

## 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.*

### LEPROSY HOSPITAL OF PORTUGAL

Note has previously been made in this department [7 (1939) 425] of a plan to establish a special hospital for lepers in Portugal. The decree which provides for this institution, the Rovisco Pais National Leprosarium (Décret-loi No. 29122, November 15, 1938; Diário do Governor, No. 265, November 15, 1938) has appeared in summary form in the *Bulletin Mensuel of the Office International d'Hygiene publique* [31 (1939) 1650], and is here retranslated from the French.

*Article 1.*—There is hereby created a national leprosarium, to be called the Rovisco Pais National Leprosarium, the purpose of which is the internment and treatment of lepers of both sexes existing in the country, and the study of the prophylaxis and cure of leprosy.

*Article 2.*—The national leprosarium will comprise a hospital, an asylum and an agricultural colony, forming a single entity, with all complementary installations which may be needed.

*Article 3.*—The national leprosarium will depend, from the technical and administrative points of view, on the civil hospitals of Lisbon, but its installations will be independent and distinct from the main organizations. The expenses will be met from funds provided by the estate of the late José Rovisco Pais.

*Article 4.*—The civil hospitals of Lisbon are authorized to acquire all land and to carry out all constructions and installations, fixed and mobile, necessary for the functioning of the leprosarium.

(These articles include rules relative to the acquisition of land, construction, and the administrative acts necessary for the establishment and operation of the institution, which are respectively within the jurisdiction of the financial administration and special commissions designated by the ministries of public works and of the interior.)

*Articles 5 to 9.*—Functioning of the commissions and remuneration of their members; they may engage, by contract or otherwise, the technical and other personnel required for the functioning of the services. Rôle of the financial administration and the commissions, respectively, concerning the requesting and employment of the budgetary credits; formalities with regard to expenditures, and control and approval of accounts; declaration of public necessity for the necessary expropriations; etc.

## LEPROSY LEGISLATION OF HAITI

A recent publication issued by the Haitian government, entitled "*La Legislation de l'Hygiene, de l'Assistance Publique, de l'Enseignement et de l'Exercice de la Médecine en Haiti*," dealing with the period from 1888 to 1917, contains some matter that pertains to leprosy. One item is a letter dated March 29, 1713, by Moreau de Saint-Mery, minister, to the administrators, dealing with the lepers of Saint-Dominique.

Sa Majesté a approuvé le parti que le Conseil a pris d'ordonner une seconde visite des habitants du quartier qui sont attaqués de la lèpre; il est très intéressant de les séparer pour que ce mal ne puisse point se communiquer; mais Sa Majesté n'approuve point qu'on destine leur habitation à l'Isle de la Tortue; il faut au contraire la conserver pour s'en servir en cas d'une contagion ou de quelque irruption des ennemis; si on y plaçait des lépreux, ce serait ôter à la Colonie une retraite sûre dans le cas que je viens de vous expliquer; ainsi sa Majesté désire que vous expliquiez; ainsi sa Majesté désire que vous cherchiez un autre quartier éloigné pour les placer; et que vous preniez de justes mesures pour qu'ils n'aient aucune communication avec les autres habitants, etc.

R. au Conseil du Cap. le 7 Juillet 1713.

In a debate on the budget on July 4, 1851, Représentant A. Lespinosse, arguing the need of a hospice for the infirm and those affected by contagious diseases, who were sleeping in the galleries of the churches and begging on the streets and from door to door, stated in part:

Messieurs, la circulation des lépreux et d'autres infirmes de ce genre, au milieu de nos villes, est tout-à-fait compromettante pour la salubrité et la sécurité générales. Déjà la lèpre s'introduit dans un grand nombre de familles, sans qu'on puisse s'en expliquer la cause; déjà, nos places publiques présentent de nombreuses maladies de peau dont il importe d'arrêter le développement. L'humanité, la charité, la religion imposent à la société le devoir d'établir en faveur de ces malades, un hospice où ils recevront un entretien conforme à leur état. Ce ne sera pas là une source de dépenses nouvelles pour le Gouvernement. Le peuple haitien est trop connu par l'amour de la charité qu'il professe à un si haut degré pour que par des souscriptions volontaires il ne fasse les frais de l'hospice, et je suis d'avance persuadé, messieurs, que le Gouvernement de L. M. M. qui a déjà rendu de si grands services au pays, le dotera avec empressement d'un établissement que réclament la charité, la religion et la civilisation. Ce sera pour leurs majestés un titre nouveau à la reconnaissance nationale.

The proposal introduced by the speaker was approved unanimously and an appropriate message was to be prepared and addressed to the Minister of the Interior and of Agriculture.

Fifty-five years later, in August and September, 1906, the

senate of the republic discussed at some length a proposal to establish two hospices, one for lepers and the other for the insane, and on September 28 a law providing for such institutions was approved by the president, Nord Alexis. Pertinent sections follow:

Article 1er.—Un établissement public spécialement destiné à recevoir et soigner les aliénés et un établissement spécialement destiné à recevoir les lépreux seront fondés à Port-au-Prince, hors des murs de la ville sous la direction de l'autorité.

Article 2.—Le Secrétaire d'Etat de l'Intérieur, le Doyen du Tribunal Civil du ressort de la Capitale, les officiers du Parquet et les Juges de Paix de la Capitale sont chargés de visiter ces asiles une fois par mois pour entendre les réclamations de ceux qui y seront placés et prendre tous renseignements nécessaires.

Article 3.—Aucune personne ne pourra ouvrir un asile d'aliénés ou de lépreux sans l'autorisation du Gouvernement et en se soumettant à toutes les obligations qui lui seront imposées.

Article 4.—Le personnel de chaque asile se compose d'un directeur, d'un secrétaire, d'infirmiers ou de servants, de médecins et de pharmaciens.

Article 7.—Chacun des deux asiles aura un registre spécial coté et paraphé par le Magistrat Communal de Port-au-Prince sur lequel seront inscrits sans aucun retard les noms, professions, âge et domicile de personnes placées à l'Asile, le jugement d'interdiction de l'aliéné si un tribunal compétent en a prononcé et les noms des tuteurs, et toutes les indications contenues dans l'ordre du ministre touchant le signalement de la personne qui aura sollicité l'internement du malade. Ce registre mentionnera également les deux certificats fournis par le médecin consulté et par celui de l'asile. Celui-ci consignera sur le registre une fois par mois l'état mental de chaque malade. Les autorités visées à l'article 2 devront à chaque visite apposer leur visa sur ce registre, leur signature et leurs observations, si c'est nécessaire.

Article 10.—L'autorité compétente a plein pouvoir d'ordonner d'office l'internement dans l'asile des aliénés et des lépreux de toute personne folle, compromettant l'ordre public et la sûreté des citoyens, ainsi que de toute personne atteinte de la lèpre sur n'importe quel point de la République.

Article 12.—Les dépenses d'entretien, de séjour et de traitement des personnes placées dans ces asiles seront fixées par le Secrétaire d'Etat de l'Intérieur et des Travaux Publics chargés des installations pour la construction desquelles un crédit de 20.000 dollars est ouvert à cet effet.

Article 13.—Il est facultatif aux parents des malades pouvant payer, de s'entendre avec les directeurs des asiles afin d'avoir le confort désirable.

On July 17, 1907 the matter was discussed further in the senate. It appears that a building for one of the institutions provided for had been acquired at a cost of \$3,000. According to a statement by the Secretary of State it had been intended for the leprosarium but the location was found to be undesirable; and the

place was also declared unsuitable for insane patients. On October 15th a contract was signed with one Dr. I. E. Jeanty to build both institutions, at a cost of \$20,000, on land to be selected by him. No further development in this matter is recorded.

#### A LEPROSY INSIGNIUM

The history of the double-barred cross that was adopted as its emblem by the International Tuberculosis Association in 1902 is interestingly traced in a small pamphlet by Dr. Lee S. Huizenga, recently issued by the Shanghai Anti-Tuberculosis Association. On the cover of another pamphlet, of similar format and by the same author, in which is described the routine treatment used at the leprosy clinic of the Chinese Medical Association in Shanghai, there appears in red a cross of quite different design that has been adopted as the emblem of that clinic. This insignium, which Dr. Huizenga speaks of as "the triple red cross," is intended to represent the lepers' cross as three times as great as that of others. The entire seal is reproduced below, in monochrome.



#### NUMBER OF LEPERS IN THE WORLD

About a quarter of a century ago, when people believed that the chief foci of leprosy were in the Far East, Dr. Victor G. Heiser estimated that there were two millions of lepers in the world. When surveys had shown the seriousness of the problem in Africa, Sir Leonard Rogers raised the estimate to no less than three millions. Dr. E. Muir then brought to attention the fact that for each typical advanced case there were two to three more early ones, and the figures were again increased. It is now estimated that there are from five to ten million lepers in the world. In other words, there is probably one leper for every 185 people, and 5,400 for every million population, no single country being absolutely free from the disease. Thus runs a note in the *Boletin Oficina Sanitaria Panamericana* [19 (1940) 508].

The situation in the Western continent, while serious, is comparatively less alarming than in other areas, the article continues. The most recent statistics place the number of lepers in North and South America at below 100,000. The estimated distribution, however, is most irregular, and the figures are repeatedly being revised upwards.

The following are in most cases mere estimates: 35,000-50,000 in Brazil; 12,000 in Colombia; 8,000-10,000 in Argentina; 4,000-6,000 in Mexico; 2,000-5,000 in Paraguay; 2,000-4,000 in Cuba; about 2,000 in the French colonies (Guiana, over 1,000; Martinique and Guadeloupe, over 200 each); 1,000-2,000 in Venezuela; over 1,500 in Dutch Guiana; about 1,500 in British Guiana; about 1,200 in the United States; Trinidad, about 1,000; 500-1,000 in Uruguay; Windward and Leeward Islands, about 500; several hundred each in Chile and Peru; over 200 each in Ecuador and Barbados; about 200 each in Haiti and Jamaica; less than 200 each in Bolivia, Costa Rica, Dominican Republic, Guatemala, Honduras, Nicaragua, Salvador, and the Virgin Islands; 150-200 in Puerto Rico; over 100 in Panama; and less than 100 in Canada. Of all American areas the most fortunate with regard to leprosy are those of the South Pacific territory. Continental Chile is supposed to be free from the disease, but its Pascua (Easter) Island has practically become a leper colony, with hundreds of patients at large.

#### THE AMERICAN ISSUE OF *WITHOUT THE CAMP*

The quarterly periodical *Without the Camp*, of the original—British—organization of the Mission to Lepers, the October, 1940 issue of which was No. 176, equivalent to 44 annual volumes, has until recently been the only medium of publication of news regarding the American organization, though that body assumed an independent status many years ago. Since 1939, however, the American Mission to Lepers has published a small, neat 16-page quarterly devoted entirely to the work of that body in the field and at home. Somewhat confusingly, it, too, is named *Without the Camp*, with an inconspicuous subhead "(American Issue)."

#### NEWS ITEMS

*Notes from Brazil.*—The federal leprosy budget of Brazil amounts this year to nine thousand contos de reis (9,000:000\$) for the fifteen states, the Federal District and the Territory of Acre of the country. Of this amount 5,824:700\$ is for continuation of the construction of leprosaria, and 3,175:300\$ for construction of or installations in preventoria for children of leprous parents. All of the preventoria in the country are now entirely under the supervision of the Federation of the Societies for Aid to Lepers, of which there are now 84; the Federal Government has given

this organization full authority in this branch of the leprosy control work, namely, the protection of children of leprosy descent.

On January 26th, 1941, there was inaugurated another new home for such children, the Preventorio Santa Catharina. Located some eight kilometers from Florianopolis, the capital of the state of Santa Catharina, its present capacity is 150 inmates, separate pavillions being provided for boys and girls. In connection with it is a nursery for 16 infants, an infirmary for 12 patients, and a quarantine house for newcomers with 12 beds. Altogether, it is an excellent institution of its kind.

In Rio de Janeiro provision has been made for a new Leprosy Prophylaxis Service of the Federal District, and Dr. Joaquim Motta has been invited to undertake its organization. Last year the Curupaity leprosarium, established outside of the city in 1928 by the Federal Department of Public Health, was transferred to the Municipality of Rio de Janeiro. A central leprosy clinic, with a diagnostic laboratory and a sanatorium for well-to-do patients, is needed imperatively, because the disease is endemic in the Federal District and is increasing yearly.

This year will be the 200th anniversary of the opening of the ancient Hospital dos Lazaros, of Rio de Janeiro. That asylum was founded by Count De Bobadella, General Gomes Freire de Andrade, who was Governor-General of Rio de Janeiro Capitania during 30 years, and he maintained the said hospital until his death in 1763. His acting successor in the Governorship, Bishop Don Antonio do Desterro, then arranged that the Irmandade da Candelaria should assume the responsibility for maintaining the hospital. Later it was carried on with the financial aid of the Federal Government.

A new leprosy periodical, entitled the *Arquivos Mineiros de Leprologia*, has been founded by a large group of leprosy workers in the state of Minas Geraes, with headquarters in Bello Horizonte. The manager is Dr. José Mariano, Colonia Santa Isabel, at the place mentioned. The first issue of this review, which is intended to be a quarterly, is dated January, 1941. In its 76 pages there appear a presentation article by the Secretary of Education and Health of the state, an appreciation of Professor Ed. Rabello, and several articles dealing mostly with statistical matter and clinical features of leprosy.

—H. C. DE SOUZA-ARAÚJO

*Projected improvement in Jamaica.*—That the governor of the island of Jamaica is concerned over the condition of the lepers' home in Spanish Town is evident from a speech which he delivered last year, reproduced in *Leprosy Review* from the *Daily Gleaner* of Jamaica. He referred to the institution as a blot on the administration of the colony, one which had been given much thought for years but without results. Plans to remove the institution to some other site that was at once isolated but not entirely barren had been thwarted by fierce opposition of the people of neighborhoods considered. This made it necessary to rely upon improvement of the institution in its actual location. Required were more land, complete rebuilding, and replanning and proper management. The United Fruit Company donated 20 acres of adjoining land, and rebuilding was provided for by a provisional allocation of £12,000. On the other hand the problem of providing effective, experienced and continuous management



has not been settled. The speaker related his personal experience with leprosy and leprosy institutions in various parts of the world—in Malaya, before and after the building of the present institution near Kuala Lumpur; in Borneo; in Gambia in West Africa; and in Fiji. The conditions in the last region, where the Makogai leper hospital is under the immediate management of a staff of Marist Sisters, are compared very advantageously with those seen in the other countries mentioned—and in Jamaica. For there, attempts have been made to secure similar cooperation of some religious organization with the government, but without result.

*Uncooked vegetables and leprosy.*—In an obituary note in the *New York Herald-Tribune*, reporting the death of one Dr. A. D. Variell (said in an Associated Press dispatch from Miami, Florida, to be a former practicing physician of Connecticut who had retired to pursue research in leprosy), it is stated that he was the first to observe that when the Syrians acquired the habit of eating large quantities of uncooked vegetables, the severity and extent of leprosy among them dropped remarkably. He attributed this to the theory that the vitamins in raw vegetables build up resistance.

*Transfer of patients to Orofara.*—A note issued by the Service Intercoloniale d'Information, of Paris, illustrates further the difficulties attending antileprosy work in French Oceania. It had been decided, in 1939, to transfer to Tahiti, from the island of Rapa, 13 patients who had been found on previous annual medical visits. Because of other demands for the services of the government schooner "Tamara," the disturbance consequent on the war, and the great distance—660 miles, equivalent to the distance from Paris to Budapest—the project had to be postponed. In January, 1940, however, the annual trip to the Southern Islands was made by the chief of the district, a physician and a nurse, and the 13 patients were brought to Tahiti and transferred to the Orofara isolation village. There were then 95 cases in that village.

*Medical work in Melanesia.*—A rather vivid account of the conditions under which missionary work in general, and the medical work of missions in particular, is being carried on in Melanesia appeared last year in the *Dominion* (Wellington, New Zealand). The diocese is described as comprising a long chain of islands, from the New Hebrides in the south to the mandated territory of New Guinea in the far northwest. On the hundreds of islands so many different languages are spoken that the mission press issues books in no less than thirty. The center of the medical work is at a relatively well-equipped hospital at Fauabu, in the Solomon Islands, but elsewhere it is carried on with difficulty. At one place there were 30 patients with only a nurse to look after them. Another hospital had been destroyed by a typhoon and had not been rebuilt, though a dispensary was maintained. Under such conditions not much can be done for lepers, and at present only noninfectious cases were being treated at Malaita, where, it is estimated, there are 600 cases in a population of 40,000. At Fauaba there is a colony with 38 lepers, and though funds had been received for building huts to accommodate many more, there was no provision for their maintenance. The life of the patient with the infectious form of the disease is a sad one. Separated from his family, he

finds shelter in the scrub on the outskirts of the village, going to the dispensary once a week for injections and quinine.

*Leprosy notifiable, New South Wales.*—Leprosy was proclaimed a notifiable disease on February 25, 1938. This disease has always been notifiable in virtue of special provisions in the Public Health Act; but in order to embrace it within the provisions of the regulations controlling contacts of infectious diseases it was necessary, on legal grounds, to proclaim it a notifiable disease. A subsequent amendment of the definition of "contact" will enable the Department of Public Health to examine annually, or at such periods considered necessary, any person who has been exposed to infection.

*Tsinan Leprosy Conference.*—At the Cheeloo University, in Tsinan, Shantung, a leprosy conference was held on May 10, 1940, called by Dr. H. J. Smyly of the university hospital and attended by 25 delegates from most of the centers in the province where special work is being done for lepers. As reported in the *Leper Quarterly*, the morning session was devoted to a round-table discussion, and the afternoon session was a general open meeting, though because of the war conditions it was found impossible to give the affair due publicity. It was felt that a permanent organization was needed in the region, to facilitate effective cooperation, and a Shantung Branch of the Chinese Mission to Lepers was formed. It is planned to make, through mission hospitals, church workers and others, a survey of the situation with regard to the distribution of the disease and what is being done and can be done for its victims. A central purchasing agent for drugs for treatment was established, and it is proposed to hold annual conferences.

*The supply of chaulmoogra oil in China.*—Since the outbreak of hostilities in China, chaulmoogra oil and its derivatives have become very difficult to secure, and in the case of the imported preparations the price has become so prohibitive that it is virtually beyond the financial resources of the leper institutions to buy them. Consequently, according to the *Leper Quarterly*, many of them had been forced to stop treatment. Through an arrangement with the Peiping Institute of Materia Medica, which has transferred its laboratory to Shanghai, the Chinese Mission to Lepers has been able to secure a supply of iodized ethyl esters to be distributed to institutions which seek this aid.

*Carotene in treatment.*—In an unsigned editorial note in the *Leper Quarterly*, on new remedies in leprosy, it is stated that several years ago one Mr. Feng, of the Chinese National Department of Health in Nanking, advocated the use of carotene in leprosy and gave the writer "such a liberal quantity of the carotene, that we were able to make tests over a long period and on many patients." Although changes in the patients' condition such as might be expected from the material were seen, it was not found that the disease itself was in any way directly affected. (The editor of this periodical is Dr. Lee S. Huizenga.)

*Special activities of lepers.*—In the December, 1940, issue of the *Leper Quarterly* of the Chinese Mission to Lepers are notes on special activities of lepers in two of the institutions in that country. From Shanghai there is a "for sale" notice by one Ong Ih-dao, of the Shanghai leprosarium,



of paintings in the making of which he relieves the tedium and depression of his hospitalization, and by the proceeds of which he hopes to improve his circumstances. Though he says that "I know very well that my paintings are not of high order," one which is reproduced, a still-life subject of certain leafy Chinese vegetables, seems quite creditable. Published with it are two photographs from the Tsinan leprosarium of the last annual showing of chrysanthemums by the inmates. Cultivation of this flower, according to an article by Dr. H. J. Smyly in the same issue, is the chief hobby of the inmates, most of whom maintain small garden plots.

*Tour of Malta worker.*—Dr. Richard Toledo, of Malta, visited Ceylon last year to observe the leprosy work and other phases of public health activities. The *Ceylon Observer* (Colombo) stated that this visit resulted from interest aroused in the work that is being carried on in Ceylon,<sup>4</sup> when the chief medical officer of the survey, Dr. Sam de Simon, attended the Cairo conference. The care of lepers in Malta is relatively expensive, it is said, partly because the families of the isolated patients are subsidized, in some instances in the amount of over £4 per month.

*Lepers in Arabia.*—The mode of life of lepers in two localities along the "Pirate Coast" of Arabia is described by Dr. P. W. Harrison, in a recent number of *Without the Camp* (American issue). No leper is allowed to live in Dubai, a prosperous city of 50,000 inhabitants. They congregate in a huddle of huts five miles down the coast, going to the city once a week to beg but compelled to leave before nightfall. In Muscat, lepers may beg only in certain specified places. They are allowed to live in a certain barren valley, provided no roof is put over their heads, "so that the pitiless sun may continuously disinfect their dwelling places." Each makes for himself a small oval place, six feet long, where the stones are levelled. Here he sits at night and cooks a little rice and fish. In the morning, when he leaves to beg, his belongings are arranged in the oval and covered with bedding, weighted down at the edge with a border of stones. Thus are made mounds which, it is said, suggest graves.

*A new difficulty in Tanganyika.*—Dr. C. A. Wallace, writing in *Without the Camp* on conditions at the Makuhipora Leper Home in Central Tanganyika, reported that it had often been noticed that patients ready for discharge were reluctant to leave. This was found to be due, not solely to the sheltered life they had led in the home, but to the fact that the idea "once a leper, always a leper" had taken a firmer hold on the minds of the people. They believed that there was hope for a leper at home, but that hope must be abandoned if he should ever enter a leprosarium. The symptom-free patient is not welcomed by his family. If he is not directly driven away he is so cold-shouldered that he voluntarily exiles himself; but, as news travels fast, his stay in any one place is not likely to be long. Native chiefs recently petitioned the local government authority that they "view with alarm" the increasing numbers of patients being discharged from the home. This, though showing the beginning of a leprosy-consciousness, was embarrassing. Fortunately, it had been possible to meet the situation by settling discharged patients on land which is fertile, unoccupied, and easily reached, where they can start life anew independently.

*Uninfected babies' crèche at Uzuakoli.*—Interesting details regarding the method of caring for babies at the Uzuakoli leper settlement, in Nigeria, is contained in a recently published excerpt (in *Without the Camp*) from a report by Dr. T. F. Davey. Twenty children had been cared for in the year, reared on artificial foods from birth with very satisfactory results. Several brands of tinned milk and milk powders have been used, but the Milkmaid brand is used as routine on account of the high cost of other varieties. After the age of nine months, solid food is gradually introduced into the diet. Great care is taken to provide a balanced diet but one consisting almost entirely of native foods, so that when the children leave the care of the crèche they do not suffer from the change. The policy is to endeavor to rear the children in such a way that when they return to relatives at the age of six, they are fit for the vigorous life of the African village. They are given constant care, but the sheltered existence which produces no immunity to disease is not sought after. Mosquito nets are not used. The babies spend most of the daytime out of doors on mats in the shade, and clothing, which consists only of a woolen vest (undershirt) is used only during the cold mornings of the Harmattan or during the misty mornings of the rains. The older children who are able to run about rarely wear even that much.

*The Zaria colony, Northern Nigeria.*—The conditions under which work for lepers in Northern Nigeria is being extended are illustrated by a report for 1939, to the Mission to Lepers, by Dr. A. B. Cook. The Zaria Provincial Leper Colony, it is stated, is a cooperative effort in which—as in other provinces of Northern Nigeria—the Moslem Native Administration and the Christian missions are associated, with aid from outside sources. The principle is to create village communities in which the inmates live so far as possible under natural conditions, engaging in useful and productive occupations, while receiving proper medical treatment. The development work at Zaria is in its earlier stages, but instead of an aggregation of beggars there is an active community which, though by no means self-supporting, is being headed in that direction. Every patient who can be trained is given some kind of useful employment. At the end of the year there were 127 inmates; 50 had been admitted but, because of financial stringency, 70 had to be sent away, they including 20 discharged as symptom-free. All treatments and dressings are done by patients, under European supervision. The making of soap from palm oil has become an important industry, and the excess over what is used in the colony is sold outside at a small profit. Good quality bandages, of "crepe" texture, are made by weaver patients from cotton grown in Zaria; because of their durability they can be washed and used repeatedly. Domestic affairs in the colony are settled by a native chief, assisted by a council of the senior and more intelligent members of the community.