

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 IN THE WHO PROGRAM

An entirely new subject in the program of WHO is that of leprosy, it is stated in the special Second World Health Assembly issue of the Chronicle of the World Health Organization [3 (1949) 203 (No. 8-9-10, October)], and its discussion at the Assembly resulted in the approval of a number of measures designated to assist in combating the disease. The report continues:

It was specifically decided that an expert committee with the maximum number of nine members be established, to meet, if possible, for the first time in 1950. Provision was also made for the exchange, during 1950, of four selected leprosy workers from among the existing leprosy institutes in different countries and for three experts to be sent for an average period of eight months to countries requiring guidance in the development of antileprosy work. Finally, provision was made for the supply of sulphones and other new leprosy drugs for control trials by selected leprosy workers under conditions to be laid down by the expert committee.

It has been estimated that there are more than three and a half million lepers throughout the world, and that more than nine-tenths of these are to be found in Asia and Africa, in countries where possibilities for carrying out research are very limited. The medical profession in other parts of the world cannot shut its eyes to such realities, and indeed a keen desire to help the regions in need was shown at the Second Health Assembly.

The Committee on Programme heard a statement by Dr. R. Chaussinand, observer from the International Leprosy Association, who said he believed that, with the help of modern therapeutic resources, leprosy could become a rare disease within the next twenty years, provided that an enlightened and well-organized antileprosy campaign could be carried out. Unfortunately, many countries where the disease was rife had neither qualified personnel nor the funds to finance the necessary programme. He therefore commended leprosy control as meriting particular attention by WHO.

The establishment of an expert committee in 1950 was called for by the Indian delegation in a memorandum which also proposed the creation at a later stage of a world centre for research in leprosy, and various other international measures. The memorandum drew attention to the gaps in the knowledge of the disease, pointing out that the mode of transmission of infection was not fully understood, and that, while many encouraging forms of treatment had been tried, none had been shown to be so

effective as to sterilize the patient completely. More knowledge regarding the etiology and pathology of leprosy was necessary before a sound programme of action could be formulated. The difficulties presented by the administrative side of the leprosy problem were also stressed in the memorandum: the overcrowded and insanitary living conditions of the poorer sections of the people among whom the disease is mainly prevalent, and the financial burden entailed by the segregation of sufferers, as well as the social difficulties arising from the separation of patients from their families and homes. Moreover, since the countries in which leprosy was an important public-health problem had meagre financial resources, ill-developed health services, and other pressing problems, there was a tendency for antileprosy work to be relegated to the background.

The Health Assembly recognized the validity of the Indian delegation's arguments, and leprosy thus has a place in WHO's programme for the first time.

EXTENSION OF THE SERVICE IN VENEZUELA

In November last, five internes finished a one-year course in leprology and entered the leprosy service of Venezuela. The course consisted of four months of basic dermatology in collaboration with the School of Dermatology of the University of Caracas, during which time leprosy cases of the tuberculoid and indeterminate forms were studied; four months at the Cabo Blanco leprosarium, studying the lepromatous type and its treatment; a further two months devoted to training in dermatology and the study of the incipient forms of leprosy; and two months spent in an intensive survey of cases in selected foci of the disease.

The five physicians who took this course have been assigned to five new antileprosy "services" [apparently meaning regional stations] established by the Ministry of Health in different states of the country where leprosy is endemic. There are, at present, eight such services in endemic foci in the Andean regions and in some of the central states. They are occupied in survey work, in the establishment of dispensaries for the treatment of closed cases and the control of contacts, and also in the treatment of open cases until isolation of such is arranged for. These services report to the Division of Leprosy, Ministry of Health and Social Welfare, of which Dr. Jacinto Convit has been in charge since July 1946.

Plans are under way to establish additional local services later this year, in order to cover completely the need for epidemiological control and dispensary work.

DEVELOPMENTS IN COLOMBIA

Early in 1948, after the disastrous rioting in Bogotá, a change of administration occurred which shortly afterward resulted in the resignation of Dr. Dario Maldonado-Romero as head of the leprosy service. Dr. Ignacio Chala, previously director of the Instituto Federico Lleras-Acosta was appointed to the vacated position.

Recently the wheel has made another turn and Dr. Maldonado is again chief of the leprosy service. This time, it is reported, he has the backing of the national government as now constituted in undertaking an extensive program of improvement of the service in all its phases. For one thing, the Caño de Loro colony near Cartagena, one of the very oldest in the New World, has been closed and the 462 patients have been transferred by plane to the Agua de Dios settlement not far from Bogotá. The site of the abandoned colony will be used for a naval base. A project for a modern leprosy settlement of the agricultural type is under study, and it is said that it will undoubtedly be realized.

The Instituto Federico Lleras-Acosta is now under the direction of Dr. Antonio Jascón-Mantilla, from whom much of the information here set down derives. That institution is undergoing a considerable degree of reorganization, particularly with respect to the section of pathological anatomy and the organization of a new section on surgery, radiology and the sensory organs. The *Revista Colombiana de Leprologia*, which was first published in 1939 and expired in 1942, is to be revived.

THE SITUATION IN WEST AFRICA

On November 15, last, questions were asked in parliament about developments in and plans for leprosy work in Nigeria and other West African colonies, according to the *British Medical Journal* [2 (1949) 1359], from which the following is taken verbatim.

Mr. Creech Jones replied that it was not possible to estimate how much of the total expenditure on medical services was devoted to the treatment of any particular disease. No statistics existed which would show reliably whether the incidence of leprosy was increasing or decreasing in West Africa. In Nigeria there was a fully organized Leprosy Service. Arrangements were being made for this Service to extend its activities from the areas in the south, where previously its intensive operations had been carried out, to the whole territory. Missionary bodies already extensively engaged in leprosy work, were being brought fully into the programme. An experienced leprosy research officer [Dr. John Lowe] had recently been appointed. A comprehensive scheme for the future had been drafted

and was under consideration. This scheme involved heavy expenditure. The extent to which it would be possible to implement it would depend on the relation this expenditure bore to the needs of other social services and the finances of the territory as a whole.

Mr. Creech Jones added that in the Gold Coast there were five refuges for lepers. A full-time leprosy officer and ten lay assistants had been appointed and had taken up their duties. It was intended that three leprosaria should be established to cover the country. Each would have accommodation for 2,000 patients. Native authorities would be helped to establish leprosy villages where the inhabitants would lead a normal life under medical supervision from the nearest leprosarium. The rate of progress in implementing these proposals would depend upon the availability of medical staff of all grades, many of whom must be trained locally. In Sierra Leone a permanent form of organization for the control of leprosy was being planned. The co-operation of the Evangelical Brethren United Mission and the British Empire Leprosy Relief Association had been assured, and a grant had been made from the Colonial Development and Welfare funds. In the Gambia plans for the reorganization of Leprosy Services were well advanced. These included the construction of a new Government leprosarium, which would function as a training centre for local staff and also serve as a valuable instrument in propaganda. In both Sierra Leone and the Gambia progress was at the moment hampered by the difficulty of obtaining suitably qualified staff.

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LEPROSY IN ISRAEL

No census of leprosy has been held in the former Palestine. Since the foundation of the state of Israel its health department has introduced certain regulations. Leprosy is one of the infectious diseases which physicians have to report to the health authorities, which means that there should be an approximate figure of known cases within a certain time. The figure which at present is regarded as the probable one for all of Israel lies somewhere between 60 and 150.

The campaign against leprosy is organized by the health department's section of social medicine. This department, which derives its funds from the government of Israel, is responsible for the upkeep of all patients who reside at the only leprosarium, which is located in Jerusalem. The medical service to the leprosarium is given by the dermatology department of the Hadassah University Hospital. All other departments of this hospital answer on call for special cases. In this way the leprosarium is connected with the newly founded Hebrew University Hadassah Medical School, and therefore also serves for teaching students and nurses. The nursing service of the institution is provided by the sisters of the Moravian Church, which founded this leprosarium about 70 years ago; this order owns and administers the place.

Every patient at the leprosarium is examined clinically, bacteriologically, serologically and histologically. The laboratory examinations are being repeated every 3 to 6 months. Systematic immunologic testing was introduced a short time ago. The first tests are being made with an antigen prepared from nodules of earlobes of lepromatous cases.¹

The sulfone drugs are being given a thorough trial, but chaulmoogra has not been abandoned. Sulphetrone for intramuscular injections has been placed at the disposal of the leprosarium by the American Leprosy Missions. Paraaminosalicylic acid (PAS), which possibly could be of help in lepra reactions, will be tried upon the recommendation of the Havana Congress.

The average number of inmates in 1949 was 34, of whom 21 were men and 13 women; 23 were Jews and 11 Arabs. The patients have no regular work except in the upkeep of the institution. Occupational therapy is being introduced, and projects for gardening instruction and poultry farming have been requested of the department of agriculture.

There exists no specific law which enforces segregation of leprosy patients. It was thought unnecessary to introduce one since there is a law relating to infectious diseases, which could be applied to isolate patients who endanger the health of the community. Actually, all patients enter the leprosarium of their own free will, and it is the intention of the institution to attract patients to stay on by offering them as much help as possible.

Home isolation is permissible but the prophylaxis seems to be unsatisfactory in many cases. These patients are being treated in the dispensaries of various hospitals or by private physicians.

Examinations of contacts are made with the help of social service nurses. There is no preventorium, since the number of children of leprosy patients is very small.

Because there are no immigration restrictions a few leprosy patients have entered from neighboring countries, especially from Turkey and Yemen. All new immigrants undergo routine medical check-ups in the immigrant reception camps. When leprosy is detected the persons are placed in the leprosarium.

—FELIX SAGHER, M. D.

LEPROSY COLONIES IN FORMOSA

Both of the colonies which existed in Formosa before the war

¹ Lepromin for comparison has been placed at our disposal by Dr. Ricardo S. Guinto, of Cebu, Philippines, through the courtesy of Dr. H. W. Wade.

continue in operation, although with more or less important changes not entirely for the better. This is according to information supplied by Rev. Hugh MacMillan, Ph. D., who is resident at the Mackay Memorial Hospital in Taipeh and is taking particular interest in these institutions.

The Happy Mount Colony, established by Dr. G. Gushue-Taylor, is still managed by the board of governors established by him, with a Dr. Tio, an elderly Formosan doctor in charge who gives to the institution such time as he can. It is supported financially by grants by the Mission to Lepers (London) and the American Leprosy Missions, the two organizations making grants on alternate years, but difficulties are being experienced because of inflationary prices on the one hand and on the other hand great reduction of the value of the grants received because of the official exchange rate now in force. Fortunately, the colony owns rice fields which the patients cultivate, and these help in the matter of food supply, although the present government has refused to exempt the institution from the heavy rice tax. There are now 37 patients in residence, 31 of them men. Dr. MacMillan has been made *U-beng-hng-tiun*, or Honorary Head.

The government institution, the *Lok-sang-in* (Pleasant Life Institute), which is run by the government, now has 320 patients. The patients come of their own free will, it is said chiefly because of word sent out by patients who are already there, although members of the colony staff go out from time to time to seek new cases in areas from which patients come. It is said that this institution is in a somewhat run-down condition compared with what it was in Japanese times, and that discipline does not seem very good.

THE PASSING OF THE SAN LAZARO HOSPITAL OF MANILA AS A LEPROSY HOSPITAL

For nearly three and a half centuries, according to those who have delved into its history, the San Lazaro Hospital in Manila—wherever it happened at any given time to be located—offered shelter for needy persons with leprosy. Its beginning is traced perhaps a trifle romantically, still farther back, to the year 1577 when a botanist lay brother of the Franciscan Order arrived in Manila and began to look after people who appealed for the treatment of ulcers. A place called the "Hospital de San Lazaro" is said to have been established in 1603 by the Franciscans outside the walled city, and there were given shelter the shipment

of leprous Japanese Christians whom the emperor sent down in 1631 as a gift. The actual institution which still bears the name was not started until 1784,¹ and the existing massive dobe-stone buildings of *convento* type were erected after a disastrous earthquake ruined the older ones in 1863. However, as a leprosy institution—in a sense broader than that of a given set of buildings on a given site—it is one of the oldest in the world.

After the turn of the present century new developments somewhat inadvertently brought about expansion of the institution on a broader scope. Specifically, shortly after the American occupation of the Philippines the military authorities were compelled to set up on the San Lazaro grounds "temporary" facilities for the care of acute epidemic diseases, and that situation proved not temporary. The process continued gradually until, besides the original group of buildings still devoted to their original purpose, and others for various acute infectious diseases, there were units for the insane, the tuberculous, and the helpless aged of the Manila region. Theoretically, after the inauguration of the Culion colony in 1906 the leprosy section should have been only a collecting station; but actually it remained much more than that because, for reasons not of medical nature, hundreds of patients were permitted to remain there indefinitely. And so in the minds of many people the San Lazaro Hospital, long since engulfed by the expanding city, remained primarily a leprosy institution; and it was the place where many an interested physician from abroad learned something of the disease as it is seen in the Philippines.

Then came another change with the establishment in 1940 of the Central Luzon leprosarium at Tala, in Novaliches, some 30 km. to the northeast of Manila, on an area of rolling land 778 hectares (1,945 acres) in extent. This was one of a system of regional leprosaria, the first of which was the Eversley Childs Treatment Station in Cebu, built and equipped in 1929-1930 by the Leonard Wood Memorial and turned over to the Philippine government as a center for the study of leprosy control. Other provincial stations were built by the government in the next few years, and with the establishment of this system of regional

¹ This is the date given by Contreras Dueñas in an article on leprosy in Spain [THE JOURNAL 15 (1947) 178] for the establishment of the Manila institution. Over one of the arches of the present hospital there is a portrait with the inscription "F. Juan Clemente, Lego, Fundó el Hospital de San Lazaro en 1784"; but the date of his arrival in Manila is given as 1577 by Burkholder and Hart (see abstract in this issue).

leprosaria the crowded and walled-in leprosy department of the San Lazaro Hospital became an anachronism.

The first lot of patients was removed from there to the Tala leprosarium in May 1940,² and others from time to time as circumstances permitted. The process was a gradual one, long drawn out, and at the end not without difficulty. There was of course no expansion of Tala during the war, and after liberation some time elapsed before any rehabilitation of the place could be effected. However, in the latter part of 1948, after the installation of a group of quonset-hut dormitories, another group (48) was moved and then there was stalemate. The remaining 160 or so defiantly refused to leave the familiar wards in the mid-city hospital for the very different facilities and surroundings in the country establishment a full hour's bus ride away. They were left for a time, to be transferred piecemeal gradually as the efforts at persuasion took effect.

What was intended to be the final effort was made in June 1949, when a group of male volunteers from Tala under a Constabulary (military police) guard attempted to transfer the remaining group, of which a considerable number, including some women, proved intransigent. Only 6 were moved, according to an illustrated newspaper story; the rest fought off the men who tried to move them and hid in the compound, returning after dark to sleep on the floor in rooms stripped of all furnishings. Some two weeks later the last haul was made; but again only a part of the recalcitrants were actually transferred; some 18 of them went—having been reassured by the report of one of their number who had scouted out the leprosarium—but the last 32 took off into the city and disappeared. Subsequently, however, almost all of them presented themselves for readmission and were taken to Tala.

² Dates and other figures supplied by Dr. J. N. Rodriguez, Manila.

MISS MARIANNE REICHL

The sad news of the tragic death of Miss Marianne Reichl, of the Rhenish Mission, one of the few full-time leprosy workers in China, has been received with great regret. She was killed on January 17, 1950, by machine gun fire from a Chinese Nationalist plane which attacked a small river boat on which she was travelling from Tungkun to Canton in Kwangtung Province.

Miss Reichl, a trained nurse, was sent to Sumatra in 1939 to work in the Huta-Salem (Village of Peace) leprosarium, and there she received special training and experience in the care and treatment of patients suffering from leprosy. Together with other German nurses, she continued the work of this institution till 1941 when they were compelled to leave because of the war situation. Miss Reichl was transferred to Shanghai, where she found employment in the laboratories of the Sino-German University.

In 1948 she was appointed to the leprosarium of the Rhenish Mission at Tungkun in Kwangtung, and there she gave herself steadfastly to the service of the 230 patients. She was unusually diligent and careful in seeing that their laboratory studies were adequately maintained and their records kept up to date and complete, yet she was never too busy to listen to their individual difficulties and to attend to their discomforts and pains. Her systematic understanding and experience were of the greatest value both to her colleagues, in helping with the administration of the colony, and to the patients, whose care was her main concern.

Hong Kong

N. D. FRASER
O. K. SKINSNES

NEWS ITEMS

Germany: Leprosy cases in Germany.—According to information from Dr. George Klingmüller, partly relayed from Dr. Jordan, it has not yet been possible to ascertain precisely how many persons with leprosy there are in Germany. A "pavilion" for such persons has been established in Hamburg by Prof. Marchionini and Dr. Jordan, with two cases there at the moment and two more expected for admission. It is "rumored" that there are three more cases in Germany. In none of these cases was the disease acquired in Germany. It appears that the Memel focus has been practically eliminated. The patients in the little leprosarium there, with a single exception, all succumbed to gastrointestinal diseases while trying to escape from the Russians. The sole survivor is now living in Riga and will probably be transferred to Hamburg.

French Camerouns: Leprosy worker in training.—It is understood that the American Leprosy Missions is to station a physician in the French Camerouns for full time leprosy work there and in other parts of Africa. In preparation for this work Dr. Marinus Van Weele is at present in Paris studying the French language and getting acquainted with leprosy under Dr. R. Chaussinand at the Institut Pasteur.

India: All-India Leprosy Conference.—News comes from Dr. E. Muir to the effect that the Third All-India Leprosy Conference, the last one of which was held in Calcutta in December 1948, will be held in October of this year in Madras.

Trust Territory: Tinian Leprosarium.—According to information received from various sources, the assignment of Lt. (jg) Jack W. Millar to the Trust Territory leprosarium on Tinian island, to which leprosy patients "may come from any of the thousands of islands scattered over the watery 3,000,000 sq. mi. of the Trust Territory," will soon end. Lt. (jg) Gordon C. McNeilly, who after a Navy internship and a hospital residency had gone into private practice in California, learned of this impending vacancy and has been "recalled to active duty at his own request" to fill that position. After a month's training period at the national leprosarium at Carville, Louisiana, and a month at the Kalaupapa Settlement in Hawaii, he will go to Tinian in May with his wife, who is a registered nurse, and their two daughters. Associated with the medical officer at the Tinian leprosarium are a warrant officer, four hospital corpsmen, three locally trained native nurses, and two native male aids.

The leprosarium, which started in September 1948 with 53 patients, is described in an official release as comprising a complete colony, with a 24-bed dispensary, equipped with up-to-date laboratories and other facilities, 79 small individual houses, kitchens, power plant and water system, laundry, repair shops, church, fishing and farming equipment, and quarters for the staff. A school has been organized for the children and any adults who care to participate. In October 1949 there were 91 patients, including 5 children, from the following sources: Marianas Islands, 15 (Guam 5, Saipan 8, Rota 2); Marshall Islands, 3 (Kwajalein); East Carolines, 9 (Pingalap 6, Ponape 3); Western Carolines, 64 (Yap 57, Palau 4, Truk

3). The number from Yap Island is probably excessive because the Japanese, during the occupation, removed leprosy patients from the Mandated Islands to a colony they had established at Yap.

American Samoa: Leprosy situation.—Information obtained from Capt. J. A. C. Gray, MC, USN, the public health officer at Pago-pago in American Samoa, by Dr. Harry L. Arnold, Jr., indicates that the number of known leprosy cases in that area is 25. This is for a population of 17,000, divided into 800 *matai* or clans, indicating an incidence of well over 1 per 1,000. Information on type frequencies is not available, but the cases are distributed as follows: under treatment at the Makogai colony in Fiji, 12; in hospital at Pago-pago awaiting transfer to Makogai, 10; under treatment at home and probably arrested, 1; arrested and at home, 2. The Samoans call leprosy "lepela," presumably from "lepra," which would seem to signify that the disease has not existed among them for a long time.

United States: Negatives at Carville.—A recent dispatch to the *New York Times* states that no less than 50 per cent of the patients undergoing treatment for leprosy at the federal leprosarium are now clinically and bacteriologically negative, and that 18 per cent of the patients were discharged last year as "arrested" and regarded as no longer a menace to public health. Twenty per cent of these patients were permitted last year to go home for Christmas on vacation leaves of 15 to 30 days' duration.

Jamaica: The leprosarium at Spanish Town.—During the war American service people, men and women, stationed at an army base some miles from Spanish Town took much interest in the leprosy hospital there and gave many entertainments for the patients. As related by one of them, Ex-Sgt. Howard E. Crouch, R. N., in the *Carville Star*, there were almost 200 patients under the care of 10 American Marist Missionary Sisters. Returning to visit the place last June he found that improvements had practically transformed the place, and that the new drugs had transformed the patients. Many had been discharged, and among those present bandages were rare. Word of the new treatment had spread throughout the island, where there are "over 500 prospective patients," and since less than 200 can be accommodated there is a waiting list. One of the Sisters, recently arrived, is a physician who obtained her medical degree in Paris. (Mr. Crouch is designated in this article as founder and eastern director of the Society for Aid to Leprosy Patients.)

Mexico: Recent developments.—New antileprosy activities have shown progress in several directions, according to our correspondent, Dr. Fernando Latapí. The Asociación Mexicana de Acción Contra la Lepra now has a second preventorium, for 20 healthy children, under construction. Its teaching and research group has among other things, founded a small library, which is growing gradually. Medical students, particularly those in the last years of the course, are being required to learn more about leprosy than heretofore. Many of them have written clinical histories of actual cases, and the Asociación is offering a small prize (a medical book) for the best such case history from each student group. In Guadalajara the Dermatological Institute, which is in fact an antileprosy dispensary, is far advanced in construction and will be inaugurated this year. It is

possible that the First Mexican Conference on Leprosy, which was not held last year, will take place in September.

From the Asociación Mexicana de Acción Contra la Lepra there has come an announcement of a program held on five different days between January 11th and 20th, 1950, during a visit—on invitation by the Department of Health and Welfare—of Dr. James A. Doull, Medical Director of the Leonard Wood Memorial, and Dr. Fred Kluth, Associate Epidemiologist of the Memorial. During this program Dr. Doull spoke on three occasions on the epidemiology of leprosy and other subjects, and Dr. Kluth spoke on the epidemiology of syphilis. One evening was devoted to a round-table discussion of the epidemiology of the two diseases.

Brazil: Federal District.—Because of press criticism and political interests the mayor of Rio de Janeiro, General Mendez de Moraes, has rescinded a decree promulgated on October 22, 1949, setting aside grounds for a new leprosy colony. He has made the following appointments: Dr. Gilberto Mangeon, formerly director of the Colonia Itapuan, Rio Grande do Sul, as director of the Hospital-Colonia Curupaity, in place of Dr. Thomaz Pompeu Rossas. Dr. Guilherme Malaquias dos Santos, Jr.—who is not a leprologist—as director of the antileprosy service of the Federal District, vice Dr. Olavo Lyra.

Federal Government.—On January 3rd the president of the republic sanctioned a federal law, applying to the entire country, regulating the parole and release of isolated leprosy patients. Parole or release may be granted only on approval of a committee of three leprologists, the chairman of which is to be a representative of the federal service. The aim of this law is to regularize practices in the several states.

Associação Brasileira de Leprologia.—This recently organized association met last December, from the 15th to the 17th, to discuss the themes of the projected Third Pan-American Conference to be held in Buenos Aires next October. Prof. Rabello presented a new scheme for the subtyping of leprosy cases in classification, which was discussed at length but has not yet been approved.

—H. C. DE SOUZA-ARAÚJO

PERSONALS

DR. HARRY L. ARNOLD, JR., President of the Honolulu Medical Society and editor of the *Hawaii Medical Journal*, and active in connection with leprosy affairs in that region, has been elected to the board of directors of the American Academy of Dermatology and Syphilology.

DR. W. LLOYD AYCOCK has again visited Hawaii to continue his study of the relationship of family lines to the incidence of leprosy.

MR JAMES BROWN of Geneva, Ohio, has been appointed Director of Photography for the Leonard Wood Memorial.

DR. GEORGE BROWNLEE, of the Pharmacology Laboratory of the Wellcome Research Laboratories, Langley Court, Beckenham, Kent, England, has left that organization to accept a position with the Medical Research Council. He is organizing a new pharmacology department at the Toxicology Research Unit, Serum Research Institute, Carshalton, Surrey.

DR. EDWIN CHUNG-HOON, of Honolulu, returned after six months' sick leave to resume his position as part-time chief of medical services of the Division of Hospitals and Settlement (of the Department of Health). It is said that he is to take charge of the organization of the medical activities of the Division, a case-finding program, and other activities.

DR. NEIL D. FRASER, representative in China of the Mission to Lepers (London) and American Leprosy Missions, is in the United Kingdom on leave.

DR. HERMAN H. GRAY, who for a year and a half was a member of the staff of the Carville leprosarium, has been transferred to the U. S. P. H. S. Communicable Diseases Center in Atlanta, Georgia. According to a report in the *Carville Star*, it is understood that he has been assigned to field studies in leprosy.

DR. JOHN H. HANKS will this year, as in 1949, direct the annual course of laboratory techniques required for tissue cultures, sponsored by the Tissue Culture Association. The course will be given in Cooperstown, New York, from August 7 to 31.

DR. JACK W. MILLAR, Lt. (jg), MC, USN, will be assigned to the Harvard University School of Public Health, to specialize in tropical public health upon completion of his tour of duty at the Tinian leprosarium early this year.

DR. NORMAN R. SLOAN, medical director of the Kalaupapa Settlement since 1940, resigned his position on January 5, 1950. His resignation was accepted with expressions of regret by the Hawaii Territorial Board of Health at their meeting held February 2 at Hale Mohalu, the new leprosy hospital at Pearl City, near Honolulu. Dr. Sloan expects to give up his duties at Kalaupapa some time before the end of June, the time depending on how soon arrangements can be made for a replacement. His plans for the future are indefinite.

DR. LAURO DE SOUZA LIMA and DR. ANTONIO CARLOS MAURI have been visiting medical institutions in England, according to a correspondent there.