

LEPROSY NEWS

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

DEVELOPMENTS IN SOUTH CHINA

From various quarters come indications of an increased interest in leprosy in various parts of South China, where on the whole the disease is very prevalent. It is stated that Kwangtung province is the worst infected part of China, with an estimated incidence of 50 to 100 thousand cases in a population of some 30 millions of people. The work that for years has been done by missionaries in that province especially is more or less familiar, particularly the two asylums near Shek-lung and the one built more recently by the Rev. John Lake on Tai-kam Island. More modern, both in point of time and in its medical aspects, is the new center recently set up at Kong-moon by the Maryknoll Fathers, under the direction of the Rev. Joseph A. Sweeney. The work that is being carried on at Swatow has been described recently.¹

Especially significant is the gradual development of interest on the part of others in this region. At Amoy, in Fukien Province, a public-spirited group, first stimulated several years ago by the Chinese Mission to Lepers, has obtained from private sources funds to build a colony. At Hongkong, situated midway of the Kwangtung coastline, it has been the practice heretofore to deport over the border of the Colony all cases officially reported, but the authorities now contemplate permitting outpatient treatment of suitable cases. Particularly interesting, in view of the popular attitude there toward persons afflicted with leprosy, are evidences of a purpose on the part of the Kwangtung authorities in Canton to do something constructive in the matter.

An indication of the attitude of the people in the Canton region toward lepers is given in one report recently seen of conditions encountered, according to which the lepers were not only left to shift for themselves but were so feared that they could get water

¹ FRASER, N. D. This JOURNAL 3 (1935) 360.

only from the rivers or from drainage ditches; in turn, they were suspicious of foreigners desirous of helping them, fearing they would be given the lethal "black bottle." A traditional view of leprosy is described in a letter by a local Chinese which appeared in the October, 1933, issue of the *Leprosy Quarterly* of the Chinese Mission to Lepers. There is in this much of human interest, at least.

The Cantonese claim that at the end of the Sung Dynasty Emperor Chao Tai Bing fled with the Empress Dowager to a place called Ngai-man in Canton. Having lost his country and failed to find either food or shelter the Emperor drowned himself, and the Empress Dowager followed him. Though dead, she looked very pretty to the eyes of a woodchopper who fell in love with her and had sexual intercourse with her. The consequence was, according to the tradition, that the woodchopper became a leper and his dread disease was spread all over the country!

Leprosy is an infectious disease. Probably no less than 95 per cent of lepers contract their disease from others, principally through sexual relationships. The Southerners erroneously believe that leprosy can be "sold" [i.e., gotten rid of] through sexual intercourse. Consequently, it has often happened that male lepers would lie in ambush along solitary roads and rape women and girls passing by. The female lepers would do likewise, dressing up stylishly and trying by every means to lure men into their trap. Three or four years ago the district of Taishan was very much annoyed by a band of 100 lepers who roamed about the country raping many women and girls. The gentry there got so angry that they "deported" them and put them on an island in the Southern part of the district. It seems to me that in order to rid China of leprosy we must treat lepers drastically. When a male leper is caught raping a woman he ought to be lynched, and the same punishment should be meted out to a female leper who is caught enticing a man.

It is difficult to tell a first-stage leper. In Canton no matrimonial engagement can be broken unless it can be proven that one of the parties is a leper by means of a metallic colour frame. If the light produced by such a frame shines on an ordinary person his face will show a bluish-green colour, something like a man poisoned by raw lacquer. If such a light shine on a leper his face will become red. It is said that the girls who sell flowers and fruits on the Canton bund to the passers-by are third-generation lepers. They look like ordinary people, but they are still not free from the scourge. Their children, however, will be entirely emancipated from the slavery of leprosy.

According to an old custom in South China, when a case of leprosy is known in a village his neighbors, being very much annoyed, would secretly inform the authorities of a leper asylum who would send out a squad of their lepers to catch him. As his relatives would try every means to hide and protect him, and as the asylum lepers were very insistent that he must go with them, so trouble arose. But the leper in hiding was always fighting a losing battle. When he was taken away his relatives would make lots of trouble with the man who reported the case.

In the December, 1933, issue of the same periodical one Jonas E. Lee criticized this letter, asserting that the picture of unrestrained lewdness of lepers should not be taken as representative of conditions in Kwantung Province as a whole. However, he made the following statement:

The erroneous and traditional belief in South China that a leper generally contracted leprosy as a consequence of his abnormal sensuality... no doubt tends to alienate the sympathy of the Cantonese with lepers. None who is acquainted with Canton and the Cantonese will dispute that in no other part of God's fair earth is the unfortunate victim of leprosy so heartlessly ridiculed, so callously pelted with sobriquets, so cruelly libeled, so mercilessly attacked and so shockingly treated than in Kwantung. The pathos and tragedy of leprosy is not infrequently treated as a joke, and it may safely be said that this tragic-comical aspect is the most conspicuous Cantonese trait. The mulierosity of lepers is at times so much stressed and overexaggerated that the uninitiated might be easily misled to suppose that a leper is the world's most notorious breaker of the Seventh Commandment.

Heretofore the official policy in both Canton and Swatow has been to segregate lepers, usually only the obvious, advanced cases that are picked up on the streets by the police or reported to them by others. For many years there was a special leper village, built by the local government, outside the old East Gate of Canton. This was a large walled enclosure crowded with serried ranks of small-roomed tenements, with no breathing-space but the narrow alleys between them. Nearby was a hostel for the accommodation of visiting friends. The inmates of the village were not really confined, but roamed the neighborhood to beg for their sustenance. This village is now occupied by a non-leper population—whether any have acquired the disease in consequence of living in so highly infected a place it would be interesting to ascertain. The hostel is now used for the temporary detention of patients awaiting transfer to a leprosarium; since about 1920 all patients have been sent to one or the other of the Shek-lung institutions mentioned. Especially interesting are reports of villages of lepers along the rivers, at least one of them a floating community living in small boats. It is said that the inhabitants of these villages are ostracized, and that the children in one of them are the third generation of the original inhabitants but are free from the disease.

There have been several more or less recent reports of plans for action in that region. One correspondent has written that a proclamation had been issued announcing an intention to banish or destroy

all lepers. However, more official reports are more reasonable. News dispatches dated last August stated that the authorities contemplated taking a census of lepers, and establishing more asylums; prisoners with leprosy were to be separated from others; and any leper committing a criminal attack on a woman was to be executed. In September a Swatow newspaper reported a plan to expand the present asylum there. This is a municipal institution, so far as known to us the only one of its kind in China, built some thirteen years ago with a normal capacity of 60 inmates to replace a smaller one that was situated on a rocky island and completely destroyed by a typhoon, and that has been used merely to house the relatively few beggar lepers and others picked up by the police. The scope of the new plan is indicated by the following condensation of a translation of the report referred to, supplied by Dr. James L. Maxwell, of Shanghai.

In view of the limited capacity of the Swatow Leper Colony, General Chen of Canton has decided that it shall be enlarged, and has instructed the Swatow Municipality accordingly. A representative who was sent there to investigate the situation and to prepare the necessary plans has stated that because the number of lepers was increasing, and because Swatow is the second port of importance in Southern China, in order to fulfill the three year plan larger leper colonies should be established to diagnose and treat all cases of leprosy. Instructions along these lines have been issued to the districts concerned. It is estimated that the cost of buildings to accommodate 1,000 patients will be \$169,000, and the cost of furnishings \$42,900, making a total cost of \$211,900 [Mex]. The contemplated staff will consist of a superintendent, a total of 20 doctors, besides 20 clerks and 19 servants of various categories. The first matter of importance being the raising of funds, the municipality has invited the magistrates of the surrounding districts to meet to discuss the matter.

It appears that as yet this development is in the stage of discussion, and that when it was devised no auxiliary work of any nature was contemplated. However, toward the end of last year Dr. Maxwell spent a month in the region consulting with the authorities and the leprosy workers there. That this has resulted in the adoption of a broader viewpoint is indicated by a report in the *Canton Daily News* of December 22, 1934, from a translation of which the following is taken.

The Ming Cheng Ting (Department of Civil Affairs) has recently instructed the district governors concerning the proper handling of lepers. In a letter received from Dr. James L. Maxwell, Medical Adviser to the Chinese Mission to Lepers and to the London (International) Mission to Lepers, through General Chen of the First Military Group, it is stated that experience in different countries has

shown that the old way of segregating lepers is inadequate. The best procedure would be free treatment of the early cases in the country, and clinics should be opened for that purpose, thereby to persuade patients to be treated rather than to frighten them and make them keep away. For the lepers in the city, free clinics should be opened in the registered hospitals. Prompt treatment of early cases may often obviate the necessity of sending them to the leprosaria, because early cases are most amenable for treatment.

Formerly people affected with leprosy refrained from treatment until so seriously affected that the disease was incurable. For the welfare of lepers the government should urge local charitable groups to open free clinics for the treatment of early cases; these patients should not be segregated, but they should continue the treatment until healed. Orders have been given to all concerned, and it is hoped that the district governors will act accordingly, and faithfully urge the charity groups within their districts to organize "Free Clinics for Grievous Diseases" and instruct the registered hospitals to open free clinics for early cases of this grievous disease in order gradually to reduce the number of lepers.

SIXTIETH ANNIVERSARY OF THE MISSION TO LEPERS

On October 5, 1934, in London and elsewhere, especially Calcutta, the parent Mission to Lepers celebrated its Diamond Jubilee. The tremendous amount of good work that has been done for the welfare of the victims of leprosy over a very wide area of the earth by this organization and its branches, from one of which the American Mission to Lepers evolved, entitles this occasion to attention.

In 1874 Mr. Wellesley C. Bailey, a young Irish missionary engaged in educational work in India, when on his first furlough met with a group in a drawing-room in Monkstown, near Dublin and interested them in the plight of lepers whom he had seen at his station at Ambala, in the Punjab. The hostess, Miss Charlotte Pim, undertook to collect £30 a year to aid them, and at the end of the first year had collected £600. This was the beginning of an interdenominational, international work which Mr. Bailey, at the age of 88, had lived to see carried on for sixty years, during which time nearly £2,000,000 was raised and used. The budget for 1933 was £70,000.

On his return to India Mr. Bailey built the Mission's first asylum, at Chamba. The growth of the movement was so rapid that in 1886 he gave up his other work to become the Mission's Secretary and Superintendent, a position from which he retired only seventeen years ago. The history of the movement has been written up repeatedly. In 1910 Mr. John Jackson published the second edition of a book entitled "Lepers," this covering the first thirty-six years. At the time of the fiftieth anniversary, in 1924, the history was brought up to date, and in commemoration of the recent celebration another publication was issued that deals chiefly with the activities of the last ten years.¹

¹Sixty Years of Service, 1874-1934. The Mission to Lepers, 7 Bloomsburg Square, London, W.C.1. 1/3 postpaid.

The extent of the Mission's activities is indicated by the fact, reported in 1934, that it was working in 112 stations in 25 countries, mainly in India and the Far East, in cooperation with 37 American, British and Continental missionary societies. The countries reached, besides India and Burma, included Siam, China, Japan, Korea, Formosa, Arabia, America and several parts of Africa. In its own 48 homes (36 of them in India) and 42 others aided by it, there were some 13,500 patients and over 1,000 healthy children; in another 22 institutions it was supporting religious work. During 1933 in the institutions operated and aided by the Mission, a total of 1,058 patients had been certified symptom-free without deformity and 345 with deformity, and 653 of them had been discharged.

Though the Mission has many institutions entirely its own, one of its basic principles is to keep its overhead expenses as low as possible by cooperating with other organizations in the mission field, utilizing for leprosy work their personnel who, in addition to their other duties, serve as honorary representatives of the Mission. Consequently, a high proportion of its funds goes directly to the benefit of the sufferers. Where governments take care of their own lepers it does not participate in that function. For many years, when there was no effective treatment for leprosy, the work was mainly humanitarian and spiritual, but of late treatment work has been engaged in actively. In India, a rather ambitious plan is being forwarded under which an active treatment hospital—as opposed to the usual refuge asylum—is to be organized in each of the principal provinces. Special attention is being paid the care of untainted children—in total a large group which, if studied intensively and scientifically, should yield observations of special value.

TOC H AND THE B.E.L.R.A.

Notice has been taken in this department [2 (1934) 116] of a cooperative plan arrived at between an English organization called "Toe H" and the British Empire Leprosy Relief Association to draft a group of volunteer workers to assist in the work of leprosy institutions. The basis of the plan is that such non-medical help can relieve the medical personnel of the institutions of much of the work with patients that does not require professional training. The combination with the B.E.L.R.A. insures effective utilization of the workers who will be enlisted.

Early last year it was announced that 100 men, including 4 trained nurses and 2 doctors, had offered themselves to Toe H, but means were lacking to utilize them. It was estimated that for each volunteer it would cost £1,200 for training, equipment and transportation and to maintain him for the five years for which he would agree to serve, this being subject to renewal after furlough at the end of that period. In October it was announced that sponsorships had been secured for six men chosen by a B.E.L.R.A. committee out of the 200 who by then had volunteered for this special "Foreign Legion," and

that these were undergoing a nine months course of preparatory training. Another sponsorship had been reserved for a doctor. Five of the men chosen will be sent to West Africa; the other, an experienced farmer who received a different line of training, has gone to the Dichpali hospital in India to supervise the farm work there.

The British Empire Leprosy Relief Association, inaugurated in the latter part of 1923, has now over ten years of service to its credit. There are two main divisions: the parent organization whose headquarters are in London, and the Indian Auxiliary. The latter, having its own funds raised in that country for use there, is in effect a separate entity and has sub-branches in certain of the principal cities. The home organization, therefore, devotes itself to aiding work in the other parts of the Empire. This entire work is planned to be complementary to rather than competitive with that of the Mission to Lepers, and includes aid in treatment through donations of drugs, investigational work, and field activities.

INTERNATIONAL LEPROSY ASSOCIATION
RESIGNATION OF DR. COCHRANE

Official notice has been received that Dr. Robert G. Cochrane, who from the inauguration of the International Leprosy Association has served as its General Secretary-Treasurer, has submitted to the President of the Association his resignation from that position, to take effect about October 1, 1935. The occasion for this is his return to active clinical and field work in India, after having served for several years as Medical Secretary of the British Empire Leprosy Relief Association in London.

He is being succeeded in that position by Dr. Ernest Muir, whose recent retirement from his post in Calcutta has been noted in these pages. It is expected that the General Council of the International Leprosy Association will elect him General Secretary-Treasurer, the duties of which it is understood he has indicated willingness to assume.

The Editorial Board of the *JOURNAL* wishes to take this opportunity to express its appreciation of the active and whole-hearted cooperation that it has always had from Dr. Cochrane, and its confidence that this cooperation will be continued by Dr. Muir.

E. BRUUSGAARD

Professor E. Bruusgaard, born April 11th, 1869, became in 1915 successor to Cesar Boeck as professor of dermatology at Norges University in Oslo. Having served as Boeck's assistant, he main-

tained the later's interest in skin tuberculosis and attained eminence in that field. As early as 1903 he proved that the tubercle bacillus was capable of producing the clinical picture of erythrodermia exfoliativa universalis, and in later studies of the pathogenesis of skin tuberculosis he discussed the so-called primary complex and the importance of a classification into different stages for an understanding of the several forms of that affection. His work included, besides skin diseases, those of venereal nature, particularly syphilis.

As professor of dermatology at the university, Bruusgaard also worked on leprosy, and he wrote an excellent account of the only certain case of tuberculoid leprosy that has been recognized in Norway. He was a member of the International Leprosy Association from its beginning. The studies that have been mentioned indicate but a fraction of the work that occupied much of his time, to an extent that presumably was instrumental in hastening his sudden and unexpected death from paralysis cordis, on July 3rd, 1934. It will be no easy matter to replace him, as he was not only a very capable instructor, but also one who was greatly liked and admired.

—H. P. LIE.

NEWS ITEMS

Control work in French Oceania.—Leprosy work is particularly handicapped in the scattered groups of small, sparsely populated islands which constitute French Oceania. It is economically impossible to establish a medical center on each one of them. Orofara, established in 1914 for the contagious cases of Oceania, has served only for those of Tahiti and nearby islands, though in 1923 a group of 23 were brought from the Tuamatu group. For the Marquesas, one of the largest leprosy foci, a village was established at Tehutu, on Hiva-Oa. According to *Le Temps*, of Paris, the present governor recently sent a special expedition to the Rapa group, 600 miles from Tahiti, because no private or naval vessel would transport the 20 cases reported there. The expedition returned a month later, after a 1,600-mile voyage, with 18 bacteriologically positive cases. It is planned to station specially trained nurses where there are no medical officers, to supervise the people and watch for early cases. This effort, it is said, is well received by the natives.

Pakhoi asylum to be moved.—Plans are afoot to move the asylum that now is actually a part of the hospital of the China Missionary Society at Pakhoi, in southwestern Kwangtung, China, from the town itself to a new site about two miles away. The Chinese Mission to Lepers has contributed to the cost of this, and private donations are expected. It is planned to build a much larger institution, the capacity to be 1,000 patients. Dr. G. Lawrence Russell has been sent out from England to take charge of the work.

An appeal for a leprosarium.—In contrast to the usual protest over the establishment of leprosaria is a reported appeal for a local treatment station

in their region by the authorities of one of the northern provinces in the Philippines, who offered to contribute to its maintenance. Five of the six regions of the archipelago have already been more or less provided for.

A protest at segregation, Manila.—At a public out-door meeting held last March, reports the *Manila Tribune*, an antisegregation campaign was inaugurated, among the speakers being three members of the Philippine legislature. The origin of this movement was not stated, but it is understood that the leader is a relative of one of the isolated patients. One of the legislators referred to was the author of a bill to modify the present system which was recently passed by the legislature but vetoed by the Governor-General.

A Red-Cross follow-up inquiry in Cebu.—Arising out of differences of opinion between the Philippine Bureau of Health and the local Red Cross organization regarding the policy of the latter in dealing with the social problems created by leprosy since it took over the work of the Philippine Anti-Leprosy Society, states a report in Manila newspapers, the Red Cross will conduct a fact-finding survey in the province of Cebu. An effort will be made to seek out every paroled leper in the province, special attention to be paid the problems confronting the health authorities in following up such people and giving them the continued treatment that, under existing regulations, they are supposed to receive for some time after parole. A very small percentage of paroled patients have received such treatment.

Imperial donation to Soonchun.—In November, 1934, Dr. R. M. Wilson, of the Biederwolf Leper Colony, Soonchun, Korea, received a gift of Yen 1,000 from the Empress Dowager of Japan for the work of his institution. The ceremony with which any gift from the Imperial family is made was held at Kwangju. This donation brings the total from the same donor to Yen 8,000.

Proposed change of status, Gobra hospital, Calcutta.—A bill introduced in the legislative body of Bengal late last year proposes to change the status of the Albert Victor Leper Hospital, an institution of some 160 beds located in Gobra, Calcutta, from that of a State hospital to that of a semi-independent institution receiving a fixed grant from the government. The proposed change would permit the institution to receive and dispose of private contributions and endowments, and the voluntary research work carried on there could be prosecuted more conveniently.

A walk-out at Allahabad.—Dispatches published last year told of a walk-out of 550 inmates of the Naini asylum near Allahabad, supposedly because of a reduction of their grain allowance from 4 to 3½ sears per week and their pocket money from 7 to 4 annas. The strikers camped in the city and announced that they would remain until their grievances were redressed; the police would not deal with them for fear of infection. Two weeks later it was announced that the difficulty had been settled and the agitators removed.

The Kumi Leper Home for Children, Uganda.—Attention was given last year by English newspapers to efforts to aid this institution, which was started in 1930 by Dr. C. A. Wiggins, at one time Principal Medical Officer of Uganda, with funds provided by the British Empire Leprosy Relief Association and the Uganda Government, and which is supported largely by the Mission to Lepers.

Being in the heavily infected Teso district, its capacity of 180 is totally inadequate. A letter from Sister M. Lang, from that institution, described it as a home, hospital and school for children. Connected with it are four outstation treatment dispensaries and the Ongino colony for adult patients and their families mentioned below.

The Ongino colony, Uganda.—An account appeared last December of the opening of the new leprosy dispensary and colony at Ongino, Teso District, Uganda. The dispensary building is described as well arranged and equipped, and staffed by trained dressers. In the colony the patients live ordinary lives in houses they build for themselves, though a ward is provided for bad cases. The Commissioner of the Eastern Province spoke of it as the first colony of its kind, with the exception of Kigezi, to be opened in the Protectorate, and said that there is abundant scope for similar institutions to be opened in Busoga and Lango.

Planting Taraktagenos kurzii in South Africa.—Under "Rare Oil Cure for Leprosy," newspapers in South Africa reported an effort to introduce the species into Natal by an individual who is quoted as saying that the oil was worth 30 shillings an ounce. He succeeded in starting three plants, one of which had survived! [The last quotation for *T. kurzii* oil seen by us was 2/1 per lb., f.o.b. London; that for first grade *H. wightiana* oil, from India, was 10½ d. per lb., c.i.f. Manila.]

Another contact case in England.—Early in December last, according to British newspapers, the daughter of a well-to-do Midlands family was found to have leprosy shortly before she was to be married. The first physician called was baffled and called a specialist, who in turn called a consultant. The wedding was "postponed indefinitely." Apparently there was no indication of how the disease was contracted. Though leprosy is not a notifiable disease in England, it is said that the popular attitude is such that physicians who treat cases in the St. Giles Home do so secretly lest the fact affect their practices. This home (recently described in the JOURNAL) is the only one in England for indigent cases, though according to one report there is one for wealthy people which is so private that its name is not revealed.

A focus in Roumania.—European newspapers last October reported that twenty families had been found suffering from leprosy in the Roumanian fisher-village of Caraorman, in the Donan delta. One account, with the headline "Leprosy invades Europe," stated that these families, comprising 124 persons, had been isolated and that the entire village would be under a quarantine for a long time.

Cases in Belgrade.—Leprosy has "broken out" in Belgrade, four cases having been reported last year. The newspapers had been forbidden to refer to the outbreak and the city was full of rumors which, a dispatch stated, it was feared might lead to a panic.

"A leper at large" in Istanbul.—Under this heading there appeared in the *Daily Express*, of London, a dispatch from Istanbul which is quoted in full:

A leper, in an advanced stage of disease, yesterday called on the editor of a Turkish newspaper. He claimed that many lepers, completely devoid of means

of support and treatment, were, like himself, at large in Istambul. No medical institution exists in Turkey for the treatment of leprosy. While the action of this man, who was previously a university professor, may have jeopardized the lives of many with whom he has come into contact, it is certain to drive the authorities to introduce measures against this contagious disease.

Votes for interned patients?—The *Diario da Noite* of Sao Paulo, Brazil, has reported that some of the interned patients at that city, listed as voters before their internment, desired to vote at the impending election. This raised a unique question, which had to be referred to the Superior Tribunal. A similar question was recently raised by inmates of the Culion colony in the Philippines—not for the first time—and there, too, the question was found difficult, one that might complicate the problems of administration of the institution.

Cases in New York.—There are only 23 cases of leprosy in New York City, none of them infectious, according to a press report of a statement by Dr. John L. Rice, Health Commissioner.

An unwanted patient in Texas.—In Fort Worth, Texas, a Negro serving a short jail sentence last December was found by a local health officer to have leprosy, according to American newspapers. He had been released before the diagnosis was confirmed, and the jail authorities refused to take him back, so temporarily he was "marooned in a hallway... guarded by an unwilling deputy sheriff" while the authorities sought a place in which to isolate him.

Leprosy germs in war.—A member of the British House of Lords, in a recent speech discussing the future of aerial warfare, illustrated his view of the futility of the use of bacteria as a weapon of offense by an amusing example:

The Commander-in-Chief of a force who tried to give England leprosy by dropping 200 tons of leprous germs would be confronted with the slowness of its action and the possibility of its spreading to other countries.

Personals.—SIR RAPHAEL W. CILENTO has been appointed Director-General of Health and Medical Services of Queensland, the northeastern state of the Australian Commonwealth, his headquarters to be at Brisbane. At present health matters in Queensland are handled by the Home Secretary, but according to the *Sydney Morning World* it is believed that the new appointment will lead to the creation of a State Ministry of Health coordinating the many scattered activities under one departmental head. Dr. Cilento has recently been with the Federal health department as Senior Medical Officer (Administrative Division) with headquarters at Canberra, the Washington, D.C., of Australia. Previously he had been Commonwealth Chief Quarantine Officer in Queensland and Director of the Division of Tropical Hygiene, while before that he was Director of Public Health for the mandated Territory of New Guinea, and at one time head of the Australian Institute of Tropical Medicine at Townsville, Queensland. It is understood that he has recently made a special investigation of leprosy in the western islands of the Pacific under the aegis of the League of Nations.

PROF. DR. MATARO NAGAYO, from 1919 to 1933 director of the Institute for Infectious Diseases in Tokyo, and recently dean of the medical department of the Tokyo Imperial University, was elected president of the University on

December 15 last, according to a note in the *Journal of the American Medical Association*.

REV. F. X. SOICHI IWASHITA, who for several years has been in charge of the Koyama Leper Hospital near Gotemba, Japan, having taken it over on the death of Père Drouart de Lezey, and who at the same time held a teaching position at the Catholic College in Tokyo, is reported to have resigned from the latter post in order to devote himself entirely to the leprosy work.

DR. E. A. NEFF, formerly medical officer in charge of the Makogai leprosy hospital in Fiji, and in 1931 a member of the Leonard Wood Memorial Conference on Leprosy, has recently been appointed to the post of Senior Medical Officer in charge of the health department of Cyprus. He writes that there is a small leprosy problem there, with some 80 to 90 cases on the average.

PROF. S. BJARNHJEDINSSON, of Reykjavik, Iceland, for many years in charge of the leprosy work on that island, has been compelled by illness to retire from his connections there and has moved to Copenhagen.

PROF. RODOLFFO STANZIALE, director of the Clinica Dermatosifilopatica in Naples, died about the middle of 1934, according to a correspondent of the *Journal of the American Medical Association*. In the years 1913-1916 he published several studies on leprosy, particularly on attempts to transmit the infection to rabbits. His continued interest in the subject made him for a time an outstanding leprologist, and he was chosen as official delegate from Italy to the third international leprosy conference, held in Strasbourg in 1923.

DR. J. C. ANDERS, who is building up a colony at Ogbomoso, Nigeria, is on home leave in the United States this year. The colony at present has some 40 inmates, in dormitories for 8 patients each, not including a dozen or so out-casts camped across the road.

DR. HARTMAN A. LICHTWARDT, formerly in charge of the American Hospital at Mershed, Persia, has returned to that country after a fifteen-months furlough in the United States and is now at the American Hospital at Hamadan. He will serve as the Persia Secretary of the American Mission to Lepers.

DR. MUSTAFA KAMEL, of the Abou Zaabal Leprosy Colony, near Cairo, is on a leprosy study tour sponsored by the Egyptian government. After two months or more spent at Cullion, Cebu and Manila in the Philippines, he proceeded to India for a stay of similar duration, planning to visit several of the institutions there, and also in Ceylon.

PROFESSOR ED. JEANSELME, of Paris, died on April 9, 1935. Word of this was received from Dr. Etienne Burnet after the material for this issue was in press, too late for the insertion of an obituary notice. The contributions which Professor Jeaenselme made to the study of leprosy are well known to all familiar with the subject. This interest he maintained until the day of his death; his great book on the subject was written at the age of 74. Those who have had the privilege of his personal acquaintance will especially regret the passing of a fine and useful man.