

# Reports.

## ANNUAL REPORT, CALCUTTA SCHOOL OF TROPICAL MEDICINE, 1933.

This report is a demonstration of the excellent work which the School of Tropical Medicine is doing, and shows clearly the great contribution which this School is making to our knowledge of tropical medicine. Our chief interest naturally is found in the leprosy section of the report. A *resume* of the various activities of this department is given, as follows :—

*Pathology.*—"A thorough study of material available has resulted in important findings :—(1) Even in slight cases of leprosy, clinically showing only localised lesions in the skin, there are often leprosy lesions with bacilli, in apparently unaffected skin, nerves, glands and internal organs. The disease is thus often much more widespread than it appears. (2) There is in leprosy a marked infection of the reticulo-endothelial system, in fact leprosy appears to be essentially an infection of this system. An interesting comparison can be made between leprosy and dermal leishmaniasis, a disease which sometimes so closely simulates leprosy that only examination for *M. lepræ* and *L. donovani* can definitely establish the diagnosis. (3) The nerve lesions and the macules seen in nerve leprosy show a granulomatous change of a peculiar nature with (frequent) giant cell formation. Bacilli, though few, can usually be detected by careful examination."

*Bacteriology.*—It is interesting to note that so far the work by McKinley and Soule has not yet been confirmed, and it is thought that some modification of tissue culture is perhaps most likely to succeed. Work on the filter passing stage of the bacilli still remains to be proved. As a result of investigation doubt is cast on the bacteriological activity *in vivo* of chaulmoogra preparations. The leprolin test has been carefully investigated, and is reproduced for the benefit of our readers :—"The 'leprolin test' is one which has been used for many years in Japan by Mitsuda, and also more recently by other workers. Material is taken from *leprosy* skin containing large numbers of *M. lepræ*. This is ground up, mixed with saline to a standard strength and sterilised by heat. By preparing in a similar manner a suspension of rat leprosy bacilli, prepared from the liver and spleen of highly infected rats, we obtain a control leprolin. The two suspensions are called respectively Hansen's and Stefansky's leprolin. The test is carried out by intradermal injection of 0.02 c.cm. of each leprolin. Results are read off once a week for six weeks. A positive result is indicated by swelling and induration round the point of puncture, which varies in degree and duration. While in normal healthy adults moderately positive results appear with both leprolins, the reactions with both leprolins are diminished or absent in young

children, and in adults in a debilitated condition. In healthy adults with a slight leprous infection the reaction to Hansen's leprolin is increased, while in hyperinfection it is diminished or absent. In both of these the reaction to Stefansky's leprolin is as in non-leprous subjects, provided the general health of the patient is good.

The test is of value in determining the type of the disease, in making a prognosis and in determining the effect of treatment on the patient. Fresh light has been shed on the nature of leprosy and on the inter-relationship of the neural and cutaneous types, but much study is yet necessary along these lines."

Clinical and field work is then reviewed and the amount of valuable work done is very extensive. Emphasis is laid on childhood infection. There is a wide field of investigation here and one looks forward to much valuable work in the future along these lines.

#### ANNUAL REPORT, 1933. INDIAN COUNCIL OF B.E.L.R.A.

This report gives an interesting account of the work of the Indian Council for 1933. It is reported that gradual advance has been made from year to year and the labours of the past years has led the Indian Council to a position of considerable strength and importance in the field of public health in India. Considering the magnitude of the problem, the report emphasises that its existence has been too short to justify looking for visible results, but that such may be seen after a generation has been brought under the influence of its work. It is gratifying to note that the workers of the Association are being received openly by the villagers whom they visit for survey, and that the "leper" is becoming less prone to hide his disease, and there is a general increase of interest in the subject. We congratulate the Indian Council on the magnificent work it has done during the past year. The number of clinics rose from 219 in 1932, to 322 at the end of 1933, and 30,760 new cases were treated. The most encouraging work was seen to be in the district of Salem, where 13 new clinics were established. The report received from Madras states:—"In the district of Salem, propaganda and social work among lepers attained remarkable success through the indefatigable efforts of Mrs. Todd and Mr. Curtis. As many as 41 clinics were opened in the district and treatment was given to 4,236 cases every month. A District Leprosy Relief Council to finance all the leprosy clinics was organised by Mrs. Todd. She also formed social committees for each clinic to do social work and impart hygienic education to the villagers, and stimulated the public to subscribe liberally towards the maintenance of the clinics."

Another very interesting piece of work which has been carried out is the survey work in Bengal under the direct supervision of Dr. Muir. We are reprinting in this issue an article from *Leprosy in India*, giving details concerning this work. In Assam, 1,314 cases were detected in a limited area, and in Bengal, apart from provincial survey, 25,895 students in 31 Calcutta schools were examined, and 109 were found to be infected. Similarly, in the Central Provinces, examination of 10,907 students in 175 schools revealed 49 suffering from the disease. In Burma it has been revealed that the incidence of leprosy is twelve times higher than the census rate. The disease has been found to exist in most unexpected quarters, and emphasises the complications of the anti-leprosy campaign.

Two important conferences were held; one in Calcutta, which has already been reported in *LEPROSY REVIEW*, and the other in Madras.

The report includes reports from various branches of the Association, most of which give very encouraging information, and the whole demon-

strates clearly the excellent work that the Indian Council is accomplishing in India. We may well conclude this short reference to the report by quoting a passage concerning its work :—" The work done is a testimony to the awakening of interest in the modern methods of treatment based upon good and tangible results achieved. The leper is slowly beginning to feel that he is not an outcast, that his life is not doomed, but that his disease is curable and that his return to a life of usefulness is not an impossibility. That the Association has been able to play a part in bringing about a ray of hope in the minds of a class of people suffering from age-long depression and distress is a satisfaction, and encourages the Governing Body to take an optimistic view of the future of the Association."

ANNUAL REPORT OF THE DEPARTMENT OF PUBLIC HEALTH  
OF THE UNION OF SOUTH AFRICA,  
for the year ended 30th June, 1934.

It is impossible to refer to the report in general and therefore we are selecting that part which particularly refers to leprosy. Leprosy work in general over the past years is briefly reviewed, and it is pointed out that the disease probably originated in North Africa about 1350 B.C., and in spite of the time that has elapsed and the possibility of its spread by tribal contacts, the report states there is no evidence to show that it had, until the middle of the 18th century, reached the area at present known as the Union of South Africa. Infection was probably introduced into South Africa by slaves brought from the East. The first authentic case was reported in 1756, when two European farmers were diagnosed as suffering from leprosy. Sixty-one years later, the first settlement was started. In 1884 the Leprosy Repression Act was promulgated. It is concluded that absolute segregation must remain the only sound and scientific method of dealing with leprosy in South Africa. It is essential to success that the public be educated to view the disease as one of the endemic diseases of the country. Interesting information concerning the distribution of leprosy in South Africa is given by means of a map, and it is asked why, for example, should some areas have such a high incidence, and why should others have no incidence at all? Are economic conditions, population, recruiting or medical attention responsible for these big differences?

The number of cases of leprosy in the institutions in the Union is given as: European 95, Mixed 102, Asiatic 9, Native 1,951, making a total of 2,157 cases. The number of cases remaining in their own homes is 2,438. Of these 1,542 are still under surveillance, and 889 have been released from surveillance. The total number of known cases in the Union is therefore 4,595.

REPORT ON THE PUBLIC HEALTH OF SOUTHERN RHODESIA,  
1933.

The policy adopted by the Government of making their leprosy hospitals resemble voluntary institutions, but without repealing the Leprosy Repression Laws, is meeting with the response anticipated. Large numbers of cases are now coming in of their own accord in the early stage in which the disease lends itself to treatment, and before it has become highly infectious to others; and the fact that the number of cases treated in 1933 was 1,099, or more than double the figure of five years ago, in no sense means that the disease is increasing in the Colony.

These changes are reflected in the number of discharges each year,

most of whom are dismissed without mutilation or scar of any kind. They are subjected to six-monthly re-examinations after leaving the hospital, those showing signs of recrudescence being re-admitted for further treatment.

The two Government leprosy hospitals each treated over 500 cases during the year. The older hospital at Ngomahuru is now well organised and equipped. Mtemwa hospital is in course of development. The Colony acknowledges with gratitude a further donation of £400 from The British Empire Leprosy Relief Association, for developing this hospital, and states that the existing satisfactory methods of treating leprosy is due to a great extent to the practical help afforded by this Association during the last few years. A smaller leprosy institution is attached to Mnene Mission and is subsidised by the Government, where 54 cases were treated during the year.

It is considered that the present policy of the Government is on right lines, having as its aim the ultimate eradication of the disease as well as the relief of immediate suffering. But its working cannot be fully effective until it is possible to multiply the system of medical units in the native reserves, so as to bring much larger numbers of the indigenous population under medical supervision.

A table is included showing the number of cases treated in 1933 at the three institutions, as 1,099.

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