

LEPROSY NEWS AND NOTES

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

A NEW ERA IN COLOMBIA

On December 30, 1938, the president of the Republic of Colombia promulgated a decree creating a national Ministry of Work, Hygiene and Social Welfare, one of the nine departments of which is the Departamento de Lucha Antileprosa; charged with the responsibility of organizing and carrying on the antileprosy work of the country. Dr. Arturo Robledo has been appointed Acting Minister of Hygiene, and Dr. Mario Bernal Londoño the chief of the leprosy department.

The government invited Dr. H. C. de Souza Araujo, of Brazil, to visit the country as "Huesped de Honor" for the purpose of making a survey of the leprosy problem. During his visit, from the middle of January, 1939, to the first of April, he gave a course on leprosy at the Instituto de Leprología Lleras Acosta, in Bogotá, which was attended by thirty-two physicians, twenty-four of them members of the leprosy staff of the Ministry of Hygiene.

Dr. Howard Irving Cole, until recently the chief chemist of the Centro Internacional de Leprologia, in Rio de Janeiro, has been invited to go to Bogotá to organize in the National Institute of Hygiene a special section for the manufacture of chaulmoogra drugs, and will do so later in the year. The equipment for this chemical laboratory had already been purchased.

On March 20th there was organized in Bogotá the "Sociedad Colombiana de Leprología" with forty members, ten of whom joined the International Leprosy Association at once. The following officers were elected:

President: Dr. Arturo B. Robledo, Acting Minister of Hygiene

Honorary President: Dr. H. C. de Souza Araujo

Vice-President: Dr. Mario Bernal Londoño

Secretary: Dr. Darío Maldonado Romero

Treasurer: Dr. Luis Patiño Camargo

The society also elected the following honorary members:

Professor E. Marchoux, President of the International Leprosy Association.

Dr. H. Windsor Wade, Medical Director of the Leonard Wood Memorial.

Dr. Ernest Muir, Medical Secretary of the British Empire Leprosy Relief Association.

Professor Eduardo Rabello, Director of the Centro Internacional de Leprologia of Rio de Janeiro.

With financial aid of the Ministries of Hygiene and Education, the society will publish a quarterly journal of leprosy, the *Revista Colombiana de Leprologia*. The first number, for January-March, 1939, contains an article on the present organization of the leprosy control in Colombia, by Dr. Londoño, who has been designated Contributing Editor of THE JOURNAL. Two thousand copies of each issue of the *Revista* will be printed, for distribution throughout the world.

As of March 31, 1939, there were 7,945 patients in the three leprosaria of the country, distributed as follows: Agua de Diós, 4,921; Contratación, 2,550; Caño de Loro, 474.

—M. BERNAL LONDOÑO.

PROGRESS IN ARGENTINA

The Leprosy Congress held in Cairo last year seems to have had a beneficial influence on the antileprosy campaign in Argentina. On their return from Egypt, after having represented Argentina in the congress, Drs. Basombrio and Fernandez presented a report to the Academia Nacional de Medicina de Buenos Aires, of which the writer is a member, emphasizing certain questions relative to leprosy and of special interest to this country. Prophylaxis of leprosy in Argentina has not made the progress that has been attained in connection with other diseases because of the groundless popular fear of leprosaria, and because some persons have encouraged these fears through misunderstanding, or for political or other reasons.

The report just mentioned brought once again to the attention of the Academy the inadmissibility of such views. The academicians were in accord that the interest of the authorities in this important problem should be aroused, and a commission headed by the president of the academy conferred with the president of the Republic, Dr. Ortiz, who demonstrated a sincere interest in the petition transmitted to him. This was

very fortunate, because a few weeks afterward urgent opposition developed in the legislature to the proposed rehabilitation of the leprosarium on the Island of Cerrito, situated some 30 kilometers from the city of Corrientes. The position of the Executive Power was not a comfortable one, because the hostile movement in both houses of the legislature came from elements affiliated politically with the government, and from persons with great influence. After much discussion, though there was no definite decision by the Houses, the government—and good doctrine—triumphed.

With regard to the political difficulties mentioned, previous governments had not been bold enough to face with vigor, before the legislature, the problem of the establishment of hospital-colonies for lepers.* On the whole, however, the health authorities during previous years have not been entirely inactive. A model establishment of the hospital-colony type, for 120 patients, is now functioning in Posadas, Misiones, with excellent results. Another of its kind, now completed, is soon to open its doors in San Francisco del Chañar, Córdoba. Personnel is now recruited in order to put definitely into operation the much talked-of colony of El Cerrito, which will accommodate 350 inmates. Land has been acquired for the construction of other leprosaria in Entre Rios and Santa Fé. Finally, within a few months will be finished the construction of a model hospital-colony, the most important of all, in General Rodriguez, 80 kilometers from the city of Buenos Aires. Located on a site of 300 hectares, it comprises numerous concrete structures that will meet all requirements of modern comfort. Excellent facilities will be provided that will permit this institution to become an active center for the investigation of leprosy. Its capacity is for 550 patients, and the state has already spent more than one million dollars on it. Besides those in the establishments mentioned that are in operation, some 300 patients have heretofore been interned in other hospitals of the country.

The leprosy problem in Argentina, although not grave, has reached a sufficiently serious state. It is estimated that there are actually some 1,600 to 1,800 lepers in the country who need to be interned for their own welfare and that of the public. The

*This paradoxical and lamentable situation of the health problem of leprosy in Argentina, which has now been happily modified, was referred to by Dr. H. W. Wade in a recent editorial entitled "South America and Leprosy" in *THE JOURNAL* 6 (1938) 553-560.

problem was less severe in 1906, with only 724 (officially) recognized cases of leprosy, while they now actually number 3,500. For twenty years the medical men of Argentina struggled before a national law for the prophylaxis of leprosy was promulgated, and it has taken another ten years to awaken the national health conscience of the country and thus to make it possible that national law shall not be a dead letter in its most essential and beneficial part, namely, that which provided for the effective isolation of the most contagious cases of leprosy. Thanks to this fortunate change of attitude regarding the prophylaxis of leprosy—the only health campaign that has until now been neglected in the country—it is expected that from now on definite progress will be made, and that some day we may see success like that which has been attained by the Republic in the struggle against other endemic diseases, including that against syphilis and other venereal diseases.

The year 1938, since the Fourth International Conference on Leprosy, has thus marked a memorable step, one which is expected to be a happy one in the annals of the campaign against this disease in Argentina.

PEDRO L. BALIÑA
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ACTIVITY IN MEXICO

The official Departamento Autonomo de Prensa of Mexico issued several bulletins last December announcing plans for intensification of the antileprosy campaign in that country. The first of these reports stated that at a meeting of the president of the Republic with the subsecretary of public welfare and the chiefs of the Departments of Health and of the Federal District, it was resolved:

1. That the Secretary of Public Welfare should proceed to prepare a leprosarium at Sarabia, in the State of Guanajuato, and to put it in service as soon as it is finished.
2. That the authorities of the Department of the Federal District should proceed to complete the construction of the Zoquiapan leprosarium, in the State of México.
3. That the Department of Public Health should construct another leprosarium at a suitable place on the northern part of the Pacific coast, a zone in which leprosy has increased in an alarming manner.

By virtue of this joint action of the various entities, the Federal Executive will realize its purpose to eradicate leprosy in the country.

Progress was announced within two weeks. The chief of the Department of Public Health and the subsecretary of public welfare visited Guanajuato with the object to locate a site for the leprosarium of that state. They visited the military reservation at Sarabia, which it had been proposed should be adapted for the purpose and found that with regard to its accessibility and its buildings it is eminently suitable. If the proposal should be approved by the President, it was stated, the work of adapting it would be done with a minimum of delay, in the hope that it could be put to use early in the present year.

The Department of the Federal District would, by order of the president, proceed to finish the work at the Zoquiapan leprosarium, in the State of México, which was started some time before by the Department of Health. When completed, which it was expected to be done before the middle of 1939, the institution would cost approximately 40,000 pesos. It occupies an area of 10 hectares, situated above Kilometer 34 of the Mexico-Puebla road. It consists of the following pavilions: one for the administration, four for bed patients, eight for ambulant patients, twenty houses for families, and also clinical, surgical and hydrotherapy rooms, isolation rooms for infectious diseases and psychopathic patients, a dining room for the inmates, with kitchen, washroom, disinfection room, baths, etc. An office for the personnel, a laboratory, and quarters for the personnel are all provided, and the necessary lighting, ventilation, water supply, etc. are being installed in all buildings.

From another source has come information that the work of establishing other leprosaria would be started soon, probably in the states of Sinaloa and Yucatan.

THE SITUATION IN BURMA¹

Leprosy is notifiable in only two municipalities in Burma, namely, Maymyo and Mònywa; in other towns only figures of mortality are available. During the year 1936 there were 292 deaths from leprosy in towns, which gives a death rate of 0.21. The largest number were recorded in Rangoon and Mandalay, probably because the asylums for the compulsory segregation

¹From the annual report of the Public Health Administration of Burma for the year 1936, as reprinted in the *Indian Medical Gazette* 73 (1938) 643-645.

of pauper lepers exist in those places. During the year there were three leper colonies in Burma, situated at Môngywa, Minbu and Kêngtüng (Southern Shan States). The colonies at Môngywa and Minbu are controlled by nonofficial local Leprosy Relief Committees, while the one at Kêngtüng is run by the Roman Catholic Mission. To all of these colonies are attached clinics in which patients, both indoor and outdoor, are treated by specially trained doctors on specified days of the week. In the Môngywa colony there were at the end of the year 87 inmates. The existing accommodations, consisting of seven cottages each housing eight patients, had proved inadequate to meet the growing demand and four new cottages were built. Excellent work is being done at this colony. The number of patients in the Minbu colony was 38, living in five cottages, one of which was added during the year. Kêngtüng colony had 105 resident lepers, including six children. All of these colonies receive grants from the Burma Branch of the British Empire Leprosy Relief Association. A colony at Meiktila is planned; a piece of land measuring 10 acres has been acquired and a cottage for the accommodation of eight patients has been completed. A brick building, the expense of which has been met by a local philanthropist, is being constructed for use as a clinic and storeroom. It is probable that this colony will be inaugurated before this report is printed.

Where there are no colonies we have to fall back on the establishment of clinics in attempting to combat this disease, but there is no doubt that the establishment of clinics does not do away with the necessity for colonies. The economic and physical difficulties experienced by people in attempting to attend clinics are frequently insurmountable. Clinics for the treatment of lepers should have as their main object the gaining of the goodwill and confidence of those suffering from this disease. Cases should be followed up to their homes, contacts should be examined and the history of the disease in the village locality be thus worked out. Cases should be listed so as to distinguish between infectious and noninfectious types and the final object should never be forgotten, i.e., the effective isolation of all infectious cases from the community and especially from children. The ultimate aim should be the founding of communities consisting of leper villages in which the more able-bodied can help those less strong.

A recent report from another source (the Rangoon correspondent of the *Calcutta Statesman*) states that progress is being made in the campaign against tuberculosis and leprosy and that over four lakhs (40,000) of rupees have been collected, apparently by the Burma Tuberculosis and Leprosy Relief Association, to combat the two diseases. After his survey visit to Burma last year Dr. John Lowe, of Calcutta, presented a report on his findings and a committee was appointed to study it, along with a scheme prepared by the director of public health. Professor S. Lyle Cummins, of the King Edward VII Welch National Memorial Association for Tuberculosis, was to visit Burma to make a survey of the situation with regard to tuberculosis.

CHANGES IN THE PHILIPPINES

In 1936, shortly after the inauguration of the present Commonwealth government, it was announced as a policy that segregated lepers should thereafter be kept in their regional stations. It was recognized to be out of the question to abandon the Culion colony and send the inmates back to their districts, but it was intended not to send more cases to Culion and in fact relatively few have been sent since that time. However, provisions had not been made—nor have they been made yet—for the increasing numbers of patients in the regional leprosaria, and in consequence all of them are over-full. The Cebu institution, with a capacity of about 800, has a thousand. The gloomy old stone buildings of the San Lazaro hospital in Manila, built long ago in the Spanish regime of stone and mortar and now with a supposed maximum capacity of 600, are appallingly crowded with 1,200.

Two new leprosaria are projected for Luzon Island—one near Manila, to replace San Lazaro, the other in the Ilocos provinces to the north. A third new one is contemplated for the island of Leyte to the south. Funds have been set aside, we are informed, for the transfer of the Bicol region (Southern Luzon) station to a more adequate site, and it is intended also to transfer the two present stations in Mindanao (Zamboanga and Lanao) to locations where the inmates can engage in agriculture. Establishment of the future Manila leprosarium, which has actually been provided for (U. S. \$250,000), has met with the usual difficulties. Site after site was tentatively considered and dropped because of local opposition. After a large area at Tala, Rizal Province, 28 kilometers from the city, had finally been selected the development work was held up and the necessity of building an expensive eight-kilometer road was faced because of objection on the part

of the Metropolitan Water Board to the use of 4 kilometers of road that belongs to them. That objection having been overruled it is expected that construction work on buildings for 2,000 persons, the intended initial capacity, will be begun in the near future.

In the meantime the perennial agitation to modify or abolish segregation of lepers has been experienced from time to time. The current one was initiated by Dr. C. Manalang who, it was reported, proposed to the Council of Hygiene liberalization of control by abolishing obligatory segregation, "leaving at liberty all . . . except those having contact with children," the basis of the proposal being the thesis that "for practical purposes in the control of the disease adults may be considered immune, and that leprosy is acquired principally, if not exclusively, during infancy or the first years of childhood." The plan was rejected on scientific, administrative, economic and social grounds. One newspaper referred to the plan as "one which cannot but defeat its own objective socially" and which is not fully sanctioned by authoritative medical opinion. That did not end the matter, however, for at the moment of writing there is a bill before the Philippine Assembly proposing liberalization in leprosy control work on the grounds that, according to the studies of Manalang and Chiyuto, children over three years of age are not susceptible to infection.

PROPOSED INTER-AMERICAN ORGANIZATION

In the second (undated) issue of *Presente*, the official publication of the Patronato de Leprosos of Argentina, there is published an elaborate plan, presented by Dr. Eduardo Bunge, for an inter-American organization for the social aid of lepers, to be called the Asociación Patronato de Leprosos International (or Pan-Americana) [APLI]. The schema that accompanies the plan shows, besides the existing organization in Argentina, related ones in other countries. Incorporated in the schema are (a) a leprosy congress of Argentina, and (b) a pan-American congress, by which it would appear that the projected organization, which would include medical men, philanthropists, legislators, architects, philanthropical institutions, etc., would take over the holding of international meetings. Incidentally, it is announced that in June, 1939, there will be held, under the auspices of the Minister of the Interior, the Primer Congreso de Asistencia Social de la Lepra en la República Argentina.

NEWS ITEMS

Search in the South Seas.—The fourth systematic visit to outlying islands of the Cook group and Samoa, to collect lepers for transfer to the Makogai colony in Fiji, was carried out late last year in a chartered steamer

by Dr. E. P. Ellison, head of the Cook Islands Medical Service and deputy-Resident Commissioner at Rarotonga, according to press reports seen. Three previous trips for the same purpose had been made, in 1926, 1928 and 1935. The 1935 trip brought to light 35 cases, spoken of as an unusually large number, but in the present one 43 were picked up in the islands and 7 more in Samoa. Nevertheless, Dr. Ellison is quoted as saying that the disease was gradually being eradicated in the islands, and cases were being found earlier and consequently treatment is more successful than formerly. This (apparently) in spite of the fact that "when they know that the medical officer is hunting for them, the natives take to the bush. Sometimes they have to be removed by force, and there is a chance that they may become violent." One of the islands visited was Penrhyn, said to be the most heavily infected of the group; it appears (see p. 414) that the station recently established there—apparently on an islet called Tesauma—is simply a collecting station and not intended for the actual segregation of cases.

Makogai inconvenienced.—Late in January, writes Dr. C. J. Austin, the island cutter "Adi Eci," which served the Makogai colony of Fiji, was lost in a minor hurricane. A new boat was to be provided but in the meantime mails were badly disorganized and arrangements for the transportation of them and of goods were made with difficulty.

Instruction at Makogai.—In August, 1938, two Cook Island and one Gilbert Island "practitioners" were sent to Makogai for courses in leprosy. These "Native Medical Practitioners" (commonly abbreviated to N.M.P.) have a special four-year course in the Suva Medical School, and it is intended that every one of them shall have at least a short course at Makogai. It is expected that, with familiarity with the early signs of leprosy, they will be of immense value in the antileprosy campaign in their own islands, for they can travel about in the districts and get to know the condition of their own people in a way quite impossible to the European medical officers.

The new colony at Pakhoi.—It has been known for some time that plans, initiated by Dr. G. L. Russell, were under way to establish a new and more suitable place for the inmates of the old, dismal, walled asylum in the city of Pakhoi, South China. A report in a recent issue of the *Leprosy Quarterly*, written on the occasion of the first anniversary of its opening, describes the new colony and tells graphically of the transfer of the patients to it. That was done in the night, and as quietly as possible, because the massacre at Yeung-kong had taken place shortly before. Located some two miles out in the country, the settlement has an ample area of 100 acres, acquired through a donation from the Chinese Mission to Lepers. Much of it is wooded with young pines. The quarters are bungalows, each of which can house a maximum of 12 persons. Appropriate central buildings are provided for general purposes. In the design of the buildings thought was had for "orthodox oriental architectural beauty" as well as for "approved occidental hygienic facilities." Ants, centipedes and other obnoxious animal life presented a problem at the outset, but it turned out that chickens took care of those mentioned, effectively and profitably. Road-making, tree planting and gardening has provided the inmates with congenial occupation.

Control in Yunnan.—The September, 1938, issue of the *Leper Quarterly* states that the Provincial Health Administration of Yunnan, which, because of the great influx of influential people from the farther east since the war, promised to become one of China's most prosperous provinces, had definitely committed itself to leprosy control. Funds are inadequate for undertaking a full program, but a partial survey of some 98 hsiens has been made, revealing 6,389 cases. Of these hsiens, 26 have some sort of provision for caring for lepers, with a total of 1,472 inmates, but these leprosaria are very poorly equipped.

Hunger strike in Ceylon.—Several press reports from Ceylon relate details of a hunger strike staged by the inmates of the Hendala Leper Asylum, near Colombo, last October. For thirty-six hours some 750 of the 800 patients (in an institution built for 500, on an area of only 26 acres) went without food, until a senior official of the medical service persuaded them to desist. Their chief complaint was unsatisfactory food, but the reports indicate serious dissatisfaction with treatment accorded them otherwise. Some of the trouble was alleged to be connected with a riot that had been staged in the asylum some time before. One complaint aired was that there is no physician at the place at night, the nearest of them living two miles away. The only official statement reported was that there was "some little trouble about bad bread, which is due to a new contractor, and there has been much magnification of the trouble." The inmates demanded a commission of inquiry, and as that had not been granted ten days later they addressed a letter to the Minister of Health informing him that another hunger strike would be begun unless action should be taken. That plan, it was reported later, was abandoned on the advice of a Buddhist monk.

In an interview with Dr. Sam de Simon he stated that the survey service of which he is the head had detected nearly 2,500 cases of leprosy since the work started in 1933, most of them closed cases. Six provinces had been surveyed and the seventh was being investigated. "Nowhere in the world" he is quoted as saying "can leprosy be eradicated if it cannot be done in Ceylon, chiefly owing to its insular position."

Leprosy in East Africa.—In the House of Commons last February the Secretary of State for the Colonies was asked for an estimate of the numbers of lepers in Uganda and Tanganyika, and for a statement of the steps that are being taken for their treatment. The reply was that the number of inmates in the five leper settlements in Uganda is approximately 1,600. In addition, 391 lepers were treated at Government hospitals during 1937. In Tanganyika there are 31 leper settlements with a total of about 3,400 inmates. During recent years there have been notable improvements in housing and public health which should in time lessen the incidence of leprosy.

Federal contribution to São Paulo.—The Federal government of Brazil last year allotted the sum of 260 contos of reis for the purpose of enlarging the leprosaria of the State of São Paulo, according to *Brasil-Médico*.

Remarks on British Guiana.—It has been noted in this department [THE JOURNAL 6 (1938) 561 and 7 (1939) 104] that the British Medical Association has had under consideration a resolution calling the attention of governments within the British Empire where leprosy exists to the need of

increased attention to that problem. In a report of one of the discussions printed in the *Lancet* (July 30, 1938) Dr. F. G. Rose, of British Guiana, is reported as having said that some time ago a community of Czechoslovakian nursing sisters had gone there to help in the leprosy work, but that conditions proved so unsuitable for Europeans that they were withdrawn. A local committee was appointed to consider reorganization of the medical service, and finally the British Empire Leprosy Relief Association sent a pathologist who made such a scathing report that it was never published. Dr. Rose said that in some countries not considered particularly progressive, conditions under which lepers live are far better than in parts of the British Empire, certainly better than in the West Indies and British Guiana.

Diminution in Iceland.—"Heilbrigðisskýrslur," which translated means "Public Health in Iceland," according to the *Medical Officer* (London), reports that leprosy still occurs in that country—"or perhaps it would be more accurate to say that cases continue to be discovered." They are, however, rapidly diminishing and in the ten years reviewed the known ones have fallen from 50 to 26, of which all but a few are accommodated in the leprosarium at Laugarnes.

The leprosarium for Portugal.—A report in *O Seculo* (Lisbon) states that late last year the government published a decree providing for the construction of a national leprosarium "Rovisco Pais," to provide for the adequate care of persons afflicted with leprosy in that country. "It cannot be said that there is a leprosy problem in Portugal, but scattered throughout the country are a few hundred cases that should be taken care of." [But see *THE JOURNAL* 5 (1936) 250 and 386.] At present the Civil Hospitals in Lisbon are the center of treatment and isolation of cases, and the plan is to provide a separate institution—an agricultural colony—to be under the administration of those hospitals. It will be the center for the study of the prophylaxis and treatment of the disease.

News from Jugoslavia.—The first news of any kind about leprosy in Jugoslavia that we have seen in recent years is a report in the *Popolo d'Italia* (Milan) that the inhabitants of Sarajevo had been stricken with panic by information that suddenly spread in that city that two lepers, a woman and her lover, had in spite of the strict vigilance of the guards escaped from the camp where they were confined. The two met in the leprosarium, and two children were born to them. These children were also placed under treatment with the idea of preventing their being infected.

"An apostle of lepers."—The lepers of Madagascar, where the Jesuit Father Johann Beyzym lived and died, have addressed an appeal to the Pope to take steps to beatify this apostle of the sick, according to a report in the *Kölnische Volkszeitung*. Father Beyzym was born in Poland in 1850, the son of wealthy parents, and for a time was a teacher of theology and philosophy in the college of the Jesuits at Cracow. In 1898 he decided to serve the lepers and transferred to Madagascar where as he knew the leper colonies were in bad condition, especially as regards their hygienic organization. Overcoming innumerable difficulties, he succeeded in having a modern asylum built in Marana [*THE JOURNAL* 6 (1938) 116] and there he worked until he died of the disease, which he contracted during his service.

A priest twice leprous.—From Ireland and elsewhere come reports of a French missionary priest who has had the misfortune of being "twice leprous." One Father Choblet went in 1905 to the Gilbert Islands where he was assigned to the island of Beru. In 1917 (1927?) failing health led him to go to Australia for a vacation, and on board the ship it was found that he had developed leprosy. For years he was isolated "on a lonely South Sea island." Treatment was effective, and in 1932 he was declared cured and returned to his work among the Gilbert Islanders. In 1938, however, he was again declared leprous, and this time he has been sent to Makogai, in Fiji. There, the reports note, he is in the company of another leprous missionary, R. P. Lejeune, S.M.

A problem patient.—The authorities of Cardiff are said (by the *Glasgow Daily Express*) to have a problem on their hands in the person of a Malay seaman who was discovered to have leprosy when his ship docked there five years ago, and whom they have been maintaining ever since. For several weeks he was detained in the isolation hospital, but he could not talk with the other patients and resented the close confinement, so he was allowed out. Steps were taken to send him back to the Malay States, but shipping companies and air lines refused to transport him. Eventually one shipping firm agreed to accept him as a passenger, whereupon he refused to leave Britain, on the grounds that he is a British subject. He is now living in the leper home in Essex, and the Cardiff Council is having to continue its grant of £5 per week for his maintenance.

PERSONALS

DR. J. M. M. FERNANDEZ has returned to Rosario, Argentina, having spent a year after the Cairo congress doing special work in Paris, mostly in histology of skin diseases with Professor Cavette, and with the leprosy workers in Brazil, where Sra. Fernandez engaged in laboratory work.

PROF. DR. W. H. HOFFMANN, of Havana, has been named an honorary member of the Robert Koch Institute in Berlin, of which he was a member at the time of Koch and Gaffky.

MR. A. DONALD MILLER, secretary for India of the Mission to Lepers for the past 14 years, was awarded the Kaiser-i-Hind gold medal in the last New Year's Honors.

DR. K. NAGAI, chief physician at the Keiaien leprosarium in Kagoshima, and son-in-law of Dr. K. Mitsuda, died of beriberi while on war duty in China on April 5, 1939. Mrs. Nagai, who is an ophthalmologist, has taken a position at the institution.

DR. M. J. OBERDOERFFER, who has recently served as research worker at the Chiengmai asylum in Siam, has been forced by illness to return to Germany for surgical intervention.

DR. JOHN REENSTIARNA, of Upsala University, Sweden, recently visited Manila in the course of a tour to Japan (via Siberia), Malaya, Siam and India.