

LEPROSY NEWS

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

FOURTH INTERNATIONAL LEPROSY CONFERENCE

The following list constitutes a decree for the organization of the Cairo conference promulgated by the Government of Egypt.

ROYAL DECREE No. 80, 1936

THE FORMATION OF AN ORGANIZATION COMMITTEE
FOR THE INTERNATIONAL LEPROSY CONGRESS
TO BE HELD IN MARCH, 1938

H. E. The Minister for Public Health, *President*
H. E. The U. S. S. for Public Health
H. E. The Dean of the Faculty of Medicine } *Vice-Presidents*
H. E. The Director General of the State Railways.
H. E. The U. S. S. for the Ministry of Finance.
H. E. The Governor of Cairo.
The Director of the Research Institute, *Secretary*¹
The Technical Secretary of Public Health.
The Director of the Section of Tuberculosis and Leprosy, P. H. M.
Dr. Ibrahim Sabri, Skin Specialist, Alexandria Hospital.
The Leprosy Specialist, Public Health Ministry.

Information received from the president of the International Leprosy Association, who visited Cairo at the end of March to consult with the authorities, is to the effect that official invitations to send delegates to the conference had been sent out or were shortly to be sent. The Government will arrange suitable meeting places, will secure reductions of rates with steamship and railway companies and with hotels, and will arrange for trips to Palestine, the Sudan and places in Egypt. It is apparently expected to publish a volume of transactions after the conference. It was expected that Prof. M. Khalil Bey, secretary of the organizing committee, would visit London and Paris in July to confer with the secretary of the International Leprosy Association and others concerning details of the organization of the conference.

¹Prof. M. Khalil Bey

Later information from the General Secretary-Treasurer of the International Leprosy Association (June 23, 1937) is that Professor Khalil Bey would not go to London until after the end of August. Aside from the fact that arrangements were being made for issuing a medal and postage stamps, bearing a design of the chaulmoogra tree, on the occasion of the congress (as it is called in the correspondence seen), no further details of local arrangements have been received by *THE JOURNAL*. Nor is any definite information available as to the manner in which the meeting is to be organized, but it is expected that a meeting of the General Council and election of officers of the International Leprosy Association will be held.

The General Secretary-Treasurer of the Association has sent the following letter to medical periodicals throughout the world:

Arrangements are being made to hold the 4th International Leprosy Conference in Cairo, beginning on the 21st of March, 1938. This Conference is being organized by the International Leprosy Association, and this will be the first International Conference to be arranged by this Association since its inauguration in 1931. Three previous conferences of this nature have been held—at Berlin in 1897, at Bergen in 1909 and at Strassbourg in 1923.

The Egyptian Government is inviting all countries concerned to send official delegates. In addition to these, doctors and others interested in the subject are invited to be present. Full information can be obtained from the Secretary of the International Leprosy Association, 131 Baker Street, London, W.1. I shall be glad if you will kindly give prominence to this notice in your esteemed journal.

From the same source the following letter has been sent to all members of the International Leprosy Association:

I am writing as Secretary of the International Leprosy Conference and shall be glad to hear from you as soon as possible, if you have not already intimated the fact, whether you will be able to attend. The Conference will be held in Cairo from the 21st of March, 1938, and full particulars with regard to accommodation and travelling facilities, etc., which are not yet to hand, will be forwarded as soon as available. It is understood that the Egyptian Government is trying to arrange for large concessions in the price of hotels and travelling facilities, and that certain missions and others in Cairo will be able to arrange cheap accommodation for medical missionaries and others who cannot afford hotel accommodation, at 5 to 8 shillings a day.

I shall be glad if all members of the International Leprosy Association and others attending the Conference, will kindly let me know by the end of September whether they would be able to contribute a paper, and what its title will be. Short abstracts of papers, not exceeding 200 words, should be in my hand not later than the end of October, 1937. It is hoped to publish these abstracts in a small booklet which will also give particulars of the Conference and information about Egypt, travelling and sight-seeing facilities, etc., and especially about the antileprosy work that is being done in Egypt.

Copies of complete papers should, if possible, reach me by the middle of February, 1938. All communications should be sent to 131 Baker Street, London, W.1, up till the end of February, 1938.

We are informed that a good many intimations of intention to attend the conferences have been received, and it is expected that there will be a good response on the part of governments to the invitation of the Egyptian Government to send official delegates. The health authorities of Egypt have in preparation an article descriptive of the leprosy situation in that country and of the work that is being done there, which it is expected will be received in time for publication in the next issue of *THE JOURNAL*.

ACCOMMODATIONS IN CAIRO

For the information of medical missionaries or others who may be uncertain as to whether or not they can attend the conference on account of expense, the General Secretary-Treasurer announces that cheap accommodations can be arranged for such persons at a hospitality charge of from 5/- to 7/6d (five shillings to seven shillings and six pence) per day, provided notice is given him without delay, to 131 Baker Street, London, W.1.

THE LEPROSARIUM OF NESHU EL BAHARI, BEHERA, EGYPT¹

As a result of work that had recently been done in the therapy of leprosy during the years prior to 1927-28, a leprosarium was established at Behera, Egypt, in the latter year. The medical authorities of the hospital of the Greek community of Alexandria asked Dr. Socrates Lagoudaky to undertake the treatment of a number of patients, and a special pavilion was set apart for the purpose. At that time there was no other hospital in Alexandria which had the essential isolation wards for the observation and treatment of leprosy; neither was there any leprosarium in Egypt.

The lepers in the localities around Alexandria quickly learned that treatment was being offered at the Greek Hospital, and almost immediately some 152 of them volunteered for treatment. In June, 1929, compulsory registration of all persons suffering from leprosy was ordered by the Government, and 83 of these patients were registered, so that they could be controlled by the health service of the municipality.

¹Abstract of editorial in *The Journal of Tropical Medicine and Hygiene* 40 (1937) 80-81.

The expense of this work was borne by the Greek Hospital, excepting the purchase of the drug, which Dr. Lagoudaky generously gave, together with his services. On hearing that there were lepers at Rachid (Rosetta) and at Metubes—small Egyptian villages two hours by train from Alexandria—he also opened free clinics there at his own expense in December, 1928; 52 patients attended at Rachid and 29 at Metubes. Dr. Walker Tomb, the Director of the Section for Epidemic Diseases at the Ministry of Public Health in Cairo, reported so favorably upon this work to His Excellency, Dr. Chahin Pacha, Minister of Public Health, that Dr. Lagoudaky was granted permission to build a leprosarium at his own expense at Neshu El Bahari (Behera), one hour's train journey from Alexandria.

The leprosarium has an area of 8,000 square meters of land, and the institution itself occupies 3,000 meters. There are six pavilions, one for each patient, with a separate garden for each one; the completion of the buildings was accomplished in January, 1932. Dr. Lagoudaky (from whom the description of his leprosarium was obtained) says that he hopes to increase the accommodations, as soon as the political and economic conditions permit, to 24 pavilions, so that 48 patients at a time may be under treatment. After his demise the leprosarium passes, by the act of registration, to the Greek community of Alexandria. When the leprosarium was ready for occupation the clinic at Metubes was closed, and that at Rachid was transferred to Edkon, a village one and a half hours distance from Alexandria.

The lepers under treatment are nearly all Mussulmans, but there are also seven Greeks, six Kopts, and three Jewish. Since April, 1928, 352 patients have been treated, of whom 22 have been cured by alepol, 7 by antilepra preparation 1286/1, and 2 by hyrganol. All the registered cases, as well as those paroled as apparently cured, are under the control and supervision of the municipality. Unfortunately the Egyptian patients disappear as soon as their condition has improved, after about one to two years' treatment. This difficulty is said to occur also at the Government leprosarium, near Cairo, and at other centers.

INTERNATIONAL LEPROSY ASSOCIATION
FINANCIAL REPORT

The following is the financial statement of the General Secretary-Treasurer of the Association for 1935.

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE
YEAR ENDING DECEMBER 31, 1935

RECEIPTS	£	s.	d.	PAYMENTS	£	s.	d.
To Subscriptions of members.....	327.	10.	3.	By Press cuttings.....	8.	12.	10.
" Nonmember subscriptions.....	25.	14.	4.	" Postage, telegrams.....	13.	6.	0.
				" Printing, stationery.....	16.	11.	7.
				" Accountant's charges.....	4.	4.	0.
				" Grant for secretarial work.....	20.	0.	0.
				" Bank charges.....	1.	3.	10.
				" Balance carried down, being surplus..	289.	6.	4.
	<u>£353.</u>	<u>4.</u>	<u>7.</u>		<u>£353.</u>	<u>4.</u>	<u>7.</u>

The item of surplus refers only to the expenditures on account of the office of the Association and does not take into account a remittance of £220 to the INTERNATIONAL JOURNAL OF LEPROSY. The auditor's balance sheet, showing a total surplus from March, 1931 to December 31, 1935, of £959/8/8, and total remittances to the JOURNAL of £800/0/0, shows an actual cash balance in bank of £129/8/8. The item of nonmembership subscriptions is actually to the credit of the JOURNAL conversely, the accounts of the JOURNAL show a credit item for membership fees received at Manila for the account of the Association.

INTERNATIONAL JOURNAL OF LEPROSY
FINANCIAL STATEMENT, 1935

RECEIPTS	DISBURSEMENTS
International Leprosy Association (remittance, £220) P2,117.48	Salaries..... P3,688.33
Subscriptions..... 364.51	Printing..... 4,380.50
Membership dues, I.L.A... 200.00	Postage..... 578.51
Sales of JOURNAL, etc.... 116.15	Telegrams, etc. 111.35
Bank interest..... 1.11	Translation..... 52.20
TOTAL..... P2,799.25	Sundry expenses..... 339.48
Subsidy, Leonard Wood Memorial, 1935..... 5,954.40	Purchase of equipment.... 27.20
TOTAL..... P8,753.65	Bank discount..... 23.07
	TOTAL..... P9,200.64

The deficit here shown, P446.99, was covered by a surplus on hand at the end of the preceding year.

COLOMBIA

In what it has been the custom to call the antileprosy campaign, states a report to the national director of hygiene published in the *Revista de Hygiene* [16 (1935) 55-149], the government of the Republic of Colombia has for many years been expending sums varying from one to two millions of pesos annually. In the past this has been used more for the maintenance and administration of the leprosaria than for prophylactic and therapeutic work. The institutions referred to are (1) Agua de Dios, in the Department of Cundenamarca, some distance from Bogotá; (2) Contratación, in the Department of Santander; and (3) Caño de Loro, in the Bolivar-Magdalena region.

As a result of the liberal expenditures in connection with the leprosaria, their localities became transformed into commercial centers. Consequently many healthy people, especially at Contratación and Agua de Dios, lived in daily and permanent contact with the lepers, people whose presence cannot be justified on any grounds. The Department of National Hygiene has undertaken to expel all the nonlepers from the leprosaria, and to make them veritable centers of isolation and treatment. It is proposed to modify fundamentally the allotment of the appropriation, and to use a considerable part of it for the treatment of the sick and for a campaign of prophylaxis in the different leprosy foci in the Republic.

The total number of lepers in the country is quite unknown. There are no reliable statistics, as no leprosy census has been made. The available data are fragmentary, consisting only of the numbers of patients in the leprosaria, but these cannot serve as a basis of an estimate of the total number of cases. Because of lack of an efficient antileprosy campaign, numerous leprosy persons with gross lesions laden with bacilli have avoided the application of the regulations. It is believed that, as in other countries, there are for each known case at least two that are not known. The Department of National Hygiene has now started a leprosy census, but the difficulty of this is recognized; to further this work dispensaries are being established throughout the leprosy areas, and the aid of physicians throughout the country has been solicited. All cases, whether open or closed, are to be isolated without distinction.

The statistics procured from the leprosaria for the year 1934 are given in several tables. Some of these statistics, which refer to the actual cases, are shown in a combined tabulation herewith.

Leprosy statistics, Colombia, 1934.

Data	Leprosaria			Total
	Agua de Dios	Contratación	Caño de Loro	
GENERAL				
Inmates, January 1...	3,944	3,110	332	7,389
Admissions				
New cases.....	456	251	47	754
Readmissions.....	29	1	0	30
Total.....	485	252	47	784
Discharges				
Deaths.....	129	184	16	329
Released ^a	109	47	6	162
Escaped.....	26	25	1	52
Total.....	264	256	23	543
Changes.....	+ 227	- 7	+ 21	+ 241
Inmates, December 31.	4,171	3,103	353	7,627
Percentage of total...	54.7	40.7	4.6	100.0
SEX^b				
Male.....	2,247	1,774	273	4,294
Female.....	1,948	1,334	86	3,368
Ratio.....	1.2:1	1.3:1	3.2:1	1.3:1
BIRTHS, 1934				
Number.....	144	213	3	430
Per 100 ^c	3.6	6.8	0.9	5.8

^a Cases "socially cured" and those admitted under erroneous diagnosis.

^b On May 10, 1935.

^c These figures are presumably affected by the numbers of nonleprosy persons living in the institutions.

The bulk of the report consists of spot-maps of the individual organized departments of the country, and lists of their municipalities giving the numbers of cases that have come from each. A plan is shown of the Agua de Dios leprosarium, in which (it is understood from other sources) all of the segregated cases of the country are to be concentrated. There is also a general map of the country which shows in crude figures the numbers of cases per 10,000 of population. The average incidence for the country is about one case per thousand of population, but there is an interesting concentration in the central part of the mountainous area (Boyacá, Cundinamarca, Santander and Santander del Norte). The distribution of cases in segregation on May 10, 1935, was as follows:

DEPARTMENTS SENDING CASES CHIEFLY TO AGUA DE DIOS

Boyacá.....	2,121 cases	27.7 percent
Cundinamarca.....	1,437 cases	18.8 percent
Caldas.....	334 cases	4.4 percent
Talima.....	183 cases	2.4 percent
Antioquia.....	167 cases	2.2 percent
Valle.....	131 cases	1.7 percent

Huila.....	98 cases	1.3 percent
Cauca.....	79 cases	1.0 percent
Nariño.....	73 cases	1.0 percent
(Intendencias and Comisarias).....	8 cases	0.1 percent

DEPARTMENTS SENDING CASES CHIEFLY TO CONTRATACIÓN

Santander.....	2,136 cases	27.8 percent
Santander del Norte.....	521 cases	6.8 percent
Foreign cases.....	26 cases	0.3 percent

DEPARTMENTS SENDING CASES CHIEFLY TO CAÑO DE LORO

Bolívar.....	231 cases	3.0 percent
Atlántico.....	76 cases	1.0 percent
Magdalena.....	41 cases	0.5 percent

Totals.....	7,662 cases	100.0 percent
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In a separate, unsigned article, published together with the report reviewed, is a statement of the new plan of antileprosy work adopted in 1935. The situation found by the new health administration was such as to require fundamental modification of antileprosy measures and intensification of the campaign against the disease. The measures planned are: (a) Organization of statistics on leprosy for the republic: revision of the clinical histories of the patients in the leprosaria to determine the exact number of patients in them, a census of leprosy by means of antileprosy dispensaries and otherwise. (b) Control of isolation: all infective cases to be isolated in accord with present practice,¹ sanitary control around the leprosaria to be established, nonlepers to be expelled from the leprosaria. (c) Organization of treatment within and outside of the leprosaria: treatment is made official and obligatory, the official drug being the ethyl esters of chaulmoogra oil.

LEPER SITUATION IN KWANGTUNG

The Shanghai Information Office of the National Military Council issued on May 4th the following statement, according to the *Chinese Medical Journal*.

Sensational reports on alleged massacres of lepers in Kwangtung have probably been caused by the medical examinations which have been proceeding to separate those in an advanced state of leprosy from those for whom some hope of recovery exists.

The Central authorities took prompt action when the reports were first circulated nearly a month ago. A telegram was sent to the provincial authorities in Kwangtung ordering them to stop the ill-treatment of lepers if it were occurring. The Mayor of Canton, Mr. Seng Yang-fu, replied that the rounding up of lepers had been carried out for hygienic purposes.

¹This statement differs from that in the main report discussed above.

These unfortunates, according to the Mayor, were increasing in number and had been mixing freely with the uncontaminated population. The action taken by the police was for the protection of the general population, and was not designed to harm the lepers.

Soon after his arrival in Canton, General Wu Te-chen, chairman of Kwangtung, caused steps to be taken to ensure that those afflicted by leprosy should be properly cared for in suitable surroundings. A state of congestion exists at the present leprosy hospital and no more sufferers can be admitted.

A new hospital is to be built for the lepers on an uninhabited island called Yuankangsha, in the neighbourhood of Panyu. This land is 800 mow in area, and the preliminary work for the hospital, for which \$140,000 has been appropriated, has begun. The Kwangtung authorities have expressed the hope that the hospital will be available for lepers within three months.

On the same date (May 4th) the *Associated Press* in Shanghai sent out a dispatch stating that missionary and medical circles in Shanghai were seeking confirmation of Chinese reports that Cantonese authorities had shot 215 lepers on April 25 after futile attempts to drown them.

LA LEPRO

The periodical *La Lepro*, published quarterly under the direction of Prof. Y. Satani, Director of the Osaka Dermatological Institute of the Osaka Imperial University, has been made the official organ of the Japanese Leprosy Association. The articles are published in the Japanese language, but authors' abstracts of many of them are given in one of the European languages or in Esperanto. Beginning with 1936 all of these abstracts which appeared during the year were printed as a separate pamphlet.

WELLESLEY C. BAILEY

Lepers of the world have lost a life-long benefactor in Wellesley C. Bailey, who died in Edinburgh today at the age of 90. Mr. Bailey went to India when he was 22 to join the Indian Police, but he became a missionary instead and undertook work among the lepers in many parts of India. He returned home in 1886 and was general secretary of the Mission to Lepers for 30 years, after which he became honorary superintendent of the Mission. While he was secretary, many leper asylums were established in India, China, Japan and other countries.—[*Reuter News Service* London, January 28, 1937.]

NEWS ITEMS

Abandonment of Abou Zaabal proposed.—Following the uprising among the inmates of the Abou Zaabal leprosarium near Cairo some months ago, the government held an inquiry into the causes of the trouble with a view to arriving at suggestions for the amelioration of the condition of the people con-

cerned. The report, states the *Course Egyptienne*, proposes the transfer of the lepers to a less arid region where they will be less separated from other human being and where they can engage in agriculture and the manufacture of useful articles.

On the other hand another report, published widely in Egyptian newspapers, states that the government had decided to add 45 beds to the Abou Zaabal asylum, bringing its total capacity up to 225. At the same time, it is stated, the outpatient clinic for the treatment of lepers heretofore attached to the Siufia Hospital will be transferred to another place in the Shubra district of Cairo, far from inhabited neighborhoods, in order to safeguard the welfare of the public. Three other outpatient clinics will be established in Embaba, Giza and Damanhour.

Mission colonies in Nigeria.—The government of Nigeria is reported to have invited the Sudan United Mission to take over the large leper colony at Maiduguri, in the Bernu Province of Northern Nigeria. It is estimated that there are 200,000 lepers in the country, which is largely Moslem. One colony, that under the Church of Scotland Mission, has 1,600 patients. Before the coming of the missionaries the victims of the disease were poisoned by one tribe; chained by the ankles, fastened to a tree and burned alive by another one; and neglected and outcast by the rest.

New leprosarium for Madagascar.—Announcement has been made of the intention of the administration of Madagascar to open a new colony in the Fort Dauphine district. It will be under the direction of the Sisters of Charity, who already direct the Farafangana asylum, with 315 inmates.

Mauritius, 1935.—The annual report of the Medical and Health Department shows that there were 49 cases in the leper hospital at the end of the year, practically the same as a year previously. The large majority are old neural cases with residual sequelae. No new case was detected during the year.

Leprosy in Arabia.—The first medical missionary survey of Arabia has recently been made by Dr. Harold Storm, who made a 5,000 mile tour across and around the peninsular, by camel, donkey, motorcar and sailing boat, according to *The Life of Faith* (London). During the tour special attention was paid to the occurrence of leprosy, and it was found that there are two large centers of it. One is in the Yemen area and the other in the Hadramaut Valley. The former was not visited, but from people who came out of it, it was learned that there are whole villages there consisting almost entirely of lepers, for whom nothing is being done. In the Hadramaut Valley lepers are strictly isolated outside the villages, to which they never return once the disease is discovered.

A marriage in the Rumanian leper camp.—The inmates of the leper camp on the outskirts of the village of Tichilesti, in the district of the Danube delta, include men and women of all social classes. The marriage of two couples in this camp is described in the *Journal of the American Medical Association*. Permission of the doctor having been received, there being no law to prevent marriage of lepers, an improvised altar was set up in an adjacent meadow. The officiating clergyman and registrar appeared dressed in white coats and leather gloves. After the short ceremony the contracting parties were not allowed to sign the registry book, as is customary, and the clergyman, the registrar and the physicians burned their coats, gloves and shoes and fumigated all the witnesses.

Iceland, 1934.—The report on public health in Iceland for 1934, summarized in the *Lancet*, states that leprosy continues to decline. In 1925 there were 50 lepers alive, and in 1934 only 31, but it was noted that three new cases had been diagnosed during the year.

Diet in leprosy.—A two-year study of leprosy at Washington University School of Medicine, in St. Louis, Missouri, has indicated that proper food may aid lepers, states a recent *Associated Press* dispatch. Drs. Edmund V. Cowdry, L. F. Heimburger and P. S. Williams said they had found the large and disfiguring nodules that mark one form of leprosy contain relatively too little calcium and too much phosphorus. Diets rich in calcium, with the addition of cod liver oil, tend to reestablish normal relations between these substances. Some of the favorable results noted from use of chaulmoogra oil are explained by the fact that while under treatment the lepers enjoyed better food and more healthful surroundings. Chaulmoogra oil still is given on the remote chance it may be helpful and because it does no harm. The nearly complete disappearance of leprosy from Europe and the United States is attributed to improvement in living conditions.

Leprosy service in Guadeloupe.—The Governor of Guadeloupe, under date of November 20, 1936, signed an order creating a leprosy service at the laboratory of hygiene and bacteriology of Pointe-à-Pitre, according to the *Courrier Colonial* (Paris). This service is charged with the prophylaxis and treatment of the disease on the "social plan," under the control of the chief of the health service.

Leprosy activity in Surinam.—The number of lepers in Paramaribo has gradually become known, but outside of the town they often try to hide themselves and supervision by the district doctor is practically impossible, says the *Telegraaf*, of Amsterdam. In Paramaribo a special doctor supervises the patients in the first stages of the disease, who are not sent to an institution but are treated at home or at clinics. This supervision is necessary, for the patients will not adhere to the rules of the leprosy committee. The people do not believe that the disease is contagious, and the lepers to whom trade and poultry raising is forbidden settle around the town. Suspected patients found in the streets, markets, or elsewhere are taken before a special leprosy committee for examination. In the leprosaria there were on December 31, 1934: Groot-Chantillon, 223; St. Gerardus Majella, 191; New Bethesda, 133, the total being 547. It cannot be said that leprosy in Surinam is either increasing or decreasing.

Shipping drugs by air.—A quantity of leprosy drugs has been shipped by airplane from the International Center in Rio de Janeiro to the authorities of the Virgin Islands, says *O Estado de S. Paulo*. By that route the drugs were received in four days, whereas by ordinary means of communication it would have taken many weeks.

Death of Father Forner.—Reports that appeared in the latter part of last year announced the death of Father Forner, a Redemptorist missionary who contracted leprosy while working among the poor of Goyaz. He died in the Santo Angelo leprosarium, São Paulo, where he had resided as a patient since 1928.

"Patronato de Leproso" of Paraguay.—It is reported that an organization of the above name has been created in Paraguay to collaborate with the Ministry of Public Health in antileprosy activities.

Problems in Japan.—In a long editorial in the *Japan Chronicle*, based largely upon the last report of Mr. A. Oltmans, the local secretary of the Mission to Lepers, it is pointed out that of the 15,000 acknowledged lepers in the country only about 5,000 are in institutions, while the remaining 10,000 (of whom, it is pointed out, only a small fraction are mendicants) are not controlled. The need of accelerating the government's plan to provide institutions for them is emphasized. With regard to the care of children of lepers, of which the numbers cared for in institutions is increasing, it is noted that the establishment of special homes for them is objected to on the ground that they would be stigmatized and a barrier raised against their entry into society. "It may be pointed out, however, that the barrier exists in any case, for the child of leper parents—whether in an institution or not—is cut off from normal society," and in addition runs great risk of ultimately contracting the disease if left at home. Another phase of the problem is presented by the paroled patients. These come from both the government and mission hospitals, though mostly from the former, which emphasize treatment, while in the latter the care—physical, mental and spiritual—of the leper predominates. Follow-up treatment and supervision are difficult to bring into practice. The paroled leper apparently looks upon himself as not unlike a ticket-of-leave convict.

Leper beggars in Kobe.—A half-dozen lepers in Motomachi, the main shopping street in Kobe, recently staged a regular hold-up, according to reports from Japan. Their habit of accosting customers outside the shops has led some of the most influential proprietors to lodge formal protest with the prefectural authorities against the increasing number of lepers at large. Pedestrians, especially foreigners, find the presence of lepers in the streets "very unpleasant." The *Kobe Yushin* is quoted as saying that the merchants are dissatisfied with the indifference shown by the local police.

Hong Kong, 1935.—Since the passage of the new leprosy ordinance [THE JOURNAL 4 (1936) 524] it has not been possible on account of financial stringency to do anything toward the establishment of a proper leper settlement, states the report of the Director of Medical and Sanitary Services. However, arrangements were made for the use of the smallpox hospital as a refuge for lepers and 44 cases were admitted, of which 11 remained at the end of the year.

New leprosarium for Siam.—The *Siam Chronicle* reports that the Public Health Department plans to put up a new Hospital for lepers at Khornkaen, to be able to take in lepers of the northeastern districts of Siam. The building of the new hospital will be started, if possible, before the end of the Siamese year, and the scheme for it will be on a larger scale than the former ones. There are already three hospitals for lepers in Siam: the Chiang-mai, the Nagorn Sridharmaraj, and the Phra Pradaeng hospitals, but only the last belongs to the Public Health Department.

New methods in Amboina.—An indication of the results of intensification of antileprosy work in Amboina is given in a newspaper report published in Holland. Previously it was necessary to depend entirely on the health officers, who were overloaded with work. During the early part of 1935, for example, only about 40 patients were treated each quarter. After the appointment of a special leprosy officer the number of patients treated increased to 240 in two months. The interest of the local authorities was aroused to the point of promising a special appropriation for this activity.

Australian leprosaria.—The 100 inmates of the Channel Island asylum, separated from the mainland by 14 miles of water, have no radio to bring them news from the outside. Each evening during recent international cricket matches the considerate police of Darwin signalled by flashlight the results of the day's play and answered inquiries of the enthusiastic colonists. Quite different is the situation of the lone leper isolated in Coode Island, near Melbourne. The State Health Department has issued a denial of a report that he has received the companionship of another sufferer. The patient, a man under forty, has been there for two years. His nearest companion is the caretaker, who provides his meals. The man grows his own vegetables and listens to a wireless set supplied by the department.

Sister Philomena.—Sister Philomena, a native nun who has been working at the leper colony at Makogai, Fiji, for the last 25 years, has contracted the disease, reports from that country state. This is the institution in which Fr. Leo Lejeune, S.M., has been a patient since 1935.

Picpus Father decorated.—The French Government has presented the cross of the Legion of Honor to Fr. Maze, a Picpus Father, for his work as a missionary among the lepers of the Touamotou Islands. The Orofara colony, with 135 inmates, is in this district, in the apostolic vicarate of Tahiti, as is the Reao Island colony, with 110 lepers.

Biographies of Damien.—Announcements have been made of the publication of three new biographical works on Father Damien. One, entitled "Le Lépreux Volontaire," is by R. P. G. Hoornaert, S. J. (Edition Universelle Bruxelles). Another, "Damien, Pere des Lépreux," is by Jean Arnold (Editions Casterman, Tournai). "Damien the Leper" is by John Farrow (Sheed & Ward). It is understood that a tapestry, twelve feet long and seven high, depicting the chief events of the priest's life was designed for the Belgian section of the Paris Exhibition.

Leper as witness.—In a trial being held in Penang, according to the *Straits Times*, one of the witnesses was found to be a leper, confined in the local leprosarium. It was proposed that he should be excused from giving testimony because of the risk involved in bringing him into court.

Progress in Ceylon.—To relieve the constantly increasing congestion of the Hendala leper asylum, near Colombo, one of the oldest institutions of its kind in the world, the executive committee of health has proposed that the Ragama Quarantine Camp be released and adapted for transfer of the asylum to it. The camp, it is said (*Ceylon Observer*) is seldom used for quarantine purposes and could be converted for use as a leper asylum without great expense. Another report states that the work of the leprosy survey has been extended to the Southern Province, after the usual preliminary survey, and that a central clinic has been opened in Galle. Examination of intending immigrants from India at the quarantine camp on the India side prevented the incoming of a total of 254 persons with leprosy in 1935. They were all relatively slight cases that had been able to "smuggle" themselves into the camp with the other laborers.

Mission to Lepers in India, 1935-36.—In the 43 homes of the Mission throughout India there were 7,259 inmates at the end of 1935, 2,400 more than ten years previously, but a total of 9,420 inpatients received treatment for periods exceeding three months. In 1,321 cases the disease had become

arrested, in 920 of them before deformity had occurred. There were also 860 healthy children being cared for. New buildings had been erected in several institutions. A total of Rs 796,912 was expended, of which Rs 417,621 came from private contributions, more than Rs 350,000 from abroad. A plan is on foot to establish in the Central Provinces a farm of several thousand acres for settlement by healed patients who need direction and temporary help. The report ends with an appreciative note by Dr. John Lowe, which emphasizes the importance of work with children, but cautions that the placing of children in homes can be overdone. Children should not be admitted unless they have the disease in an active form or are under grave risk of acquiring the infection, and the latter should only be admitted temporarily until other arrangements can be made for them.

Children's clinic at Saidapet.—In Saidapet, Madras, a special clinic has been constructed for leprosy work among children. A survey of school children had shown that there were among them numerous cases in early stages. Believing that if leprosy in the children of a community can be controlled, the disease in that community can be more easily controlled than by other measures, and that such cases should be made the subject of special study, arrangements were made for the construction and operation of a special clinic for them. Dr. R. G. Cochrane, who has been especially interested in the inauguration of this work, stated according to the *Madras Mail* that the work to be done in it is unique. There are already in the Madras Presidency more than 400 leprosy clinics of ordinary nature.

Disasters in leprosaria.—The Salvation Army's leper colony at Bapatla, in the Telegu country of India, was practically levelled late last year by a cyclone, according to a report in the *Christian World*, of London. Whole buildings were blown away before the wind, and a new hall in the course of construction was wrecked. The work of rescuing the patients was made especially difficult by the horizontally blown sand; many of those exposed to it were excoriated to the point of bleeding. At Tura, the headquarters of the Garo Hills district in Assam, a 100-mile gale destroyed the building of the leper asylum, killing a woman inmate. A Reuter despatch from Moscow stated that a leper hospital at Karakalpasia, in Central Asia, was demolished when a neighbouring dam broke, releasing the swollen waters of the Amudarya River. It was not known what happened to the inmates of the hospital.

Difficulties at Manamadura.—At the Dayapuram Leper Hospital, in Manamadura, Madras, the authorities attempted to modify the diet by reducing the allowance of rice and increasing the cash allowance to permit the patients to purchase more nutritious articles, according to the *Hindu (Madras)*. All but four of the 300 inmates agreed to the proposal, but the dissenters stirred up the others to such a point that all but a few of them walked out and proceeded to Manamadura to enter protest. All were taken back but the four agitators. The old system of rations was continued.

Reconstruction of Sotojima.—The new hospital of the Sotojima leper colony in Osaka, which was destroyed by the great Kwansai typhoon several years ago, is to be built at Nagashima, an islet in Okayama prefecture, at a cost of ¥1,500,000. According to reports in Japanese newspapers the site to be used for the new leper colony covers an area of 147,001 *tsubo*, and altogether 124 houses—which are to contain hospitals for serious and light cases, houses for

children, amusement-, sewing- and work-rooms—will be built, with total accommodations for 1,000 inmates. Besides these, a hot-house is also to be erected. The staff members of the colony, including doctors, dentists, pharmacists, nurses and clerks will number 100.

PERSONALS

MR. AND MRS. SAM HIGGINBOTTOM, who as a part of their activities in India established the leper asylum at Naini, near Allahabad, and who superintended it for many years, have retired. They are succeeded by Dr. and Mrs. A. G. Noehren, who will devote their entire time to the work.

SIR WALTER JOHNSON, formerly of Lagos, Nigeria, has accepted the position of superintendent of the Botsabelo Leper Asylum, Maseru, Basutoland, succeeding Dr. P. D. Strachan, who has retired.

DR. C. B. MANALANG has been appointed delegate to represent the Philippines at the Rural Hygiene Conference, held at Bandoeng, Java, August 3-13, 1937, during which he will serve as rapporteur on leprosy.

DR. GEORGE W. MCCOY, who from 1911 to 1915 was the director of the U. S. Leprosy Investigation Station at Honolulu, and since then has been the director of the Hygienic Laboratory (now the National Institute of Health) in Washington, D.C., has been relieved from that position in an administrative reorganization of the research division of the United States Public Health Service and has been assigned to leprosy investigation.

DR. EARL B. MCKINLEY, dean and professor of bacteriology, George Washington University School of Medicine, Washington, D.C., and member of the Medical Advisory Board of the American Leprosy Foundation, has spent his sabbatical leave in the Philippines, from February to July, under the auspices of the Foundation. Upon his arrival he arranged for the appointment of a committee to investigate skin reactions with numerous chemical fractions of acid-fast bacteria, and started mass cultivation of the leprosy bacillus.

PROF. DR. M. OTA, head of the Department of Dermatology, Tohoku Imperial University, Sendai, Japan, has been appointed to the Imperial University of Tokyo.

DR. I. SANTRA, who it was recently stated in this department was expected to remove to Nigeria, will continue in his present connection in India.

DR. GEORGE SAUNDERS, for several years engaged in the study of yaws in the West Indies under the Rockefeller Foundation, has accepted appointment as epidemiologist with the American Leprosy Foundation (Leonard Wood Memorial). After acquainting himself with the work now under way in the Philippines he will visit other countries in the Far East to study plans for intensifying epidemiological investigations in leprosy.

PROF. EDMOND SERGENT, director of the Institute Pasteur of Algeria, has been made corresponding member of the Accademia della Scienze di Parigi, filling the place of Dr. Charles Nicolle, deceased.

DR. P. D. STRACHAN, for many years superintendent of the Botsabelo Leper Settlement, Maseru, Basutoland, retired from that position on attaining the age of 65 on July 5th. Temporarily he is connected with the public health laboratory in Cape Town. He is succeeded by Sir Walter Johnson.