scriptions may be sent to Lady Denham herself at Government House, British Guiana, or to Mrs. F. G. Rose, Honorary Treasurer, Lady Denham Fund, Mahaica Leprosy Hospital, British Guiana.

_Mahaica Leprosy Hospital_  
_F. G. Rose, M.D._

_British Guiana_  
_Medical Superintendent_

**LEPROSY AND SNAKES**

To the Editor:

In view of the item published in your April, 1933, number on cobra bite in the treatment of leprosy the following notes may be of interest. In India superstition frequently connects leprosy with snakes. By some sects the snake, particularly the cobra, is worshipped as a god and it is considered a great sin to kill one. If it is done the snake god is expected to avenge the wrong by inflicting leprosy on the culprit, either in the same or in a future incarnation. Conversely, if a man develops leprosy it is said to be because, either in his present life or in a previous incarnation, he has killed a snake.

Superstition also states that a snake never bites a leper naturally, but that if it can be induced to do so the patient will recover. I have known only one case of a leper being bitten by a cobra, but he was an N-1 case, and perhaps the cobra was not skilled in early diagnosis.

Some time ago an Indian Hakim came to me saying that he was treating a number of patients with leprosy by injecting small doses of scorpion venom with excellent results. I did not investigate the matter, but do have the following story on good authority: A patient with severe leprosy was persuaded by relatives to undergo snake-bite treatment. A cobra was secured and by irritation was induced to bite the patient. Some symptoms of poisoning occurred and passed off, the dose of venom not being lethal, but the leprosy continued and did not improve. After some time a second treatment was given, with rapidly fatal results.

_School of Tropical Medicine_  
_J. Lowe_

_Calcutta, India_

The original cobra-bite story to which this letter refers has more recently reappeared in newspapers in Europe in another dressing. According to this the patients in the leprosy asylum in Athens went on a hunger strike because the physician in charge would not introduce the cobra-bite method of treatment, and
when asked why he would not use it he replied that the cobra would not bite the leper because it was afraid of being poisoned itself.

Another newspaper story has the statement that in Brazil there are "Cura-tores" who practice the cobra-bite treatment of leprosy, and that they even make large non-venomous serpents eat the venomous snakes, which process communicates therapeutic, antivenomous properties to the serum of the former.

—Editor.

"ASYLUM IN THE SOLOMON ISLANDS"

To the Editor:

I am interested to see, on page 244 of the second number of the Journal, mention of my leper colony under the heading "'Asylum in the Solomon Islands." However, I am afraid that the news agency muddled things badly. May I put the true account here?

I went out from England in 1928 to the British Solomon Islands, and at a place called Fauabu, on the island of Mala, founded a hospital which was named the Hospital of the Epiphany. It is a general hospital, not a leper colony. I started from nothing, and when I left the Solomons in February, 1933 to return to England— not because of my own health, but that of my wife—this hospital was nearly completed; when finished it will have 72 beds.

In 1930 I found so many lepers coming up to the hospital as out-patients that I felt bound to make provisions for them; and on a site called Qaibaita, less than half a mile from Fauabu, I started the Lepor Colony of St. Francis. When I left there were 75 lepers in the Colony under treatment, and about 20 others used to come up as out-patients twice a week for injections of alepol. Although the colony started in a small way, and its size depended entirely on the staff we were able to get to look after them, there was every possibility that the work could develop and improve. I had a lay assistant who came in 1932 to help; at the general hospital I had two fully trained nursing sisters, one of whom was a midwife, but these did not do work at Qaibaita except for special things.

When I left a successor had not been found, but the Mission under which I was working (Melanesian Mission, Anglican) now has obtained the services of Dr. F. A. Macpherson, of California. I have learned from him that he is closing the leper colony as he and Dr. Lambert (Rockefeller Foundation) of Fiji, consider it ridiculous for a Mission to tackle the problem. I may say that the only other lep-