

LEPROSY NEWS AND NOTES

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

REPORTS OF MEETINGS

INTERGOVERNMENTAL CONFERENCE OF FAR-EASTERN COUNTRIES ON RURAL HYGIENE

LEAGUE OF NATIONS, HEALTH ORGANIZATION

HELD AT BANDOENG, JAVA, AUGUST 3RD TO 13TH, 1937

The subject of leprosy was dealt with at this meeting under Item V of the agenda: Measures for Combating Certain Diseases in Rural Districts. Two reports on the subject had been prepared and printed before the meeting, one by Dr. P. H. J. Lampe, of Batavia, entitled "Some views of the spread of leprosy and remarks on its prophylaxis," the other by Dr. C. Manalang, of Manila, entitled "The pathogenesis of leprosy and its significance for the etiology, transmission, endemiology and curability of the disease." [Abstracts of both of these reports appear elsewhere in this issue.]

The subcommittee on leprosy was composed of Dr. R. Row, of Bombay, Chairman; Dr. P. Dorolle, of French Indo-China; Dr. C. Manalang, of the Philippines; Drs. P. Lampe and J. Sitanala, of Netherlands India; and Col. Nazenda Singh Sodhi and Maj. C. A. Bozman, of Burma. According to a report on the meeting which has been seen, this committee decided to confine its deliberations to noncontroversial subjects, and specifically to the application of present knowledge to the control of the disease, in order that the conference might adopt resolutions on which public health authorities could base their plans of action. The following resolutions were adopted and approved by the conference in plenary session.

RESOLUTION I. In the existing state of knowledge regarding the transmission of leprosy the Conference is not in a position to recommend any definite plans for the combating of the disease other than are already being applied in various countries, namely:—

(a) Isolation in its different forms e.g. in private houses, in huts outside villages or in colonies for all infectious cases. Isolation centers should be as numerous as possible so that care may in every instance be provided within a reasonable distance of the patient's home.

(b) Whatever treatment is adopted, due importance should be attached to adequate nutrition and physical occupation. Routine life in a colony should approach as near as possible to the ordinary conditions of village life.

(c) Every colony should include an actively working treatment center, having regard to the fact that simplification of the problem of treatment is one of the main advantages of colonization.

(d) Apart from the above measures which are of a specific character, an improving of the social, economic and hygienic standards of rural populations will help to accelerate the eradication of leprosy.

(e) Leper colonies should be built and run on the simplest possible lines, every endeavor being made to ensure that the colony is as far as possible self-supporting.

Generous support on the part of all Governments and the cooperation of all local and non-official agencies are necessary. It would seem feasible to look to the local populations to make contributions in kind for the support of the colony.

RESOLUTION II. In view of the present state of our knowledge of leprosy the Conference recommends intensive and continuous investigation, with special reference to *transmission** and strongly urges all organizations and Governments concerned to supply financial assistance in support of this recommendation.

SOCIEDADE PAULISTA DE LEPROLOGIA

A meeting of the Society was held on the 10th and 11th of July, 1937, to discuss and to prepare regulations on the conditions of parole of lepers, based on a proposal presented by Dr. Nelson de Souza Campos, vice-director of the Leprosy Department of the State of Sao Paulo.

In summary Dr. de Souza Campos reported that a study of 643 paroled patients, in the period from June, 1933, to July, 1937, showed that only 59 of them (9.3 percent) were not con-

* (1) Transmission: intra-familial as opposed to extra-familial. (2) The probable significance of external factors operating in the special foci of this disease. (3) Experimental and laboratory work to elucidate its actiology and pathogenesis.

trolled; of these 15 had left the State, reducing the number to 44, or 6.8 percent. Among the 584 controlled patients there were 103 relapses (17 percent). The form of the disease was a predisposing factor. Relapse had occurred in all 5 of the paroled nodular cases, 38 percent of the mixed cases, and 12 percent of the macular ones; not one with the pure neural or the tuberculoid form has relapsed. Changes of the parole regulations were proposed on the basis of these observations.

The Society decided that three classes of "paroles" should be allowed:

(1) *Hospital release*.—Permission may be given to segregated patients to be treated on an ambulatory basis, and they may also do certain work, at the Director's discretion. (a) For cutaneous cases a minimum of 24 months from the time of quiescence was fixed, during which period the patient is to be examined every two months. At each examination at least two slides are to be made from the nasal mucosa, and as many from the skin as may be considered necessary. (b) In neural cases with positive bacteriological findings from the skin, a minimum of 18 months of observation after quiescence was fixed. In tuberculoid cases, and macular cases with negative bacteriological findings, a minimum of 12 months observation. Class B patients to be examined every two months in the same way as Class A.

(2) *Conditional release (parole)*.—Under this form of parole the patient is to be allowed to carry on certain work, as the Director may advise, and to suspend or diminish treatment according to medical advice. This class of release may be given to patients of the ambulatory class, (i.e., those transferred from the hospital), or even to those still in the hospital. (a) To ambulatory patients who after 18 months still continue negative, in monthly examinations. (b) To patients transferred from the hospital after 24 months with negative examinations. All patients under conditional release are required to remain in the "control" section for three years, and to be examined every four months.

(3) *Definite release*.—Definite release is to be granted to patients who have been under the "control" section for three years, examined every four months, and a further two years with annual examinations.—L. DE SOUZA.

THE CAIRO CONFERENCE

The General Secretary-Treasurer of the International Leprosy Association, Dr. E. Muir, in communications dated October 19th and November 23rd, 1937, issued the following information, additional to that previously published, concerning plans for the International Leprosy Conference to be held in Cairo from March 21 to 28th, 1937.

Provisional program.—The following is a combined list giving, first, the classification of topics for discussion, and, second, a summarization of the papers falling into those classes which are to be read.

(a) Geographical distribution and statistics. *Papers:* Leprosy in Egypt; Formosa; Iceland; Iran; Sweden; among Pygmies.

(b) Clinical types and classification (including nature, diagnosis and infectiousness of "tuberculoid" case; slight or early case). *Papers:* Clinical study in South India; immunity; Mitsuda test; absorption of injected substances; histological diagnosis; early lesions, signs and symptoms (2); tuberculoid and nerve leprosy (2); classification.

(c) Research (including cultivation and inoculation of the leprosy organism). *Papers:* Complement fixation and other serological tests (4); histological studies (2); lipoids; staining of bacilli; hypersensitiveness; analysis of chaulmoogra (3); culture of bacillus; inoculation.

(d) Treatment (general and special). *Papers:* Treatment with chaulmoogra, etc. (5); dyes; CO₂ snow and solganol; iodides; general treatment; complications.

(e) Epidemiology (including influence of nutrition and hygienic conditions). *Papers:* Mode of infection; contact; epidemiology (2).

(f) Methods of control (including voluntary and compulsory segregation). *Papers:* Control in Basutoland; China; Congo; India; Java.

(g) Miscellaneous (including rat and buffalo leprosy). *Papers:* Rat leprosy; private organizations; history, leprosy and tumors.

Abstracts of some 60 papers had been received up to the time of the last communication mentioned, and one or two titles without abstracts. The abstracts were forwarded to Prof. Khalil Bey, in Cairo, for publication in a brochure that is being prepared.

Attendance.—Over fifty members of the International Leprosy Association, apart altogether from official delegates, had indicated intention to attend the Conference. Identification cards, useful for securing special concessions on steamers and railways where such concessions are offered, had been issued to about ninety persons.

Subscriptions.—It had been provisionally arranged that non-official delegates who are members of the International Leprosy Association should pay a registration fee of one-half guinea (10/6d. or \$2.50), and that nonofficial delegates who are not members of the Association should have the alternative of (a) paying a registration fee of £1.1.0 (\$5.00), or (b) paying 1-1/2 guineas (\$7.50) which will

entitle them also to membership in the Association and to the Journal of the Association for one year.

Sessions.—It was proposed that there be daily morning sessions from 9 a. m. to approximately 1 p. m., and that the afternoons and evenings be occupied with functions, tours and demonstrations. Sufficient time will be given for discussion of special subjects in committee. A Resolutions Committee will be appointed to draft resolutions, etc., in line with the findings of the conference, the draft resolutions to be submitted later for adoption by the Conference.

Reception.—It was proposed that, in addition to any receptions which may be arranged officially by the Egyptian Government, the International Leprosy Association should hold an afternoon reception early in the course of the conference.

THE LITURGY OF CAMBRAI

A communication entitled "Les lépreux et la liturgie cambrésienne, au debut du dix-septième siècle," by M. Emile Delval, laureate of the French Academy, a review of which by Paul Farez in the *Journal des Debats* was abstracted in *Le Progrès Médicale*, recounts that because of the wars which ravaged the region of Cambrai most of the rituals that had been in vogue there in the sixteenth century disappeared. In consequence, there was published in 1606 a "Manuel du clergé paroissial, à l'usage de l'Eglise, de la cité et du diocèse de Cambrai, revu sur l'ordre du très illustre et très révérend seigneur Guillaume de Berges, archevêque-duc de Cambrai, prince du Saint-Empire-Romain, comte de Cambresis, etc." This was a volume of 404 pages, printed in Anvers and bound in pig-skin. In it is found the ceremony used in that diocese for the separation from the world of persons recognized as lepers.

This ceremony, "exceedingly humane and full of tender charity," suspended the older ceremonies with their macabre and cruel setting, where the leper was as if cut off from the world of the living, placed in a coffin under a funeral pall, in the midst of the funeral clergy. In the new ceremony the subject was taken to a designated place where he assisted at a special mass adapted to the circumstances. This mass is described in detail, showing the symbolism and appropriateness of the texts recited or sung, especially the introit, the collect, the epistle, the gospel, the offertory, the secret prayer, the anthem of the communion, and the

postcommunion. These were designed to inspire in the wretched subject faith in God, confidence in His mercy which was to be his refuge, and patience, resignation and hope. Did not the prophet Elisha cure Naaman, the General of the King of Syria, and did not Christ cure twelve lepers, as related in the seventeenth chapter of St. Luke?

The officiating clergymen then blessed the objects—garb, basin, rattle, gloves and pouch (panetière)—intended for the exclusive use of the leper, and he was accompanied in a procession to his retreat or to the leprosarium. There again the liturgy of 1606 lavishes on him exhortations and consolation, shows itself to be maternal and charitable, and endeavors to soften the painful ordeal. And this, Canon Delval ends, “is another benefit of the activity of the Catholic church.”

ST. ELIZABETH OF HUNGARY

Saint Elizabeth of Hungary looms large among those who have devoted themselves to the care of the sick and the outcast. She was a daughter of King Andreas who reigned in Hungary from 1207 to 1231, and she cared daily for nine hundred poor persons. Hollander, quoted in “*Lepra in Literatur Und Kunst*,”(*) describes her activities as follows:

This charitable queen kissed the heads of the sick, covered as they were with sores, and dressed them with her royal hands. She was the wife of Count Ludwig of Thüringen. Among the paintings in the Elizabethen Kirche, in Marburg, is one in the southeast window which shows the Saint washing the feet of lepers and comforting them. Another picture in the same church depicts the following incident. The Saint stands beside her husband's bed in which without his consent she has placed a leper. When her husband approaches, however, he finds no leper but a crucifix.

We are led to infer that her separation from her husband followed shortly afterwards, and it was then that she took the veil. One has to rid oneself of some modern prejudices in order to do full justice to St. Elizabeth. In her day the nature of infection was unknown and we must remember that she lived in a theocratic age. It was practically universal to put more reliance upon divine intervention than upon any contrivances of man. Her life and daily exposure spoke for her perfect faith. Her beauty and piety have come down to us from the Middle Ages in a great variety of paintings, and churches to this day carry her name. It is to be remembered that the touch of royalty was throughout the Middle Ages

*Grön, G., in *Handbuch der Haut—und Geschlechtskrankheiten*, X-2, Julius Springer, Berlin, 1930.

believed capable of curing disease, and whether or not she herself was moved by any personal belief in the miraculous powers popularly attributed to her caste, her acceptance of noblesse oblige with all that is implied for her in the way of personal exposure and sacrifice makes her stand out as a symbolic figure in those dark ages of mankind.—[From *Urol. and Cután. Rev.* 35 (1931) 475.]

FRENCH GUIANA

DÉCRET DU 7 MARS 1935, PORTANT MESURES À PRENDRE À LA GUYANE À L'ÉGARD DES PERSONNES ATTEINTES DE LA LÈPRE ET DÉCLARATION OBLIGATOIRE DE CETTE MALADIE.*

(*Abrégé du Rapport introductif.*—A la Guyane française, les mesures à prendre vis-à-vis des lépreux sont fixées par un décret du 11 mai 1891. Les dispositions de ce décret ne sont plus en harmonie avec les principes humanitaires actuellement appliqués dans tous les pays pour la prophylaxie et le traitement de la lèpre. Elles comportent, en particulier, le placement à la léproserie de l'Acarouany, à 200 kilomètres de Cayenne, des lépreux indigents, alors que, dans cette dernière ville, fonctionne un Institut d'hygiène et de prophylaxie absolument qualifié pour les traiter; quant aux lépreux aisés qui veulent se soigner chez eux, ils doivent s'isoler à 2 kilomètres au moins de Cayenne et à 1 kilomètre des bourgs. De telles mesures risquent d'inciter les lépreux à se dissimuler; ils échappent ainsi aux méthodes de contrôle et de traitement qui peuvent maintenant être régulièrement appliquées à l'Institut d'hygiène et de prophylaxie de Cayenne, avec toute garantie de discrétion pour les malades.

Il convient donc d'abroger le Décret du 11 mai 1891 et de faire rentrer la lèpre dans le cadre général des dispositions du Décret du 24 août 1909 portant application à la Guyane française de la Loi du 15 février 1902 sur la protection de la santé publique. Le Gouverneur prendra en conseil privé les arrêtés déterminant les mesures propres à assurer la prophylaxie de la maladie et le traitement des malades, en suivant les directives de la Commission consultative de la lèpre instituée au Ministère des Colonies.)

Le Président de la République française. . . .

Vu l'Arrêté du Ministre des Colonies du 7 février 1911, modifié par l'Arrêté du 11 août 1917, fixant la liste des maladies dont la déclaration est obligatoire aux colonies,

Décrete:

ARTICLE PREMIER.—Le décret du 11 mai 1891, relatif aux mesures à prendre à la Guyane à l'égard des personnes atteintes de la lèpre, est abrogé.

ART. 2.—En Guyane française, la déclaration obligatoire de la lèpre, effectuée, à l'exclusion de toute autre personne, par les médecins civils ou militaires, sera adressée au chef du Service de Santé, sous pli strictement personnel et confidentiel. L'Administration locale ne pourra recevoir de ce chef de service que des indications numériques.

* *Journal Officiel*, March 9, 1935. Reprinted from *Bull. Off. Int. Hyg. publ.* 27 (1935) 655.

ART. 3.—Les règles posées par le Décret du 24 août 1909, relatif à la protection de la santé publique, sont en tous points applicables à la lèpre.

ART. 4.—(Exécution.)

Fait à Paris, le 7 mars 1935.

NEWS ITEMS

Proposed leprosarium in Turkey.—It appears from recent dispatches that thought is being given to the leprosy problem in Turkey. The inmates of the leprosarium at Iscudar (Scutari), Istamboul, go out from the place to visit the city and are a cause of disquietude there. The Turkish Government now plans to establish a large leprosarium in the environs of El Azir, in Eastern Anatolia. "Istanbul sera tranquille, les lépreux aussi."

Progress in Madras.—The following notes are taken from several reports that have been seen concerning leprosy work in Madras, which is said to be the most heavily infected part of India and the seat of the greatest activity. In February the Madras City Leprosy Relief Council reported that it had obtained funds totalling Rs. 20,000, with which it was proposed to erect new units in the Lady Willingdon Settlement for Madras patients, though the problem of maintaining them (Rs. 11 per month) had not been solved. Later, as a mark of appreciation of the work of the Council, Lady Marjorie Erskine donated Rs. 1,500 for the erection of an additional Madras block at the settlement, bringing the total to ten. The Leper Day collections had amounted to over Rs. 5,000; this affair had been made an annual one because no funds for the work of the Council was forthcoming from any government agency. The two clinics maintained by the Council had during the year treated 1,278 patients, an analysis of whose occupations (cooks, bakers, butlers, food-sellers, etc.) showed the danger to the community which they present. At the same meeting representatives of the government scored an alarmist report, which had caused much consternation, that there was no certainty that one percent of the cases treated were cured; the parallel with tuberculosis was pointed out. The municipal government operates two clinics and a systematic survey of school children was under way. A difficulty had been met in getting the children to the clinics; an ambulance was being employed, but it was hoped that the public might subscribe for buses for this work. The municipality is undertaking to deal definitely with the local beggars, many of whom are leprosy.

Clinic for railway employees.—The opening of a unique leprosy clinic at the Railway Hospital, Perambur, India, is reported by the *Hindu* (Madras). The purpose was to provide a method by which employees of the railway could obtain the best treatment. It was willing to provide special leave on full pay for any of its employees at Perambur who were infected, under certain conditions. They must take the full treatment provided, and they must permit the members of their households to be examined and if necessary treated at the clinic. It is their duty to persuade any of their fellow workers whom they know to be infected to come forward for treatment. It is of interest that this clinic is especially for people who under a less enlightened business administration would merely be dropped from the staff of the organization.

An ex-patient's testimony.—In a recent number of the *Brennen College*

Magazine (Tellichery), says the *Madras Mail*, is an interesting article by a well-known educator of Malabar, entitled "Leprosy and I." This is a description of his long but successful fight against the disease, which was suspected 17 years ago and diagnosed positively in 1925, compelling him to retire from the important official teaching position that he held. He was under treatment for eleven years before he was declared negative at the Lady Willingdon Settlement at Chingleput. He pays tribute to those who treated him, pleads for sympathy for the stricken, and speaks vigorously about those who desert them. Many persons, he remarks, including some "superannuated fossils of medical men, with their very delightful antediluvian superstitions concerning leprosy, often make such a fuss that innocent people are grossly misled into attitudes and conduct calculated to make life almost unbearable to the unfortunate sufferers of this disease."

The Dichpali Hospital, 1936.—It has been reported by Dr. D. P. Dow, medical superintendent, that 903 new patients entered the hospital during 1936, as compared with 764 in the preceding year, and 557 were discharged; 1,209 applicants were refused for lack of space, though the capacity of the institution had been increased by 100. Four courses of instruction were given, two post-graduate and two undergraduate, leprosy having been made one of the subjects in Osmania University for students for the M. B. degree. As a result of this policy of the Nizam's government, most of the officers of the medical service have had training in the diagnosis and treatment of the disease.

Another "mercy murder."—A whole family has been arrested in the United Provinces for the "mercy murder" of an incurable leper. At his own request, according to a *Reuter* dispatch from Lucknow, the leper is said to have been weighted with lead and then drowned in the sacred Ganges. The widow was among the persons arrested.

Discussions in Siam.—At a recent meeting of the National Assembly of Siam a question was raised concerning the problem constituted by the lepers in the streets, market places and other crowded centers. The government, it appeared, was aware of the conditions, and as a rule the authorities were endeavoring to send such persons to the Phra Pradaeng asylum. A bill was under consideration to establish special colonies; already there were two new asylums, at Khon Kaen and Isan. Some lepers go to the colony of their own will, others are sent by authority, but there is no penalty for such persons who refuse to go. It would be easy to pass a law to cover the matter, but the means to enforce one effectively are lacking. Somewhat later the same question was taken up at a meeting of the Bangkok Municipal Council. The problem in the city appeared to be one of some magnitude, it being stated that there are more than 800 cases in the city. The capacity of the local leprosarium was about 200, though it was stated that the public health authorities had given assurance that sufficient accommodations would be found.

Philippine landowners object.—For some time funds have been available for an extension of the system of regional treatment stations in the Philippines by the construction of one for the central and northern part of Luzon Island, in the region of Manila. Much difficulty, however, has been met in the procuring of a suitable location, the inhabitants of a region invariably protesting the location of such an institution in their neighborhood. The Director of Health recently announced, according to the *Manila Daily Bulletin*, that a plan to locate the institution in Angat, Bulacan, had been aban-

done because of refusal of landowners to have their property expropriated for the purpose. Another location was under investigation.

The medical profession and leprosy in China.—At the leprosy conference held in Shanghai last April, Dr. F. C. Yen, as quoted by the *China Weekly Review*, expressed the opinion that work among the lepers is primarily the concern of the medical mission. Unless the medical profession is interested in this work and is willing to forward it, he said, the work on leprosy will make no progress. "A leprosarium requires technical men and we must begin to train qualified doctors. The new leprosarium in Shanghai has been cooperating very closely with the National Medical College of Shanghai in order to kindle the students' interest. It is only in that way we will be able to train among the medical men sufficient persons who will understand this work."

Death of a leprosy nun in Mongolia.—A report from Ulan Bator, in Mongolia, noted in *Il Regime Fascista Cremona*, records the death from leprosy of a Franciscan nun, Maria di Sant'Angelo, who had worked for many years in that region.

A hill leprosarium for Australia suggested.—Experience in India has shown that lepers under treatment in bracing hill climates have a far better chance of recovery than those in humid districts by the sea, stated Dr. J. R. Innes, returning to Australia after several years in the former country, as reported by the *Rockhampton Morning Bulletin* (Queensland). For that reason Queensland's leper hospital should be at Stanthorpe rather than on Peel Island.

Cuban leprosarium.—A graphic account of the San Lazaro asylum in Cuba is given in a recent issue of *L'Abeille Luzern*. Located in open, fertile country (the place not stated), it is evidently a most attractive place, the streets resembling those of a town of villas. The various buildings are well built and of good appearance; there are cottages for individual families, each with a little garden; buildings for diversion of the inmates, including a casino and a church; a large park with walks, benches and little pavilions; and a playground for baseball, football, etc. Among the 325 inmates there are about 50 women and a dozen young children. Most of them are Cubans, white or of mixed blood, though there are some Negroes. There are Colombians, Venezuelans and Peruvians among them, and some forty Chinese. There are thirty nonleper employees, including physicians, nurses, police, etc. It is said that treatment and the study of the disease is being carried out on an experimental basis.

School for leper children, French Guiana.—At the civil hospital at St. Denis, French Guiana, an open-air school for leprosy children was instituted early this year, states *Le Courrier Colonial* (Paris), for the purpose of providing instruction for children who are prevented by their malady from attending the public schools.

Paraguay.—A revision of the public health law of Paraguay, according to the *Bulletin of Hygiene* (London) has raised the Director of Hygiene to the rank of Minister of Public Health. The ministry is to organize a campaign against leprosy and tuberculosis. Marriage between lepers and healthy people is forbidden and marriage between lepers is permitted only on condition that both parties are sterilized. No provision is made for compulsory segregation, which is apparently considered impracticable in that country.

The voluntary colony, founded in 1933 by Dr. J. N. Hay, in Sapucay, will now pass under the control of the ministry instead of being as formerly under the Faculty of Medicine. From another source it is learned that a commission for the defense of the rights and interests of the farmers of Sapucay has proposed, among other things, that the colony be moved to some other, "more adequate" location than that now occupied.

The Pretoria leprosarium.—About 1870, states an article in the *Birmingham Post*, alarm was felt over the increasing numbers of lepers who roamed homeless in Pretoria, and the Boer government built a place of refuge for them just outside the town. As their numbers increased it became necessary to provide a larger institution, and in 1897 a place was selected to the west of the town, under West Fort. Because of crowding in the old place the inmates moved to the new one early in 1899, before it was completed. In the following year Pretoria was taken by the British and for some time all institutions were administered by the military. In 1903 there were some 300 patients in the asylum; the medical superintendent was Dr. George Turner, who returned to England in 1907, developed leprosy and died in 1915. As the years have passed the institution has increased greatly, there now being about 1,000 inmates, and it has been improved enormously. The roads are now excellent and trees abundant, electricity provides power and light, and the place has the appearance of a township. There are four resident doctors, a matron, sisters and nurses, overseers, engineers, store-keepers, native police, etc. Cooking is done in steam kitchens, and there are large dining halls, recreation rooms and cinemas for both white and colored races. The patients work on the institution farm and keep gardens for themselves, and there are carpentry and other workshops. The labor is paid and the articles that are produced are used in the institution. "There is every opportunity for research work, since there are excellently-equipped laboratories and modern appliances."

Settlements in Uganda.—It is briefly noted in the *Crown Colonist* (London) that the Government has made provision for a sum of £2,000 to be divided between the leper settlements at Bunyoni, Nyenga and Tese in Uganda. This is in accordance with recommendations that £10,000 should be provided over a period of five years for the erection of suitable buildings in those institutions.

The Marana Asylum, Madagascar.—A contrast with the present attitude and activity of the Government of Madagascar is seen in the history of the asylum at Marana, near Fianarantsoa, as related in the *Catholic Herald*. Some time before Madagascar became a French colony, in 1896, the missionaries began to take care of a few lepers at Marana. In the face of great opposition, permission was finally secured to build a leper hospital and with funds obtained by gifts from Poland work was begun in 1903. From 1906 to 1908 work was suspended by order of officials and the building was not completed until 1911. Additions have been made in later years to increase the capacity from 25 to 150. Since 1921 the asylum has been in charge of a priest who is a doctor of medicine. The indifference of the natives (Malagasy) has made it difficult to obtain any striking results in curing the disease, though much has been done to alleviate suffering.

Shanghai leprosarium abandoned.—Due to war conditions around Shanghai, the leprosarium of the Chinese Mission to lepers near that place was aban-

done on September 16, 1937. More than one-half of the 74 inmates dispersed to their home villages, and the 30 others were transferred to the Chung San Memorial Hospital, nearer the city. The latter institution is also in territory that the Chinese ultimately evacuated, since which time Dr. L. S. Hui-zenga has been permitted to visit the patients three times a week. During this interruption of the work of the leprosarium Dr. C. L. Wong, the resident physician, has been sent to the Philippines for several months to broaden his experience with leprosy, for which purpose funds were provided by the Leonard Wood Memorial.

New colonies in the Belgian Congo.—Writing from Luebo, Belgian Congo, Dr. Thos. T. Stixrud, of the medical department of the American Presbyterian Congo Mission, says that a site for the Luebo leper colony was secured in March, 1936, and that seventeen months later 265 patients were in residence. The majority were as yet in temporary huts, though it was expected that 50 houses would be completed by the end of 1937. A dispensary had been constructed, a residence for the native medical assistant, and four school sheds. The camp has an abundance of farm land where the inmates can make fields and gardens, the food from which will be supplemented with rations of meat, salt and palm oil. From Mutoto Dr. Tinsley Smith, Jr. writes that a new camp at that place had been running since May, 1937, and that after a little more than three months 165 lepers were in residence, with more coming every day. This work, it seems, has been inspired by that of Dr. Kellersberger at Bibanga.

Another protest march in Roumania.—As in previous years, states a dispatch headed "lepers seek their rights" in the *Deutsche Tageszeitung* of Sibiu, Roumania, a large number of the lepers interned in the camp at Tichilesti broke out of the place last year and made their way to Bucharest to present complaints of neglect. It is stated that the food was so deficient that they were starving, there were no medicines or clothes in the station, and the sanitary conditions defied description; that the patients had repeatedly been promised an investigation and amelioration of these conditions, without effect; but that matters had now been improved. The question now asked is how it has been possible that such conditions were allowed to exist for so many years.

Bananas and leprosy.—A report in the *Basler Nachrichten* states that in recent months the importation of bananas from West Indies into Europe had decreased considerably on account of a "foolish rumor" published in newspapers in France, Hungary and the Balkan countries to the effect that the eating of that fruit was supposed to have caused infections with leprosy.

Government cooperation in Iran.—Dr. R. E. Hoffman of Meshed, Iran, recently proposed to an official of the "Shrine" (an Iranian equivalent of the Red Cross) that that organization and not the American Mission, which Dr. Hoffman represented, ought to provide the sixty-four helpless lepers at Meshed with their living. It was pointed out, according to a note in *Without the Camp*, that if the mission should be relieved of that responsibility it would be able to do more in the way of treating the sick. The reasonableness of this proposal was recognized and the request was granted in full. At Tabriz, where Dr. Lichtwardt works, the government has prepared a colony near the city, using an old royal park and hunting lodge as the basic plant. The first

candidates for admission were about a hundred lepers living in a desolate mountain village, almost uncared for.

Rescue by leper Boy Scouts.—During a violent squall which recently crossed the bay at Culion, in the Philippines, a small fishing boat was capsized about one and one-half miles from the colony, throwing the five leper fishermen into the sea. When some of the adult inmates who saw their plight started to their rescue in a similarly small boat, three of the leper Boy Scouts went with them. Six others, who were not permitted to go with the first group, commandeered a second boat against the protests of its owner, who feared that it would be lost, and joined in the rescue, which was effected in spite of the strong wind and large waves.

PERSONALS

MR. PERRY BURGESS, president of the Leonard Wood Memorial, has for several months been engaged on a tour of visits to leprosaria in Japan, the Philippines, Netherlands India, Malaya, Siam and India, studying methods of administration with special reference to productivity of patients.

DR. A. DUBOIS, of Antwerp, Belgium, plans to visit India before the Cairo conference, after which he will proceed again to the Belgian Congo.

DR. JOSE M. M. FERNANDEZ has been designated Profesor Adjunto de Dermosifilografia in the Faculty of Medicine of Rosario, Argentina.

DR. E. A. HOLLAND, of Kavieng, New Guinea, visited the Philippines recently to confer with the leprosy workers at the San Lazaro Hospital, Manila.

DR. JAMES L. MAXWELL, head of the School of Hospital Technology in Hankow, China, has since the beginning of disturbances in Central China been engaged in the organization work of the International Red Cross for that region.

DR. E. MUIR, Medical Secretary of the British Empire Leprosy Relief Association, is expected to make an eight-month tour to visit leprosy institutions immediately after the Cairo conference.

DR. JOHN REENSTIERNA, Professor of Bacteriology of Upsala University, Sweden, is expected to make a tour of the Far East in the near future.

MR. EMORY ROSS, a member of the Board of Directors of the American Mission to Lepers, became General Secretary of that organization upon the retirement of Mr. William M. Danner, who will continue as General Secretary Emeritus.

DR. C. H. THOMPSON, of Suva, Fiji, has died as the result of an accident, according to information received by the office of the International Leprosy Association.

DR. H. W. WADE, Medical Director of the Leonard Wood Memorial, visited the island of Guam in October to inaugurate an investigation of the leprosy situation there, which is believed to have undergone considerable improvement since segregation was instituted in 1902.

DR. C. L. WONG, resident physician of the leprosarium of the Chinese Mission to Lepers at Shanghai, is making a study visit of several months duration in the Philippines.