

NEWS AND NOTES

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

THIRD WORLD HEALTH ASSEMBLY EXCERPTS FROM SPEECHES

Generally, the work of the World Health Organization receives little publicity, and the ordinary citizens of most countries know little or nothing about it, *The Lancet* (London) is quoted as saying. "The reason is that the solid achievements of positive health work rarely make news . . ." Even the less ordinary citizens, the members of the medical profession, may be inadequately informed regarding the purposes and point of view of WHO and the practical problems which it faces, and for such there may be interest in the following excerpts from certain of the speeches made at the Third Assembly.¹

MR. TRYGVE LIE, *Secretary-General, United Nations*: The supreme challenge of the second half of the twentieth century—and especially of the next twenty years—is not expressed in the ideological and power conflicts that monopolize the headlines today. The supreme challenge is presented by that great majority of the population of the world—over sixteen hundred million—whose poverty, hunger, and insecurity must be substantially remedied if they are not to result in new and disastrous upheavals.

Most of these people live in the so-called underdeveloped areas of the world, mainly in Asia and Africa. They are moving rapidly toward political equality. They will no longer accept the grinding poverty that has been their fate for centuries.

We cannot meet this challenge successfully at the snail's pace of today. We cannot meet it by halfway measures. We cannot postpone it until a more convenient time. The challenge is here and now

DR. K. EVANG, *President, Second World Health Assembly (Norway)*: Public health, once a stepchild among the medical specialties, has in the last decades gained a unique and very strong position indeed

In 1946 the perspectives for a broadscale international health programme were very bright, and still in 1948 the outlook was good. There is no reason to hide the fact that in the last year WHO has suffered several setbacks. First, not less than six Member countries have so far announced that they do not any longer regard themselves as Members of WHO

Secondly, the Second World Health Assembly last summer voted a budget completely inadequate to meet the health needs of the world and

¹ From *Chron. World Hlth. Org.* 4 (1950) No. 7-8 (Special Number, Third World Health Assembly).

also the programme drawn up by the Executive Board and the Secretariat. The budget which was passed threatened to reduce WHO to an administrative, planning and collecting organization only, leaving very little funds and strength for the blood and life of the Organization—the practical work in the field through its central, and, first and foremost, through its regional offices

Thirdly, the so-called "Point 4" programme of technical assistance for the economic development of underdeveloped countries has not yet materialized

The vast majority of the peoples of the world still live in bondage to disease and misery. Science knows the means to rapid improvement, and we know how to administer the proper health measures. We are not dreamers, but practical men. Nevertheless, a majority of the Member countries themselves voted a budget for WHO which is disastrously inadequate

DR. MELVILLE MACKENZIE (*United Kingdom*): The almost limitless scope of the international field in itself creates a danger—that of attempting to cover too much ground superficially. Desire to meet the wishes of an individual Member of the Organization, or pressure to obtain results rapidly with the purpose of justifying the Organization in political or lay circles, may be contributory to unsatisfactory and shallow work. In all international work, political action should be the servant and not the master of health programmes. The reverse has too often been the case in the past In making our decisions . . . we must consider how we can most efficiently allocate our financial resources, relatively very small in relation to the problems, so that we use our money to the best possible advantage of humanity as a whole. It will indeed be unfortunate if we spend our time suggesting or agreeing to pieces of work which can only reduce the effect of the activities we have already started.

In this connection I would again like to stress the importance . . . of limiting our activities to work which can only be done through international machinery, or which particularly lends itself to international procedures. It is an unfortunate but unavoidable fact that international, as compared with national, machinery is unduly expensive. Consequently, it is uneconomical to use it when a piece of work can be done equally well nationally, and the resources are available nationally

PROF. J. PARISOT (*France*): This national selfishness, excluding as it does any spirit of real co-operation, is one of the most serious obstacles to international action; it is as harmful to the United Nations as the selfishness of one member can be to a family or the selfishness of one class to a whole society.

It is likewise essential that every country should be prepared to give the Organization the benefit of its culture, its own special scientific or technical knowledge, its men, its institutions and its production . . . We must not bring to WHO our contribution in men or in material in order to enhance our national prestige or strengthen our economy; we must not seek its aid to evade our own responsibilities; we must never lose sight of the fact that we are here to serve only the interests of the international community.

DR. H. P. FRÓES (*Brazil*): The Brazilian delegation wishes to draw attention to WHO's increasing activity in the field of international health assistance, which is one of the most important objectives of the Organiza-

tion. We are rapidly approaching the time when an epidemic of plague, yellow fever, smallpox, or cholera will be a most exceptional occurrence....

DR. L. A. SCHEELE (*U. S. A.*):... the United States has been a strong supporter of this Organization. We have believed firmly in the principle that the underdeveloped countries should be assisted by those more privileged... We subscribe fully to the principle that we should openly discuss the problems that come before us... [The views expressed] may be divergent, but we have the open forum of discussion... We finally vote on our resolutions and I am sure we all—I know the United States does—willingly accept the decisions that we reach....

WORLD HEALTH ORGANIZATION ACTIVITIES

LEPROSY CONSULTANT VISITS PERU

In reporting the recent visit of Dr. Lauro de Souza Lima, Pan American Sanitary Bureau consultant, to Peru as a part of his survey of South American countries, the *Chronicle of the World Health Organization* [4 (1950) 378] had the following to say of the situation in that area.

There are an estimated 3,000 persons afflicted with leprosy in Peru; 1,137 cases were registered in 1949. The disease seems to be endemic in the north-east region of the country, where 80% of the cases are found. It shows a slow but continuous progress; the nodular forms are especially prevalent (76% of incidence).

Peru has a Department of Leprosy which, with sufficient financial resources, hopes to be able to develop a control programme against the disease. Plans have been made and a considerable amount of money allocated for a model leprosarium to be constructed in the Department of Loreto, in the eastern part of Peru. Consideration is also being given to co-operative control activities with neighboring countries—Bolivia, Brazil, Colombia, and Ecuador. It has been suggested that a meeting of technicians on leprosy be held, under the auspices of the Bureau, to examine the bases for such co-operative action.

PANEL OF LEPROSY EXPERTS

In conformity with resolutions adopted by the Second and Third World Health Assemblies, preliminary steps are being taken to establish a panel of leprosy experts, from among which special committees may be created to consider particular subjects as required and feasible.

LEPROSY STUDY FELLOW VISITS THE PHILIPPINES

Appointed the first WHO fellow to a travel fellowship for the study of leprosy control, Dr. Kandadai Ramanujam, assistant director of the Madras leprosy service in India, arrived in the Philippines early in January and proceeded to Culion where it was planned that he should stay two months. From there he

was to proceed to the United States for two weeks, to Brazil for two months, and thence to England and home. Before the end of the allotted time for the Philippine visit Dr. Ramanujam became so seriously indisposed that he was compelled to resign his fellowship and return to India.

TRAINING COURSE IN CALCUTTA

The following syllabus is taken from an announcement by the Hind Kusht Nivaran Sangh (Indian Leprosy Association) of a postgraduate course given from August 16th to September 16th, last year, at the Leprosy Department of the School of Tropical Medicine in Calcutta, under the direction of Dr. Dharmendra.

1. *Lectures*.—Twenty lectures covering the aetiology, clinical manifestations, classification, diagnosis, differential diagnosis, course, pathology, bacteriology, epidemiology, treatment and control of leprosy.

2. *Demonstrations*.—Demonstrations of clinical examination, case charting, bacteriological examination, diagnosis, differential diagnosis and method of treatment, histopathology, the lepromin test, methods of survey and chemistry of the preparations used in the treatment.

3. *Practical work*.—Clinical and bacteriological examination of cases, case charting, treatment.

4. *Tutorial classes*.

5. *Examination*.—At the end of the course a practical and theoretical examination will be held, and certificates will be given to the successful candidates.

CHANGE OF ADDRESS OF DR. MUIR

After March 15th, communications for Dr. E. Muir, General Secretary-Treasurer of the International Leprosy Association, should be addressed either in care of the British Empire Leprosy Relief Association, 167 Victoria Street, London, S. W. 1, or to his residence at 29A Crawford Avenue, Wembley, England.

LEPROSARIUMS IN INDONESIA

Dr. R. Boenjamin, Chief of the Leprosy Research Institutions for Leprosy Research in Indonesia has sent word to Dr. J. A. Doull regarding leprosariums in his country. He states that 40 of the 44 pre-war institutions are now functioning. Comparison of the list of these with the pre-war list shows that one at Sourabaya with 128 patients is no longer open. Also missing are the three small institutions on Madura and a small one on Muntok. The list submitted by Dr. Boenjamin is as follows:

Name of the Leprosarium	Province or District	Number of patients
JAVA		
1. Lenteng-Agung-----	West-Java-----	200
2. Pelantungan-----	Middle-Java-----	100
3. Kelet-----	Middle-Java-----	80
SUMATRA		
1. Sungai Kundur-----	Palembang-----	98
2. Lao si Momo-----	E. Sumatra-----	272
3. Huta Salem-----	Tapanuli-----	155
4. Pulau Sitjanang-----	E. Sumatra-----	223
5. Aron Meulaboh-----	Atjeh-----	300
6. Kuala Keurendo-----	Atjeh-----	
7. Blang Me-----	Atjeh-----	
8. Glumpang-----	Atjeh-----	
9. Pangwa le Leubeu-----	Atjeh-----	
10. Pulo Pa Amat-----	Atjeh-----	
BORNEO		
1. Singkawang-----	W. Borneo-----	60
2. Kabulat-----	S. Borneo-----	20
3. Tenggarong-----	E. Borneo-----	104
4. Sungai Besar-----	S. Borneo-----	63
CELEBES		
1. Djongaja-----	S. Celebes-----	170
2. Watampone-----	S. Celebes-----	150
3. Sengkang-----	S. Celebes-----	80
4. Pare-Pare-----	S. Celebes-----	125
5. Madjene-----	S. Celebes-----	325
6. Rantepao-----	S. Celebes-----	100
7. Palopo-----	S. Celebes-----	90
8. Bau-Bau-----	S. Celebes-----	30
9. Malalajang-----	Menado-----	174
MOLUCCAS		
1. Ternate-----	N. Moluccas-----	60
2. Saparua-----	S. Moluccas-----	53
3. Bandanaira-----	S. Moluccas-----	28
4. Langgur-----	S. Moluccas-----	55
SUNDA ISLANDS		
1. Tangtu-----	Bali-----	55
2. Jeh Puteh-----	Bali-----	40
3. Sijut-----	Bali-----	80
4. Bugbug-----	Bali-----	10
5. Kaligonit-----	Bali-----	47
6. Muntis-----	Bali-----	15
7. Leping-----	Bali-----	5
8. Kalibahi-----	Timor-----	33
9. Sepolong-----	Lombok-----	120
10. Kanar-----	Sumbawa-----	64
40	TOTAL-----	3,584

NEWS ITEMS

India: *New hospital at Chandag.*—The inauguration last April of the Mary Reed Memorial Hospital, at Chandag Heights leprosy colony, has been reported in *Without the Camp* of the Mission to Lepers (London). This institution, isolated far in the Himalaya Mountains a four-day trip by horseback from Almora, was established by Dr. Mary Reed, who herself developed the disease and resided there until her death, and is now under the charge of Dr. Katherine M. Young. The hospital was opened by Dr. Robert G. Cochrane, medical secretary of the Mission, to whom credit is given for much aid to the project.

Burma: *The Mandalay Home.*—This institution, according to a report in *Without the Camp*, had 205 patients at the end of 1948, and during the last quarter-year 421 others attended the outpatient clinic. More children and young people are being admitted than ever before, apparently as a result of the inability of persons with leprosy to get treatment during the war; a special ward for them has been reopened as a separate unit. One activity in the home is weaving, and enough cloth was made during the year for a set of garments for each patient.

Thailand: *Plans for development.*—The McKean Colony at Chiengmai is now under the charge of Dr. Richard S. Buker, who in the 1930's set up a chain of 10 mountain colonies in Burma. Sent to Thailand by the American Leprosy Missions, Dr. Buker plans a nationwide survey, according to the Mission's *Digest*, and intends to establish a number of clinics in the region while attempting to reactivate the work in Burma. He has proposed that a grant for this work be made under the Point Four program of President Truman.

Malaya: *Distribution of leprosy.*—An attempt to compile a spot-map showing the areas in which leprosy is most prevalent resulted in failure. Being of necessity based on addresses given by the patients on admission to the leprosaria rather than on survey it merely showed a density around those institutions, indicating an inward drift before admission, and was therefore without significance. The matter is complicated by the fact that a large proportion of cases are in immigrants.

Indonesia: *Proposed reorganization.*—Since the establishment of the new government of Indonesia, Dr. R. Boenjamin, in charge of the Central Institute for Leprosy Research, in Djakarta (Batavia), has been called on to draw up a plan for the reorganization of the antileprosy campaign in that country. Among other things projected is a new and modern leprosarium to be built at Tangerang, about 30 km. from Djakarta.

Philippines: *Attempted legislation for sterilization.*—For three years, it is reported, bills have been introduced in the Philippine House of Representatives for the compulsory sterilization of persons with leprosy. This proposal has met with such objections, on moral and other grounds, that nothing has come of it. Another attempt for such legislation is expected to be made this year, with the difference that the provision should be only for voluntary intervention. This proposal, it appears, will meet with the same fundamental objection.

✧ **Japan:** *Cultivation of the leprosy bacillus.*—Reports have appeared in newspapers and elsewhere that Brig. Gen. Crawford F. Sams, M. C., U. S. A., chief of the Public Health and Welfare Section of the Supreme Command in Japan, has announced confirmation by workers in the United States of the claim of Dr. Keizo Nakamura, of the National Institute of Health in Tokyo, that he has succeeded in cultivating the leprosy bacillus [see *THE JOURNAL* 17 (1949) 169]. General Sams has supplied a correction to the *Carville Star*, saying that there has been considerable misquotation in the newspaper articles. Dr. Nakamura's work had been confirmed, up to the fourth generation only, by a number of laboratories in Japan. Beyond that, continued cultivation had not been consistent although "by chance" in two instances one laboratory succeeded in carrying the cultures beyond the fourth generation. Why the results have not been consistent is not known. Dr. Charles M. Carpenter, of the University of California in Los Angeles, failed to confirm the work on some sample cultures and requested that the mucin used by Nakamura be sent to him. General Sams had been erroneously informed that he had succeeded in confirming the work of Nakamura following his receipt of the mucin. This misinformation and the premature publication of this work in the lay press were regretted.

Enlargement of the Keifuen leprosarium.—Dr. Matsuki Miyazaki, superintendent of the Keifuen National Leprosarium at Kumamoto, in Kyushu, reports that the institution is being enlarged to a total capacity of 2,100 patients, thus providing for 1,000 new cases which are expected to be admitted this year.

✧ **Korea:** *News of the leprosaria.*—The October-December issue of the *Digest* of the American Leprosy Missions states that up to October 1 no news had been received from the Soonchun Colony, which is in territory which was over-run by the North Korean forces in their first drive. At the Taegu Colony Dr. Howard F. Moffett was carrying on and receiving funds until late in August. Nothing is said of the large government colony on Deer Island off the south coast of Korea. News received by the American Leprosy Missions in March 1951, from their two Colonies is as follows: From Taegu, Dr. Moffett is still in charge and has requested the balance of his appropriation. He states that the time has come to get back to a more normal regime and that prices have increased. The major running expenses of the Colony were continuously paid by the South Korean Government. From the R. M. Wilson Colony at Soonchun, Rev. E. T. Boyer was absent from the Colony from the outbreak of the war to November, 1950. On his return he found the National Korean Government had done very well by the Colony. He states "Although drugs had been stolen, the patients were fed, clothed and kept warm. We still have our 1,100 (March 3, 1951) and one couldn't send them away."

✧ **China:** *American institutions taken over.*—Early in January, according to news reports, the present government of China banned United States subsidies for China schools and churches and took over all American-subsidized education and medical relief institutions, with properties estimated as worth some \$42 millions. The medical institutions which had been supported and operated by U. S. religious bodies are said to have

consisted of 504 hospitals, 905 dispensaries, 40 nursing schools, 320 orphanages, and 31 leprosaria.

♣ *Cheloo University Medical School.*—This school, which is reported to have moved from Tsinan to Foochow in 1947, has returned to Tsinan. In the interim the leprosy colony attached to it continued in operation in the charge of Dr. C. C. Yew. Dr. Olaf Skinses, who has been teaching at the Hong Kong University, is to return to Cheloo and engage in a leprosy research project which he began at the Tungkin colony in South China.

♣ *Chinese physicians in leprosy work.*—Five Chinese physicians are reported as engaged in leprosy work on a full-time basis: Dr. Nan Chang, at Foochow; Dr. H. Y. Yao, at Chengtu, replacing Dr. Wallace Crawford; Dr. Luke Kao at Hangchow and Zang-peh, with Dr. James L. Maxwell; Dr. Richard T. S. Chen, of Putien, and Dr. Wang Ti-min, of Tsinan. The first three named are in the employ of the Mission to Lepers (London).

♣ *West China Union University.*—This University operates a Leprosy Hospital with Dr. Yao, in charge. Dr. Yao is a graduate of Peking Union Medical College and received a D. P. H. degree from the School of Public Health, Johns Hopkins University. He reports that they now have about 50 patients but are hoping to open a second colony to treat the many patients needing care. They are using sulphetrone, given by injection, in treatment.

♣ *Kweichow Leprosarium.*—Dr. E. S. Fish reports in a letter dated November 3, 1950 that their colony is practically isolated from the outside world. He states, "We have still been able to visit the colony for a few days only at a time and under military escort, but we still have diasone for the patients during our absence. Our stock of promin has not yet given out although on our last trip we emptied 400 vials." He reports discharge of 10 cases as "arrested."

♣ *Hong Kong: Progress toward a local leprosarium.*—Dr. Neil D. Fraser, now secretary for China of the leprosy missions, has arranged for the establishment of an Interim Council of a Hong Kong Auxiliary of the Mission to Lepers, and negotiations are under way for the acquisition of a site for the proposed leprosarium of that colony. It would appear that the usual difficulties are being met, for the first site selected by the group was not approved for the purpose by the government authorities.

♣ *Australia: Reforms in prospect.*—The creation of an Australian Royal Commission to investigate the leprosy situation in Queensland has been mentioned by the *Carville Star*. It appears that there is a Relatives and Friends Association which has a publicity committee, aided by Dr. E. H. Molesworth, which has caused much newspaper publicity concerning the conditions on Peel Island, in Moreton Bay, for the purpose of bringing about better living conditions and medical treatment for the patients and a more liberal attitude regarding visitors to the hospital, and ultimately the transfer of the institution to a mainland site convenient to medical services. As a part of the campaign the organization has begun to publish a quarterly periodical called *The Moreton Star*, which bears a slight modification of a familiar slogan, "Radiating the True Light on Hansen's Disease (Leprosy)." The letterhead of the organization bears the statement that "Hansen's Disease (Leprosy) is not an Infectious Disease."

♣ *Leprosy patients at Wooroloo.*—It appears that, attached to the State Tuberculosis Sanatorium in Wooroloo, Western Australia, there is an

annex where 3 leprosy patients are cared for. Two of them are elderly men, the third a young woman who told of the matter in a letter to the *Carville Star*.

✓ **United States: Case finding in Louisiana.**—A program of early case finding, early treatment and education has been inaugurated in Louisiana, according to newspaper reports. This work is being undertaken by Dr. William H. Meyer, formerly of the Carville hospital staff but now of the Communicable Disease Center in Atlanta, Georgia, who has been assigned to head this joint project of the state and federal health services. A weekly clinic has been established at the U. S. Marine Hospital in New Orleans to treat cases which need not be hospitalized. Lectures will be given before groups of physicians and nurses to facilitate early diagnosis. More than a year ago the U. S. P. H. S. assigned a French-speaking nurse to case-finding work, which will be continued under the new arrangement. Similar programs, it is stated, are under way in Texas and Florida.

✓ **Serological studies.**—It has been reported that Dr. Max Levine, bacteriologist of the Board of Health of Hawaii, has recently made serological tests by a method recently evolved in tuberculosis work, the agglutination of tuberculin-coated sheep erythrocytes. He found, it is said, that sera of bacteriologically positive leprosy patients agglutinate such erythrocytes in far higher titers than do sera of tuberculosis cases, whereas in bacteriologically negative leprosy patients the titer is much lower than in tuberculosis.

✓ **Award for the Nelson serological test.**—Dr. R. A. Nelson, Jr., is reported to have received the national award of the American Venereal Diseases Association for a serological procedure more reliable in the diagnosis of syphilis than the Wassermann test [see *THE JOURNAL* 18 (1950) 295]. Dependent on immobilization of *Treponema pallida*, it is said to detect some cases in which the Wassermann reaction is negative, and—more important—to give negative results in conditions in which the latter tends to give false positives. Included in the study were sera from 75 patients at the Carville leprosarium, a large proportion of which gave positive results with the Wassermann; the immobilization test was negative except when the patient also had syphilis.

✓ **A new antibiotic.**—Investigators at the Baylor University, at Houston, Texas, have isolated from the dust in an attic a fungus which produces an antibiotic, called "mycomycin," which is particularly effective in preventing growth of the tubercle bacillus *in vitro*. In a joint project with Baylor University, the firm of Pfizer & Co., in Brooklyn, New York, has been studying this substance with special respect to its effects on experimental tuberculosis in mice. The effects have been "spectacular," according to news reports. It does not appear that clinical trials have been made as yet.

✓ **Leprosy exhibit.**—At the Hand Surgeon's Convention in Chicago, in January, there was an exhibit on the effects of hand surgery in patients at the Carville leprosarium. It included a large number of before-and-after-surgery color transparencies, and statistical data on the prevalence of leprosy in the United States.

✓ **Improvements at the Carville Star.**—When first established by Stanley Stein and other patients, and again for a short time when reviewed just before the last World War, the *Star* was produced by mimeograph. Later a printing press was acquired, and for several years the type was labori-

ously set by hand. Last year friends of the group, realizing the need of better equipment, located in a federal agency a linotype machine—not in its first youth, it appears—which was listed as surplus property. It and accessory equipment were transferred to Carville “for use in printing *The Star* and any other publications approved by the Medical Officer in Charge.” Beginning with a part of the matter in the April 1950 issue the new equipment was put to use, and the appearance of the publication has been materially improved.

¶ **Columbia:** *New children's home.*—The American Leprosy Missions is participating in the establishment of a children's home at Cachipay, Colombia, owned by the Mennonite Mission. Three dormitory buildings have been erected. Other construction has been held up, however specifically in one instance by a landslide and generally by the political and social situation, although this particular mission has met with relatively little opposition. There are 40 children in the home, which when completed is intended to accommodate 100.

¶ **Brazil:** *Traveling dispensaries for Minas Gerais.*—Primarily to provide for extending the benefits of sulfone treatment to persons with incipient cases of leprosy who are living at home, and also to find cases which should be sent to the leprosaria, the state of Minas Gerais has provided funds for setting up 14 traveling dispensaries. This was reported in a letter to Mr. Perry Burgess by Dr. Orestes Diniz, head of the leprosy service of Minas Gerais, who had met with difficulties in obtaining in Brazil the 20 vehicles needed for the purpose.

¶ **Argentina:** *New outpatient dispensary.*—The Patronato de Leprosos, a private association subsidized by the state, inaugurated on October 31, 1950, in La Plata, a dermatological outpatient dispensary for ambulatory leprosy patients, it is reported by Dr. Basombrio. The new institution bears the name “Professor Aberastury,” in memory of the author of the Argentine antileprosy law.

¶ *Projected leprosy society.*—For some time, we are informed, there has been thought of organizing an Argentine Leprosy Association, but there are difficulties. One of them is that the leprosaria are widely separated, and it is difficult to get the doctors stationed in them together for meetings. Recently the matter has been discussed favorably at a meeting of the Asociación Argentina de Dermatología y Sifilología with the idea that periodical discussions of leprosy might be arranged for, as was done in the past.

¶ **Greece:** *Archaic regulations.*—A nurse of the U. S. Public Health Service who visited Carville early last year was reported by the *Star* as describing the conditions in the leprosarium in Athens, an annex of the communicable diseases hospital, as highly unsatisfactory. She was quoted as saying among other things that only “some” of the patients were receiving sulfone treatment, that there were no attending nurses, and that children born of patients were removed to confinement in another enclosure from which they were never allowed to go out. Subsequently, representatives of a “Committee of Friends of Lepers” in Greece denied that the conditions were as bad as depicted, that all of the patients who could take it were receiving sulfone treatment, and that the 30 babies of patients are being properly cared for and not confined for life as stated. In the next

issue of the *Star* a person signing himself as president of the "Association of Hansen's-Sufferers" wrote that, because the Athens leprosarium was full, the authorities were planning to move 100 or 150 patients—most of whom, it is stated, "show negative tests"—to Spinalonga, the "island of hell and penitentiary," which they regarded as equivalent to being condemned to a certain death. An appeal by the patients that the anachronistic law be abolished and negative cases be allowed their freedom, and that patients be permitted to build their own homes at their own expense, had been denied by the authorities. It is a full quarter century since a Greek physician was sent to India and the Philippines to see the leprosy work there—by an administration which was out of office by the time he returned.

✓ **Nigeria: The Garkida colony.**—In 1929 the government of Nigeria, where it is estimated there are 300,000 cases of leprosy, representing 1.5% of the population, set aside 500 acres of land at Garkida for the establishment of a leprosy settlement by the Church of the Brotherhood mission and promised a grant in support of the patients who should come to it. Previously, local potentates had supported after a fashion leprosy camps for a few hundreds of victims, and 150 of them served as the nucleus of the Garkida establishment. Within 8 years there were 500 in residence from all over the region, and now there are more than 1,600; and the land area has been increased to more than 3,000 acres. The people are established by tribes in separate villages and hamlets, each with a headman and with a chief over all; and they engage in farming and cattle-raising in their normal fashion. About one-fifth of them are children, many early in the disease. The institution comprises a hospital, a school for the children, and shops where carpentry, masonry, blacksmithing, tailoring and leather work are taught. An electric plant has recently been installed, and the power from it will operate a water system and a mill where grain may be ground for patients who cannot do it by hand.

✓ **Belgian Congo: Protestant Medical Institute of Kimpese.**—Dr. Glen W. Tuttle, located at Sona Bata, contributed to the October-December 1950 issue of the *Leprosy Mission Digest* a summary report of plans under way for the development of a teaching hospital and institute in the Belgian Congo. In that country the physicians actually engaged in the medical care of the Congolese number only 1 to 40,000 of the population, with one registered nurse to 13,000. To train native nurse-aids, midwife-aids, nurses and medical assistants, five mission societies have joined in establishing the proposed institution at Kimpese in the Lower Congo region, located on the railroad which links the ocean port of Matadi, with Leopoldville, in a region with 150,000 population and no public hospital. The plan involves an expenditure of some \$710,000, of which one-half has been pledged by official entities and the missions. One feature is to be a model leprosy colony, which will permit the union of three small ones now functioning in that region and the assignment of a leprologist who will divide his time between the colony and the teaching institute, and will facilitate the training of students in the diagnosis and treatment of the disease.

✓ **Angola: Central leprosarium project.**—The government of this country, which is rife with leprosy, has done little in the matter and until recently has withheld approval of foreign mission work, despite which

some work has been accomplished by individual initiative. For example, Dr. Rodolphe Brechet, of a Swiss mission, began to give help to the inmates of utterly primitive "squatter villages" which developed near clinics and mission compounds, then invited them to settle and build their huts on mission land, and in time was able to develop three slowly-growing colonies out of such camps at Caluquembe, Quilenges and Cubal. Recently the Colonial Minister in Lisbon has agreed to the founding of a central leprosarium by the Evangelical Alliance of Angola, composed of several American and Scandinavian missions.

✓ **Swaziland:** *New leprosarium.*—The government of Swaziland has built, with a grant from the Colonial Development Fund, a new leprosarium in the hills near Mbabane, the capital town, it is reported in *Without the Camp*. Until a year or so previously they were in an old settlement, inadequately cared for and miserable, and their improvement from the change and proper medical care is said to be striking.

✓ **General:** *A therapeutic vaccine claimed.*—For some time statements have been seen in newspapers and elsewhere that Dr. C. L. Trout, a medical missionary at Katwa, in the Belgian Congo, claims to have cultivated a microorganism from leprosy and to have prepared from it a "heterogeneous vaccine" from which much benefit is derived in very short periods of treatment. An individual in the United States who has organized a group to raise funds on the basis of these claims is quoted as asserting that the vaccine will "cure and immunize a patient in six weeks." Attempts to obtain an authoritative and objective report on the matter have been unsuccessful.

PERSONALS

DR. GUILLERMO BASOMBRÍO has been elected president of the Asociación Argentina de Dermatología y Sifilología for the current year.

DR. HOWARD A. BOSLER, in charge of the Garkida leprosarium in Nigeria, with 1,500 patients, has been honored with an award of the Order of the British Empire (O. B. E.).

MRS. CORA TURNEY BURGESS has been appointed by the Board of Trustees of the Leonard Wood Memorial, director of the Department of Information and Photography of that organization.

DR. GEORGE CAMPBELL, superintendent of the leprosarium in Trinidad, has retired.

DR. R. CHAUSSINAND left Paris late in January for a three-months trip to Africa, to visit leprosy institutions there. Before returning to Paris he expects to stop over in Nigeria to see the treatment work of Dr. JOHN LOWE.

DR. ROBERT G. COCHRANE, recently Hon. Director of the Research Unit of the Government Lady Willingdon Leprosy Sanatorium at Chingleput, Madras, has been reappointed Medical Secretary of the British Empire Leprosy Relief Association in London, to assume active duty on April 1st.

DR. WALLACE CRAWFORD, after many years of service at Chengtu, Szechwan, Western China, has retired from the field. His successor in charge of the leprosarium is Dr. H. Y. YAO.

DR. F. HEMERIJCK, of Tshumbe Ste Marie, Belgian Congo, has been appointed leprologist for the Katanga area, an assignment which involves considerable travel.

DR. F. A. JOHANSEN, medical officer in charge of the U. S. Federal Leprosarium at Carville, La., has recently made an inspection visit to the Virgin Islands.

REV. GEORGE M. KERR, who with his wife, DR. ISOBEL KERR, established the Dichpali Hospital in Hyderabad, India, died recently in Scotland where he had lived since his retirement.

DR. R. B. MACGREGOR, director of medical services of the Federation of Malaya and intimately concerned with the antileprosy work in that region, has retired because of age limit but is remaining in the country in another connection.

REV. JAMES NOBLE MACKENZIE, who founded the leprosy colony at Pusan, Korea, and was given a limited medical diploma by the Japanese authorities in connection with that work, has published an autobiography, written with the editorial assistance of MISS E. MACKERCHAR.

DR. B. DAVID MOLESWORTH, superintendent of the Sungei Buloh Settlement near Kuala Lumpur, Malaya, is in England on leave. For the interim DR. MCBETH has been assigned to the position.

DR. J. K. MUKHERJI, medical superintendent of the Naini Leprosy Hospital & Home, who began leprosy work at Chandkhuri 20 years ago and was awarded the Kaiser-i-Hind silver medal in 1947, died of heart failure on January 23, 1951.

DR. GORDON A. RYRIE resigned on Dec. 31, 1950, as medical secretary of the British Empire Leprosy Relief Association for reasons of health.

DR. LAURO DE SOUZA LIMA has returned to the Sanatorio Padre Bento, in São Paulo, Brazil, after five months of travel to several other South American countries as a consultant of the Pan-American Sanitary Bureau.

MRS. EUNICE WEAVER, president of the Federação das Sociedades de Assistência aos Lázaros has been honored by the Government of Brazil by the inscription of her name in the National Book of Merit, with the title of "Comendadora"—the highest honor that the nation can give to a private citizen—in recognition of her work for persons with leprosy and their children.

DR. ROLLA R. WOLCOTT has been appointed executive officer of the U. S. Federal Leprosarium, at Carville, La., vice DR. PAUL T. ERICKSON, transferred.