

## NEWS ITEMS

*This department will carry information concerning institutions, organizations and individuals, scientific or other meetings, acts of legislature and other activities, and any and all other similar matters that may be of interest to leprosy workers. In large part such matter is collected by the Contributing Editors, but all readers are invited to cooperate with the editorial staff by sending in anything of this nature which they consider of interest.*

*Memorial laboratory at Culion.*—A new laboratory building has recently been put into operation at the Culion Leper Colony, Philippine Islands. It was built by the Leonard Wood Memorial for the Eradication of Leprosy to house the pathological and chemical laboratories of the Government organization and special workers who will be provided by the Memorial to work in cooperating with the Government staff. It is a two-story concrete building of about 7,000 square feet of floor space, with separate and ample quarters for the activities in chemical research, routine clinical microscopy, and in pathology, bacteriology, and serology. An animal shed is adjacent to it. With the increased facilities and equipment now available this laboratory offers to visiting leprologists an unusual opportunity to undertake active work there.

*Special workers to the Philippines.*—Announcement has been made by the Leonard Wood Memorial for the Eradication of Leprosy that arrangements have been made with a number of medical scientists in the United States to go to the Philippine Islands to cooperate for longer or shorter periods with the Philippine workers in the study of several phases of the leprosy problem.

Dr. John A. Doull, Professor of Hygiene and Bacteriology at the College of Medicine, Western Reserve University, Cleveland, Ohio, will arrive in Manila in the early summer. With members of the staff of the Philippine Bureau of Health, especially Dr. José N. Rodriguez, Supervisor of Treatment Stations, Dr. Doull will spend several months at Cebu in analyzing the preliminary epidemiological studies that have been carried on and in formulating plans for an intensification of such work.

Shortly afterward Dr. Malcolm H. Soule, of the Department of Bacteriology of the University of Michigan, will proceed to the Philippines where he will spend several months at the Culion colony. He will continue and extend the bacteriological work that was begun (with Dr. E. B. McKinley) some two years ago, and, it is understood, will carry on investigation in the field of immunology.

Later on, according to present plans, Professor Frederick P. Gay, of Columbia University, New York, and Professor E. B. McKinley, of George Washington University, Washington, D. C., will spend similar periods in the Philippines.

*History of Leprosy.*—Dr. Lee S. Huizenga, of Jukao, Ku, China, is especially interested in the legends and history of leprosy and will be glad to receive any information on these subjects that readers of the JOURNAL may send him.

*Out-patients at Nagoya.*—The Nagoya University Medical College has decided to establish a special consultation bureau for leprosy out-patients, and has appropriated Yen 10,000 for the reconstruction of the treatment room for the purpose. The consultation bureau was to be opened in September, 1932.

In this connection, it may be noted that the question of the proper location of such consultation bureaus was raised at the conference of chief health officers, held in August. The question was whether it was more advantageous to establish them where there is no leprosarium than where there is one. Dr. Mitsuda, the senior leprologist of Japan, held for the latter because of the special knowledge required for such work; the officials in charge of leprosaria can be utilized if the bureaus are located near them. —M. OTA.

*A pay asylum in Japan.*—A pay asylum which has been under construction for accommodation of lepers of means in the Oshima leprosarium (Fourth District leprosarium), in Kagawa Prefecture, as an undertaking of the Anti-Leprosy Association of Japan, was completed in June of last year. The budget for this was Yen 90,000. It is the first institution of this kind in Japan, and is well equipped. It is under the direction of Dr. R. Kobayashi, the head of the Oshima district leprosarium. —M. OTA.

*Kusatsu (Government) leprosarium.*—The necessary improvements for the development of the site of the new official leprosarium near Kusatsu were started in 1931. The area is 1 ri and 20 cho (about 3 miles), and the budgetary allotment was Yen 107,000. The erection of wards and clinical rooms was commenced about the middle of 1932; on July 28 was held *jichin sai*, an old Shinto ceremony for bestowing a blessing upon the site of a building. The work was scheduled to be finished in September. This institution was built so as to remove the lepers who go to Kusatsu for the mineral baths, from proximity to other people who repair to this popular hot-springs resort. —M. OTA.

*Suzuran-En leprosarium in Kusatsu.*—The reconstruction work of Suzuran-En, (a leper colony in Suzuran Mura, Kusatsu, donated by Madam Chiyoko Mikami to the Anti-Leprosy Association of Japan, September 7, 1931) has been carried on by the association, using eighty leprosy workmen, and will shortly be completed. —M. OTA.

*The Manankavaly Leprosarium, Madagascar.*<sup>1</sup>—Care of lepers in Madagascar was started about 1887, during the time of the Malgache government, by one Mr. Peake, an English Protestant missionary. Touched by the spectacle of the begging lepers frequently met in his travels, he collected enough funds to establish an asylum on the broad plateau of Manankavaly. Some years later another asylum was built at Antsirabe by the Norwegian Lutheran Mission.

In 1900 General Galliéni took active measures to develop these individual efforts. He obtained strong support for the Antsirabe asylum, which had become important and at that time housed more than 700 patients. The Manankavaly asylum was purchased from Mr. Peake, and more land was acquired.

<sup>1</sup> An article entitled *Chez le lépreux de Madagascar*, signed by Roger Simonet, appeared in the *Moniteur* of Clermont-Ferrand, France, March 25, 1933. The description of the Manankavaly institution is here given in abstract.—EDITOR.

Today it is a fine establishment of 77 hectares (about 192 acres), well provided for the care of the thousand or so lepers assembled there.

The administration of this asylum was entrusted to Protestant deaconesses of the *Société des Missions évangéliques*, of Paris, and this has been continued though the institution was put on a non-religious basis in 1906. Control rests with the health service of Madagascar, which provides for the subsistence of the patients and their medical treatment, there being in this matter a direct relation with the Institut Pasteur of Tananarive. Funds from private resources are depended upon to a considerable extent in the operation of this institution, due to the limitations of the official budget.

The number of patients tends to diminish, falling from 1,200 in 1920 to about 800 in 1931. [No explanation of this fact is offered by the author].

It is attempted to make the lives of the inmates as normal as possible. There are a temple, Christian church, school, meeting hall, market, gardens and farms. The inmates do not live in a single center, but in five villages, which together make up the institution. The administrative problems are occasionally complicated by disaffection among the inmates, and there have been revolts, but as a rule good order and discipline are maintained.

Marriage is permitted, and there are a considerable number of births, with no indication that leprosy is "hereditary." Infants are separated from their parents as soon as possible; unfortunately the babies are, in general, of debilitated constitution and they require careful handling. Many new-born die, but a good half are saved and already many have entered community life, entirely free from the disease.

*South African Protectorates.*—Dr. P. D. Strachan, medical superintendent of the Botsabelo Leper Asylum at Maseru, Basutoland, in which country there is a considerable amount of leprosy, states in correspondence that the disease is rare in the protectorates of Bechuanaland and Swaziland. Lepers found there are sent to Maseru, but in the middle of 1932 there was only one from the former territory and none from the latter.

*Leprosy laboratory in Pawa.*—Improvement of the anti-leprosy activities in the Nepoko, Belgian Congo, has been assured by a joint action of the Croix-Rouge de Congo and the Foreami (Fonds Reine Elizabeth pour l'Assistance Médicale aux Indigènes du Congo Belge), which is a government-controlled institution, founded with a capital of 150 million francs, to centralize the medical assistance to natives in one or another area of the Congo. They have appointed a doctor who will devote his time to the study of the epidemiology, pathology and treatment of leprosy.

The Fonds National de la Recherche Scientifique will provide the technical equipment for this laboratory. The Government and the Provinces have promised their help. It is hoped that this formation will enlarge our knowledge of leprosy in Nepoko and will be subsequently the directing center in the struggle against leprosy in the Congo.

—A. DUBOIS.

*Leprosy Colony in Egypt.*—According to the annual report of the Department of Public Health of Egypt for 1930 (as noticed in the *Journal of Tropical Medicine and Hygiene*, 36 [1933] 26), it was planned to open a leprosy colony

in the following year at Abou-Za'bal, near Cairo. Attendance at the leprosy clinics in 1930 was 1,015 patients, an increase of 158 per cent.

*Discontent at Fontilles.*—The inmates of the Spanish leper asylum at Fontilles (Alicante), recently revolted, according to *La Croix* (Paris, April 24, 1933). They complained against the service of the institution and demanded that the recently expelled Jesuits be allowed to return, or that they be provided a specialized personnel.

*Religieuses to New Caledonia.*—A number of nuns of the order of the Saint-Joseph de Cluny sailed in March from Marseilles to take up work among the lepers on the peninsula of Ducos, near Nouméa, New Caledonia, according to an Agence Fides item in *La Croix* (Paris, March 23, 1933). Hitherto this place was "less an asylum than an agglomeration of miseries, physical and moral." The lepers lived in the most pitiful condition, occasionally visited by a physician or a priest but with no one in attendance. The nuns who are to take up this work were given preliminary instruction at the Institut Pasteur in Paris by a number of colonial physicians, notably Professor Marchoux.

The Congregation of Saint-Joseph de Cluny already works in two other leprosaria, one at Acarouany, near Mana, French Guiana, the other at Marana, in the Betsiléo, Madagascar.

*Asylum in the Solomon Islands.*—Among the 60,000 natives of Fauaba, in the Solomon Islands, there are many hundreds of lepers with no doctor to care for them, according to a Brisbane news dispatch (*Excelsior*, Paris, April 19, 1933). Many years ago Dr. Maybury founded a 65-bed hospital for lepers, which is supported by a mission and has two nurses. In the absence of Dr. Maybury, on vacation on account of health, no physician has been found to replace him.

*Infected missionary recovered.*—A French missionary, Mr. R. P. Choblet, who since 1905 has worked in the Gilbert Islands, was found in 1927 to be suffering from leprosy of some months duration, according to *Victoire* (Paris, April 13, 1933). For five years he remained on a lone island near Tarawa. In December, 1932, examination showed that the symptoms had completely disappeared, and a month later, after a second examination, he returned to his original location. Interest is taken in this case in view of the fact that leprosy has heretofore been considered incurable.

*Cobra bite in leprosy treatment.*—The following paragraph, (which is translated from an article of apparently serious intent on the use of cobra venom in modern medicine that recently appeared in a popular science magazine published in Europe) deals with a method of treatment with which probably few persons treating leprosy have had personal experience.

"A few years ago there was reported an original procedure for the cure of leprosy or, at least, its amelioration. Scientists were led to study the question because missionaries had made it known that in certain countries lepers seek the bite of venomous serpents, particularly the cobra, and that some of them derive benefit. But though the leper seeks the cobra, on the other hand the cobra does not like the leper, and it is with some difficulty that the patients make them bite."

No information is given as to just what happens when the patient is successful.

*F. E. A. T. M.*—At the Congress of the Far Eastern Association of Tropical Medicine, held in Bangkok in 1930, an invitation of the Chinese Government to hold the next Congress in Nanking was received and accepted. Normally this would be in the present year. Officials of the Eastern Section of the International Leprosy Association have hoped that it might be possible to hold a meeting of the Section at the same time and place. Information has just been received that the authorities of the F. E. A. T. M. have decided to postpone the Congress, because of circumstances now generally prevailing which would seriously affect attendance.

*Pension for leper ex-soldier.*—An unusual and bizarre question has recently been dealt with by the French pension authorities, according to the *Journal de Charleroi* (Charleroi, April 28, 1933). A man who, before the war, had put in his required military service in Guiana applied for a pension for "leprosy contracted in service." Such applications, to be valid, should be made during the six months following discharge from duty. However, it was recognized that the incubation period of leprosy might be twenty years or more, and the applicant was awarded a 70 per cent pension.

*Personals.*—Dr. H. C. de Souza-Araujo, of Rio de Janeiro, under orders of the Minister of Health, recently spent some two months making a survey of leprosy in the northern States of Brazil, at the end of which he was to submit a report and a plan for the national control of leprosy.

It is understood that Dr. P. D. Strachan will continue as the medical superintendent of the Bostabelo Leper Asylum, in Basutoland, South Africa, for some time to come. Under the regulations an official is eligible for retirement at sixty years of age, but he may be retained in the service until sixty-five if mutually desired.

Dr. J. B. Sitanala, until recently in charge of field work in leprosy in the region of Semarang, Java, has been appointed Chief of the Leprosy Service of the Public Health Service of the Netherlands East Indies.

We are informed that Dr. P. Montañes, formerly of Madrid, has been made director of the National Leprosy Sanatorium of Alicante, Spain. This position was until recently held by the late Dr. Mauro Guillen, now deceased.

The General Secretary of the International Leprosy Association reports the deaths of the following members of the Association: Lt. Col. Sir Ronald Ross, of London; Dr. Isabel Kerr, of the Dichpali Leprosy Hospital, India; and Dr. Carroll B. Mount, of Lusambo, Belgian Congo.

Dr. C. B. Lara, Chief Physician, Cullion Leper Colony, has resigned as Assistant Editor of the JOURNAL because of pressure of official duties, which have been especially heavy since the reduction of personnel in the Government service early in the year. Dr. José Nolasco, Acting Chief Pathologist of the same institution, has accepted an invitation to fill this position on the JOURNAL staff.