

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.

REGULATIONS OF THE NATIONAL LEPROSARIA OF VENEZUELA

The following is a somewhat free and condensed translation of a decree, signed on December 28, 1939, by the President of the United States of Venezuela—where improvements have been made lately in the leprosaria and in the system of registering leprosy patients—concerning the operation of the national leprosaria of that country and replacing regulations established two years previously. This matter appeared in the *Revista de Sanidad y Asistencia Social* 5 (1940) 192-199.

Article 1.—The national leprosaria are establishments intended for the isolation and treatment of cases of leprosy, under the Ministry of Health and Social Assistance. Each establishment shall be under the charge of an administrative director, with two resident physicians and a body of administrative, disciplinary and religious employees as provided for in the general appropriation act, and such other employees as may be named by said Ministry.

Article 2.—The administrative director shall be responsible for the administration and accounting of the establishment. Under his administration shall be: the secretary-stenographer, assistant cashier, property clerk, chaplains, chauffeurs, electricians, cooks, tailors, porters, police force, mechanics, employees of the electric and distilling plants and launch and embarkation services operated by the leprosaria, and all such employees as have any relation with the general administration of the institution.

Article 3.—Each leprosarium shall have at least two resident physicians, who shall be directly under the Ministry and shall be charged with all of the duties relating to the technical services in the fight against leprosy. Under their administration shall be all of the technical personnel, such as surgeons, opticians, dentists, x-ray staff, laboratory men, internes, pharmacists, nurses and other employees who have duties in connection with the technical and medical work of the establishment. In case of doubt, the Ministry shall determine the status of any employee.

Article 4.—The administrative director shall reside in a local annex to the institution, and shall not leave the same without assigning his duties to his assistant. He shall have the following duties and prerogatives: (a) To maintain all record books which the Ministry may require. (b) To notify the Ministry and the resident physicians of the admission and discharge of cases; to notify the Ministry and the competent civil authorities of deaths and births. (c) To expend the general appropriation of the lep-

rosarium, giving proper accounting to the ministry every 15 days; to forward to Ministry statistical data corresponding to the general activities of the institution; to buy supplies and other effects which the establishment may need, drugs, implements, general supplies to be procured by the Ministry after due notice. (d) To keep money, jewelry, documents and other valuable objects of the inmates, giving to the interested parties in tokens the equivalent of money received and a receipt for other objects which may be deposited. The money shall be deposited in a bank under a special account, and the bank receipt remitted to the Ministry. The administrator shall be in charge of the circulation of the tokens, exercising caution that such circulation is backed by an equivalent amount. In a book to be kept for this purpose, there shall be submitted to the Ministry a monthly report of balances of the amount of tokens in circulation and of the money in the safe. (e) In case of death of any inmate, or of discharge of any who shall have been granted parole, to sell at public auction among the inmates such properties as they may leave in the establishment; the proceeds of such sales to be deposited in a bank, under a special account, at the request of the paroled inmate or of his heirs if he has died. (f) To organize in the leprosarium various games, but not games of chance; to promote sports, cinematograph exhibitions, the creation of musical bands and social contacts among the inmates that are not contrary to morals or good customs. (g) To report to the Ministry all irregularities that are observed in the institution, and to recommend the discharge of employees for inefficiency.

Article 5.—Of the resident physicians, one shall be designated medical director and the other assistant physician. Both shall live in a local annex to the institution. Days of duty shall be alternate, and they shall not leave the establishment at the same time.

Article 6.—The resident medical director shall have the following duties: (a) To see to compliance with these regulations, and all rules emanating from the Ministry, relating to the technical functions. (b) To supervise the regular routine of all technical services, and see to just and equitable distribution of inmates to each branch of the service. (c) To suspend temporarily from his duties for misconduct, lack of discipline or other grave offense, any employee of the technical service, giving immediate notice to the Ministry. (d) To determine, in accord with the assistant physician, the general and special management required by the inmates and to indicate the occupations and manual work to which each may be assigned. (f) To adopt the hygienic measures necessary to avoid the propagation of contagion, and such other dispositions as may lead to sanitary betterment of the establishment. (g) To submit an annual report to the Ministry, giving details regarding the existing cases, admissions and discharges during the year, cases treated, methods and preparations used, results obtained, paroled cases, deaths and their causes with data on important concurrent diseases, and suggesting measures for the improvement of the work of the establishment. (h) To report, at least once a year, cases that may be considered socially cured. (i) To suggest measures which have not been provided for, or are insufficiently provided for, in the present regulations.

Article 7.—The assistant physician shall be entrusted with the duties

of the medical director in the latter's absence. He shall have, in addition, the following duties: (a) To collaborate with the other members of the medical personnel in the accomplishment of treatments indicated and orders given. (b) To organize and maintain the medical archives, with records for every inmate: photograph, clinical history, social status, biological examinations, diagrams of the lesions, treatment followed and a chart showing the evolution of the disease. (c) To instruct the inmates regarding hygienic practices, especially on prophylactic measures; there shall be given, at least once every 15 days, a talk on this subject. (d) To order necessary laboratory examinations. (e) To serve as instructor in the nursing course for the inmates.

Article 8.—The common duties of the medical director and his assistant are the following: (a) To examine as promptly as possible the cases for admission, in order to corroborate or otherwise the admission diagnosis. (b) To examine and treat cases that present conditions other than leprosy. (c) To arrange for the transfer of such cases as should reside in the wards, and for the treatment and dietetic management of those who present themselves. (d) To assist any patient who may require urgent service. (e) To sign certificates of death in accordance with legal formalities. (f) To requisition from the administrative director the drugs, instruments and apparatus that may be required. (g) To grant permissions for 48 hours absence to members of the technical personnel, with due regard to continuity of the services; permits of longer duration shall be solicited from the Ministry.

Article 9.—In case of any misunderstanding between the resident physicians on any of the measures that may be adopted in the leprosarium, on the treatment of patients, their transfer, their cure, the granting of parole, the organization of the archives, and other matters that are attributed to the resident physicians, this shall be settled by the Ministry.

Article 10.—The Minister of Health and Social Assistance, if he deems it necessary, may change the hours and conditions of work within the leprosaria which the administrative directors and the resident physicians have found necessary, and is empowered to make internal regulations for the leprosaria.

Article 11.—No case shall be admitted for segregation without an order of the Ministry stating that existing regulations for the examination of suspicious cases have been accomplished. With reference to those who present themselves for admission to the leprosarium at the Isla de Providencia, such order shall emanate from the resident physician of the institution.

Article 12.—The rights of the segregated patients in the leprosarium shall not be more than what is reasonable for the regular course of life, with a view to the ends of treatment. In consequence, there shall be designated by the resident physician the hours of treatment, meals, exercise, work, duties and social contact between the sexes. Patients who are not incapacitated shall be obliged to sweep and clean their rooms and tend to their beds before breakfast.

Article 13.—There shall not circulate in the leprosaria any currency except the tokens provided by the Ministry. Before ordering the circulation of new issues of tokens, the previous issue shall be recalled, accounted

for by the directors of the leprosarium and by a commission that the Ministry shall appoint for this purpose. The tokens that may be found in the possession of the employees shall be confiscated, and its equivalent shall be diverted for recreative and other uses of the inmates.

Article 14.—The administrative director, in agreement with the resident physicians, shall fix the time at which the patients segregated in the leprosarium may be visited.

Article 15.—The administrative director, as well as the resident physicians, may for reason prohibit the visiting of patients, and may prohibit the entrance to the leprosarium of persons who violate the regulations of the establishment. Visitors shall turn over to the administrative director moneys and effects that they may bring to the patients, and they are prohibited from receiving from the inmates money, objects, paper of whatever nature, clothes or effects. In no case shall visitors 15 years old or under be admitted.

Article 16.—The patients may utilize as means of communication the mail, the telegraph and also the telephone, the last with previous permission of the administrative director, the charges being to the account of the inmate. Correspondence shall invariably be submitted to disinfection. The administrative director, when he deems it desirable, shall order the recipient of letters or packages to open them in his presence, with the object of censoring them if they contain currency, checks, drugs or arms. In cases in which an inmate may sign documents in connection with civil, mercantile or penal cases, such documents shall be submitted to disinfection.

Article 17.—In the leprosarium there shall be schools for general instruction of the inmates, and in every section of the establishment there shall be shops of arts and trades for both sexes. The program of instruction shall be formulated by the Ministry, after due consultation with the Ministry of Education. There shall also be established a library, which may be organized as a circulating library; and the books shall be sterilized every time the medical service deems it desirable.

Article 18.—In case of pregnancy of any inmate, the resident physician shall endeavor to obtain information regarding the person outside of the leprosarium who may be entrusted with the bringing up of the future child. The Ministry may communicate with the person to whom the child may be turned over and determine what is expedient in the matter. In case there should be no person to whom the child may be entrusted, the child shall be sent to one of the existing institutions for children. In every case, endeavor will be made to have the child leave the leprosarium with the least possible delay.

Article 19.—Inmates violating disciplinary rules of the establishment and the provisions of these regulations shall be advised, deprived of recreation and work, or penalized with seclusion up to ten days, according to the gravity of the offence, by the order of the administrative director. Any breach committed by employees of the establishment against the provisions of these regulations shall be punished by fines up to two hundred bolivares, to be imposed by the administrative director or by the resident physicians as the case may be, and in conformity with Article 21 of the National Health Law.

INTERNATIONAL LEPROSY ASSOCIATION

FINANCIAL REPORT, 1940

The following is the financial statement of the General Secretary-Treasurer of the Association for 1940.

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR
ENDING DECEMBER 31, 1940

RECEIPTS			PAYMENTS		
	£	s.	d.		£ s. d.
To Subscriptions of members.....	219.	19.	9	By Postage, telegrams .	2. 9. 4
" Subscriptions of nonmembers.....	11.	11.	3	" Printing, stationery and sundries.....	1. 9. 5
				" Grant, secretarial..	10. - -
				" Accountants' charges	4. 4. -
					18. 2. 9
				" Surplus.....	213. 8. 3
	231.	11.	-		231. 11. -

Balance sheet (summary).—From the balance of receipts over payments (surplus) plus the balance on hand at the end of 1939 (£23.1.2), totalling £236.9.5, was deducted the amount of £150.0.0—remitted to Manila for the account of the INTERNATIONAL JOURNAL OF LEPROSY, leaving a balance of £86.9.5.

INTERNATIONAL JOURNAL OF LEPROSY

FINANCIAL STATEMENT, 1940

RECEIPTS		DISBURSEMENTS	
From the International Leprosy Association...	P1,211.35	Salaries.....	P4,500.00
Subscriptions.....	741.49	Printing.....	5,510.63
Membership dues, I.L.A.	90.00	Postage.....	623.83
Sales of Journal, etc. ...	659.32	Telegrams, etc.	18.18
Miscellaneous.....	150.00	Translation.....	108.50
TOTAL.....	P2,852.16	Sundry expenses.....	166.29
Subsidy, Leonard Wood Memorial, 1940.....	P6,000.00	Bank discount.....	0.74
	P8,852.16		
DEFICIT*.....	P2,076.01		
TOTAL.....	P10,928.17	TOTAL.....	P10,928.17

*Taken from surplus of P4,978.50 on January 1, 1940. Surplus after settlement of 1940 accounts, P2,902.49.

VOLUNTARY SEGREGATION UNIT IN MADRAS

It has been known for some time that an experiment in voluntary segregation was projected or undertaken in Madras, but heretofore no specific information about it has been seen. The following is from a note in the *Nursing Times* (London) of November 30, 1940.

The existing legislation for the segregation of those suffering from leprosy cannot be enforced, it is stated, for lack of accommodations in hospitals and settlements. The new venture is a voluntary segregation unit, established at Polambakkam, in the wide bare country about 60 miles south of Madras city. The unit was opened recently by the surgeon general to the Government of Madras.

The place was chosen because of the high incidence of leprosy in the district, and because it is near enough to the Lady Willingdon Settlement at Chingleput (23 miles nearer Madras) for the unit to be kept under observation and supervision from there. Women and children go as inpatients to the settlement, but the men go to the segregation unit for treatment. They are free to pursue their ordinary occupations—usually agricultural work—by day, going back to the unit at night.

The unit is within easy walking distance of nine villages in which the incidence of leprosy is very high. It is built on land given by the local *zemindar* for the purpose—two acres on one side of the country road and four acres on the other. On the two-acre area is built the administration and treatment part of the institution, at present consisting of a treatment shed, a laboratory and store, and three small houses, one each for a ward boy, male nurse and male compounder. A doctor is to be appointed; the house for him has still to be built. A bored well has been sunk, and there is plentiful supply of good water. On the four acres across the road there are to be 10 huts at first, in each of which three male lepers will sleep. At present only two huts have been put up and some shade trees planted. Another bored well will be sunk on that land.

The buildings are of the very simplest, all built of mud and thatch except the laboratory, which is of brick with an asbestos roof. The walls are higher than those of the usual village hut and have windows in them—not of glass, but of fine metal mesh for ventilation. The whole unit, so far, has cost only Rs. 2,000 (about £154) to build. Salaries of staff and

the medicines and food for the inmates will cost a good deal, but everything has been kept as simple as possible so that other rural areas may be encouraged to copy this institution.

In his remarks at the opening of the unit Dr. Cochrane warned that quick results are not to be expected. "Do not expect any result for at least five years. Faith in the venture and the willing and voluntary cooperation of the village people themselves alone can make it a success."

NEWS ITEMS

"Calicut Lepers' Plight".—Under this heading the *Hindu* (Madras) reported the assembling of 60 leprous beggars at a meeting of the Calicut municipal council, to petition that money which had been appropriated by the council for the local Poor Homes Society (Rs 200 per month) be paid. The officials of that society, it was stated, had for some time been borrowing money with which to care for their dependents, and some of the lepers claimed that they had not had food for several days. Though the contribution mentioned had been provided for in the budget, action was held up because of delay in receiving sanction of the government for the expenditure. It was noted that 85 leprous beggars were living in their own huts under voluntary segregation, supposedly receiving 14 annas each per week for their maintenance, while 30 others who had no homes were cared for at one of the poor homes; the allowance for the former had been discontinued for some two months.

Leprosy treatment center, Zaheerabad, Hyderabad.—A report of the Zaheerabad leprosy investigation and treatment center, founded by Major M. G. Naidu, in 1936, is noted by the *Hyderabad Bulletin* (Secunderabad) as containing details of a scheme which deserves to be better known at a time when it is accepted on all sides that only a carefully planned and concerted campaign can put down the scourge. Some 35 acres of land were acquired, 65 miles from Hyderabad, to form the nucleus of a leper colony worked by an enthusiastic band of medical men. Outpatient and inpatient departments, systematic treatment, surveys of villages in the neighborhood and voluntary segregation all contributed to the steady development of the scheme, until today it is reported that "the institution is almost self-supporting and costs very little to run." Its self-supporting character forms a remarkable feature of the whole scheme it is stated.

Antileprosy scheme in Orissa, India.—It has been reported (*The Statesman*, Calcutta) that in Orissa, one of the most heavily infected areas in India, sanction has been given a scheme prepared by the director of health for antileprosy work within the province, the total cost to be about Rs 36,000 a year, and that that amount was placed at the disposal of the Provincial Leprosy Relief Association (a branch of the Indian Council of the British Empire Relief Association organized in 1937). Under this scheme a provincial leprosy relief officer, paid from government revenue, was appointed (1938). A district leprosy officer of the subassistant surgeon class, trained in leprosy work, was appointed in each district, with three

compounders under him. The main principle of the scheme is that it provides for extensive survey, propaganda, registration and treatment of lepers, and above all for their voluntary isolation in village groups. The experiment with isolation as one of its principal objects was expected to have a far-reaching importance in the campaign against leprosy in this province.

The Central Provinces, India.—The report on public health in this province in 1939, as reviewed editorially in *The Statesman* (Calcutta), relates the establishment of four new leprosy centers and seven subcenters, and the setting up of five leprosy district councils. Leprosy has now proved to be even more widely prevalent in the province than could have been supposed a few years ago, and the need for training officers for survey, propaganda and treatment work is felt to be more acute than ever before.

Immigrant lepers in Karachi, India.—Karachi seems to have been attracting lepers from many provinces, states an editorial note in *The Statesman* (Calcutta), and those who arrive never leave. The streets are full of them, and neither the leper hospital nor the projected new ward in another hospital can be expected to accommodate or look after them all. The government of Sind was criticized at a recent meeting of the Karachi municipal council for not increasing its grant to the leper hospital, but the ministry seems to hold the view that it would not be fair to itself or to the province to spend more money on lepers from other provinces. It sees a better remedy in moving the central government to amend the Leper Act so as to make it impossible for lepers to migrate from province to province.

New building donated at Iloilo.—Among the regional leprosaria in the Philippines, that near Iloilo is unique in that several of the latter buildings have been contributed by public-spirited individuals or organizations of the city, whereas elsewhere practically all of the structures have been built by the government. It is reported (*Manila Bulletin*) that a new hall for boys, the upper story of which is a dormitory and the lower story a recreation hall, has been donated by Bishop James P. McCloskey, and that to give the girls "an even break" they were promised a hall of the same size.

Report regarding sterilization in Japan.—In a report from Tokyo that appeared in the *Malay Mail*, it was stated that the Japanese Ministry of Public Welfare believed that there would be no more leprosy in that country after the materialization of the five-year plan for provision of accommodations for 10,000 lepers in asylums. "The law for the prevention of the spread of leprosy," it is stated, "has been changed so that patients hereafter are to be sterilized. It is expected that the extermination of the malady will be hastened by this measure." An inquiry about this report was addressed to an official in Japan in a position to know whether or not it is correct (Dr. F. Hayashi), and he supplied the following information. There is projected a eugenic law which will make compulsory, as in certain other places, sterilization of persons with certain mental diseases and congenital deformities, but it was decided not to apply this measure to victims of leprosy because it might be thought to imply that that disease is congenital. The proposal was made, on the other hand, to add such a provision to the existing leprosy law, but that is considered unnecessary and will not be done. This intervention has been tacitly permitted since

1916, and more than 1,000 married male lepers have been vasectomized. Our correspondent added that in December, 1940, the government made one of its quinquennial censuses of leprosy, but at the time of writing the results were not available to him. A provisional census, made earlier in the year, had revealed 16,054 in Japan proper, not including Formosa and Korea; 8,340 of them were in leprosaria and 7,714 were registered as outpatients.

Work in Australia, 1939.—In Queensland, according to summaries in the *Medical Journal of Australia* and elsewhere of a meeting of the National Health and Medical Research Council, held in 1940, survey work under a grant from the council lapsed during 1939 with the illness and the later enlistment of the medical officer, no other suitable officer being available. This work, done by Dr. Graham Croll, confirmed endemic areas mapped in previous surveys and laid the foundation for continued investigation of the lines of contact and spread of leprosy among the aborigines. Administrative difficulties, especially of staff, are inevitable in this work, but definite advances have been made in the establishment at Fantome Island for aboriginal patients and suspects, and the whole problem remains under constant review. In Western Australia the two years' work of Dr. L. A. Musso, under a grant from the council, has been carried out effectively under difficult conditions; arduous patrols into the north-west and the Kimberleys (2,893 miles covered, during the dry season) were made with considerable success. As a result there are now over 200 patients under treatment in the leprosarium at Derby. On December 31, 1939, there were 394 patients in the leper hospitals in the Commonwealth, including 47 Europeans.

Reorganization of the health department, Brazil.—By a decree of the president of the Republic of Brazil, dated April 2, 1941, the National Department of Health was reorganized. Among other things there was created a National Leprosy Service, designed to coordinate the leprosy control activities of federal, state and private agencies throughout the country. Dr. Ernani Agricola was appointed director of this service. At the same time Dr. Theophilo de Almeida, organizer of the Hospital-Colonia Curupaity, at Jacarépaguá near Rio de Janeiro, and its director since its initiation in 1928, was appointed head of the Division of Hospitals of the reorganized department. The assistant director of Curupaity, Dr. Federico Lobato, recorded as one of the most efficient physicians of the institution, died suddenly on April 16, 1941.

—H. C. DE SOUZA-ARAUJO

Notes from Colombia.—Following the example set by the Escuela-Hogar (Home School) for healthy children of segregated lepers which has been functioning for the last three years in Manizales, Department of Caldes, two new institutions of the same nature have been established during the last few months, the Escuela-Hogar de Popayán, Department of Cauca, and the Pabellón-Hogar de Medellín, Department of Antioquia. It is also planned to establish another similar institution in Santander. In the Agua de Dios leprosarium there is now a new, especially constructed nursery (Sala Cuna), with provisions for the care of 100 children. The government has established a new dispensary in Santander for the treatment of incipient and cured cases. [See abstracts of papers that deal with the care of children of lepers in Colombia, p. 373.]

—M. BERNAL LONDOÑO

Appointments in Colombia.—As reported in a recent issue of the *Revista Colombiana de Leprologia*, Dr. Ricardo Charria Tobas has been appointed Sub-Chief of the Departamento de Lucha Antileprosa, of the Ministerio de Trabajo, Higiene y Previsión Social. (The Chief is Dr. Carlos Gómez Plata.) Dr. Miguel A. Lengua was appointed director of the Caño de Loro leprosarium, and Dr. Jorge Delgado Padilla acting director of the Contratación institution. (The director of the third one, Agua de Dios, is Dr. Manuel Medina R.). As physician at Contratación, Dr. Juan E. Palacio; as visiting physician to the antileprosy dispensary of the Departments of Tolima and Huila, Dr. Aquiles Gonzáles; as visiting physician of Bolívar, Dr. David Cardoso.

Portrait of Carrasquilla.—In a solemn ceremony a portrait of Dr. Juan de Dios Carrasquilla, the originator of antileprosy serotherapy in Colombia, was hung recently in the conference hall of the Instituto Federico Lleras. To his widow, Señora Doña Anina Vasquez de Carrasquilla, president of the Sociedad de San Lazaro, the government has presented the Cross of Boyacá.

Southern Rhodesia.—Information more comprehensive than any obtained previously has been encountered in an excerpt in the *Journal of Tropical Medicine and Hygiene* from the report on the public health of Southern Rhodesia for the year 1937. There were four institutions in the country where lepers were segregated and treated, namely, Ngomahuru, near Fort Victoria; Mtemwa, near Mtoko; Mnene Mission, near Belingwe; and Mount Selinda Mission, near the Eastern border. These institutions care for somewhat over 1,000 cases. At Mnene, the patients had been moved to a new site. At Mount Selinda, a small compound had been erected in an isolated position, and treatment was carried out under the supervision of a Nursing Sister. The number of patients seeking admission voluntarily had continued to increase, but they were still dependent upon the activities of the Native Commissioners for the majority of patients. The great majority of patients come from the Native Reserves, very few from the industrial centers, mines, railways, etc., so that one must look at the habits of the natives in the reserves to ascertain the cause of the spread of leprosy.

Mission work for lepers in South Africa.—Little is heard of work with lepers in South Africa except that which is carried on by the government. A report which appeared last year in the *Natal Daily News* (Durban) tells of an annual drive for funds carried out by the Seventh Day Adventists in that city. It is stated that on the borders of the Union lepers receive little or no official assistance. The organization mentioned—evidently referring to its medical work in general—has established 9 hospitals and 28 dispensaries, run by 11 doctors, 21 nurses and 58 native assistants. For lepers, it is stated, they maintain four colonies, with a total of 500 inmates, and recently a crèche has been opened in Basutoland for healthy children of leper parents.

Another case in New York.—A homeless man aged 33 was recently found to have leprosy on examination at Bellevue Hospital, according to the *Journal of the American Medical Association*. It was said that he had worked in a restaurant in Los Angeles for three years, until about a month ago. There are 25 lepers in the city of New York, none of them isolated.