

NEWS AND NOTES

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

SIXTH INTERNATIONAL LEPROSY CONGRESS

In preparation for the congress scheduled to be held in Madrid in 1953, probably in October, the leprologists who attended the one held in Havana in 1948 met in May, according to information from Dr. F. Contreras, and set up the organizing committee. This Comisión Organizadora is composed as follows:

Prof. D. Gerardo Clavero, director of the National School of Health, *chairman*,

Dr. Félix Contreras, *secretary*,

D. Manuel Ambles Pipo, *treasurer*,

Prof. D. José Gay Prieto,

Prof. D. José Gómez Orbaneja,

Dr. D. Victor Martínez Domínguez,

Dr. D. Manuel Such Sánchez,

Prof. D. Xavier Vilanova Montiú, *members*.

This body, according to the official letterhead, is in relationship with the Dirección General de Sanidad of the Ministerio de la Gobernación, and the congress is to be held under the patronage of the Spanish Government and the International Leprosy Association. The postal address indicated is: VI Congreso Internacional de la Lepra, Escuela Nacional de Sanidad, Ciudad Universitaria, Madrid.

Preparations were developing slowly pending a visit by Dr. E. Muir, General Secretary of the International Leprosy Association. No information has been received about the funds necessary for the carrying out of the project, nor any indication that relationship has as yet been established with the Council for the Co-ordination of International Congresses of Medical Sciences.

LEPROSY AND ANTILEPROSY ACTIVITIES IN SPAIN

During a recent visit to Spain the writer had an opportunity to learn at first hand of the present status of the antileprosy campaign there. The high-lights are given in this note.

Dr. Cordero, chief of the leprosy service, in a paper read at the International Congress of Dermatology in 1950 [abstract in this issue], gives the number of known cases in Spain as

1,879, of which 732 were lepromatous, but more cases are constantly being found in the examination of contacts of known patients. Most of the cases are in the southern part of the country, especially in Andalucía,¹ the most affected province being Jaén with 293 known cases.

There are two main leprosaria, that at Fontilles, half-way between Valencia and Alicante, and that at Trillo, to the north-east of Madrid lying in a bend of the Tagus River.

Fontilles is beautifully situated on a hill which looks out over a fertile plain to the Mediterranean Sea. Many fountains of clear icy water flow out of the side of the hill. Patients and staff are accommodated in excellent buildings, and equipment is up to date. Of all the leprosaria the writer has visited on both sides of the Atlantic, Fontilles occupies the best site; and in other respects it is in no way behind the best. The medical superintendent, Dr. Félix Contreras of Madrid, has gathered round him a group of enthusiastic young doctors who are keen on research and on the fight against leprosy. For several years there has been published a scientific periodical, *Fontilles*, which deals with leprosy and bears the same name as this institution.

The Trillo leprosarium is not yet complete, but it already houses a considerable number of patients. There is plenty of water and arable land, with room for expansion if necessary.

An excellent system has been adopted of following up contacts of known cases to the villages by mobile units. By this means, tactfully and gradually by persuasion, a complete leprosy survey is to be carried out.

An outstanding feature of the campaign is a preventorium which has been established at Chapineria, some 50 kilometers from Madrid. Here the children of infectious patients are very happily lodged, protected from infection and trained as useful citizens.

The plan of campaign against leprosy in Spain is similar to that so successfully adopted in Norway many years ago. By persisting with and expanding these methods, and with the additional help of the recent improved forms of treatment, it should be possible for Spain to bring leprosy under complete control in a reasonably short period of years. —E. MUIR.

THE GANDHI MEMORIAL TRUST

Mahatma Gandhi was a friend of the down-trodden in every sphere of life, and as such the service of those suffering from leprosy became a passion with him towards the later part of his

¹ An old division of Spain, now the provinces of Almería, Granada, Jaén, Málaga, Cádiz, Córdoba, Huelva and Seville.

life. The Gandhi Memorial Trust, therefore, has decided to make leprosy work the chief memorial to Mahatma Gandhi.

Toward that end an Advisory Leprosy Board of fifteen members, with Dr. Jivraj Mehta as the chairman and Dr. Sushila Nayar as the secretary, has been appointed and held its first meeting on the 24th and 25th February, 1951. The Board decided that the policy under the Trust should aim at the control and eradication of leprosy in India and not mere relief operations. It recommended the starting of pilot projects, the underlying principle of which should be to trace and treat all cases of leprosy in a particular area, keeping the contacts under careful observation.

The Executive Committee of the Board has recommended ten schemes so far, with recurring expenses of Rs.123,440 and non-recurring expenditures of Rs.87,850. The Board has also recommended a plan of starting a Life Workers' Service for those who wish to devote their lives towards the solution of the problem of leprosy.

—DHARMENDRA.

According to information from another source, the Gandhi Trust proposes to work on the largest possible scale, and to coordinate all leprosy work now being carried on by official and nonofficial agencies in the selected areas of its operation.

In reminiscing about the three All-India Leprosy Workers' Conferences which have been held, M. B. Diwan, of Maharogi Seva Mandal at Wardha, tells in *Leprosy in India* [23 (1951) 127-131] of efforts to develop the effect of Gandhi's interest, which had led him to include leprosy work in a "national constructive programme." It was urged that he should form an All-India Leprosy Association and appeal for a national fund for the cause. About the proposed association Gandhi had replied, "Show me 100 workers, I will form an Association for you within half an hour. Don't worry about the funds. Let us have the workers who can properly utilize them." This position he maintained firmly. It was decided that a leprosy workers' conference should be arranged "just to create a band of 100 workers for this cause as he desired." That conference was held in Wardha in 1947, and Gandhi spoke to the gathering by radio. The spirit of the meeting was "the period of neglect and indifference was at an end."

By the time the next conference was held, in Calcutta in the following year, Gandhi was dead. At that time the location of the proposed All-India Leprosy Research Institute was hotly and not happily discussed, in the conference and the press; that scheme has not materialized. Extraordinary hope was entertained because of the collection of Gandhi Smarak Nidhi, with a substantial sum earmarked for leprosy work. The writer tells of a feeling of condescension among other physicians toward those who work in leprosy ("poor leprosy workers"), and of a sort of inferiority complex among the latter.

At the Madras conference, in 1950, a plan originally discussed at the 1947 meeting to transfer the Indian Auxiliary of the British Empire Leprosy Relief Association into a national organization was accomplished

with the formation of the Hind Kusht Nivaran Sangh (Indian Leprosy Association). The 100 workers of Gandhi's expectation are not yet available in India, it is stated, but the leprosy problem is no longer a neglected one.

VACANCIES IN INDONESIA

Dr. R. Boenjamin, chief of the Central Institute for Leprosy Research, at 17 Djalan Kimia, Djakarta, Indonesia, who since the war has been the only physician on the staff of that institution, has announced that the Ministry of Health has created two positions for physicians for leprosy work, and he is seeking workers to fill these positions. Application should be made to the Ministry of Health, 10 Parapatan, Djakarta (previously Batavia), accompanied by (a) a copy of diploma, (b) copies of certificates, (c) certificate of health, and (d) information as to the members of the applicant's family. After receiving the letters of application, the ministry will inform the applicants concerning the terms and conditions of employment.

THIRD PAN-AMERICAN CONFERENCE

In an official "comunicación previa" dated September 10, 1951 (some two months, it is understood, after the funds for the purpose were set aside), Dr. Leónidas Llano, president of the executive committee, has announced that this conference, which should have been held in Buenos Aires in 1950, will be held in that city from December 9th to 15th. Full information was to follow in Bulletin No. 3, then in press.

The provisions of Bulletins Nos. 1 and 2, distributed in preparation for the postponed meeting, are still in force except that another topic has been added to the agenda. As it now stands [cf *THE JOURNAL* 17 (1949) 328 and 18 (1950) 418] it is as follows, the last item being the new one:

Classification of subtypes.

Lepa reaction in the different forms of leprosy: pathogenesis, treatment, prognosis, and influence on the later evolution of the disease.

Reversibility of the clinical forms and of the reactions to lepromin.

Social assistance of the patient and his family.

Present state of antileprosy campaigns.

Papers were to be submitted to the headquarters, III Conferencia Panamericana, Paseo Colon 255, Piso 7°, Buenos Aires, not later than November 20, 1951. According to the previous bulletins, abstracts of between 400 and 600 words should be submitted. Dr. Ernesto T. Capurro is now the executive secretary of the organizing committee, replacing Dr. Carlos F. Guillot who has been transferred to another section of the health service.

NEWS ITEMS

United States: New designation of Carville hospital.—Heretofore this institution, the federal leprosarium, has been officially known as one of the Marine Hospitals of the U. S. Public Health Service. Effective July 1, 1951, the designation of each of these hospitals has been changed to U. S. Public Health Service Hospital, because they serve groups of people other than merchant seamen.

New personnel policy for Carville.—The U. S. Public Health Service has adopted a new rotation policy which limits the term of assignment at Carville to three years. The purpose, it is stated, is to acquaint larger numbers of the service personnel with leprosy, but it has been complained that its effect will be to limit the usefulness of staff members who have a special interest in the disease and a special aptitude for investigations. Several changes have already occurred. One recent new appointee is of Dr. W. W. Quisenberry, whose interest in dermatology led him to request the assignment. Another is Dr. R. P. Grimm, previously on duty at the Fort Worth, Texas, U. S. P. H. S. Hospital.

Virgin Islands patients transferred to Carville.—A group of 18 patients from the Virgin Islands leprosarium at Christensted, St. Croix, were flown in a U. S. Air Force plane in May to Baton Rouge, Louisiana, for transfer to the National Leprosarium at Carville. The group comprised 12 men, one of whom is a veteran who saw service in the Pacific in World War II, and 6 women. The transfer was made, it is stated, on the recommendation of Dr. F. A. Johansen, who made an inspection trip to the Virgin Islands in January. The newcomers' impression of Carville was that of "a first-class hotel," compared with their former quarters, described as an old leaky building, infested with rats and bats and plagued by an almost continuous disagreeable odor from a rum distillery located next to the premises. Eight patients remain there, 7 of whom are arrested ("burnt out") cases.

Prospective aid for handicapped patients.—An amendment of the Social Security Act, according to the *Carville Star*, provides for federal aid to the individual states to finance compensation payments to the aged, blind or permanently disabled recipients of public assistance who are patients in public medical institutions, other than those for mental diseases and tuberculosis. The Carville patients regard this as a possibility of new financial aid for those among them who are thus handicapped.

Joey Guerrero seeks citizenship.—On behalf of Mrs. Josefina (Joey) Guerrero, a Filipina who because of her heroic underground service during the Japanese occupation of the Philippines was permitted in 1948 to go to the United States for treatment at Carville, a bill has been introduced in Congress to give her American citizenship. Improving under treatment, she is said to be leading a busy life at Carville, working on the patient's magazine, playing golf and tennis, and attending classes in art, sculpture and carpentry.

Cuba: New leprosy society.—We are informed that a Sociedad Cubana de Leprologia has been formed, with headquarters in Havana. The first officers, elected on May 4th for two years, are: Dr. Alberto Oteiza, president; Dr. Francisco R. Tiant, vice president; Dr. Ramon Ibarra, secretary; Dr. Guillermo Sowers, vice secretary; Dr. Fernando Trespalacios, treasurer; and Dr. Juan Grau, vice treasurer.

✓ **Colombia:** *Revised program recommended.*—In 1950 an economic mission organized by the International Bank for Reconstruction and Development, in Washington, D. C., under the auspices of the Colombian government, formulated a program for the improvement of public health and standards of living in that country. According to a summary of the mission's report, seen in the *Journal of the American Medical Association*, it was recommended that the present antileprosy program, which now uses up almost one-fourth of the national budget for hygiene, should be modified. The actual expenses are held to be excessive in proportion to the importance of the disease in Colombia. A special investigator for another organization is said to have reported also that the present system of prophylaxis is inefficient and wasteful. The Agua de Dios and Contratación "lazarettos," which are in effect spontaneously developed "leper cities" only about one-half of whose population are patients (there is no proper leprosarium in the country) were especially criticized.

✓ **Bolivia:** *Findings of inquiry.*—Last year Dr. Lauro de Souza Lima, under the auspices of the regional office for the Americas of WHO, with Dr. John J. Hanlon, of the Institute of Inter-American Affairs, made—according to a report in the *Journal of the American Medical Association*—an inquiry into the leprosy situation on behalf of the Bolivian government. This disease, it is said, has been of increasing concern, but for lack of any census or proper records of reported cases little precise information could be obtained. There are about 500 known cases, with probably 1,000 not diagnosed, most of them being in the sparsely populated eastern lowlands. The incidence is low as compared with neighboring countries, and the problem is regarded as one of minor importance as compared with other endemic diseases; but there are indications that it is increasing and there is fear that it may become established in the more densely populated highlands, where poverty, malnutrition, lack of sanitation and overcrowded household conditions may favor its spread. The present economic condition of the country makes it impossible to establish a modern leprosarium and a preventorium, but there was a possibility that the children might be cared for in established orphanages and that treatment might be afforded the patients on an outpatient basis at existing dispensaries and other facilities.

✓ **Brazil:** *New leprosy society in Paraná.*—An announcement has been received of the formation, last February, of the Sociedad de Leprologia do Paraná, centered in the city of Curitiba. The purpose is to unite the leprologists of the state, as well as all others concerned with the antileprosy work, with the usual general objectives. The first officers are: Dr. Aureliano M. de Moura, president; Dr. Ruy Noronha de Miranda, vice-president; Drs. Guy Mourão and Nelson Roseira Gomes, secretaries; and Dr. Armando Tramujas, treasurer.

Argentina: *New leprosy periodical.*—The Minister of Public Health of Argentina has arranged to establish a periodical to be called the *Revista Argentina de Leprologia*, to be published semi-annually. Dr. Leonidas Llera has been appointed director, and Drs. Héctor Fiol and Tomás Capurro secretaries.

112 ✓ **United Kingdom:** *Leprologists gather in London.*—It is reported that Drs. Cochrane, Muir, Lowe, Davey, Ross Innes, Barnes and Brown have

recently met together in the BELRA offices in London for an informal discussion of the status of treatment with sulphetrone and DDS. It is said that differences of opinions which are so liable to arise through correspondence and the printed word have been cleared up, and that a memorandum on the matter will be issued in due course. In the meantime, some of the recommendations which have been published have to be regarded as "more or less dead letters."

✓ *Appeal for doctors, Trinidad and Gold Coast.*—In the last issue of *Leprosy Review* to be received there are announcements of vacancies in leprosy work in these two regions. At Trinidad the position of medical superintendent of the Chacachacare leprosarium is to be filled, the occupant of that post also to have leprosy control duties. For the Gold Coast the call is simply for a medical officer for leprosy work. Conditions of employment are specified, including the salary rates; that at Trinidad is the equivalent in local currency of £1,200-1,300 a year, that at the Gold Coast is £890-1,600. These appointments are being handled by the Director of Recruitment, Colonial Office, London.

✓ *Portugal: Private leprosy clinics.*—Little is known of what is being done about leprosy in Portugal, except for the establishment in 1947 of the fine official Hospital-Colony Rovisco-Paris [see *THE JOURNAL* 16 (1948) 288]. From a private source it has been learned that there is an organization called the Comissão Portuguesa Pro-Leprosos, a committee of the Portuguese Evangelical Alliance, which operates two small dispensaries at Vieira de Leiria and Guia. This work was started by one Snr. J. S. Vieira, general secretary of the Alliance, who became "personally concerned over the plight of the leprosy sufferers in Portugal, for whom nothing seemed to be done," and who went so far as to take nursing courses to give physical aid to those whom he could reach. With official permission, and with gifts for construction and maintenance from the American Leprosy Missions, he was enabled to open the first of the dispensaries mentioned in 1942 and the second, some 20 miles distant, shortly afterward. The work has been continued, in harmony with the government authorities, since the opening of the leprosarium. The headquarters of the Comissão are at Rua Jose Falcão, 95 Porto, Portugal.

113 ✓ *India: Chaulmoogra-sulfone comparison.*—Writing to the Mission to Lepers (London) in July last year, Dr. E. Muir reported that, of the 300 inpatients at the Purulia home under sulfone treatment, 70 of those receiving DDS were being used for a comparison with another 70 receiving hydnocarpus treatment. "In a few years," he wrote, "we should have a definite estimate of the relative value of hydnocarpus and DDS." (This is the first such controlled experiment of which we have heard. It is much to be hoped that it is being continued since Dr. Muir's return to England.)

✓ *Thailand and Burma: Village treatment program.*—Dr. Richard S. Buker, a Baptist missionary on loan to the Presbyterian Mission Board with salary paid by the American Leprosy Missions, who is in charge of the leprosarium at Chiangmai, Thailand, has extended his field of work. At 19 places in the surrounding region, "preventive leprosy villages" have been established where some 1400 patients live and are under treatment by Thai injectors, each of whom is settled in the village where he works, with rice land and a buffalo. In Burma, Dr. Buker's former field of

activity, he has around 500 cases under some degree of care on and near the road between Thailand and Kentung. He is negotiating, according to the report in the *Leprosy Missions Digest* from which this account is taken, with the Thailand government to participate in a nation-wide survey and control effort with funds from the U. S. Point Four program.

† **China:** *Progress at Zang-peh, Chekiang.*—A recent issue of *Without the Camp* carries excerpts of letters written late last year by Dr. James L. Maxwell and by Dr. Stephen Sturton, who was associated with him in the leprosy work in the Hangchow area. The work at the Zang-peh Agricultural Colony under development was progressing, although not as rapidly as the need for space to accommodate new patients. The official attitude was encouraging. The Manchurian government had given one patient three months leave and sent him down for examination and to learn of the treatment being used. On a visit to Shanghai Dr. Maxwell had been cordially received and entertained by the minister of health for the five provinces of East China, who had been watching the development work with interest and proposed to make it an example to be followed if it should be successful; they planned to establish one such colony in Shantung and another in Fukien. Dr. Maxwell was also asked if he would undertake the medical care of some 200 Communist soldiers with leprosy, to be maintained at government expense at a location near Zang-peh. He had been appointed honorary professor of medicine at the Chekiang Provincial Medical College, to lecture on leprosy.

† **Japan:** *Death of the Empress Dowager.*—The death on May 17th of the Empress Dowager, posthumously to be called "Teimei-Kogo," has cast a curtain of gloom over leprosy institutions in Japan, writes a recent visitor to that country. Revered by all Japanese nationals, she is especially mourned by leprosy patients and those concerned with their welfare, for she had been for many years active in the aid of the afflicted. On the day of her burial it was announced that the royal family had established a fund in her memory to continue the work in which she had been so much interested.

† **Philippines:** *Patients' magazine discontinued.*—In 1950 a group of patients at the Central Luzon leprosarium at Tala, near Manila, started publication of a monthly periodical called the *Tala Digest*. The product was a creditable one while it lasted, but circumstances have led to discontinuance of the effort. Subscribers were returned the balance of their subscription fees.

† **South Pacific:** *Leprosy specialist to be engaged.*—At the seventh session of the South Pacific Commission, held in Noumea in April-May, the commission authorized the engagement of a specialist in leprosy, according to a report in *Science*. His services will be made available in an advisory capacity to territories on request.

† **WHO:** *Regional office in Manila.*—In accord with a decision reached at the Fourth World Health Assembly, the regional office of WHO for the Western Pacific, which heretofore has been located temporarily in Hong Kong, is being transferred to Manila. Dr. I-Chi Fang, director for the West Pacific, will continue in charge of this office. According to one report a regional meeting, to be attended by representatives of 14 member nations, was to be held in September.

General: *A new drug in Russia?*—"A story almost as fantastic as it is tragic," says the *New York Times* editorially, "has just come out of India." Indian newspapers had recently published a report that Soviet scientists had developed a new drug that was proving effective in the cure of leprosy. The Indian government, interested because of the tremendous leprosy problem in that country, had asked its ambassador in Moscow to obtain information and samples of the new medicine. The embassy had replied that it was unable to get any details on the drug from the Soviet authorities. This was disclosed to the Indian Parliament by an official who is reported to have said that the embassy in Moscow had found it "extremely difficult" to obtain from the Soviet government any information on subjects of interest to India.

PERSONALS

DR. AVELINO MIGUEZ ALONSO, of the National Leprosy Service, has been sent to the United States under the auspices of the Pan-American Sanitary Bureau for four months training in the modern therapy of leprosy.

DR. ALFREDO BLUTH has been dismissed as director of the Colonia Tavares de Macedo, in the state of Rio de Janeiro, and replaced by DR. ODILON BASTOS, said to be new in leprosy work.

DR. W. M. BONNE, for some time chief of the Co-ordination of Research Section, Division of Epidemiological Services of the World Health Organization, and as such active in the setting up of the expert panel for leprosy, has been appointed acting director of the Division of Communicable Disease Service and will no longer be directly concerned with leprosy matters. Because of this appointment his expected trip to Tahiti, and visits in Manila and other centers of leprosy work on his return to Geneva, have been cancelled.

DR. S. CHIYUTO, of the Philippine government service, has recently visited Spain during a tour of Europe.

DR. ROBERT G. COCHRANE, who took over the office of medical secretary of the British Empire Leprosy Relief Association on May 1st, has been appointed consultant on leprosy to the Ministry of Health and is endeavoring to trace all cases of leprosy in England.

DRS. J. A. DOULL, of the Leonard Wood Memorial, and L. F. BADGER, of the U. S. Public Health Service, have recently visited Cuba to investigate the possibility of locating in that country one of the units for the evaluation of antileprosy drugs that are being organized.

DR. WILLIAM H. MEYER, U. S. P. H. S., has been transferred from the Federal Leprosarium at Carville, La., where he had served for three years, on loan to the Louisiana State Board of Health to head a state-wide program of case finding, early treatment and education.

DR. E. MUIR, after a postponement due to illness in his family, has visited Spain and Greece, in the former place conferring with the organizing committee of the International Leprosy Congress to be held in 1953.

DR. HONORIO ESTEVES OTTONI has resigned as director of the Colonia Itapuan, Rio Grande do Sul, and has accepted a similar position at the Colonia de Itanhenga, in Espirito Santo.

DR. G. H. DE PAULA SOUZA, of São Paulo, permanent member of WHO, who during his term of office as director of health of São Paulo did much for leprosy control in the state, creating the Inspectoria (now Department) de Profilaxia da Lepra, the first antileprosy dispensary, and the plan of the regional leprosaria, died in May.

DR. H. C. DE SOUZA-ARAUJO left Rio de Janeiro in June for a three months' tour in England and on the Continent countries.

Correction: The statement in the last issue of THE JOURNAL that MR. MICHAEL SMITH had died was incorrect. There was confusion with the death of DR. M. I. SMITH. MICHAEL SMITH is for the present with the Imperial Chemicals Industries, Ltd., in England.

MALCOLM HERMAN SOULE

Dr. Malcolm H. Soule, professor of bacteriology and head of the Hygienic Laboratory of the University of Michigan, died at his home in Ann Arbor on August 3, 1951, by his own hand. A postmortem examination revealed a long-standing carcinomatous condition of the nose and sinuses.

Born in Allegany, New York, on December 5, 1896, Dr. Soule obtained his academic training at the University of Michigan, earning the degree of Doctor of Science in 1924. While still an undergraduate student he served as instructor of analytic chemistry, transferring later to the Department of Bacteriology of which he was appointed the chairman and director of the Hygienic Laboratory in 1935, after the retirement of Dr. Novy.

Dr. Soule had regular or honorary membership in numerous scientific organizations in the United States and abroad, in the fields of general science, bacteriology and microbiology, chemistry, botany, microscopy, immunology, pathology, public health, tropical medicine, and the history of medicine, including the International Leprosy Association. He held office in several of these organizations, notably the American Association for the Advancement of Science, in which among other things he was a member of the Council and of the Executive Committee. The list of international gatherings at which he was an official representative is long. He was a member of or consultant to several governmental bodies, including the Institute of Inter-American Affairs and the National Research Council. Also notable in his extracurricular activities was editorial work, on the *Journal of Laboratory and Clinical Medicine*, the *American Journal of Tropical Medicine*, the *American Journal of Pathology* (assistant editor) and the weekly periodical *Science*.

Dr. Soule's connection with leprosy work began in Puerto Rico in 1930, when he served for a year as visiting professor at the School of Tropical Medicine. He and Dr. E. B. McKinley, dean of the school, reported success—up to a certain point—in the cultivation of the leprosy bacillus. The Leonard Wood Memorial then gave him the opportunity to repeat his work in another region, and at the Culion Leper Colony in 1933 he again recovered strains of a poorly growing, nonchromogenic bacillus, unlike anything reported by other workers, which were identical with those obtained in Puerto Rico; and he made other investi-

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gations, some of which were reported in *THE JOURNAL*. As late as 1938 he showed the writer, at Ann Arbor, cultures of both the Puerto Rico and Culion strains which had been maintained in many subcultures for seven and five years, respectively. They had never become sufficiently adapted to artificial media to produce more growth than was needed for check smears and for subculturing, and both were lost while he was absent on government service during the last war.

Dr. Soule's special interest in leprosy was maintained, and he attended the Cairo and Havana Congresses on the American delegations, as well as the Second Pan American Conference. His active interest in this field, his personal knowledge of conditions pertaining to leprosy work in several parts of the world, and his wise counsel made him a particularly valuable member of that group.

H. W. WADE