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 ANTILEPROSY CAMPAIGN IN COSTA RICA

In reply to an inquiry last year, the following information was supplied by Dr. Delfin Elizondo, director of the Departamento de "Lucha Contra la Lepra." After it was received, space was not available for its publication last year.

CAMPAIGN ORGANIZATION

We have only one leprosarium, the National Sanatorium of "Las Mercedes," situated 10 km. east of the capital. Only positive (infectious) cases are segregated. This institution is being converted into a hospital-colony with group and individual houses.

There is a dispensary connected with the dermatology clinic of the San Juan de Dios hospital in the capital. This dispensary deals with bacteriologically negative outpatients (tuberculoid and indeterminate) and with conditionally discharged patients. Furthermore, some of the contacts are examined, especially those residing in the adjacent areas.

There is an office in the Ministry of Health called "Lucha Contra la Lepra" [Leprosy Campaign Office] where the segregated patients, outpatients and contacts are registered. It is this office which directs the prophylaxis campaign, and where all correspondence pertaining to it is attended to.

There is another office for meetings of the Honorable Junta Administrativa del Sanatorio Nacional de "Las Mercedes," where the accounts are kept, and where a library exclusively for leprosy is being built up. This office is also located in San José.

With respect to the numerical data on cases, the following information is given:

Total registered cases		413
Actually segregated in the sanatorium		158
Treated in the dispensary:		
Conditionally discharged cases	149	
Outpatients	106	255

In a register kept at Las Mercedes, 657 cases have been recorded since October 1, 1892.

There is a committee which examines the contacts of all the known foci, visiting them in their homes, taking specimens for bacteriological examinations, making note of suspect cases, and gathering data on possible fresh cases. It has covered the entire country, and every household is inspected once a year. We are attempting to improve this work by employing, each time, better trained personnel.

An estimate of the total number of cases not registered cannot be given, for lack of reliable data, but the general belief is that there may be 50 cases more than are known.

OBSERVATIONS

From 1947 up to May 1953, the following numbers were admitted into the sanatorium as positive patients and released under conditional discharge:

1947, 32 admitted, 11 released
1948, 21 admitted, 11 released
1949, 29 admitted, 7 released
1950, 34 admitted, 27 released
1951, 23 admitted, 27 released
1952, 25 admitted, 37 released
1953, 18 admitted, 8 released

The releases have all been since the introduction of sulfone treatment in Costa Rica, in 1946. Of all the patients which have been so paroled, only 2 have relapsed. One of them is again negative; the other, in segregation for 6 months, is still weakly positive.

LEPROSY AND ANTILEPROSY ACTIVITIES IN INDONESIA

In a talk before the Culion Medical Society on June 4th, Dr. R. Boenjamin, head of the antileprosy work in Indonesia, told of the situation and activities in his country. Certain data have been published previously [THE JOURNAL **19** (1951) 82], but the over-all picture has not been described.

The number of registered cases is approximately 22,000, and it is estimated that there are some 75,000 cases in this sprawling territory—some 730,000 square miles extending about 600 miles from North (N.W.) Sumatra to the Kai and Aru Islands near New Guinea—whose total population is about 75 millions. Although that would give an incidence of only 1 per 1,000, the problem is a large one, complicated by marked diversities among the various population groups and the conditions under which they live.

Of the general epidemiological factors the speaker could say little. Incidence does not depend directly upon density of population. As indicated in the accompanying tabulation, Java with its 40 million people and relatively close medical supervision has some 10,000 registered cases or 45 per cent of the total, while North Sumatra with 2,700 and Celebes with 3,500 cases have higher incidence rates.

Region	Cases
North Sumatra	2,700
Central Sumatra	250
South Sumatra	300
Borneo (Kalimantan)	600
Celebes	3,500
Moluccas	1,150
West Java	2,500
Central Java	1,600
East Java	5,900
Sunda Islands (Bali-Tima)	3,500
Total	22,000

Of the registered cases, there are somewhat over 4,000 in the leprosaria, and about 3,000 under treatment in various leprosy outpatient dispensaries ("polyclinics"), of which some 50 are indicated on maps which were demonstrated. Of the rest, some attend general hospitals or dispensaries, but most of them are without treatment.

The situation with respect to the leprosaria is interesting. Forty-six such institutions are listed, of which 40 are supported entirely by the government; the other 6 are under the administration of missions or the Salvation Army, with financial aid from the government for food, drugs, etc. The average number of inmates is about 90; the largest has 300-350 patients, the smallest ones 50-60. One or two in Central Java, which before the war were mission institutions with resident doctors, are now

operated by the government. No leprosarium in the country has a resident doctor at present.

The leprosy service has only five full-time physicians, mostly of short experience and not tending to permanence, and they are located in only two of the provinces. Three of the doctors, including Dr. Boenjamin himself (who entered the service in 1937) are stationed at the Central Leprosy Institute in Djakarta (Batavia), in West Java, which is now the headquarters of the leprosy service and not as before the war an independent research institution. The other two are stationed in Central Java, in the Semarang area, the only place where field activities are at all developed. In addition, however, there are 9 other doctors doing part-time leprosy work in various places, on a voluntary basis and without government pay. Plans for future development call for one full-time leprosy medical officer in each of the other eight provinces—provided funds are forthcoming and suitable and interested men can be found. At present physicians in the general government health services supervise the leprosaria in these areas. Because few physicians wish to enter the leprosy service, and few of them wish to stay in it, it is proposed to offer special inducements, including salaries 10 per cent above the base rates. None of the 200 doctors who have been imported from Europe has entered this service.

It follows that outside of West Java—the headquarters area—most of the treatment work in the leprosaria and clinics is of necessity entrusted to qualified nurses, of which there are 36 in the service, and to assistant nurses ("nursing aids") and other attendants, of which there are 160, these people working under the supervision —apparently occasional—of the government doctors. Iodized chaulmoogra ethyl esters and sulfones (mostly DDS) are used in treatment. The personnel of the service also includes 25 "information officers" or propagandists. All of these minor employees are supposed to receive appropriate training at the central institute in Djakarta.

Segregation is not obligatory in Indonesia; it would obviously be futile to set up a law requiring it. Most of the people in the leprosaria are there voluntarily, of their own accord or because of public feeling, hence absconding is no problem. In fact, there are many patients who would like to be in the institutions but who cannot be admitted for lack of accommodations or money for their support.

The attitude of the public toward persons with leprosy varies widely in different regions. Around Djakarta, for example, the people are relatively indifferent, whereas in Bali the existence of the leprosaria—no less than seven, despite the small area—is due primarily to the initiative of the people, who demand segregation. This latter condition also exists in the Batak Highlands of Central Sumatra, and at Makassar.

It was stated that the field work involving house and village isolation which had been begun by Sitanala in Java before the war has not been resumed because of lack of personnel. It appears, however, that in Central and East Java there are seven leprosy villages (*kampongs*, corresponding somewhat to *barrios* or minor municipal subdivisions in the Philippines), in which about 200 patients live. These places are located within 1 or 2 km. of the towns which they serve, and are only for patients, not for their families. The houses may be built by the government, but sometimes apparently by the patients themselves; if necessary, the government buys the land. The patients are not provided food, and are free to go out as they please, to attend to their shops or fields, but they are supposed to stay in the kampongs at night. A nurse visits each place twice a week to give treatments. In case of illness, the patients are supposed to go to the nearest leprosarium.

There is no preventorium for children of leprous parents in Indonesia. However, at the new leprosarium near Djakarta which is soon to be inaugurated there will be a section for the care of such children.

The leprosy service budget for 1952, not including salaries, totalled nearly 10,000,000 rupias (over $800,000). The largest item, Rp 5,804,500 (nearly $500,000) was for maintenance and repairs, the various institutions having suffered badly dur-

ing the Japanese occupation. The daily per capita expense for the patients in the leprosaria is Rp 7 ($0.58).

The projected system for the antileprosy campaign is an elaborate one. The divisions follow basically those of the regular health service with which the special work is closely associated. The system envisions a headquarters for each province, a branch for each residency within the provinces, and a subdivision for each regency within the residencies. The scheme calls for a leprosy doctor for each provincial headquarters, but not necessarily one for each residency. The working field units will be on a regency basis, with a unit physician and a nurse, with other personnel (including propagandists) as required for work in the subdivisions of the regency—districts, subdistricts and villages. The work of these field units is divided on the P-T-S (propaganda, treatment and survey) basis. Only one such unit exists at present, in the Blora Regency of Middle Java, with headquarters in Semarang, this having been set up as an experimental model.

LEPROSY IN AFGHANISTAN

Prof. Halil Gürün, a Turkish physician who was in the service of the Afghanistan government for four years as chief of the dermatology department of the Kabul Medical School, has reported that leprosy in that country is endemic and manifestly increasing. He estimates that there are 25,000 to 30,000 cases, all without medical care.

During 1949 leprosy was found in 22 (0.16%) of 12,389 patients examined at the dermatology outpatient clinic; in 1950, in 32 (0.17%) of 19,504 patients; in 1951, in 57 (0.25%) of 22,419 patients; and in the first six months of 1952, in 142 (0.43%) of 13,509 patients. The majority of the patients had lepromas on the face, the extremities, the abdomen, and the thorax. Testicular and laryngeal lepromas, perforation of the buccal and nasal cavities, and mutilation of the hands and feet have been observed. In all patients, Hansen's bacilli were present in tissue.

Besides persons from Kabul itself, patients had come from the villages at the borders of Turkistan and Pakistan, and from central and southern Afghanistan; there were none from the far southwest regions. Of the 163 patients who in turn occupied the seven beds set aside for leprosy patients at the Kabul Medical School, the only place where chaulmoogra oil and sulfonamides are available, 6 were women and 7 were children (3 girls and 4 boys). The majority of the men were of military age. Types: anesthetic, 54; mixed, 48; tuberculoid, 27; lepromatous, 29, and mutilating lepromatous, 5. On discharge the patients were given disulfanilamide (Disulon) tablets.

In August, 1952, the author accompanied Dr. S. Christiansen on a short tour of investigation sponsored by the WHO. A mobile clinic and laboratory was opened in five villages in Hazaracat, "a region long famous for its leper colonies." Of 314 persons examined, 2 had lepromatous leprosy, 3 had maculoanesthetic leprosy, and 6 had cicatrized atrophy, anesthetic thermoanalgesic plaques, polyadenopathy, and nasal mucosa ulcerations. At the Kabul laboratory, bacilli were found in tissue specimens of 13 of these patients.

After discussing the pitiful plight of persons with leprosy, the author concludes that ignorance, dire poverty, superstition, lack of medical care and medicaments, the inability of the government to remedy the situation because of insufficient medical personnel, the absence of funds for medicaments and an insufficient health budget, which is not enough to contend with even the most prevalent diseases, are mainly responsible for the regrettable conditions. Outside assistance is urgently needed.—[From a Foreign Letters report in the *J. American Med. Assoc.* **152** (1953) 1362-1363. The translator of the original report evidently confused "sulfones" with "sulfonamides." —EDITOR.]

THE GATE OF HEAVEN LEPROSARIUM, KWANGTUNG

On August 5, 1953, two years after the Communists gained control of the region, Fr. Joseph L. Sweeney and his associate Fr. Carroll Quinn, both of the Maryknoll Mission, were ousted from the Gate of Heaven Leprosarium at Ngai-moon, Sun-wei, Kwangtung, which Father Sweeney had developed from nothing over a considerable period of years. They reached Hong Kong three days later, and from there Father Sweeney proceeded late in September to Israel and the Madrid Congress, and later to the United States. Much of what appears here was obtained in an interview with him.

The difficulties of operating such an institution under the Communist regime, by foreigners whose existence was barely tolerated, would make an interesting but long story, for which space is lacking. Operation of the place being dependent solely on money from the United States, there was difficulty in 1951 when what came through was frozen, but later it was released. The Communists soon took over the bank account, cash and all properties, and from that time on provided everything that was had. The allotment for a missionary's salary was equivalent to US$12 a month, but that could be used only for food, and it sufficed for one to get along. The problem of living quarters became difficult when their residence was taken over for others, and they had to make shift in space in the church building and behind it.

The number of patients of this leprosarium reached 270, the proper limit being 260. They had a physician from Shanghai, but he preferred to do general clinic work in the surrounding villages rather than to work with the inmates. There was some diasone at the beginning of this period; later some sulphetrone was obtained; at the end DDS was being used.

Information that could be obtained about the other two leprosaria of that region was limited. The well-known Shek-lung place, where Father Marsigny carried on as long as he could, was being used as a sort of asylum with about 800 patients, including some Red soldiers. It was being run by people trained at Tung-koon, but there was no doctor there, only a "medical assistant" without degree, and a first-class registered nurse.

The Tung-koon leprosarium, established by the German Lutheran (Rheinish) Mission not far from Shek-lung, was taken over by the Communists long before the Gate of Heaven was taken over. There were about 200 patients at this place.

It had been announced that there would be a three-months national conference of leprologists at Tung-koon; it turned out to be a provincial conference, attended by about 50 men. It was headed up by supposedly well-informed people. Another accomplishment learned of was that the Canton Health Department had gotten out a quite well-done pamphlet on leprosy.

NEWS ITEMS

Norway: *New leprosy case in 1952; no change in 1953.*—Among papers sidetracked last year in our office is a brief note from Reidar Melsom telling of the situation at the end of 1952. This note still bears printing, for there had been found a new case, described as an old anesthetic man. There were 11 cases in all, 9 in the hospital at Bergen (5 males, 4 females; 1 nodular, 3 mixed and 5 masculoanesthetic), and 2 living in their homes in the country, including the newly discovered one. Two patients at the Bergen hospital had died during the year.

During 1953, according to a more recent note, no new case was discovered, nor did any of the existing ones die. There remained 10 patients, 9 at Pleiestiftelsen No. 1 and 1 who was living at home.

Spain: *Honors for members of the Congress.*—Dr. Felix Contreras, who was secretary of the Organizing Committee of the Congress held in Madrid last October, and who has had the main responsibility of publishing the transactions of the meeting, informs us that the Spanish Government has awarded the diploma and emblem of the Orden Civil de Sanidad to Drs. Fernandez, Muir, Rodriguez and Wade, and to Mr. Perry Burgess. Permission of the governments of the persons concerned has been sought.

A number of the members of the congress—just who or how many has not been learned—were awarded a diploma and medallion commemorative of the Congress, by the Orden Hospitalaria de San Lazaro de Jerusalem.

French Equatorial Africa: *Enlargement of the Lambarene leprosarium.*—Dr. Albert Schweitzer is erecting new buildings in his leprosarium at Lambarene in Gabon, with the $33,000 that he received as a Nobel Prize winner. Since he founded this hospital in 1913 it has expanded to 40 wood and corrugated iron buildings, housing 500 patients and serving scores of jungle villages. The hospital is simple and patients live much as they do in their homes. "The work is more desperately needed now than when I came," Dr. Schweitzer said recently.—[From a news item in *Science* **119** (1954) 149-150.]

East Africa: *New leprosarium in Tanganyika.*—In the Southern Province of Tanganyika, under Mr. George Cooper, a new leprosarium is being developed at Newala, to be known as the Mkunya Leprosarium. Dr. Ross Innes, our Contributing Editor for the region, has recently visited this place and found that steady progress was being made with the first buildings, although they were not yet ready for patients. This new leprosarium is of peculiar interest, he says, in that it is the pioneer one in which the source of the capital is jointly the money of the people themselves, through their Native Authority, and of Belra, who helped them out by a generous capital contribution. No money of the Central Government comes into it, although of course that government helps in a variety of useful ways, not the least being the splendid way in which the district commissioner of Newala, Mr. Ian Norton, has watched over and helped the development of the institution locally.

Belgian Congo: *Request from a new research center.*—A letter from Dr. Paul Lassman tells of the establishment of a Centre de Recherches contre la Lèpre, under the auspices of the Assistance medicale du Lopori-Maringa, at Djolu par Boende, Province de l'Equateur, Congo Belge. Dr. Lassman points out that leprosy as it is seen there is quite different, clinically and epidemiologically, from what is seen in other regions, and that some of the facts are "in open contradiction" to what is written by American and English authors. In order to assemble as much documentation as possible, he asks for exchange of information and if possible histological preparations of characteristic cases, with conclusions and deductions, from workers in

other parts of the world. He offers to exchange finished or unfinished histological material with other workers and scientific centers.

Cutaneous and venereal diseases.—It has been reported that Dr. Lapiere recently presented to the Royal Academy of Medicine of Belgium the results of a broad inquiry into cutaneous and venereal diseases in the Belgian Congo. Leprosy, almost nonexistent among the white colonists, is increasing in certain districts. The incidence is lowest among the riparian population, who bathe regularly.—[*J. American Med. Assoc.* **153** (1953) 873; Foreign Letters.]

India: *Kurnool Village, Madras.*—A newspaper story tells of the visit of the public health minister of the state, Sri D. Sanjeevayya, to a village where, it is stated, at least 1,000 of the 4,000 inhabitants have leprosy. (If true, that would be 25%, an unheard-of rate for India.) The villagers asked that a leprosy hospital be established there, and he suggested that they donate a site and construct a small building for the purpose. It appears that he promised to supply 1,000 sulfone tablets for distribution.

Viet Nam: *Field work carried out.*—Dr. P. Destombes, formerly stationed in French Guiana but now at the Institut Pasteur de Saigon, has told of making repeated trips last year to Central Viet Nam ("ex Plateaux Moi") to study the leprosy situation in that region. As a part of the work, 1,200 children were vaccinated with BCG, tests with tuberculin and lepromin being made before and after the vaccination. The results of this work are being prepared for publication. Dr. Destombes also supplied a mimeographed report of the work of the mission, from which an understanding of the country and the problem can be obtained.

Ryukyu Islands: *Leprosy conference.*—A conference on leprosy in the Ryukyu Islands was held on September 10th to 12th on Okinawa, attended by physicians and nurses from leprosaria at Airaku-en on Okinawa, Waco-en on Amami-Oshima, and Nansei-en on Miyako, as well as by medical and nursing staffs of the six health centers in the Ryukyus and of the Department of Public Health, U. S. Civil Administration. This was the first such conference ever held in the Ryukyus. Presiding at the various sessions were: Colonel M. L. Grover, Director of Public Health, and Dr. Jaime Benavides, Chief of the Division of Medical Affairs in the Department of Public Health. Among the papers presented was one on the management of eye problems in cases of leprosy, by Col. Jack Bristow, Surgeon, 20th Air Force. The highlights of the conference included discussions on early case-finding in children and on the development of a program for rehabilitation and re-employment of "arrested" cases and their restoration to normal communal society.—[From the *Trop. Med. & Hyg. News* **2** (1953) 16.]

Japan: *Fourteenth Japan Medical Congress.*—Dr. Mitsuharu Goto, Secretary-General, has requested that announcement be made that the Fourteenth Japan Medical Congress will be held in Kyoto, April 1st-15th, 1955, and that anyone interested is cordially invited to attend. The announcement lists 41 medical societies in Japan which composes this congress, including the Japanese Leprosy Association.

"Lepers March into Japan's Parliament Room".—This is the heading over a news dispatch from Tokyo, saying that fifty leprosy patients, representatives from ten leprosaria, had marched into the parliament building to present to four leftish Socialist party members their objections to a proposed revision of the leprosy prevention law, holding that their "basic human rights" were threatened. Guards in the parliament building, usually brusque with unwelcome visitors, it was reported, treated this delegation circumspectly but refused to allow anyone to enter the room where the conference was being held.

United States: *Dr. Johansen honored.*—Dr. Frederick A. Johansen, former medical officer in charge of the U. S. Public Health Service Hospital at Carville, La., now retired and living at Long Beach, Miss., was an honor guest of the American Legion Auxiliary at the national convention in St. Louis, where he received a distinguished service plaque bearing the following inscription: "Dr. Frederick A. Johansen—in Appreciation of his Devoted Service to the Sick and Unfortunate and his Furtherance of a Better Understanding of Hansen's disease and its Treatment. Presented at the 1953 National Convention, St. Louis, Mo., American Legion Auxiliary."—[From the *J. American Med. Assoc.* **153** (1953) 1455.]

Leprologist wanted in Hawaii.—A medical director is needed for Kalaupapa Settlement, Molokai (salary, $8,800-$9,800 with perquisites). The following training and experience are required: (1) four years of experience as a physician, of which two years shall have involved treatment of Hansen's disease, and graduation from a medical school of recognized standing, including, or supplemented by, one year of internship in a recognized general hospital; or (2) any equivalent combination of experience and training. The physician must be licensed to practice medicine in the Territory of Hawaii. Address the Board of Health, Box 3378, Honolulu.—[*J. American Med. Assoc.* **153** (1953) 1105.]

Another appeal for Josefina Guerrero.—Josefina (Joey) Guerrero, a Filipina who after the war was decorated for guerrilla and similar activities in the Philippines, who for some years has been in the Carville leprosarium on special permission, and one of the most publicized leprosy patients (said now to be an ex-patient) in the world, is apparently again faced with the likelihood of being deported from the United States. Newspaper stories have told how a New York showman, Billy Rose, has in a newspaper column which he conducts urged his readers to ask their congressmen to vote favorably on a bill which would grant her residence.

Argentina: *Report of the Buenos Aires conference.*—Word has been received that the Ministry of Public Health of the Argentine Republic is preparing to publish the transactions of the Third Pan-American Leprosy Conference which was held in Buenos Aires in December 1951.

Brazil: *Changes of personnel.*—By a law adopted in July 1953 there was created a Ministry of Health, and on December 22nd its first head was appointed, Dr. Miguel Couto Filho, previously president of the Public Health Committee of the Chamber of Representatives. Most of the directors of the health services of the various states were changed. As general director of health Dr. Ernani Braga was appointed in place of Dr. Arlindo de Assis, and as director of the Serviço Nacional de Lepra Dr. Thomas Pompeu Rossas was appointed, replacing Dr. Ernani Agricola. The appointee as director of the Instituto Oswaldo Cruz was Dr. Francisco Laranja, a cardiologist. As head of its first division, Microbiology and Immunology, the appointee was Dr. H. C. de Souza-Araujo, who entered the Institute on July 1, 1912 and since 1927 has been chief of laboratory and lecturer in leprology.—H. C. DE SOUZA-ARAUJO

PERSONALS

DR. ALFREDO BLUTH has returned to Brazil from Germany, and is working as a leprosy clinician at the Instituto de Leprologia of the National Leprosy Service in Rio de Janeiro.

MR. and MRS. PERRY BURGESS, after the Madrid Congress, spent a month in India at the invitation of the government to survey the leprosy work in certain of the states from the social welfare point of view. By the end of December, going by way of Bangkok, they reached the Philippines where they were scheduled to stay for some weeks, to gain among other things an on-the-ground understanding of the work of the units of the Leonard Wood Memorial, of which Mr. Burgess is president.

DR. ROBERT G. COCHRANE, until recently medical secretary of Belra, has announced his new address as 11A Weymouth Street, London, W.1. After the Madrid Congress, Dr. Cochrane attended the International Leprosy Missions Conference at Lucknow in November, and went on to Thailand to see the mission leprosy work there, passing Singapore and Sungei Buloh en route. As technical medical adviser to the American Leprosy Missions, Inc., he expects to spend some time in the United States early this year.

DR. G. GUSHUE-TAYLOR, following the death of his wife in September, returned in December to Taiwan (Formosa) for an indefinite period to cooperate in the leprosy work there.

DR. JAMES ROSS INNES, interterritorial leprologist for the East Africa High Commission, now has the position of director of the East African Leprosy Research Unit, and his address is now at that place, P. O. Box 25, Busua, Uganda.

DR. EUGENE R. KELLERSBERGER retired as general secretary of the American Leprosy Missions, Inc., on December 1, 1953. At the same time his wife, Julia Lake Kellersberger, retired as promotional secretary. Mr. Raymond P. Currier, executive secretary, is now in charge in the place of Dr. Kellersberger.

DR. JOHN LOWE, research leprologist of Nigeria, who at the Madrid Congress was elected secretary-treasurer of the International Leprosy Association vice Dr. E. Muir, resigned, is scheduled to assume early this year the position of medical secretary of Belra.

DR. OALAVO LYRA has been appointed director of the leprosy service of Rio de Janeiro municipality, in place of DR. GUILHERMO MALAQUAIS, who has resigned.

DR. JOSE O. NOLASCO, pathologist of the Culion Sanitarium, has completed a six-month study tour in the United States under the auspices of WHO, and has returned to his station.

DR. VICENTE PARDO-CASTELLÓ, of Havana, an Associate Editor of THE JOURNAL, has been constrained of late to reduce his activities and responsibilities, and in consequence has resigned from that position.

DR. BRAULIO SÁENZ Y RICART, of Havana, was eulogized in one of the 1953 issues of the *Revista de Sifilografía, Leprología y Dermatología*, editorially and in two articles, as an expression of congratulation at his having recently been elected to the Academie de Medicine of Paris.

MR. STANLEY STEIN, editor of *The Star*, the patients' magazine of the Carville leprosarium, was last year made the first recipient of the Damien-Dutton award. This is to be an annual award of the Damien-Dutton Society "as an annual tribute to the men and women who are helping to curb HD."