

NEWS AND NOTES

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

THE CAIXAS BENEFICENTES OF THE BRAZILIAN LEPROSARIA

That many of the leprosaria in Brazil are far in advance of most institutions of the kind elsewhere with respect to certain social and welfare facilities is widely known. That some of the most unusual and important of these facilities are not government owned or under the direct control of the administration, but are owned and controlled by inmate organizations called Caixas Beneficentes,¹ is perhaps not so widely appreciated. Just what these organizations are, how they are set up and operated and what their functions are supposed to be is understood by relatively few outsiders, as is pointed out in an editorial note elsewhere in this issue.

The only quasi-official statement in hand which concerns these organizations is a report adopted by one of several committees at a meeting of technical leprologists held at Rio de Janeiro in November 1948, at which the Brazilian Leprosy Association was created [see *THE JOURNAL* 16 (1948) 489]. That report, emanating from the National Leprosy Service which convened the meeting, appeared in the *Revista brasileira de Leprologia* [16 (1948) 309] and is herewith translated in full.

ORGANIZATION AND FUNCTIONING OF THE CAIXAS BENEFICENTES

Organization.—Organized exclusively among the interned patients, the Caixas Beneficentes are now playing an important role as auxiliaries to the administration of the leprosaria. This presupposes the assurance of synchronization of its orientation with that of the official activities. Consequently, the Caixas Beneficentes should have their autonomy restricted at

¹ The word *caixa* (rhymes with *my shah*) seems to have no equivalent in English. Dr. Lauro de Souza Lima, who has contributed to the preparation of this note, suggests that "bank" is perhaps the nearest term, since some special banks in Brazil are so named. Mr. Perry Burgess, who has also kindly read this note, says that in a sense it suggests the American institution called "welfare chests." The matter is not clarified by recalling that, in Brazil, postoffice boxes are *caixas*. The word is used untranslated.

certain points so that they will not conflict with the administrative policies of the service. The practice of granting to the director of the leprosarium the authority to veto acts of the directorate, and even the power to dissolve it, is perfectly in accordance with the necessity of certain control on the acts of the Caixas.

Except for the representative of the administration, no other person of the Service should have the power to interfere in matters related to the Caixas Beneficentes, and much less to be on its directorate. The directors are elected by the inmates, despite which the administrator can prevent their taking office and can put the Caixa under a provisional Board pending a new election.

It is advisable that the selection of the directorate should be effected by indirect election, by the vote of a previously-elected deliberative council which in turn should elect the director of the Caixa from a list of not less than three names presented by the director of the leprosarium.

Purpose.—The principal purpose of the Caixas Beneficentes is to give social aid to the interned patients. As is understood, this involves not only material help to the needy but also help in any form of recreational activities and sports which would make life more agreeable to the inmates. To this end, also, the Caixa should promote the holding of civic festivities. Furthermore, as an extension of the social assistance it may also give aid for the funerals of indigent inmates and other help not in conflict with the following restrictions.

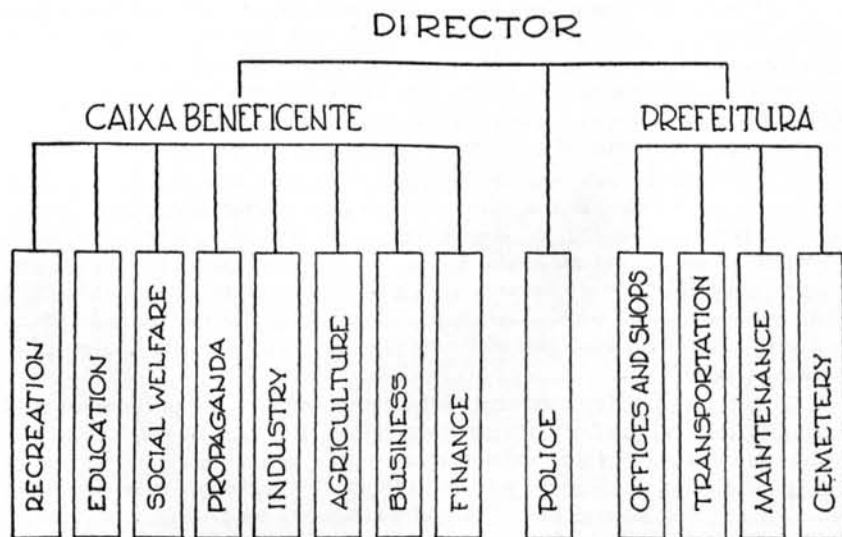
Restrictions.—The two most important restrictions which should be placed on the activities of the Caixas need not be recommended by the Committee since they are provided by law, namely, absolute prohibition of intervention in matters pertaining to the prophylaxis of leprosy, and prohibition of any action prejudicial to discipline of the hospital. The actions of the Caixas should, therefore, be directed to loyal collaboration with the public authorities, educating and assisting the inmates and not allowing them to interfere in matters of technical and administrative nature.

Besides these things, the Committee believes that the following further restrictions should be observed: The Caixas should not contract for any undertaking with, or make a loan in any form to, noninmates; but loans may be made to patients in case of justified necessity and within a moderate limit. The Caixas should not be permitted to collect fees or taxes on any activities pursued by the inmates. The funds of the Caixas should not be appropriated by the inmates to give aid to their families or to discharged patients. The families of the inmates and discharged patients should be assisted by the government or by private associations established for that purpose, and it is not proper that the Caixas should so dispose of their funds, which are received for the benefit of the inmates. Also, it is not proper that the Caixas should serve as administrators of properties of inmates, and such activities should not be permitted. Likewise, political and religious manifestations should be strictly prohibited, so as not to disturb the peace of the community.

Sources of income.—The sources of income of the Caixas Beneficentes should not be different from those of other beneficent associations, which are: donations, legacies, helps (*auxílios*), grants (*subvenções*), income from inheritance, industrial or commercial income, income from building (real properties) constructed by them or donated to them.

SOCIAL ORGANIZATION OF THE LEPROSARIA

In discussing the functions of the caixas the statement is heard that "they control all social aspects of life in the leprosaria," from the theater and restaurant to the farming, including supervision of the workshops; and that statement does not seem to be a serious exaggeration. On the office wall at the Itapoa leprosarium, near Porto Alegre in Rio Grande do Sul, there is a diagrammatic scheme showing the lines of control within the Brazilian leprosaria where the caixa-prefeitura system exists. This scheme is of interest especially because it indicates the extent to which the director of the leprosarium works through inmate chiefs, to whom responsibilities and corresponding authority are delegated. The scheme is represented here with the police (*delegacia*) shifted from the jurisdiction of the *prefeitura* (inmate mayor's office) because in actual practice the affairs under that heading are controlled by the director.



Functions of the Caixa.—(1) Recreation: the cinema, theaters, entertainments by talent brought in from outside commemorative fiestas, etc. (2) Education: actually "education and culture," referring to the school (no details obtained). (c) Social welfare: aid to pauper inmates and invalids (and others eligible). (4) Propaganda: actually "press and propaganda," including in some institutions periodicals. (5) Industry: manufacture of soap, shoes, bricks, mattresses, and furniture (carpentry), and in one or two places operation of machine shops. (6) Agriculture: growing of rice, corn, fruit, etc., and raising of cattle, pigs, chickens and bees. (7) Business: operation of the restaurant, shop (*armazem*), and the *pavillon pensionistas*. (8) Finance: actual term: "*rendas*," which pertains to rents (by pay patients), *impostas* and *taxes*. (This function was spoken

of as "still rudimentary," and certain of its features have since then been the subject of recommended prohibition.)

The police.—The function of the *delegacia* has to do with the inmate guards and the jail, the insane hospital, and with general sanitation. Also, it was said, with the postoffice.

Functions of the prefeitura.—(1) Office and shops: This involves the *secretaria* on the one hand and on the other hand the shops—carpenters', mechanics', shoemakers'—which have to do with repairing work, not manufacture, the latter being a function of the *caixa*. (2) Transportation: Pertaining to all the material of transportation within the institution, vehicles and animals (horses, mules and oxen). (3) Maintenance: This function, actually called "*Conservação e urbanismo*" and said to pertain to "construction," is understood to be primarily maintenance of buildings and grounds. (4) Cemetery: (no details).

It is our understanding that the *caixa* system does not involve organization of the inmates in such a way that they pay dues of any kind or hold "town hall" meetings of the whole to discuss its operation. If the procedures indicated in the committee report reproduced above were in fact followed, the patients would elect a deliberative council and that council in turn would elect the actual directorate. Actually, we are informed, that system is not followed, and the director of the leprosarium has—and necessarily so—much influence in this entire business. Having over-all control he can veto any project, although the *caixa* has the right of appeal to higher authority. He may suggest, but not require, new projects. Periodically he receives financial reports, which he must approve.

The financial resources of the *caixas* vary widely in the different leprosaria. For example the oldest of them, at Padre Bento, had in 1947 an inventory of about 1,200 contos (about US\$60,000), mostly property and little money. That at Santo Angelo, on the other hand, is said to have a large amount of money because a rich benefactress left it something like Cr\$7 millions (US\$350,000). At Itapoa it was said that the "casino" which had been finished about the end of 1947 had cost, furnished, about 900 contos (US\$45,000).

It is these buildings, exemplified by the "clubs" at Padre Bento and Aimores, the "casino" at Itapoa, which are the most conspicuous and impressive evidence of the existence and value of the *caixas*. The one at Padre Bento may well serve as the example, for although it is the oldest one it is still the largest and most elaborately equipped. The front portion has, on either side of the entrance lobby on the ground floor, reading rooms, a billiard room, the *caixa* office and other facilities, including a refreshment stand ("The Bar"); while on the upper floor there is an ample ballroom with a visitors' gallery overlooking it, the orchestra stand and a luxurious lounge at the other end. The central part of the building is a vaulted auditorium with a seating capacity of about 450, with a visitors' gallery in the rear; while the back portion is the stage section, complete with separate stage entrance, dressing rooms and scenery loft. Some of these features of the building are illustrated in the accompanying plate. These photographs were taken in 1937; when the place was visited again, in 1948, very little deterioration was evident.

The corresponding buildings in other institutions have their individual variations as regards arrangement and facilities. At Itapoa, for example,

some income is derived from rental of a side room for use as a barber shop, and another for a printing shop.

How many sources of revenue any particular caixa may have has not been ascertained, but they are varied and seem to be fairly numerous, so that the accounting must be rather complicated. Certainly the administration—which is to say the government—goes far in providing sources of revenue short of direct contribution. At Padre Bento, for example, the monthly payments (Cr\$160, or US\$8 per month) received from each pay patient—for there are such there and elsewhere, assigned to better than ordinary living quarters—is received intact by the caixa, which runs the special restaurant for those patients. The privilege of eating in that restaurant is not confined to them alone, however; any other patient may do so on payment of Cr\$100 (US\$5) a month, which covers the cost of the special food and services involved.

The farm products are another source of revenue, by arrangement. Unlike the practice in institutions like Culion, for example, where the administration deals directly with the individual producers of vegetables, fruits, poultry and such things, in the Brazilian leprosarium the caixa serves as an intermediary, thus saving the administration the negotiating and accounting and of course gaining for itself a commission. Furthermore, the caixa itself may engage in farming activities. At Aimores there are, away down near the stream and irrigated from it, a rather elaborate piggery and contiguous vegetable gardens. A foreman (at \$10 a month) and ten laborers, all inmates of course, work there for the caixa. At the time of the writer's visit the count of pigs of all sizes was 80, and a dozen had recently been slaughtered for sale to the administration. It was explained, however, that the piggery had been established less for profit than as a means of disposing of waste food.

Furthermore, the caixas own—or at any rate are in charge of—the various shops in which commodities are made. The development of those activities varies widely from place to place, but invariably there is a shoemaker's shop at least, and the complete list includes carpentry and mechanics' shops, mattress making, soap making, and other things. From all of them, the caixas are supposed to gain some profit between out-of-pocket costs and the prices paid for the products by the administration or private individuals. This system may interfere with private enterprise to some extent, although it does not eliminate it entirely. There still exist privately owned shops of various kinds—including, as noted in one place, *Salões de Ondulações* (beauty parlors) which show that the feminine element of a leprosarium does not necessarily suffer deprivation.

All these things notwithstanding, the impression is gained that a very material amount of the money which has been spent on the recreation centers and on equipment of shops must have come as private donations from outside. However, apart from the large bequest left to the Santo Angelo caixa already mentioned, and from indications that in the earlier days of these institutions the municipalities of the region made contributions, information on this point is lacking.

As a final note it may be mentioned that at Padre Bento there is a separate caixa for the children, run by the teachers and a board of children elected by their fellows. Its function is to promote discipline among the children, and also to buy prizes for their competitions.

—H. W. WADE

DESCRIPTION OF PLATE 12.

1. The club at the Padre Bento leprosarium, Gopoúva, near São Paulo city, Brazil, seen across the main playground.
 2. The club when newly completed (photograph taken about 1937), before development of the grounds around it.
 3. The ballroom on the upper floor of the front section of the club; visitors' gallery at the upper left, lounge at the rear.
 4. Auditorium, photographed from the stage.
- (Lack of space prohibits reproduction of photographs of the attractive and more intimate reading and club rooms and other facilities.)

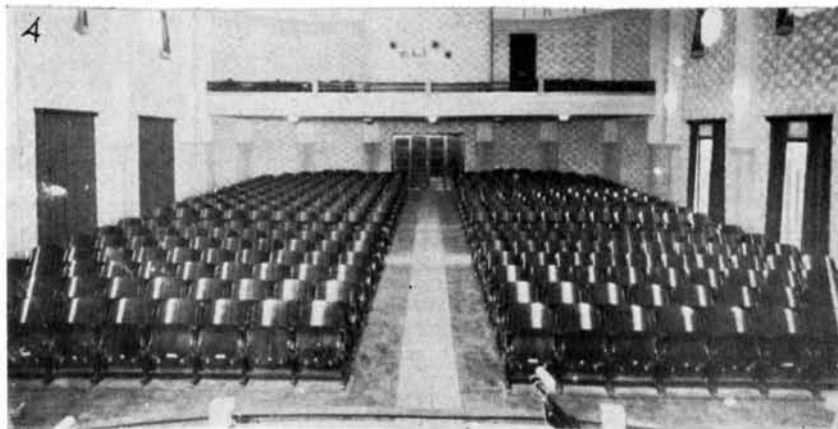
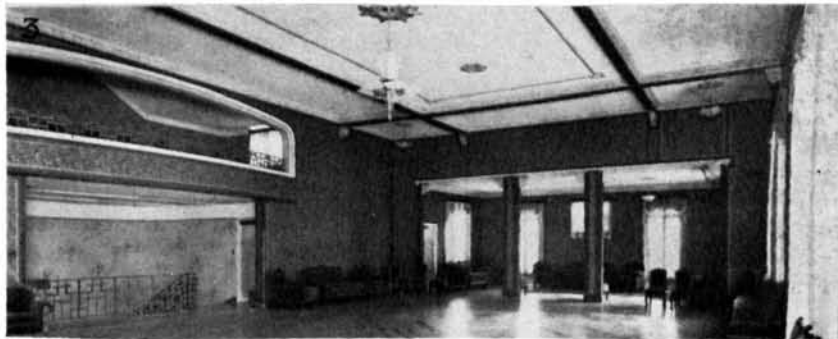
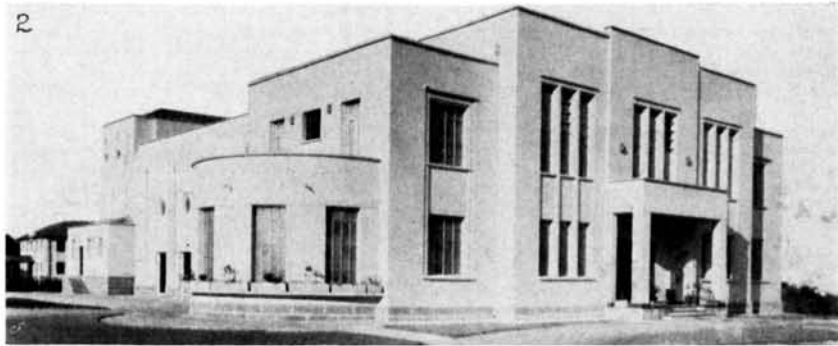
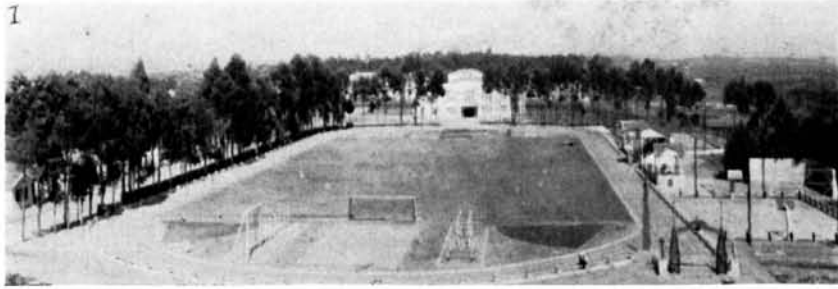


PLATE 12.

THE THIRD WORLD HEALTH ASSEMBLY

Advance information distributed by WHO regarding the Third World Health Assembly, scheduled to convene on May 8th in Geneva, includes leprosy as one of the subjects to be considered and provided for. This is evident from two documents seen.

(1) In an annotated provisional agenda based on recommendations made by the WHO Executive Board at its fifth session in January, leprosy is included under Item 6, Communicable Diseases: Study and Stimulation of Campaigns, under which heading it is noted that over 30 such diseases are on WHO'S action list. Here it is stated that:

The Second Health Assembly, recognizing the grave social repercussions of this disease in many tropical countries, decided to set up an expert committee to advise on measures against leprosy and to co-ordinate research and conduct systematic trials of the newer drugs. The proposed 1951 programme is a continuation of present activities....

(2) In the proposed program and budget estimates for 1951, under the heading of Studies of Communicable Diseases of the Epidemiological Services (4.1.3), leprosy is the fifth of numerous diseases referred to by name. The statement regarding it here is essentially a paraphrase of the earlier one:

The Second Health Assembly recognized the grave social repercussions of leprosy in many tropical countries, and decided to set up an expert committee to advise on measures against the disease; to initiate co-ordination of research through an exchange of workers from specialized institutions; to conduct systematic trials of the newer drugs, and to furnish the advice of consultants to requesting countries. The provisions made for 1951 are identical with those approved for 1950 by the Second Health Assembly.

No indication has been found in any WHO publication seen, nor has any been obtained from any other sources, of the nature of the "present activities" referred to in the first quotation, or of the provisions "approved for 1950" mentioned in the second one. It is stated that the WHO programs with respect to this whole group of diseases were placed by the Second Health Assembly in the supplemental budget for 1950, with no provision for them in the regular budget. "It is therefore possible that some of the programmes may remain in abeyance in 1950"; and search of this whole document has revealed no indication of specific proposal for any action with respect to leprosy for 1951.

From Dr. E. Muir, General Secretary of the International

Leprosy Association, word has been received that Dr. R. Chausinand, of the Institute Pasteur in Paris, who represented the Association at the Second Assembly in Rome last year, has been appointed to do the same this year.

PROSPECTS IN THE BELGIAN CONGO

At the end of World War II, Belgium was indebted to the government of the Belgian Congo in the amount of about 2 billion 500 million francs in compensation of war expenses. It was decided—according to an unnamed source—to put these funds at the disposal of two Congolese institutions which were to be established, namely, IRSAC (Institut pour la Recherche Scientifique en Afrique Centrale) and FBEI (Fonds du Bien-Etre Indigène). IRSAC received for its share about 500 millions, to be used for scientific purposes, while about 2 billions were assigned to FBEI for its social and medico-social activities.

These two new organisms immediately granted an important subsidy to FOREAMI (Fonds Reine Elisabeth pour l'Assistance Médicale aux Indigènes), an older medical institution whose financial situation had been badly affected by the war. Thanks to this liberality, FOREAMI has been able to establish a five-year program covering an expenditure of 150 millions for the population of the Kwango District. At the present time FOREAMI has 15 physicians, 47 European agents (mostly "*agents sanitaires*") and nearly 300 native medical attendants or aids.

As yet IRSAC has not financed any scientific research in the field of leprosy, but this eventuality is not excluded. On the other hand FBEI has decided to subsidize leprosy work. In order to fulfill this purpose an agreement has been reached with FOPERDA (Fonds Père Damien), an institution which is especially interested in the prophylaxis of leprosy but, having been founded only shortly before the last war, has not as yet been able to show much activity.

The antileprosy campaign in the Belgian Congo has necessarily suffered because of the war, and the efforts undertaken in 1938-1939 have slackened because of the comparative shortage of medical staff due to mobilisation in the armed forces and difficulty of recruiting new medical officers. FOPERDA now hopes to reactivate this work, thanks to FBEI. Recently 2 millions have been assigned for the purchase of sulfones. Moreover, FBEI will contribute 40 millions per year for the next 5 years for the establishment of agricultural isolation villages.

The number of cases of leprosy in the Belgian Congo has been roughly estimated as 60,000. From the point of view of public health, 15,000 to

20,000 open cases need isolation, and probably an even greater number of closed cases need care. For their social activities it is desirable that these villages should shelter comparatively light cases, individuals who come willingly as partners (husband or wife) or as paid assistants. In a word, one may foresee isolation of at least 50,000 people, of whom 15,000 are already in more or less organized villages. It has been decided, in order to stimulate this organization and to assure a certain unity, to establish a provincial leprologist in each of the three provinces—out of the six—where leprosy presents an important problem.

THE ZANG-PEH COLONY, HANGCHOW

A new attempt to help in the solution of the leprosy problem in China is being started in the province of Chekiang, based on long-standing work in Hangchow, some 150 miles from Shanghai. About 60 years ago a home for leprosy victims was opened there by Dr. Duncan Main of the Church Missionary Society, in connection with its large general hospital in the city. It was located on a suburban hillside, with a maximum capacity of about 120 patients; and despite many vicissitudes of civil wars and Japanese occupation it has continued to the present day.

Like all such homes, the work at the Song-Moh-Dzand home has greatly outgrown both the accommodations and the facilities for treatment. All of these places were built at a time when very little efficient treatment could be offered; they were designed as "homes" and not "hospitals," and only with difficulty can they be adapted to modern requirements. Furthermore, the limited grounds of this home makes possible very little out-door work for the inmates, and anything like self-support is out of the question. In recent years running expenses have increased by leaps and bounds, because of general and fabulous rises in the price of food and ordinary necessities; and the high cost of the new drugs is another factor. As yet the Mission to Lepers (London) has generously carried the cost of the home, but it is quite evident that the much-needed extension must be along lines which do not involve continually increasing demands on the Mission.

Dr. S. D. Sturton, who has carried on the work of the Home for many years, and I have long contemplated such an extension of the work, despite many failures to secure a site large enough for our plans. Recently these efforts have met with success and I returned from England last year to help in the new development. A site has been secured, 25 miles from Hangchow, with a present area of about 40 English acres and with room for further expansion. This acquisition has been largely possible because of the whole-hearted devotion of a certain Chinese gentleman, who has not

only given generously for the purchase of the land but has himself taken up residence in the nearby village to clear up the many difficulties of land purchase and to act as general superintendent of building and agricultural work on the site.

In brief, the scheme is to establish an agricultural colony with a probable ultimate capacity of about 400 inmates. The capital expenses of building are to be met by the Mission to Lepers, with the expectation that in the course of two or three years the place should be entirely self-supporting. The main work will be agriculture, with provision for raising animals such as poultry, goats and pigs, and, we hope, for other work for those who because of deformities are unable to help in farm labor. The place is definitely to be a working colony and not a hospital, although a young Chinese doctor is on the spot to attend to minor ailments and to open a clinic for the neighboring villagers, which is expected to overcome local opposition.

The home near the city is to be kept primarily as a clearing station, improved as to equipment for diagnosis and treatment. All new cases will be admitted here for a time, until treatment has been established and the patients are fit to be sent out to the colony, but there will remain there a certain number of inmates unfit for work because of deformities. It is interesting that early cases and those with little deformity are now beginning to appear in much larger numbers than before, and we expect that the hopeless cases can be kept to a low figure. Colony patients with serious illnesses will be brought back to the home for treatment.

The new place is being opened with the full approval of the local and provincial authorities, who are providing a monthly ration of rice for the patients—a generous contribution at this time when rice is in very short supply. Many difficulties have been overcome, many more doubtless await us, but we are satisfied that this line of development is well worth exploring and we have some confidence that the colony will be a success.

JAMES L. MAXWELL

WORK CONFERENCE ON MURINE LEPROSY

On January 23 to 25, a group of investigators met with the Leonard Wood Memorial unit in the Department of Bacteriology at the Harvard Medical School to discuss ways in which their current experimental work in murine leprosy might be made to contribute more effectively toward an understanding of unsolved problems in human leprosy. Those participating in the discussion were: Dr. L. F. Badger, Communicable Disease Center, Atlanta, Ga.; Dr. Charles M. Carpenter, University of California, School of Medicine, Los Angeles, Cal.; Dr. George L. Fite, National Institute of Health, Bethesda, Md.; Dr. Emanuel Grunberg, Hoffman-LaRoche, Nutley, N. J.; Miss Tobey Backerman, and Dr. John H. Hanks, Leonard Wood Memorial, Harvard Medical School, Boston, Mass.

Topics were limited to fields of investigation now being actively explored; problems in pathogenesis and transmission, quantitative testing of the viability of murine bacilli after exposure to various conditions *in vitro*, preliminary evaluation of chemotherapeutic agents, and the problem of immunization. In dealing with each category one or more persons summarized briefly his experience or data, stated the imponderables about which he was concerned, and presented a proposed plan of attack on these problems. The group as a whole then attempted to reduce criticisms and suggestions to an area of agreement, and, furthermore, to devise and to protocol experimental models capable of providing useful information and of permitting valid interpretations.

The group reached an agreement that the Hawaiian (Badger) strain of murine leprosy bacilli should be regarded as the standard bacillus to be used. Plans were made for the selection of suitable families of rats and mice. The basic requirements were conceived to be: (a) highly susceptible mice for studies in chemotherapy and for certain studies in transmission; (b) highly susceptible rats for the production of lepromata as a source of bacilli and for demonstrating viability in bacillary suspensions containing a low proportion of viable organisms; (c) moderately resistant rats for the study of certain problems in pathogenesis and transmission, for studies in immunization, and for viability testing when minimal degrees of deterioration in viability are to be measured.

Agreement was reached on basic protocols thought appropriate for certain studies in transmission, for the screening of chemotherapeutic agents, for quantitative determination of the proportion of bacilli surviving in suspensions, and for studies in immunization.

—J. H. HANKS

NEWS ITEMS

6 **India: Proposed research center.**—For many months rumors have been heard and passing allusions have been seen about a plan of the government to establish an All-India research center, but no definite statement on the matter has been obtainable from correspondents there, probably because of reasons such as uncertainty as to what location would be chosen for it. Recently, however, Dr. K. C. K. E. Raja, director-general of health services, writing in the *British Medical Journal* [1 (1950) 387] on developments in the field of health in India, has told of the appointment of a "Leprosy Committee, which has been entrusted with the task of putting up proposals for the establishment of an All-India Teaching and Research Leprosy Centre. . . . The report of this committee was submitted to the Government of India a few weeks ago and is receiving its serious consideration. The committee has proposed: (1) the establishment of an All-India research and teaching centre at Madras; (2) the training of selected workers from the different Provinces so as to enable them to start leprosy research centres in their own areas; and (3) the organization of epidemiological, pathological, biochemical, and other studies in leprosy on a comprehensive scale. It is anticipated that the establishment of the institute will be started during the present year."

6 **Australia: Basis of leprosy control.**—In Australia, according to a report in the *Carville Star* of an interview with Dr. A. Fryberg, director-general of health and medical services of Queensland, legislation with respect to leprosy is solely an affair of the states and not of the federal government. Three of the six states have leprosaria. Queensland has two, one—long established—on Peel Island some 20 miles from Brisbane, the other at Fantome on a different island for aborigines patients. The total number of patients in the two is about 130.

6 **China: Status of Hangchow.**—The following excerpt from a letter sent to Dr. C. M. Hasselmann by Dr. James L. Maxwell dated November 21, 1949 is printed with permission of Dr. Hasselmann. It gives a picture of the situation at that time in Hangchow. "With the fighting round Shanghai and finally the attempted blockade of the port, letters have been slow and very irregular in getting through. As to papers they have shut down on these completely and we have had no home papers for five months. One does miss, especially the medical papers. The change of Government has not affected the work and everything has gone on quite smoothly except for the difficulty of getting about which is only allowed to us with police permits and these are not easily got. I have only about 85 lepers here but we are hoping in the next week or two to start an agricultural colony outside the city which in the end will take 400. We are sending out to it gradually all our patients who are at all fit for work and I shall use this place mainly as a clearance station to thoroughly overhaul all new cases and get them started with treatment before transferring them to the colony. I find the work most interesting and the progress of the patients is on the whole very satisfactory with these new drugs. This is very markedly so from the clinical standpoint but it is disappointing that bacteriological improvement is much slower."

United Nations: *Sulfones for Dutch New Guinea.*—A report on UN activities which appeared in a New York newspaper on May 29th states that "because of efforts of a Dutch woman member of the United Nations secretariat, Mrs. Margaretha Francois-Klasen, of the official records division, leprosy patients in Dutch New Guinea have some new hope. The World Health Organization disclosed Mrs. Francois-Klasen had raised \$150 among other Dutch staff members to enable the Pan-American Sanitary Bureau to buy and ship some diasone there by air and copra boat. Dr. Roland Kalff, director of a leprosarium at Fakfak, an island off the coast, reports the drug is now being used with some success."

Okinawa: *Improvement of Airakuyen colony.*—The leprosy colony of Okinawa is now undergoing reconstruction by the Military Government Ryukyus, under the direction of Dr. R. von Scorebrand, writes Dr. D. K. Iyesaka, director of the colony. The buildings in the employees' zone, moved outside the boundaries of the colony itself, are about to be completed. As built, they are expected to be able to withstand the severe typhoons which occur in that region. Reconstruction of the dispensary, sick bay, operating room and laboratory inside the colony will be postponed for some months. The numerous little houses of the patients, which after the complete destruction of the place during the war had been rebuilt in temporary fashion with sidings of old canvas, cannot be completed in less than a year. Despite this continued delay in rehabilitation, Dr. Iyesaka reports, the 400 inmates are grateful because they have been receiving sulfone treatment for the past year. Within two or three months of cautious treatment, affections of the nose and throat began to disappear (no tracheotomy has been required since the new treatment was inaugurated), and that the healing of ulcers of the extremities has reduced the expenditure of bandages about one-half.

United States: *Symposium on leprosy.*—According to information received from a correspondent in England, the New York Academy of Science is to hold a symposium on leprosy in November.

PERSONALS

The death of DR. EMILE J. N. CONZEMIUS, of Belgium, on October 2, 1949, has been announced. After a period in the colonial service in the Belgian Congo he became medical inspector of the Red Cross, when he created the medical center of Pawa and organized there the first agricultural village for the isolation of persons with leprosy.

DR. J. ROSS INNES, leprosy expert for British East Africa, has recently been loaned to the governments of Northern Rhodesia and Nyasaland to make orientation surveys there.

DR. P. H. J. LAMPE, until recently in charge of the civilian hospital in Paramaribo, Surinam, is now executive secretary for public health of the Caribbean Commission, the headquarters of which are at Kent House, Port of Spain, Trinidad.

DR. JOSÉ N. RODRIGUEZ, research leprologist of the Department of Health, Manila, has been appointed a member of the Philippine delegation at the Third World Health Assembly in Geneva.

DR. MAURICE I. SMITH, chief pharmacologist in the U. S. Public Health Service, is retiring after 30 years of research at the National Institutes of Health and its predecessor the Hygienic Laboratory, it is announced in *Science*. His work there has included studies on the assay of pituitary extracts, on B complex vitamins, on DDT and other insecticides, and on the chemotherapy of tuberculosis.