

NEWS AND NOTES

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

MEDICAL LIBRARY AND LEPROSY ARCHIVES AT CARVILLE

A substantial Medical Library and Archives of Leprosy is a facility now in operation at the National Leprosy Study Center, U. S. Public Health Service Hospital, Carville, La. This repository, under the direction of Margaret Wilson, A.B., Ed.M., an accredited professional librarian, is rapidly becoming one of the National Leprosy Study Center's most used research tools.

A number of programs developed by Mrs. Wilson has brought this about. These are, notably: 1. An exchange service with several national and local libraries, whereby virtually any book ever published may be borrowed for the patron's use. 2. A modern filing system tailored to the patron's needs, for the simplified retrieval of information. 3. A research service by which bibliographies on a particular subject or author can be compiled for staff use. 4. The inauguration of an Archives of Leprosy.

This last is a catalogued collection of printed material relating to leprosy, and includes textbooks, domestic and foreign journals, rare or hard-to-find volumes, reprints, maps, selected bibliographic lists, and donated collections covering special interest areas.

Mrs. Wilson would like to hear from persons willing to donate extra copies of texts or journals, reprints of original articles, hard-to-find editions, curios, and other items pertaining to any aspect of leprosy, to add to the completeness of the Archives. She also desires to learn of other libraries or individuals possessing collections of leprosy literature, large or small, here or abroad, and would be delighted to hear from them.

It is the goal of the Medical Library to make the Archives the most complete repository of leprosy literature and memorabilia extant in one location. Its location at the National Leprosy Study Center is ideal, considering the hundreds of professional and lay visitors who each year come to Carville for study or training.—J. A. ROBERTSEN

UNTREATED PATIENTS FOR TRIAL OF DRUGS

A problem faced by leprosy research workers who undertake investigations of new drugs in communities where private practitioners diagnose new cases and undertake to treat them (or at least to initiate their treatment) is illustrated by the following note, somewhat condensed. Written by Dr. M. F. R. Waters, at the time leprosy research officer at the Sungei Buloh Leprosarium, it appeared in *The Medical Journal of Malaya*.

The Research Unit is carrying out trials of new drugs in the treatment of leprosy. Experience has shown that, with modern techniques, it is possible to detect the effect of only a small number of doses of sulphones given either orally or by injection. It is therefore essential that as far as possible all patients admitted to these leprosy drug trials should have received no specific treatment.

Throughout the world there is a shortage of patients suitable for carefully-controlled drug trials in leprosy. We are in a sense fortunate in Malaya in that the annual intake of new patients at the Sungei Buloh Leprosarium is sufficient for statistically significant trials to be performed here. Unfortunately, however, many new patients state that they have received a certain number of injections for leprosy prior to their admission.

It will therefore be very much appreciated if members of the Malayan Medical Association should assist in the following ways:

(1) By sending all new smear-positive patients to Sungei Buloh as soon as possible after diagnosis.

(2) By withholding specific treatment from all such patients (unless there is an unavoidable delay).

(3) By sending a note with the patient on his admission to Sungei Buloh Leprosarium (or to his local hospital), giving details of all treatment that the patient has received or else stating that no specific treatment has been given.

It is well understood that the diagnosis of leprosy is a very serious one for the patient. For this reason doctors have sometimes felt that it is in their patients' best interests to commence treatment with sulphones and only gradually to inform them of the diagnosis, and consequently patients may be on specific treatment for some weeks or months before admission to the leprosarium. With due consideration of the patient's needs, it is considered that cases in which delay in transfer to hospital is justifiable are probably rare. Normally, leprosy patients—and their families—are best helped by prompt admission to a leprosarium.

LATEX COMPOUND FOR THE KARIGIRI BOOT

In an issue of *Leprosy Review* last year [33 (1962) 25-40] there was an article by Dr. W. F. Ross on the Etiology and Treatment of Plantar Ulcers. In the next issue [33 (1962) 154] there was a Letter to the Editor from R. R. Stapleton, of the Dunlap Chemical Products Division, Birmingham, England, about the nature and procurability of the latex compound mentioned in the article. Most of the letter is copied verbatim below.

The use of a specially prepared latex compound is mentioned for the preparation of the Karigiri Boot and, as a result of this, we have already had one enquiry. It may be that some of your readers engaged in similar work overseas would appreciate having fuller details of the material.

Although the material was originally prepared to an outline specification given to us by Dr. Ross, in view of the likely interest we have decided to include it in our range for general supply under the code number AL1002. AL1002 is basically a prevulcanised natural latex, which means that, on drying in air, it will give a fully vulcanised rubber. Among the compounding ingredients used are stabilizers to give the desired characteristics in preparation of the boot and antioxidant and antiozonant materials to ensure satisfactory service life of the finished boot. The compound has a specific gravity of 0.968 and a total solids content of $57 \pm 1\%$.

We suggest that the most convenient method of supply is in 5-gallon non-returnable drums. The price of the material will vary somewhat depending on the current price of rubber, but at present we would charge 23s. 0d. per gallon free-on-board, to which would be added 1s. 0d. to 2s. 0d. per gallon depending on quantity and distance for carriage, insurance and freight paid by us. Any import duties would be paid by the purchaser at port of entry into the country concerned.

The Company frequently undertakes non-commercial developments for medical work and it gives all concerned great pleasure and satisfaction when, as happens here, a piece of work results in something which can have such a wide application in reducing human suffering.

GOLDEN JUBILEE, NEW ZEALAND

The work of the Mission to Lepers (New Zealand) having been begun in September 1912, a Jubilee Year has now been celebrated. Dr.

Neil D. Fraser, of the London office of the Mission to Lepers, went there to participate, and inquiry was made of the Rev. Mr. Murray H. Feist, secretary for New Zealand, about the occasion and nature of the celebration. He supplied the information that follows.

The organization work in New Zealand was begun in September 1912 when a deputation secretary, Mr. Douglas Green, went out from England for the purpose. He found one group that was already sending money to the Mission in England, and formed several others.

For some years the giving from New Zealand amounted to only about £1,000 a year, but with a succession of full-time secretaries the growth of the income (including money and legacies) increased rapidly. By 1940 it amounted to £4,600; in 1950 it reached £23,000; and since 1960 it has been somewhat more than £100,000 (approximately US\$280,000).

To mark the Jubilee—there being no leprosy institution in the country about which an ordinary type of celebration might center—it was agreed that the sum of £25,000 should be set aside from the income for 1962 to support special Jubilee Projects in places which in some way are connected with New Zealand or New Zealanders. An incomplete list includes grants to the several missionary organizations concerned (1) for redevelopment of the Balimo Leprosy Colony in the Fly and Aramia River areas of the Australian Territory of Papua; (2) for rebuilding of a clinic and treatment center at Tari, in the New Guinea Highlands; (3) for clinics and other needs of the Taiwan Leprosy Relief Association; (4) for a leprosy wing of the Manoron Hospital in Central Thailand; (5) for a new colony on the coast of South Viet Nam; (6) for the building of a new hospital block at Sheshemane, in Ethiopia; and (7) for a hospital in the new Mission to Lepers' leprosarium in the Kathmandu Valley, in Népal. Certain other possible projects were also in mind.

This is an extraordinarily ambitious and far-flung program for an organization in a small country like New Zealand, one which has no leprosy problem of its own. Also active is the New Zealand Lepers' Trust Board, which operates independently of the Mission to Lepers in what they rather vaguely describe as the South Pacific area, which includes the Fiji and Solomon Islands groups and also the New Hebrides, New Caledonia, Tonga, Samoa and the Cook Islands. There is ample evidence that New Zealanders are unique in this respect.

GOLDEN JUBILEE OF FIJI LEPROSY HOSPITAL, MAKOGAI

It was only thirty-five years after Cession when the powers-that-be of those days became apparently aware of the prevalence of leprosy in the islands and conceived of a hospital for those who were affected. Following a tentative trial in another of the islands in the group, Makogai was ultimately decided upon and patients were moved there on November 11, 1911. The Roman Catholic Mission, approached to provide the nursing staff, appointed the Missionary Sisters of the Society of Mary and the Sisters of Nazareth to assist. The two Societies have served the hospital continuously and devotedly to the present day.

Through the years various doctors have occupied the post of medical superintendent. The history of Makogai would not be complete without mentioning Dr. de Boissiere, who established the hospital but left before

it was opened. Dr. Hall (1911-1919) followed and was responsible for drawing up various rules and regulations, most of which—although somewhat antiquated—exist today. Drs. Harper (1920-24), Neff (1924-30), and Austin (1930-54), guided the hospital for nearly half of its existence. In the last of these periods the new drugs were introduced and revolutionized the treatment. The effect reached its peak during the last 5 years, when Dr. Beckett was in charge.

The year under review in my annual report (1961) was the Golden Jubilee year of the hospital. The occasion was celebrated with all humility and pomp by the patients and staff, at both Dalice and Nasau. The most outstanding exhibits were the handicrafts produced by the patients, which at the instigation of the jubilee visitors were later sent to Suva for a three-day exhibition in the Suva City Hall.

Makogai was honored by the presence of His Excellency Sir Kenneth Maddocks and Lady Maddocks, the members of the Lepers' Trust Board and their wives, and several other distinguished visitors, including the commanding officer and members of the Sergeants' Mess, R.N.Z.A.F. station, Laucala Bay. Soon after that base was established, some 20 years ago, members of the Sergeants' Mess took a special interest in Makogai, making an annual pilgrimage and presenting munificent gifts to the patients on each occasion. It was a matter of regret that no member of the New Zealand Lepers' Trust Board was able to attend, and that we were unable to invite some of the ex-patients, owing to transport difficulties and lack of accommodation.—J. A. R. DOVI.

SYMPOSIUM AT ASTRAKHAN

The following is a digest of the principal papers read at a symposium on the prophylaxis, epidemiology, clinical features and therapy of leprosy, held at the Institute of Leprosy Investigation, at which more than 30 papers were read and discussed.

L. KLOPENKO, in a paper entitled "The State and Perspectives of Leprosy Control in Kazakhstan," reported a steady decrease in the proportion of lepromatous patients, as well as a relative increase of primary manifestations amongst the newly detected cases (38% in 1958 and 57% in 1960). The number of patients discharged from the leprosy colony in the 1958-1960 period increased four-fold over the 1952-1954 period. A wide vaccination campaign (by de Assis' oral method) among contacts is carried out; Mitsuda negativity is converted to positivity in 60-80% of cases. No leprosy was observed in this contingent in the past 6 years.

K. VASILEV believes that leprosy can be an anthroozoonosis and that, besides humans, fish can also be a source of infection. While investigating 1,598 fish of 22 species from the mouth of the Terek river, he found in many of them acid-resistant bacilli which did not grow on Petraghani medium. Individual bacilli and globi were found in gold fish which had been inoculated intraperitoneally with a suspension of *M. leprae*.

P. ZALKAN, V. STEKLOVSKY, R. TRUSOVA, V. STEPANOV and N. KAZACHENKO reported on the "correlation between the reactivity of the skin to the allergens of the tuberculosis bacillus and the clinical course of leprosy." Normally lepromatous leprosy patients, especially those undergoing treatment, reveal an increased sensitivity to tuberculin. The BCG reaction in such patients takes an allergic course. Lepromatous leprosy patients sometimes have an isomorphic reaction to tuberculin, and the degree of sensitivity fluctuates rather considerably: in untreated patients the reaction may be absent altogether, while in patients who have been through a therapeutic course it may acquire a hyperergic character. BCG vaccination of lepromatous patients is hardly rational.

V. MERTSLIN used BCG as an antigen in his active modification of the complement-fixation test and obtained 50% positive results with the sera of leprosy patients, while

all the controls gave negative results. An antigen prepared from lepromin gave 55% positive results with leprosy sera, and negative results in 100% of sera from healthy controls.

R. TER-ZAKHAROV, F. DAVLEKAMOVA and T. NAUMOVA reported on the first results of immunoprophylaxis and chemoprophylaxis of leprosy. Prophylactic treatment with DDS in reduced dosage was administered to 138 contacts in the course of 2 years. No cases of leprosy were observed in this contingent during the period. The authors believe that mass BCG vaccination would be difficult among large population.

Z. L. SEMICHENKO presented material according to which 1 out of 10 persons in close family contact with leprosy patients contracts the disease. Most frequently it is the lepromatous patients that transmit the infection (13.5%). Patients with tuberculoid leprosy are infective in 2.5% of cases. In 76% of the cases the symptoms of leprosy begin within the first 10 years starting from the initial contact.

V. BOGUN reported that the Rostov leprosarium had determined exactly the sources of infection in 48% of cases. Of these, 48% received the infection in the family, and 51% of cases contracted the disease from other sources. Out of the general number of persons who became ill after family contacts the figure is 9.0%, while extrafamiliarily 8.4% of people demonstrated symptoms of the disease. Infection by lepromatous cases compared with tuberculoid cases in the ratio of 7.5 vs 1.2.

I. PEREVODCHIKOV spoke of the residual and dystrophic changes in patients resulting from energetic treatment, while N. FEDOROV presented a detailed picture of the clinical course of neurological manifestations in the residual stage of the process.

E. BYUKING proposed her own scheme for the classification of the reactive phases of the disease. She divides these phases into 3 main groups: (1) Acute dissemination (the progress of the specific process accompanied by a more or less rapid increase of symptoms characteristic of a given form of leprosy): (a) acute lepromatous dissemination; (b) acute tuberculoid dissemination and (c) acute progressive neuritis in all types of the disease. (2) Acute transformations (the transition of one form of leprosy into another): (a) transformation T+L (reactive tuberculoid); (b) dimorphic phase T+L (borderline according to Wade); (c) transformation T in L (acute infiltration Tajiri). (3) Acute paralepromatosis (erythema nodosum leprosum), according to many authors a complex of nonspecific acute inflammatory manifestations which occur in the region of lepromatous granulomas (determinable only clinically or histologically), in the skin, nerve trunks, eyes and other organs, usually against the background of the main lepromatous process.

K. NAZAROV, A. LETICHEVSKAYA and others reported good results of treating leprosy with DPT (Ciba-1906), which drug had exhibited high therapeutic qualities and low toxicity.

L. GARUS recommends cortisone and ACTH for the therapy of aggravations of the specific process in the eyes of leprosy patients. These drugs, in his opinion, yield best results in acute forms of the disease, and are less effective when leprosy takes a subacute course. They give no protection against relapses.

I. ALAMDAROV, when investigating the brains of 10 lepromatous patients, detected various dystrophic changes in the nerve cells of the cortex and subcortical structures, changes that sometimes led to necrosis of the cells. These changes were especially strongly manifest in the 2 or 3 upper layers of the cortex. Also revealed was a lipofuscin overloading of the nerve cells. Alterations in the myelin sheaths of the nerve fibers were a predominant feature, whereas the neurofibrils themselves were well preserved. The number of glial cells was considerably increased, and they exhibited combinations of changes both of proliferative and dystrophic character, the latter in a more predominant form. No leprosy bacilli were ever detected. Similar changes were found in the brains of rats 6-12 months after inoculation with *M. leprae murium*.

N. IVANOVA reported that when there are early manifestations of leprosy in the

skin in cases of the tuberculoid and undifferentiated forms of the disease, the nerve-receptor structures undergo more severe degenerative changes, and the destruction of receptor apparatus occurs much earlier, than in the lepromatous form of the disease. The pathologico-anatomic investigation of some internal organs of patients who died in the residual stage of leprosy revealed infiltrates in the myocardium which consisted of epithelioid, lymphoid and plasma cells and fibroblasts; among these were encountered large cells with light protoplasm. The walls of the coronary arteries were thickened and infiltrated. Round-cell and small-cell infiltrates were detected in the endocardium and epicardium. Infiltrates of plasma and lymphoid cells were present in the aorta along the length of vasa vasorum. Individual portions of the intima had similar infiltrates. The liver had infiltrates of lymphoid and epithelioid cells with granular forms of the leprosy bacillus in the interstitial spaces. The bodies of neurons with signs of dystrophy and even necrosis were discovered in the intracardial nerve ganglia, the spinal and sympathetic ganglia, and also in the spinal column—all of which were seen against the background of unchanged nerve cells and fibers. Varicose manifestations and fragmentation were revealed in the nerve fibers. At the same time the nerve tissue demonstrated compensatory and adaptive processes.

N. METLITSKY presented material on the tissue SH groups in the structures of the skin of leprosy patients, based on the study of 103 cases. It turned out that the reaction to the SH and DS groups in leprosy eruptions is usually quite distinct, although it is not of the same intensity in the functionally different structures. It is usually more pronounced within the confines of the intima of the cutaneous blood vessels, sudoriferous glands, nerves and the Malpighian layer of the epidermis. It is stronger in the peripheral portions of the granulomas. In the leprosy cells the reaction to these groups is either altogether non-existent or extremely weak. In other cellular elements of the granulomas it is more strongly manifest in the latter's ectoplasm and in the nuclei; the last phenomenon is especially clearly seen in the tuberculoid forms of the disease.

N. TORSUEV reported on the protein fractions in the blood serum of leprosy patients. There was found an impairment in the correlation between the albumins and globulins, a decrease in the content of albumin, and an increase in the euglobulin fraction depending on the severity of the disease. All these changes are especially strongly manifest in lepromatous leprosy.

N. RIZHOVA found that the average excretion of Solusulfon in the urine within the first 24 hours amounts to 31.6% of the administered dose; in 48 hours it is from 4.8 to 13.7% and in 72 hours from 3 to 12.5%. The concentration of Solusulfone in the blood after the lapse of 2 hours is from 2 to 4.5 mgm./%, and in 24 hours from 0.5 to 1 mgm./%, depending on the amount of the drug given. No traces were detected in 48 hours. It was concluded that Solusulfon is not acetylated in the blood.

Other speakers included K. KOLESOV, who discussed the present state of cultivation of the leprosy bacillus; V. MARTINOVA, on the subject of experimental leprosy; A. STEIN, on the differential diagnosis of the primary and atypical forms of leprosy; and V. EVSTRATOVA, on the causes of relapse.

—N. A. TORSUEV

NEWS ITEMS

India: "Upgraded leprosy department," Calcutta.—At the Calcutta School of Tropical Medicine, it is reported in the *Bulletin* of that School for April 1962, the leprosy department was not adequately staffed to cope with the increased volume of work. The government of West Bengal had sanctioned a "scheme for upgrading" the department with the provision of: one professor of leprology, one pathologist, one physiotherapist, one demonstrator, two social workers, two laboratory assistants, and 15,000 rupees for

equipment. (The equipment is obviously additional to what was on hand; it is not stated whether the list of positions is additional or total.)

Short course for nurses and social workers.—In the period November 3-17, 1962, at the leprosy center at Polambakkam was held a seminar on leprosy work, under the auspices of the International Committee of Catholic Nurses. The course was designed for nurses and social workers engaged in leprosy work or planning to enter it. For further information (for anyone interested in the possibility that such a course might be given again), address Miss Simonne Liegeois, A.F.I., Leprosy Centre, Polambakkam, Maduranthakam, Taluq, Madras State.

Viet Nam: *Missionaries kidnapped by Communists.*—On May 30, 1963, three American missionaries on the staff of a leprosarium a few miles from Ban Me Thout, in South Viet Nam, were kidnapped by a group of Communist guerrillas (Viet Cong). One was a woman doctor, Dr. Eleanor Ardel Vietti, the only physician at the institution, and another was a minister, the Rev. Archie Mitchell. The third, Daniel Gerber, was a "conscientious objector" who had refused to give military service but had chosen to serve instead as a lay missionary worker. They, together with food, medicines, surgical instruments, and dressing materials, were loaded into a car belonging to one of the staff and driven into the jungle. Before leaving, the guerrillas forced many of the patients to leave the place, and ordered the nurses to return to Ban Me Thout. All attempts to rescue the captives had failed, but they had been seen alive on one occasion. According to the *Carville Star*, there is hope that they will be released after they have rendered medical service. According to a later report, the nurses for a while went daily to the leprosarium under military guard, but that soon became impossible.

Samoa: *Changes in American Samoa.*—It is reported that the run-down, isolated old Navy barracks where the 13 leprosy patients in American Samoa are now isolated (called a "medical anachronism" by Dr. Charles L. Weldon, director of medical services) will be abandoned when the new general hospital to be built at Fogaalu is finished. The patients will then be transferred to the hospital, to be treated as other patients in accord with the native customs of the people. Mention is made of a gift of \$2,800 from the Lepers' Trust Fund of New Zealand, which is to be used to purchase tools for handicrafts and recreational equipment including a sound projector, and for the original inventory of a patient-run commissary.

United States: *Tapazole (methimazole) tried in Hawaii.*—Dr. Ira D. Hirschy, head of the leprosy service of Hawaii, was quoted in a Honolulu newspaper as saying that he was not familiar with the drug. Later he wrote a correction: A reporter had asked him, by telephone, if they were using methimazole in the treatment of leprosy. Dr. Hirschy asked if the drug did not have a more familiar name, whereupon the inquirer went off the line. Actually, they had tried Tapazole on 6 cases for 8 months, but as no more improvement was observed than was usual with the drugs currently in use, the trial was discontinued.

Longevity at Carville.—On November 25th last, on the unique occasion of "Senior Citizens Day," the honored guests were a man and a woman who both were aged 90 years. Three people who had been at Carville for about 40 years were recipients of special gifts.

United Kingdom: *Special meeting of the Mission to Lepers.*—In a 9-day period last year (dates not stated in either of the two reports in *Without the Camp*, but apparently it was in May 1962) the Mission to Lepers held, on the Isle of Wight, a special meeting with representatives from the various auxiliaries as far off as Hong Kong and New Zealand—42 shown in a group picture. The purpose seems to have been to, in a way, re-evaluate and re-orientate the policies and activities of the organization—perhaps a sort of Ecumenical Council of the Mission. Under the chairmanship of Dr. E. Muir, the subjects covered included the relation of supporting constituencies to each other and to the Council of the Mission; the relation of the Mission's work to that of other bodies serving in the field of leprosy care and control; and the production and use of literature and audio-visual aids.

BBC broadcast on leprosy.—An authoritative radio program on leprosy, set up by one Patrick Feeny of the British Broadcasting Corporation's African service, was broadcast on June 19, 1962, in England and, according to the *Carville Star*, received such high audience appreciation that it is being considered for world-wide distribution. The panel of leprosy authorities concerned comprised Drs. Ernest Muir, R. G. Cochrane, W. H. Jopling, (Gen. Sir) William MacArthur, R. J. W. Rees, R. W. Riddell, and Graham Weddell. Four leprosy patients also participated, one of whom was Peter Greene, who wrote the book entitled *The Second Miracle*.

Ghana: *Leprosy work in northern Ghana.*—A visitor to Carville, the Rev. C. Hudson Favell, who had worked in northern Ghana for three years, was to return there as director of the Baptist Medical Centre, where his wife, a nurse, is one of the nine-member staff. Mr. Favell estimated that there were some 10,000 cases of leprosy in northern Ghana, with only two doctors treating some 200 outpatients daily, along with 40 inpatients.

General: *Tokyo office of the NIH.*—The National Institutes of Health have established an office in Tokyo to administer Public Health Service research interests in the Pacific area, including the Far East and Asia. The Tokyo headquarters, a branch of the NIH Office of International Research (OIR), will also have representation in New Delhi, India. The new operation, designated the Pacific Office, is the third such overseas extension of NIH. Recently a European Office was opened in Paris, followed by a Latin American Office in Rio de Janeiro. Dr. Heinz Specht, of the National Institute of Arthritis and Metabolic Diseases, will be the chief of the Pacific Office. M. James Peters of OIR has been named administrative officer. Dr. Alfred S. Lazarus, formerly with the Agency for International Development (AID), has been appointed NIH scientific representative in New Delhi.

PERSONALS

DR. NORBERTO OLMOS CASTRO, of San Miguel de Tucumán, Argentina, widely known for his studies in the field of immunology of leprosy, died on December 31, 1962.

MISS EMILIE LILLELUND, S.R.N., who for thirty years served as superintendent of the Leprosy Home and Hospital at Vadathorasalur, India, has been awarded the Royal Gold Medal of Merit by H.M. King Frederick IX of Denmark, in recognition of her service to leprosy sufferers.

DR. VILHELM MOLLER-CHRISTENSEN, of Denmark, has been granted the 6th annual Pfizer-Denmark Prize in Medicine for his study of skeletons of persons with leprosy excavated from a medieval cemetery. A research fellow of the Carlsberg Foundation, he is said to be working at present in England, at the Duckworth Laboratory of Physical Anthropology.

MR. JOSEPH F. C. ROCK, who as agricultural explorer of the U. S. Office of Foreign Seed and Plant Introduction made in the early 1920's explorations in Thailand, Burma and India to determine the habitats of *Taroktogenos kurzii*, supposedly the source of the true chaulmoogra oil, died on December 5, 1962, at the age of 79 in Honolulu, where at the University of Hawaii he served as research professor of oriental studies.

DR. C. M. ROSS, until recently director of the leprosy service in Northern Nigeria, has replaced DR. JOHN GARROD, retired, as director of the East African Leprosy Research Centre at Alupe, Kenya. Dr. Garrod has joined a pharmaceutical manufacturing house in England as a medical research officer.

FR. JOSEPH SWEENEY, M.M., who in 1933 founded the Gate of Heaven Leprosarium near Canton in South China, and who after he was expelled by the Communists in 1953 went to Korea to work in 1955, has been awarded the Order of Cultural Merit National Medal by the president of that country.

DR. R. MANTON WILSON, retired medical missionary living in Richmond, Virginia, who for many years before the last war was in charge of the leprosarium in South Korea which now bears his name, was named Man of the South for 1962 by *Dixie* business magazine.