be a small proportion of other, ordinary settlers, the idea being that they will give stability to the scheme, aid in the rehabilitation of the others, and help to prevent their social isolation. This tract, which is called Mangal Tarai (Welfare Valley), is nearly five miles long and from one to two miles wide (6,288 acres) and lies deep in untouched forest. Three separate hamlets are planned, two being under construction. Each settler is allotted 15 acres to clear and cultivate, and a nonrecurrent grant is made to enable him to make a start. There will be medical supervision of the settlers, which will also extend to villages outside of the forest area, and children of the villagers (Gonds) will be allowed to attend the school. The last report (by Mr. A. Donald Miller, in *Without the Camp*) states that there were already over 50 settlers there, 21 couples plus children. Only one of the couples who had taken allotments

had given up, despite the difficulties inherent in the beginning of such a project. The forest was slowly giving way to cultivation, but in the first season each settler had only three acres ready for cultivation; in the present one they were expected to have six or seven, but it is not expected that the settlement can become fully self-supporting for some time.

NEWS ITEMS

Coordination urged for Australia.—It has been urged by Mr. E. M. Hanlon, Minister of Health and Home Affairs for Queensland, that the efforts to control leprosy in the country be coordinated by national action. His statement followed a report by the Director-General of Health and Medical Services, Sir Raphael Cilento, that leprosy in Queensland is increasing among both colored and white races [see article in this issue]. Efforts by the state governments individually to cope with its spread among the aborigines of northern Australia, in whom it has a stronghold, would not be as effective as a combined effort, the minister believed. Queensland is the only state where the disease, introduced originally by Chinese coolies, is a major problem affecting white people. Of 129 cases reported since 1925, 71 were aborigines and almost as many, 58, were whites. Somewhat later, according to the *Brisbane Courier Mail*, Sir Raphael Cilento stated in an interview that only cases that were found bacteriologically positive could be sent to the Peel Island Lazaret. This provision, it is said, had been made because of "strong representations by the public," but the statement itself was occasioned by a complaint from Cooktown that a female aboriginal who had leprosy, negative in two bacteriological examinations, was allowed to be treated at the local hospital and not sent to the lazaret.

In the Solomons.—It was reported from New Zealand last August that the Rt. Rev. W. H. Baddeley, Bishop of Melanesia, had expressed concern over the incidence of leprosy in the Solomon Islands, the prevalence of which has recently been brought to light by a survey—600 among the 40,000 persons on Malaita [see *THE JOURNAL* 6 (1938) 501]. The government was unable to do anything about segregation, but the Melanesian Mission had a small leprosarium which at one time housed 100 persons but now, because of limited resources, only 50. This activity, however, would not have any effect on the situation as hospitalization was purely voluntary and the inmates come and go as they choose. Dr. Clifford James, who is treating these people, with some benefit, had persuaded a number of the worst cases to segregate themselves in a village near the leprosarium.

At Nouméa, New Caledonia.—The administrative and medical authorities of New Caledonia have made a serious effort to ameliorate the conditions of life of the European lepers who are treated at the Ducos sanatorium, at Nouméa, according to the *Bulletin Quotidien du Ministère des Colonies* (Paris) last October. Under the benevolent stimulus of the chief of the health service a new attitude has been aroused in the population of the island and they are taking more and more interest in these unfortunates and the institution. The relative liberty given to the patients, the fetes and meetings which they organize among themselves, the permission to hunt on the Quarantine property

which is contiguous to that of the sanatorium, the possibility of working on the grounds and in the gardens, and the cinematograph entertainments all have had a remarkable effect on the morale of the patients, leading them to renewed interest in life. They collaborate with the doctors, and themselves assume some of the responsibility of the necessary discipline of the place. It appears from a proces-verbal of the Commission Consultative that at the end of 1936 there were 117 white lepers and 1,252 Kanakas and Asiatics with the disease—rates of 0.78 percent for the Europeans and 4.8 percent for the natives. Two agricultural villages were being developed at Maina and Kananow on the east coast. One was to be created on the west coast, at Tarbéville, for the active inmates of the Ducos sanatorium, which would thus be reduced to an asylum for the helpless, and also for young children. [See article on leprosy in New Caledonia, elsewhere in this issue.]

Leprous robber band rounded up.—With the foregoing as part of its headline, there appeared in the *Japan Advertiser* and elsewhere an account of the dispersal by the Osaka police of a large robber-gang of lepers that had long operated in that city, taking advantage of their affliction. The police, wearing rubber gloves and old uniforms drenched with germicides as a precautionary measure, had raided a leper community—Osaka's "Leper Avenue"—and some 70 persons, Japanese and Koreans, including about 30 nonlepers, had been taken into custody because of complicity in the matter, while 23 others suspected of connection with the gang were still at large. The band had worked boldly, threatening their victims with contact to give them the disease unless loot was turned over to them, and had sold the stolen goods openly, because the police hesitated to molest them. In a few months they had gotten away with property worth some 80,000 yen. Placed in cells in the ordinary police stations, they "caused so much trouble by resistance and spitting at and touching officers that they had to be taken elsewhere." Judges, witnesses, prisoners and police in special star-chamber trials were garbed in clothes previously saturated with disinfectants, and the capture and trials were kept secret until they were over for fear of public alarm of a leprosy plague, according to an Osaka dispatch of the official Domei news agency.

Fusan Leper Home, Korea.—In the organization of this institution the patients themselves assume a large degree of responsibility for its working. Rev. M. Trudinger has reported to the Mission to Lepers. A governing committee of three has been chosen, which committee investigates all the problems that arise. It also distributes food and fuel equitably among the various cottages which form the living quarters, and allots the cultivable land. Subordinate committees are responsible for various duties; thus the school, with its fifty-seven pupils, is conducted very capably by the five teachers. The eighteen male and female nurses chosen from among the patients do very competently the dressings and other treatments, including semiweekly injections of chaulmoogra oil. Among the patients also are skillful builders, carpenters, plasterers, and others, so that practically all repairs within the home are effected without outside assistance. Beside supporting their own minister, the patients pay the stipend of an evangelist, who works in nonleper villages.

Trouble at Shek-lung.—Word has been received from Rev. Joseph A. Sweeney that the Gate of Heaven Leper Asylum, recently constructed at Kong-moon, South China, has not been molested since that region became

included in the war zone, and that it has been possible to maintain on hand a three-months' supply of foodstuffs, in preparation for an emergency. St. Joseph's Asylum at Shek-lung, however, has not fared so well. In November last it was invaded by bandits who stole everything of value. Father Joseph Marsigny, who has directed the institution for many years, had been seriously ill earlier in the year and afterward was stricken with paralysis. Faithful servants carried him on a stretcher for 60 miles to the frontier of Hong Kong. That journey, which until recently was a short rail trip, took four days. More recent information is that he was still recuperating in a Hong Kong hospital, and that two priests, one French and the other Chinese, had gone to replace him. "It is assumed that they got to the asylum, as they did not return."

Iloilo Rotary Club asks for an antileprosy day.—The Rotary Club of Iloilo, in the Philippines, has requested the president of the Commonwealth to designate October 9th, the birthday of the late Governor-General Leonard Wood, as Antileprosy Day. The Rotarians say that, notwithstanding the efforts made to make the lives of the afflicted now in the leprosaria happy and tolerable, compensating so far as possible for the effects of separation from their families, the lack of funds impede the realization of these humanitarian projects of the administration. They believe that the public will contribute willingly to a fund to be raised for this purpose.

Ceylon lepers given the vote.—Lepers in Colombo, reports *Reuters*, are to be allowed to vote from special polling stations in their asylums. This amendment of the present election law was proposed by the Select Committee on Election Law and Procedure, which also recommended that persons who recover from insanity be also enfranchised, and that prisoners should not be disqualified.

Dichpali and the State of Hyderabad.—The regard with which the Dichpali Leper Hospital is held by the authorities of the Native State of Hyderabad has recently been indicated in the decidedly unusual circumstance of the issuance of a press note about it by the official Hyderabad Information Bureau. It is recounted that in the twenty years since it was started by the Wesleyan Mission the institution had grown from a few mud huts to a well-equipped colony-hospital with a capacity of 800 inmates. So far as possible those who are admitted from the many applicants are either the more highly infective cases or those most likely to respond to treatment, and every year 400 to 500 are released as arrested. The Nizam's government aids the institution with both building and maintenance grants. Because of the importance of the leprosy problem, it is stated, arrangements have now been made for the treatment of cases at the government hospitals of the Dominion.

Leprosy in the Punjab.—The report of the Punjab Epidemiological Bureau for 1936 states that in a leprosy survey of the Punjab, begun in 1931, 5,574 villages with a gross population of 1,719,960 persons had been examined by the end of 1936. In 744 of these villages 1,814 cases of leprosy had been found (1 per 1,000). There were many clinics, serving as centers for both treatment and propaganda—125 in 1937, according to the provincial leprosy officer, reporting on activities for that year. There were five homes, with 646 patients in 1937, of whom only 101 were Pun-

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jabis. Another 1,371 villages with a population of 850,000 had then been surveyed, and lepers were found in 133 (10 percent) of them. Of the 189 cases (0.22 per thousand) 154 were males and 35 females, 4.4:1.

Lepers and dogs in Allahabad.—Allahabad has come to life with a plan to "rid the streets of stray dogs and to segregate lepers in the city," to quote from a story in the *Pioneer*, of Lucknow. Actually the ideas are quite separate. The Medical Officer of Health had been asked to take a census of the lepers and to ascertain from the authorities of the Naini Leper Asylum, across the river, how many of them they could take in and on what terms they would care for those that might be sent to them over and above the number that they have normally. In the meantime police had been asked to prevent lepers from frequenting the business section of the town.

Zanzibar Protectorate.—The abolition in 1936 of the Leper Decree and its various restrictive clauses appertaining to infected persons has been followed, the Medical Service has reported, by the development of the two leper colonies organized and administered along lines designed to attract lepers, the present policy embracing "attractive colonies, fair treatment to individuals, and no compulsion." With the abolition of the Funzi Island Settlement an alternative colony for the lepers of Pemba Island was established at Makondení on high, well-drained ground amid ideal surroundings. It is said that these colonies are popular and that new cases apply voluntarily for admission.

Hurricane in Nyasaland.—Last a year a hurricane damaged the leprosarium at Utale, in Nyasaland, according to *L'Echo d'Afrique*, damaging the brick dispensary building and reducing the capacity of the institution to about one-half of the original 120. Repairs were awaiting receipt of donations.

In the Belgian Congo.—A note seen from two or three periodicals, including *Hygiene Sociale*, without indication of the original source, states that the authorities of the Belgian Congo have set up a commission charged with the control of the antileprosy efforts in that region. The disease being apparently increasing, the civil administration and the missionaries are making a serious attempt to control it. To this end efforts are being made to group the lepers, by tribal affinities, in special agricultural villages where their condition of life is improved. These villages are located two or three kilometers from each chiefery or mission post. It is said that for the district of Uélé alone there are some 40 of them—in the Buta area 20, with 2,600 lepers in 1937. Lepers who can work are given small plots which they cultivate, and the administration provides the necessary supplement for their alimentation—meat, salt and medicines. The villages are under the direct surveillance of the administration, being visited regularly three times a week by a missionary priest, a nun and a nurse; the regional doctor looks after the sanitary conditions.

Reconstruction of Carville.—It has been noted in this department that proposals were made that the rebuilding of the institution, for which some \$4,500,000 had been provided, should not be done at its present site, which is not the most satisfactory possible. It has now been learned that the final decision has been not to move to another locality. Bids for the first

part of the project (reconstruction of the water supply system) have been opened and some of the present buildings have already been moved to a temporary site to make way for the construction of new ones to replace them.

Trial of oxygen therapy at Carville.—We are informed that the authorities of the United States Public Health Service have accepted the offer of the leprosy authorities of Rio de Janeiro, specifically Mr. Guilherme Guinle, of the loan of an apparatus for a trial of the method of treating leprosy by oxygen under pressure that has recently been reported from there. This trial will be made at the Federal leprosarium at Carville, Louisiana, under the direction of Dr. H. E. Hasseltine.

Venezuela's three-year health plan.—In June, 1938, the Ministry of Health and Social Assistance of Venezuela published a three-year plan for developing the health services of the country. A system of antivenereal dispensaries will also treat certain other diseases that are common in the country, such as yaws, leishmaniasis, leprosy, mycosis, etc. They will also have a service for the investigation of contacts, which is expected to permit the discovery of incipient cases and thus, by avoiding the possibility of their disseminating the disease and by giving them early treatment, to make a real advance in the campaign against leprosy. In the course of the three years there will be organized a leper colony, at Anare, and the existing hospitals at Cabo Blanco and the Providencia, which are now full, will be enlarged. It is expected that the proposed colony will permit a considerable increase in the number of segregated cases; they now number 1,211, and segregation of new cases has been suspended for lack of space in the leprosaria.

Antileprosy committee in French Guiana.—This colony has, it would appear from an item in *Hygiène Sociale* (Paris), a permanent antileprosy committee, which advises on questions submitted to it by the director of the health service. It has recently decided that a new school center should be opened for young children with leprosy. There, under hygienic conditions and medical surveillance, they can receive the instruction which cannot be given them in the ordinary schools of the community. The survey for cases (apparently conducted by the Institut d'Hygiène et de Prophylaxie), has been reorganized and intensified with the engagement of two new specialist visiting nurses, from the École Pasteur of Paris. The number of known cases has increased with increased attention to the matter, but it is not concluded that there has been an extension of the disease. The total number of known cases at the end of 1937 was 609 (over 1 percent); in the second semester 59 new cases had been found, 14 of them in the penal element of the population.

A new drug from Brazil.—Newspaper articles appearing in Europe state that Professor Rabello had announced in the course of a lecture on leprosy and its treatment that he had discovered in South America a special kind of chestnut, from the seeds of which had been prepared an extract that gives excellent results in treatment, and that it has appeared in commerce under the name of "alfon."

Hospital Muñiz, Buenos Aires.—A recent issue of the *Patronato de Leprosos' Presente* reports the inauguration on November 5, 1938, of the

renovated leprosy department of the Muñiz Hospital. The expense of that work, which amounted practically to reconstruction, was met entirely by the Patronato. Dr. Virgilio Etcheverry, who is in charge of this department, has recently been sent on a study mission to Brazil.

Facilities in Ecuador.—The Director-General of Health, Dr. Leopoldo Izquierdo Pérez, is quoted by *El Comercio*, of Quito, as saying recently that leprosy may be expected to increase and become diffused in the country if measures are not taken promptly to hospitalize more completely persons with the disease. He referred to the discovery of cases in the neighborhood of the poblacion of Chones, in Manabí province, and the recent escape of several patients from the hospital of Babahoyo because of lack of facilities for their proper accommodation. The present Leprocomio de Verde Cruz is inadequate, and it should either be enlarged or another leprosarium should be built in the littoral. From another report (*Bruzelles-Medical*) it appears that persons in Ecuador who wish to marry are required to submit to a rather serious medical examination; they are permitted to marry "if they are found to be free of syphilis, tuberculosis and leprosy."

PERSONALS

On September 12, 1938, the 600 inmates of the Makogai Colony, in Fiji, celebrated the twenty-fifth anniversary of the coming there of SR. MARIA CLÉMENT, a Swiss mission sister.

HOWARD I. COLE, Ph. D., for several years employed by the Health Organization of the League of Nations as chemist at the Centro Internacional de Leprologia at Rio de Janeiro, is resigning from that post in June.

REV. FRANCIS CONNORS, associated with Rev. Joseph A. Sweeney at the leprosarium at Kong Moon, South China, died in the United States in February after a surgical operation.

The death of DR. JOSÉ ATALIBA FERRAY SAMPAIO, of the Leprosy Prophylaxis Service of São Paulo, Brazil, is recorded by the *Revista Brasileira de Leprologia*. A dermatologist by training and long experience, he had been with the leprosy service for a time in 1928, and continuously from 1934 until his death.

MAJOR-GENERAL SIR LEONARD ROGERS, on June 30th, 1938, was presented with the Manson Medal of the Royal Society of Tropical Medicine, which is awarded every three years for original work in tropical medicine or hygiene.

DR. ISAAC SANTRA, of the leprosy research staff in India, has been given the title of Rai Bahadur. This is a title bestowed by the Government of India on Indian gentlemen who have rendered notable public service.