to deal with leprosy; this has been endorsed by the Federal Health Council.

Dr. Cook stated at Darwin that he believed that the disease could be stamped out in Australia in a few years by enforcing a policy of rigid isolation and regular inspection of leprous regions, which he added was being done in the Northern Territory. Others held that this measure would interfere with welfare work among the aborigines, tending to inhibit them from coming in to the stations from the wilderness, and urged that, because of the reluctance of these wild people to leave their own country, provisions should be made to care for them nearer home.

With reference to the time that the disease has existed in Australia, Basedow, in a comprehensive article on diseases among the aborigines [Jour. Trop. Med. and Hyg., 35 (1932) 197] says that although reports had been received that it existed among the tribes in the Murray River district in the early days of colonization, the information was not authoritative and in the light of recent investigations is doubtful. It was not until the early nineties of the last century that the disease was officially recognized.

OBIITUARY

DR. K. V. VEERASINGHAM

Dr. K. V. Veerasingham, medical superintendent of the leper settlement at Pulau Jerejak, near Penang, Malaya, died on November 14, 1935. Dr. Veerasingham began whole-time leprosy work in 1930, after preliminary study of leprosy problems in India. Under his administration the Pulau Jerejak settlement rapidly became the modern, efficient institution that it is today. Leprosy work in Malaya sustains a severe loss by his untimely death. [G. A. Ryrie]

NEWS ITEMS

Australian mandated territories.—That the leprosy scourge in Nauru and New Guinea is well under control was reported last year at a conference of the administrators of the Australian mandated territories, which also included the officials of Papua and Norfolk Islands. A plan was adopted, says the Brisbane Courier-Mail, whereby medical information would be collected by a central office at Canberra, and contact with progress in tropical medicine would be maintained by biennial meetings of the leading doctors in all tropical centers.

Kavieng leprosarium, New Guinea.—A leper colony of considerable size, of which little has been heard, is the Anelaua leprosarium at Kavieng, Mandated Territory of New Guinea. According to a letter from Dr. K. A. Holland, the medical officer at Kavieng, to the Sydney Morning Herald, this is the only large colony in the Australian Commonwealth territory, with 550 inmates including nearly 100 children.
Replacing the Sotojima leprosarium, Japan.—It will be recalled that two years or so ago a violent typhoon completely wrecked the leprosarium at Osaka, with the loss of over two hundred lives. Since then the survivors and other patients of that region have been hospitalized temporarily in other leprosaria, pending replacement of the original one. Strong objections having been raised to its reconstruction on the old site, near the city, efforts have been made to secure a suitable location elsewhere. Last August the Japan Weekly Chronicle stated that progress had been made in securing land on Nagashima, Okayama (where the Aisei-en National Leprosarium is also located), and that work would be started in the autumn. It was expected to build for 1,000 inmates, the estimated expenditure to be yen 912,000.

Laboratory in Siam asylum.—The resident physician of one of the three leper asylums in Siam (where it is believed there may be as many as 20,000 cases) has, according to the Singapore Free Press, recently appealed to the public through a local newspaper for a thousand ticals to build a laboratory. This money was subscribed by readers.

Village for negatives at Cebu.—There has recently been opened at Cebu a "negative barrio" for indigent paroled lepers. This barrio has been constructed by the Philippines Chapter of the American Red Cross on ground belonging to the Bureau of Health, near the leprosy clinic. Its erection is the result of a careful study of the economic and social problems of the paroled lepers in the Cebu district. An effort is being made to provide some way—agriculture, poultry raising, fishing, etc.—by which these seriously handicapped people may become in part self-supporting. There are 18 individual family houses, each with a floor area of 25 square meters, and with 200 square meters of ground, two larger houses for unmarried people, and a common toilet and bath house. The remainder of the lot is set aside for vegetable gardens and poultry raising.

Leper Boy Scouts in the Philippines.—So far as can be ascertained, says a statement published in Manila newspapers, the first troop of leper Boy Scouts ever organized was set up in Manila, in August, 1927. This troop, which is still in existence, has won awards for the past three years. There are now over 200 boys in this movement, organized into ten troops at Cebu and in others in four of the regional treatment stations.

Government cooperation in Iran.—Although there has been medical work for the lepers in Iran (formerly called Persia) for the past ten years, this has been carried on entirely by Presbyterian medical missionaries with the cooperation of the American Mission to Lepers, according to a note from Dr. H. A. Lichtwardt. This past year however, the government has given a grant of rials 30,000 (about $2,000) for the work at Meshed, and this has been used to construct an addition to the leprosarium there. Meshed is probably the only place in the world where Moslem shrine authorities cooperate with Christian missionaries in the care and treatment of lepers. A second leprosy treatment center in Iran is being opened at Tabriz, in the western part of the country. The government is now constructing the necessary buildings, and the actual medical treatment will be in charge of Dr. Charles A. Lamme. This work should reach hundreds of Turkish and Kurdish lepers in that section of the country. Although leprosy is not one of...
the major problems of Iran, it is estimated that there are at least 2,000 active cases, most of which are not receiving regular treatment.

The Tukuyu colony, Tanganyika.—A United Press report from Rome describes the work of the White Fathers and Sisters in Tanganyika, where on Makete Hill, a few miles from Tuyuku and about 49 kilometers above the northernmost point of Lake Nyassa, they have developed a colony said to contain 2,300 patients. They live in comfortable, up-to-date cottages, each of which houses a family some members of which is a victim of the disease. They are issued food, clothing, and the agricultural implements needed for tilling the land allotted to them, and they receive chaulmoogra treatment. There is a dispensary for the treatment work and a hospital for those requiring bed care. Patients living in distant parts of the region are treated at various centers established for the purpose, and some are attended in their homes.

Capuchins in Ethiopia.—It is natural that, under existing circumstances, the European press should have given considerable space of late to the work with lepers in heavily-infected Ethiopia, carried on largely by French Capuchin monks. An account of this is given by P. Alays in Retes franciscaines of Paris, April, 1935. Briefly, it appears that many years ago the famous Ras Makonnen rounded up the beggar lepers at Harar, sent those of Abyssinian origin into the interior, and built a sort of refuge for the Gallas. In 1901 Père Marie-Bernard began to minister to them, after which the Ras donated land on which is located the present asylum village, evidently an attractive place, with Père Charles, advanced in age, still in charge after more than twenty-five years of service.

Capuchin monks also work with lepers in Kenya, Mozambique, Seychelles, Easter Island and Brazil, where Père Daniel, himself infected, served for many years.

Antileprosy campaign in Mexico.—The campaign against leprosy in Mexico has recently been intensified by the Department of Public Health, according to a note in the Journal of the American Medical Association. A new dispensary for lepers was recently opened in Mexico City and five more are being opened in various states. All the dispensaries will have a personnel of specialized physicians, nurses and other workers. The leprosaria will be constructed at a total cost of 300,000 Mexican pesos (about 85,000). Cheese and lepers.—Brazilian newspapers have published articles in which it was stated that the cheese produced in Minas Geraes has in some part been made by lepers. The leprosy control service of Bello Horizonte has stated that there are no lepers in the organized cheese industry, and that the service is following up the farmers to avoid promiscuity in this matter, since lepers are to be found in large numbers in every part of the State. [H. C. de R. S.]

Priority regarding fingerprint changes.—In discussing the recent publications of Prof. Ribeiro on alterations of the finger prints in leprosy, Prof. A. Aleviz, of Bello Horizonte, claimed priority saying that observations made by him from 1914 to 1917 were published in the latter year in the doctorate thesis of Dr. G. do Couto e Silva. Dr. Ribeiro in reply stated that such publication does not give him right of priority. [H. C. de R. S.]

Lepers "gangsters" in Argentina.—Correspondence received in Brazil from Buenos Aires describes crimes committed by a group of four leper bandits in
that city. The police arrested them twice, and isolated them in the Hospital Muniz, but they escaped both times. One has been killed by the police but another replaced him, and the band is operating elsewhere. The situation is bad because the Federal Government has neither prison nor colony for lepers. [H. C. de S. A.]

A leprosarium projected for Portugal.—The problem of leprosy in Portugal, said to be as bad as in the tropics, has led to agitation for the construction of leprosaria. The government has appointed a commission to choose a place for one at the metropolis. [H. C. de S. A.]

A leprosarium for Mozambique.—It is reported that the Government of Portugal has approved a budget of 6,000 contos (about $600,000 U. S.) to build a leprosarium in Milange, Queliman Province, Portuguese East Africa. [H. C. de S. A.]

Chaulmoogra in arthritis.—Apparently in the belief that chaulmoogra is particularly beneficial in arthritis in leprosy, it has been tried out by physicians in Saint Louis as a remedy for that affection in general, according to a report seen in the Washington Herald. It is stated that some patients were improved, even to the stage of cure, but on the whole the report seems to be definitely lacking in enthusiasm.

Personal.—MÉDICON GENERAL SOREL has been appointed Inspecteur-général du Service de Santé of the Ministry of Colonies (in reality director of health to the ministry), upon the retirement of Mlle Bois-Giffard. General Sorel’s career has been mostly in Africa, since the time of the colonial conquest, though he has also been director of health of the colonial troops in Indochina. He is the author of important works on leprosy, particularly rat leprosy, and in both Dakar and Hanoi he was one of the most energetic supporters of the campaign against leprosy along modern lines. It is he who, with the Governor-General of French Africa, created the Bomako Leprosy Center, now directed by Dr. Robineau. [Dr. Burnet]

DR. LAURO SOUZA LIMA, director of the Padre Bento leprosarium in the State of S. Paulo, Brazil, has been commissioned by the government of that State to go to the Philippines and India to study the treatment of leprosy. [H. C. de S. A.]

DR. FUMIO HAYASHI, until recently senior assistant under Dr. Mikada at the Nagashima leprosarium, Japan, has been made director of the new federal institution at Kagoshima, in Kyushu.

DR. YASUDA, formerly of the Aomori leprosarium, in Northern Japan, is now in charge of the medical work at the Fukusei Byoin, near Gotemba, which is directed by Dr. F. X. Soichi Iwashita.

To attend meetings of the Advisory Medical Board of the Leonard Wood Memorial and of the General Council of the International Leprosy Association, Dr. H. W. Wade, of Culion, visited the United States and England last year. Early in 1936 he went to India for a few months to carry on certain inquiries with Dr. R. G. Cochran of Madras and Dr. John Loew in Calcutta.