NEWS AND NOTES

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

PASB/WHO SEMINAR ON PROPHYLAXIS

A seminar on the prophylaxis of leprosy was held in Belo Horizonte, Brazil, on June 30 to July 7, 1958, under the auspices of the Pan-American Sanitary Bureau (Regional Office of the World Health Organization), and the Government of Brazil. Preliminary information about this meeting was supplied by Dr. H. C. de Souza-Araujo, and a report of it in the Portuguese language has been received from Dr. Orestes Diniz, who served as chairman. The program comprised six themes, each dealt with by a *rapporteur* and then opened to general discussion. The report referred to is lengthy, and it is possible only to attempt to cull the opinions adopted, which were not set up as formal resolutions.

THEME 1. Extent and magnitude of the leprosy problem in the Americas (Dr. Lauro de Souza Lima).

The report on this theme is discursive and without figures, which are to be published later. Some of the areas (e.g., Alaska, Chile) have no recorded cases. But data were supplied on 53 political regions where the disease exists. It was concluded that the American continents constitute an area of low endemicity except for certain regions. The data which are regarded as necessary for an understanding of the problem and for appraisal of the results of the antileprosy programs, required for at least a five-year period, include the following: (*a*) annual incidence rate, to include all cases discovered during the year whether new ones or not; (*b*) distribution of these cases by clinical form; (*c*) age distribution, by clinical form; (*d*) data on contacts; (*e*) new cases detected in examining the contacts; (*f*) probable duration of the disease at the time of the first examination, with emphasis on cases detected among contacts.

THEME 2. Value of isolation in prophylaxis (Dr. James A. Doull).

The seminar recommended the abolition of compulsory segregation and in its place recommended effective control of the sources of infection, this to be effected by treatment of all patients and surveillance of their contacts. Isolation in specialized hospitals should be restricted to cases for which there are special medical or social indications.

THEME 3. Program of mass treatment (Dr. Etienne Montestruc).

For the Americas, where the incidence is too low to justify the concept of "mass" treatment of large numbers of cases, the seminar preferred the term "extensive ambulatory treatment." A prerequisite is the

existence of active, well-tolerated drugs. With the abolishment of compulsory segregation, the necessary resources must be applied to the extension of the campaign, especially in rural areas. The problems of treatment under such conditions are discussed. The final paragraph reads: In order to evaluate the results of the extensive ambulatory treatment as defined... the seminar recommends that, in countries of great territorial extension, there be selected areas in which this method of work shall be applied, after first ascertaining the extent and intensity of the problem.

THEME 4. Prevention (Dr. Hervé Floch).

The first condition, whatever others there may be, is the application of all possible medicosanitary and educational means for the protection of contacts, the measures for that purpose to be determined by circumstances. Preventoria will lose their principal objective, the care of minor dependents, with the abolition of compulsory segregation and of the consequent breaking up of families. There were differences of opinion, because of lack of experience, regarding chemoprophylaxis of contacts. The importance of measures for enhancing resistance was recognized, but there was no uniformity of opinion regarding the value of the agents used for that purpose (BCG, lepromin, etc.). Concerning BCG, there are two opinions: Some believe that its use should be continued in the antileprosy campaign in view of its proven efficacy in the prevention of tuberculosis and its stimulating effect on the defenses against leprosy, concerning which there have been encouraging observations, although years will be required for the final evaluation. Others, on the contrary, believe that there is no justification for its use in the prophylaxis of leprosy because as yet the results of studies are inconclusive. On the other hand, there was unanimity regarding the necessity of continuing the investigations, provided they be carried out according to previously established plans, based on strictly scientific criteria, which would permit definite elucidation of the matter.

THEME 5. Organization of plans of control and their integration in the general public health services (Dr. Orestes Diniz).

The seminar agreed that the integration of the leprosy services into the general public health services would increase the dynamism of the work, would decrease the cost, and is feasible. Within this plan, the supervisors of the antileprosy campaign should, besides being trained in leprology, have knowledge of general public health work. All of the personnel should have special training, and psychologic training should be offered for the proper care of the patients and contacts. There should be intensification of the teaching of leprology in the colleges, with close cooperation between the leprosy services and various appropriate teaching departments, and also intensification of health education by all possible means, at all social levels, especially in the schools. All special legislation concerning leprosy should be revoked.

THEME 6. Program of control in Paraguay (Dr. Amelia Aguirre de Gonzalez).

This program was found to be in accord with modern orientations, anticipating many of the conclusions of the seminar, and was regarded as efficient, practical and economical. By resolution the Ministry of Health and Social Welfare of Paraguay was felicitated for the excellent work being done.

General resolutions: Three such resolutions were passed. The first recognizes the great value of the present classification of the clinical forms of leprosy. The second recommends that the VII International Congress of Leprology, which was to have been held in India, be held in Brazil. The third endorses the campaign which the National Leprosy Service of Brazil is carrying on.

Participants: The list provided by Dr. Souza-Araujo of 54 persons who had been invited to attend the seminar, the travel expenses paid by the Pan-American Sanitary Bureau, constitutes a veritable Who's Who in leprology in the Americas: *Argentina:* Drs. Guillermo Basombrio, Luis Argüello Pitt and Manoel Giménez. *Brazil:* Drs. Orestes Diniz, José Mariano, Joir Fonte, Francisco Rabello, Luiz Batista, José Pessôa Mendes, Vandick Delfavero, João Damasceno Baêta, Manoel de Abreu, Reynaldo Quagliato, Antonio Carlos Pereira, Aristides Paes de Almeida, Luiz Marino Bechelli, Abrahão Rotberg and Ernani Agricola. *British Guiana:* Dr. F. A. Chandra. *Colombia:* Drs. Luis Plata Guarnizo and Carlos Garzón Fortich. *Cuba:* Drs. Severino Salazar Cruz and Dario Arguelles Casals. *Dutch Guiana:* Dr. S. J. Bueno de Mesquita. *French Guiana:* Dr. Hervé Floch. *Jamaica:* Dr. Montaigne and Sister Mary Magdalena. *Mexico:* Drs. Fernando Latapí, Carlos Ortiz Mariotte, Modesto Barba Rubio and Ignacio Morán Ordoñez. *Paraguay:* Drs. Amelia Aguirre de Gonzalez, Rubén Mallorquin and Desiderio Mesa. *Pan-American Sanitary Bureau:* Drs. Alfredo N. Bica, Guillermo Samamé, Oswaldo J. Silva, Kenneth O. Courtney, Emilio Budnik, Luis Rodriguez Plascencia, Carlos Quirós, Lauro de Souza Lima, Nelson de Souza Campos, José M. M. Fernandez and Carlos Alcantara. *Peru:* Dr. Frederico Bresani Silva and Gustavo Hermoza. *Trinidad:* Dr. W. Lou Hing. *Uruguay:* Drs. Jaime Pedro Whitelaw and Aquiles Amoretti Blanco. *U.S.A.:* Drs. Edgar B. Johnwick, James A. Doull and Fred C. Kluth. *Venezuela:* Drs. Jacinto Convit and Luis A. Sardi.

FIRST NATIONAL LEPROSY CONFERENCE OF ETHIOPIA

The First National Leprosy Conference in Ethiopia, held in Addis Ababa August 28-30, was a three-day meeting featuring extensive discussions of leprosy treatment, prevention and control in general, as well as its reference to the national scene. It was attended by representatives of WHO, UNICEF, the Eritrean Medical Department, and the Institut Pasteur of Ethiopia, and by 70 local medical practitioners.

At the opening session Dr. Hylander, adviser to the Ministry of Public Health, spoke on "The integration of leprosy services in public health"; Dr. Larsen, of WHO, on "Leprosy health projects"; Mr. Ehrenstrale, of UNICEF, on "UNICEF activities in leprosy control"; Dr. Otto, of the Haile Selassié I Hospital, on "Leprosy in China"; Dr. Chabaud, of the Institut Pasteur, on "Leprosy and the laboratory"; Dr. Féron, from Harar,

on "History of leprosy in Harar"; Dr. Serie, of the Institut Pasteur, on "Organization of leprosy control in North Africa"; and Dr. Shaller on "Leprosy in Ethiopia."

On the last day of the Conference Dr. C. Greppi, of the Medical Department of the Eritrean Government, proposed to institute the "Ethiopian Leprosy Association." The proposal was adopted. —C. GREPPI

LEPROSY CONTROL IN COLOMBIA

Under the terms of an agreement signed a few months ago between the Government of Colombia and the World Health Organization, a survey is to be made in that country of the incidence of leprosy, the local characteristics of the disease, and the facilities available for its control. The survey's findings will be used in the planning of a long-term anti-leprosy campaign.

The preliminary survey and the subsequent campaign will be the direct responsibility of the Leprosy Section of the Colombia Public Health Department, and WHO—under the terms of the Expanded Programme of Technical Assistance—will give technical assistance and advice to the campaign directors and award fellowships for specialization in leprosy diagnosis, treatment and control.—[The WHO *Chronicle* **12** (1958) 209.]

THE LEPROSY RESEARCH FUND

What is known as The Leprosy Research Fund was founded when the American Leprosy Missions, Inc., in October 1953, appointed Dr. R. G. Cochrane as technical medical adviser, according to a mimeographed statement put out by his office, the Leprosy Research Unit, 11a Weymouth Street, London, W1, England. The purpose of the fund was to permit him to develop investigations and fundamental or basic research in leprosy along broad lines.

To administer the fund (the amount of which is not indicated, except that it is evidently limited) a committee was created in England under the chairmanship of Dr. W. A. R. Thomson—Dr. Cochrane, apparently, being secretary. The purpose, it is explained, is not to finance large or prolonged research projects, but to stimulate pilot research inquiries to determine whether they are of sufficient importance to present to organizations which might finance larger schemes. Also, the Fund being in touch with many institutions throughout the world, it is enabled to undertake preliminary trials of new drugs to determine whether extensive trials are justified.

Accomplishments listed go back to 1954 when, after a visit of Dr. V. A. Khanolkar to London, the Fund arranged with a research organization (not named) to send Dr. Graham Weddell for a 3-week visit to India, which resulted in most important developments in the study of cutaneous sensibility in relation to leprosy.

Due to Weddell's work, Dr. David Jamison received, in 1957, a research fellowship from the Royal Society to extend that study, and he spent three months in Nigeria collecting material. In it was found evidence leading to better understanding of histopathology in relation to clinical manifestations; and more still important developments are expected from continuation of the work.

Dr. E. M. Brieger visited the Belgian Congo for a few days to collect material for a study of the life history of the leprosy bacillus by electron microscopy [*Tubercle* (London) **37** (1956) 195-206]. Due to representations of the Fund, the Colonial Medical Research Council has made a 2-year grant to continue that work.

In 1956 the Fund secured money for a trip by Dr. S. W. A. Kuper to South Africa, to undertake a study of the lepromin reaction in relation to immunity in leprosy, and he made another visit in 1957. It is anticipated that a great deal of valuable information with regard to the lepromin reaction will be forthcoming.

The Fund was responsible for the participation of Dr. John H. Hanks, of the Leonard Wood Memorial, in the Ciba Foundation symposium on the Reaction of the Host Tissues to *M. tuberculosis,* held in London in October 1955.

It is proposed to organize a reference laboratory with a registry of histopathology of leprosy, with material from various parts of the world.

In conclusion it is stated that this account of the Leprosy Research Fund is put out in the hope that the scientific and lay public will increasingly appreciate the fundamental or basic research approach to leprosy, so that leprosy will come to be considered of equal importance with tuberculosis, malaria and other scourges in tropical and subtropical areas of the world.

ESTABLISHMENT OF ITU AND UZUAKOLI

One is likely to take for granted the existence of leprosy institutions whose names are familiar, as if they had just happened, without thought of the work of the pioneers responsible for their establishment. Information about the beginnings of two well-known centers in Nigeria, the Itu and Uzuakoli Settlements, derives from Dr. J. A. Kinnear Brown, who worked in that country from 1930 to 1937, and since 1951 has been the leprosy adviser of the Uganda Protectorate.

Itu.—The beginning of the first leprosarium of any consequence in Southern Nigeria was related in a report abstracted in THE JOURNAL **25** (1957) 421. This was the Itu Settlement, on the Cross River 40 miles north of Calabar, by Dr. A. B. Macdonald of the Church of Scotland Mission. The start of this place was fortuitous.

When alepol began to be used at the Itu (general) hospital, many leprosy patients came for the treatment from all directions, by land and by river, and the houses of many of them were burned when they left their villages. They settled—450 of them—on a sandbank in the middle of the river, and when the rains came they had to transfer to the mainland. Since they could not go back to where they had come from because of general hostility toward anyone with leprosy, they created a slum outside Itu township which finally led the government and the mission to establish what became—and probably still is—the biggest leprosarium in Africa, with 3,000 patients.

Uzuakoli.—Dr. Brown and his wife, also a physician, went to Nigeria in 1930 under the Methodist Mission. After spending ten months at the Itu Settlement to

relieve Dr. Macdonald, they went to the Owerri Province to establish a new institution.

The authorities had planned that there should be a single settlement for the three provinces of Owerri, Onitsha, and Ogoja, the project being one of leprosy slum-clearance. Ultimately Dr. Brown's recommendations for a settlement for each of the three provinces were accepted, and he was "allowed to wander round the Owerri Province, mostly on foot, looking for land. . . . It was twenty-five years ago, on August 10, 1932, that I went to live among the packing cases in the house built for me at Uzuakoli in the forest. Later the Oji River Settlement was developed in Onitsha Province, and others in other provinces. The twenty-fifth anniversary of the founding of Uzuakoli was celebrated in August 1957.

When, after seven years, Dr. Brown was compelled for reasons of health to return to England, the work was turned over to Dr. Frank T. Davey ("and one could not have handed over to a better man"). The foundations had been laid, and the development of the system of leprosy villages in subsequent years has had results which make the progress in Nigeria unique.

In the Bende area there was an interesting departure from the usual way in which the leprosy villages arise (i.e., by congregation of people with the disease who are compelled or choose to leave home). In that area the villages arose from the emigration of the majority of the people who were not infected, leaving those with leprosy in possession.

NEWS ITEMS

India: *The antileprosy campaign.*—The chairman of the Indian Leprosy Association, saying that the success of sulfone treatment had stimulated mass leprosy treatment campaigns in all countries where leprosy was endemic, pointed out (according to a report in the *J. American Medical Association*) that the major difficulty in leprosy control in India is getting patients to report for treatment with sufficient regularity. There are also the problems of getting public understanding and local cooperation, and above all of getting personnel. Nevertheless, the National Leprosy Control Project is expanding. Four treatment and study centers and 54 subsidiary centers have been established, covering a population of 4,500,000 in which 51,097 cases have been detected. The Central Social Welfare Board has made grants totalling about $95,000, mostly for after-care and rehabilitation.

Gandhi Foundation on coordination.—The Gandhi Memorial Leprosy Foundation has put out a 17-page mimeographed memorandum on the subject of antileprosy activities needed in India, and the possibilities of coordinating such activities under the Foundation on the part of entities which may desire federation. It is emphasized especially that because of the magnitude of the problem (2 million cases) it cannot be solved by means of leprosaria; the basis must be a system of Survey, Education and Treatment (SET), the leprosaria and other existing facilities to be utilized in the most effective ways possible. This would include rapid turn-over of leprosarium patients by discharging those who have improved but are not yet bacteriologically negative. About the Foundation itself, it was the original intention that after a certain amount of money set aside for it had been used, it should cease to exist. It is now likely, however, that the Foundation will be made an autonomous body with its own capital.

Difficulties of field clinic work.—Tales of difficulties of such work in India, like the necessity of patients walking several miles on each visit for treatment, are commonplace; but a story in *Without the Camp* about Peikulam, in South India, tells of unusual troubles. At one place the villagers would not allow the visiting team to stand under the trees near the village to give the treatments, lest the village should be polluted. At another place it became urgently necessary to obtain decent facilities for storing drugs and instruments, because the place they had been given —a dilapidated house in ruins—was infested by cobras.

Churches aid patients in Calcutta.—By means of the Premananda Dispensaries the Christian churches in Calcutta, where the victims of the disease are believed to number 20,000-25,000 are giving medical treatment to more than 2,000 persons a week. The dispensaries, according to the *Leprosy Missions Digest,* are named for the Rev. Premananda Sen who first started treating a handful of patients some 40 years ago in one of Calcutta's cemeteries, the only place he could get for the purpose. Apart from voluntary workers, the staff of the dispensaries comprises 2 physicians and 11 medical assistants; and the Mission to Lepers (London) supports a fulltime social worker.

Thailand: *Silk culture at Chiengmai.*—Two years ago, as related in the *Leprosy Missions Digest,* it was decided to add silk culture to the revenue-producing activities of the patients of the Chiengmai leprosarium. Mulberry trees were set out, selected patients were trained for the project, and silk worms were imported from Japan. The first silk had been spun, and although it was too soon to say how lucrative the venture would be more mulberry trees have been planted.

Japan: *Ogata's cultivation of the leprosy bacillus.*—There has been much newspaper publicity of the claim of Prof. Norio Ogata, a bacteriologist of the Nippon Dental University in Tokyo, that he has succeeded in cultivating the leprosy bacillus. A copy of a report read before the Japanese Leprosy Association on May 20 last, distributed by Dr. J. A. Doull, states that the culture had been obtained from a small bit of a leproma which had been treated with 10% NaOH and then incubated anaerobically, along with a piece of normal animal tissue, in a 10% serum-glycerol medium for 9 weeks. The culture had been carried on in series. It is stated that when used in skin tests it gave negative results in lepromatous cases, as does Mitsuda's lepromin.

Death of the Rev. Kojiro Fujiwara.—In February 1958, in Tokyo, the Rev. Kojiro Fujiwara died at the age of 87, after exceptionally long services in the leprosy field. In 1877, only four years after Hansen first observed the bacillus and a full two decades before the Japanese government began to make provisions for patients, there was formed by an American missionary, Miss Youngman, the Kozensha-dan, an association of Christian laymen (at first women only) to give what help it might to needy persons with leprosy. Fujiwara, still a young presbyter, joined Miss Youngman's work in 1904, and continued for the rest of his life. The *Leprosy Missions Digest* speaks of his son, Mr. Isaku Fujiwara, as his successor.

A priest from a leprosarium.—Many years ago, according to a note in the *Damien Dutton Call,* a father and son came to the Resurrection Leprosy Home, spoken of as the oldest Christian leprosy hospital in Japan (location not stated). After the father's death the son remained and grew up there, free from the disease. After studying with the Jesuits, he became Father Joseph Hayakawa when he was ordained in the leprosarium chapel in December 1957, in a ceremony that is perhaps unique in the history of Catholic leprosy homes.

The shunned of Hiroshima.—An entirely new application of an objectionable term has been heard from Japan. It appears that the survivors of the atom bomb attack on Hiroshima are suffering from indirect psychologic effects, feeling themselves shunned because other people are afraid of them, fearing that they will become sick or will contaminate them. "We now know how lepers feel," said one of them.

United States: *An inmate for 69 years.*—Last December, at the Kalaupapa Settlement in Hawaii, there died an inmate who may have made a world record for length of time in a leprosy institution. Miss Mele Meheula was taken to Molokai at the age of 9 years, when the settlement was located on the Kalawao side of the peninsula, and died aged 78. She is said to have been the only patient there who remembered Father Damien, having attended his funeral when she was 12 years old. During all those years she had never heard from her family, and a recent attempt to trace them was unsuccessful.

New books on "Molokai".—It is noted in the current issue of *Damien Dutton Call* that there has just been published a book entitled "Under the Cliffs of Molokai," by Emma Warren Gibson, relating her experiences while living at the Kalaupapa Settlement where her husband was in the government service. The publisher is not stated, but the book can be obtained from the Damien-Dutton Society, Inc., 296 George St., New Brunswick, New Jersey. Also currently issued, by the Bruce Publishing Company, is the story of "Brother Dutton of Molokai," written for the young reader by Howard E. Crouch, founder-director of the Society.

Prize-winning leprosy exhibit by a schoolgirl.—In the United States public schools, students are encouraged to enter "science fairs," which are competitions of "Future Scientists of America," designed to bring to light promising material for education in science. In Washington, D.C., a 13-year-old girl entered an exhibit on leprosy

which won her first place in her own school and awards in more general competition. In addition, because of its quality her exhibit, along with certain others, was to be displayed permanently in the Army Medical Museum.

Pine pollen implicated in sarcoidosis.—Those who recall the effort made some years ago to implicate leprosy in the causation of sarcoidosis will be interested to learn that investigators of the Veterans Administration have come to regard the pollen of the pines of the eastern United States as the chief suspect in the case. This was reported early this year by Drs. M. M. Cummings and E. Dunner at meetings of both the American Society for Clinical Investigation and the American College of Physicians. A study of 1,800 cases of the disease had shown that 1,200 had been born in the east coast region, but few on the west coast where the pine is of a different variety. Analysis of the pollen had shown that it contains mycolic and diaminopimelic acids, supposed constituents of the tubercle bacillus, and—apparently—those substances had been found in sarcoid lesions. Commenting on this report an internist of the Straub Clinic in Honolulu said that this may explain why he had seen no cases acquired in Hawaii.

Virgin Islands leprosarium closed.—The deplorable place near Christiansted, St. Croix, the sordid history of which is related in a recent issue of the Carville *Star,* has been closed, "having no patients." Those who had been there (some taken to Carville several years ago and later summarily sent back) have gradually become negative and have been released.

El Salvador: *Facilities in El Salvador.*—During a visit at Carville, as related by *The Star,* Dr. Antonio Carranza of San Salvador said that there is no special institution for leprosy patients in the country, but that there are provisions for temporary care of some such patients at the Hospital Rosales. About 100 cases are known, and the estimated total is about 300; the population is 2,000,000.

Brazil: *National leprosy legislation.*—Decree No. 36771 of January 12, 1955, approving the regulations of the National Leprosy Service of the National Department of Health of the Ministry of Health, appears in full in English translation in the WHO periodical, *International Digest of Health Legislation* 9 (1958) 223-234 (received through the courtesy of Dr. Mario Giaquinto). The central organs of the Service are set forth as: (1) Institute of Leprology, (2) Epidemiology Division, (3) Organization and Inspection Division, and (4) Administrative Division. The Institute of Leprology comprises the following sections: (*a*) pathologic anatomy, (*b*) bacteriology and immunology, (*c*) biochemistry and pharmacology, (*d*) clinical therapy, (*e*) documentation, and (*f*) auxiliary service.

Switzerland: *Center to study needs of victims of leprosy.*—The Sovereign Military Order of Malta has created a Catholic international center, with headquarters in Geneva, according to the *Hawaii Catholic Herald,* to study the physical, moral and spiritual needs of victims of leprosy. The decision to establish the center was taken by members of the Order in response to a wish expressed by His Holiness Pope Pius XII when he addressed delegates to the first International Congress for the Social Rehabilitation of "Lepers," on April 16, 1956. At the same time the Order of Malta also signed a convention with the Spanish government outlining a program of assistance to victims of the disease. The convention provides for the establishment of an international training center in that country for doctors, nurses and social workers of different nationalities.

Jordan: *Siliwan leprosarium at Jerusalem.*—It would appear that there is a Siliwan leprosy hospital in the Jordanian part of Jerusalem. Gifts of sulfone drugs by the American Leprosy Missions are said to constitute the major part of medi-

cal help for the place. This is apparently the old Moravian Mission's asylum, for it is said that Sr. Johanna Larsen, of the Moravian Church, had written that the greater part of the patients were blind or disfigured and so could not be reabsorbed in society. Plans were under way to build a better place for them.

Ethiopia: *Chiropractic and leprosy.*—A two-page illustrated spread in the Carville *Star* tells of present treatment work at the Shashemane Leprosarium in Southern Ethiopia, one of the Sudan Interior Mission's projects, since 1953 in charge of a doctor of chiropractic, Robert Thompson. The treatment at Shashemane is said to be carried out along three lines: (1) straight sulfone treatment, (2) combined sulfone and chiropractic treatment, and (3) straight chiropractic treatment. The best results, it is said, have been with the combined treatment. The idea seems to be that leprosy is a disease of the peripheral nerves, and that chiropractic is mostly concerned with the function of nerves as they supply every cell of the body. Also, leprosy "takes hold" in the areas where circulation is poorest—toes, fingers, feet and face—and therefore if the normal channel of nerve supply could be restored the progress of the disease might be arrested. One of the pictures shows the doctor applying two-arm pressure on the side of the neck of a reclining patient, "releasing nerve pressure."

Nyasaland: *New leprosarium at Kochira.*—The Federal Ministry of Health of Nyasaland, where the prevalence of leprosy is high, is reported to have established a new leprosarium and hospital at Kochira costing about $220,000. The settlement consists of a central hospital and 120 houses, each for four patients, and there is provisions for outpatient treatment. The British Leprosy Relief Association recruited a trained leprosy worker to act as superintendent of the settlement.

Uganda: *Progress in leprosy activities.*—The present situation in Uganda is briefly summarized in personal correspondence by Dr. J. A. Kinnear Brown, leprosy adviser to the government. The Protectorate is divided into four provinces, Eastern, Northern, Western, and Buganda, which last is in the South and center. There are 70,000 leprosy cases, of which half are in the Eastern Province. In this province are the Buluba leprosarium and also the Kumi-Ongino institution, the former part of which is for children and the latter for adults, both under the same staff although they are six miles apart. Largely with grants from the Uganda Medical Department, Kumi-Ongino has been revolutionized, and its work is being brought up to a more modern standard. There is no longer an Inter-Territorial Leprologist for East Africa, but Dr. Brown occasionally goes into Kenya for surveys and other purposes.

PERSONALS

DR. HERBERT H. GASS, of the Schieffelin Leprosy Research Center at Karigiri, near Vellore, South India, has been in the United States for two years completing the requirements for the American Board of Dermatology. He returns to Vellore at the end of the year.

DR. H. C. DE SOUZA-ARAUJO reports that he has received the following honors: Decoration of the Order of Malta, Cross 1st Class with Crown; Diploma of Honorary Life Membership, and the Star and Cross of Academic Honor of the American International Academy; diploma as Mecenati del Tempio dei Magnati Bibliofili, of Naples; Honorary Membership of the Academia Sanitaria Scientifica Letteraria Internazionale; Gold Medal of the Academic Senate of the Biblioteca Partenopea, Napoli; and Knight Gran-Cross of the Military Order of the Holy Savior and St. Brigitti of Sweden.

DR. HULDAH BANCROFT who retired as Assistant Editor and MISS BESS LEFEVRE as Business Manager of the JOURNAL, on 30 June 1958, are now living in a home they built at 819 East 58 Street, Richmond 24, Virginia.