

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.

LEPROSY IN SOUTH AMERICA

RESUMÉ OF DISCUSSIONS AT THE TENTH PAN AMERICAN SANITARY CONFERENCE¹

Bogotá, Colombia, September 4-14, 1938

Leprosy is one of Colombia's greatest problems, there being 12,000 estimated cases. There are 5 principal foci, in one of which the incidence of leprosy reaches 3.54 per 1,000, compared with 0.14 for the rest of the country. In the last 14 years some 23,000,000 pesos have been spent in maintenance of the three leprosaria, in one of which there are some 5,000 lepers and half as many healthy persons. Furthermore, 12 leprosy dispensaries have been established in different parts of the country, and the health units and rural commissions cooperate in preventive work. Four asylums have been established for healthy children of lepers, but the number is insufficient, 1,533 children still living with their diseased parents. From 1920 to 1934, 593 cases of leprosy in children of patients in the leprosaria were found, in contrast to 7 cases among 973 children removed early. Results of treatment are encouraging, since 64 percent improve (26.8 percent of these becoming socially cured), and 24 percent become arrested. The Lleras Acosta Institute of Investigation carries on research.

The campaign in Brazil has been intensified lately through the cooperation of the Federal Government with the states, the efforts of the state of São Paulo being noteworthy. A revised census, yet unfinished, revealed some 35,000 lepers in June, 1938, distributed as follows: north, 2.05 per 1,000; northeast, 0.2; center, 1.13; and south, 0.49. The long-term plan of combat includes construction of new farm-colony type leprosaria and improvement of existing institutions, with the aim of isolating

¹ From the *Boletín de la Oficina Sanitaria Panamericana* 18 (1939) 420-421.

only the cases of lepromatous and mixed forms, which are responsible for more than 95 percent of the contagion, especially among the poorer classes. Of sufferers from the neural type, only the indigent and the crippled are isolated, chiefly for welfare purposes. The number of cases to be isolated is calculated at 65 percent of the total. There are 28 leprosaria now functioning, and 22 under construction or planned, with a total of approximately 25,000 beds. Practically all the states contribute to the cost of construction, representing an investment of more than 34,000 contos. Increasing sums for maintenance will be appropriated by the Federal Government, but the states must have their preventive service well organized, including dispensaries, census, complete and permanent medical aid, and adjustment with federal authorities. The cost per day per bed varies from a little over 3\$000 in Minas Gerais to 9\$700 in the Federal District. Dispensaries have been established, especially in the Federal District and the states of São Paulo and Espírito Santo. The Federation of Societies for Aid to Lepers and Defense against Leprosy, with its 72 branches, is in charge of welfare work with families and especially children of lepers, having already established 9 preventoriums.

In *Argentina* the first leprosarium of the five to be constructed by the Department of Health was inaugurated this year.

Leprosy is not a problem in *Guatemala*, since there are only 43 patients for 3,000,000 inhabitants, but isolation has been practised since 1874.

Leprosy was almost unknown in *Peru* until a few years ago, when some cases arrived from neighboring countries, but the number is now considerable, so that a small leprosarium has been built near Iquitos, and a leper colony on the order of those in Brazil is planned.

The second leprosy census in *Mexico*, in 1937-38, found 540 cases to be added to those of the previous census. There are 20 dispensaries in which 2,357 lepers are registered, 1,206 of whom receive treatment. A Society for the Protection of Lepers has founded an asylum for healthy children of patients in the Federal District.

The importance of good general condition in treatment was emphasized in *Venezuela*. Occupational therapy is to be introduced in the leprosaria, which are to be reorganized as hospital-asylums.

FIRST CONFERENCE OF SOCIAL ASSISTANCE OF LEPROSY
OF THE PATRONATO DE LEPROSOS*

The First Conference of Social Assistance in Leprosy, organized by the Patronato de Leprosos, was held in Buenos Aires, September 12th to 14th, 1939.

Honoring the conference with their presence were Cardinal Santiago Luis Copello; Mgr. Miguel de Andrea, Bishop of Temnos; Mgr. Julián Martínez, Bishop of Iborá; Dr. Juan Jacobo Spangenberg, president of the National Department of Hygiene, who presided at the afternoon sessions; Lieut. Col. Federico Zambianchi, Governor of Formosa; and Dr. Enrique P. Fidanza, of Rosario. Also participating were delegates of the provincial governments and other physicians, presidents of the affiliates of the Patronato, and members of the directive committee and of other benevolent, cultural and social institutions.

The conference elected a Directive Committee of the conference, as follows:

Honorary President: Sra. Hersilia Casares de Blaquier, President of the Patronato; *President:* Dr. Juan Jacobo Spangenberg; *First Vice-President:* Lieut. Col. Federico Zambianchi; *Second Vice-President:* Dr. Enrique P. Fidanza; *General Secretary:* Dr. Arturo R. Rossi; *Board of Directors:* Sra. Ana Bernal de Justo, Sra. Julia Valentina Bunge de Uranga, Sra. Matilde Casas Duchenois de Machado Doncel, Dr. Virgilio P. Etcheverry (medical adviser of the Patronato), Dr. Eduardo Bunge, and 22 delegates of the provincial and territorial governments. There were also formed committees of social assistance and of coordination.

PROGRAM

OPENING SESSION, SEPTEMBER 12

1. Address by Sra. Hersilia Casares de Blaquier, president of the Patronato de Leprosos.
2. Address by the president of the Conference, Dr. Juan Jacobo Spangenberg.
3. Report on the social assistance of leprosy, by Sra. Hersilia Casares de Blaquier.
4. Address by His Excellency the Governor of Formosa, Lieut. Col. Federico Zambianchi.
5. Address by Professor Enrique P. Fidanza, delegate of the government of Santa Fé.
6. Address by Sra. Matilde Casas Duchenois de Machado Doncel, president of the Rosario branch, Patronato de Leprosos.

*From a translation of a report supplied by Sra. Hersilia Casares de Blaquier, President of the Patronato de Leprosos, and Sra. Julia Valentina Bunge de Uranga, Chairman of the Interior, Press and Propaganda.

SESSIONS OF SEPTEMBER 13 AND 14

1. Society and the physician in leprology. Sra. Hersilia Casares de Blaquier.
2. Activities of the government of Córdoba in the campaign of leprosy prophylaxis. Dr. Domingo A. Tello.
3. Antileprosy campaign in Cuyo. Dr. Everardo Godoy.
4. The medico-social aspect of tuberculoid leprosy cases. Dr. Virgilio P. Etcheverry.
5. Medico-social prevention in leprosy. Dr. Arturo R. Rossi.
6. Leprosy and the laboratory. Dr. Arturo F. Poiré.
7. The leprosy problem in Santiago del Estero. Dr. Norberto Olmos Castro.
8. Study of 400 house contacts of lepers examined and observed in the leprosy dispensary of the Carrasco Hospital in Rosario. Drs. Salomon Schujman, José M. M. Fernandez and Agustín Vaccaro.
9. The Santa Fé branch at the First Conference of Social Assistance of Leprosy. Sra. Blanca Cabral de la Viña de Muhlmann.
10. Relation of the Women's Council of the Republic of Argentina to the work of the Patronato de Leprosos. Read by Sra. María Esther Carlé Huergo de Piombo.
11. Coordination of the work of the Patronato de Leprosos and its branches with official activities. Sr. Julia Valentina Bunge de Uranga.
12. The Formosa branch. Sra. Ana Peralta de Zambianchi.
13. Work of the Córdoba branch. Sra. Elisa Deheza de Martínez.
14. Benefits of assistance in the antileprosy dispensary. Dr. Virgilio P. Etcheverry.
15. The local leprosy problem in Concordia. Sra. Clotilde Donovan de Ravasio.
16. Work of the Santa Fé branch. Sra. Matilde Trucco de Gollan.
17. The leprosy problem in Córdoba. Dr. Luis Arguello Pitt.
18. Leprosy and the Jujuy branch. Dr. Bonifacio Zabala.
19. Plan of work of the La Plata branch. Sra. Victoria Altube de Bernard.
20. The dermatological dispensary in Paraná. Sra. Catalina Martínez Jontes de Pérez Colman.
21. The government of Buenos Aires and the Patronato de Leprosos. Dr. Federico Fuertes.
22. Affiliation of the Federation of Workers. Mr. Leonardi di Baja.
23. The leprosy problem in Entre Rios. Drs. Enrique Acebal, Pablo Suarez and Antonio J. Riviriego.
24. The status of the antileprosy campaign in Salta. Dr. Julio D. Outes.

RESOLUTIONS ADOPTED

1. For the better accomplishment of the antileprosy campaign in the Republic of Argentina, and in particular for the

carrying out of the purposes of the National Law 11,359, it is desirable that the national government and those of the provinces and territories intensify their action through their competent organizations, in the discovery of cases, in assisting them, and in their internment as required. For this purpose is solicited the harmonious collaboration of the national institutions, the provincial councils of hygiene, the municipalities, the local doctors, and the ladies who direct the central organization and the branches of the Patronato de Leprosos.

2. To the branches of the Patronato de Leprosos is recommended intensification of the work under way, using every possible means of ensuring its success. It is particularly recommended that the cooperation of the largest possible number of workers be secured and that the work of social assistance and of public education regarding this serious medico-social problem be intensified.

3. The conference manifests its belief that the work of protecting the healthy children of the afflicted should be accelerated.

4. The promulgation of a national law providing for economic aid to the families of the sick is considered necessary.

5. Adequate legislation relating to the condition of the leper employee is recommended, mention being made of the corresponding article in a project of law presented in 1928 to the national congress by Assemblyman Dr. F. C. Lillia.

6. A study of the status of the cured cases, and a system of aid for their social rehabilitation, are considered necessary.

7. It is the desire of the conference that the Patronato de Leprosos continue and accentuate its purpose of stimulating scientific investigation, its bibliographic service in its specialized medical library, as well as its work of publication of material pertaining to the antileprosy campaign and to educational propaganda.

8. Also as an aim of this conference is approved the plan to effect an international conference through the medium of the main organization of the Patronato de Leprosos, in 1941.

ORGANIZATIONS IN INDIA

[Reports from India that are seen from time to time are somewhat confusing with regard to the nature of the various antileprosy organizations that exist there. The following statement has been supplied by Dr. John Lowe, of the School of Tropical Medicine in Calcutta.—EDITOR]

It is to be understood that originally the British Empire Leprosy Relief Association, with headquarters in London, was supposed to have Councils in the various parts of the British Empire. In India there is an Indian Council, with headquarters in Delhi. It has its own funds and, except in title, it is independent of the London organization. There have been suggestions that its name be changed to the "All-India Leprosy Association," or something like that.

The Indian Council established branches or councils in most of the provinces in India and gives grants to them. Each province has a number of districts, and in many of them there grew up District Leprosy Relief Associations, Committees and so on. These district organizations were independent of the Provincial Councils of B.E.L.R.A. An attempt is now being made to link up the different bodies concerned with antileprosy work, to affiliate existing district organizations to the provincial organization, and to create affiliated district organizations in districts where they do not yet exist.

In Madras (to which the following press report refers), many completely independent and self-supporting district organizations have been established. The idea is to link them all to the Madras Provincial Branch of B.E.L.R.A., which until recently has existed only on paper, and to make this provincial branch an agency to assist and coordinate the work in the districts.

It is understood [states the item referred to, from the *Madras Hindu*] that there is a proposal that the existing District Leprosy Associations should be affiliated to the All-India Leprosy Relief Committee and that the existing funds now available with the district associations should be utilized for purposes of treatment. Further, it is stated that contributions might be available from the British Empire Leprosy Relief Association for carrying out an intensive propaganda, in connection with the prevention and cure of this deadly disease.

The present set-up in Madras Presidency is described in material supplied by Dr. R. G. Cochrane, of the Lady Willingdon Leper Settlement, Chingleput.

During 1938 there has been a reorganization of the provincial branch of B.E.L.R.A. A committee was formed early in the year to consider the situation in the light of the necessity for raising further funds for the control of leprosy in the Presidency. Reorganization along the following lines was recommended:

(a) Headquarters of the provincial branch, B.E.L.R.A., to be established at the Lady Willingdon Settlement.

(b) The medical officer-in-charge of the settlement to be the Honorary Secretary, and the superintendent to be the Honorary Treasurer of the Madras provincial branch.

(c) That ordinary routine treatment should be the concern of the district authorities, the provincial organization to concentrate its activities along the following lines: investigations of childhood leprosy, rural and urban control, an experiment in segregation of leprosy children (at Sankeri, Salem), and training for propaganda.

These recommendations have been accepted. The headquarters of the provincial branch, B.E.L.R.A., have been moved to Chingleput. The services of the Chief Leprosy Officer have been loaned to the Madras City Leprosy Relief Council for investigation into the methods of urban control. The organization of a center for the study of methods of rural control is well under way, and building operations have been commenced.

The scheme for rural control, in brief, is as follows: An area in Madurantakam Taluk, some 23 miles from Chingleput, has been chosen in which the average incidence of leprosy in a group of nine villages is 60 per thousand (6 percent). A central plot of land has been selected which is not more than $2\frac{1}{2}$ miles from any one village and which has a good water supply. The object of the scheme is to find out whether leprosy can be controlled by more economic methods than those at present in vogue. It is proposed to build, as economically as possible, an investigation center and a segregation village. The center will consist of a central hall, injection room, doctor's room and laboratory. It will be used for treatment and observation of all known cases, and records with full epidemiological data will be kept. The segregation village, with a capacity of about 50 people, is intended for the isolation of all infective and crippled cases in the area being studied. Those who can cultivate their fields or do other work will be permitted to do so, provided they return to the segregation area at night. It is felt that the reason for the spread of leprosy is night contact with infective cases; this is particularly dangerous in the case of children. All crippled cases and those liable to ulceration will be asked to live in the village, for treatment of their ulcers and deformities. Any patient who is acutely ill and in need of immediate medical or surgical attention will be hospitalized in the Lady Willingdon Settlement until such time as the acute condition has responded to treatment.

"If this scheme is successful, and is repeated in other areas where leprosy is prevalent, we can envisage the day when institutions will be used only for selected types of cases and the advanced, infective and mutilated cases are cared for in the villages of the country. Thus we see a possibility of eradicating this scourge from India."

From other sources it is learned that arrangements had been made for tuberculosis specialists to survey selected areas in Saidapet with tuberculin, with a view to determining the incidence of tuberculosis among lepers and also to ascertain if there is anything in common in the reaction between tuberculosis and leprosy. As a preliminary step the patients in the Lady Willingdon Settlement were tested. In furtherance of the plan to center special work at the Settlement, a grant was made by the Indian Research Fund Association to enable one of the medical officers there, Dr.

Paul Raj, to go to Calcutta for special training in histological research and also to study at the Nutrition Research Institute at Conoor.

LEPROSY WORK IN BURMA, 1938*

The system of leper colonies that has been established in the Kengtung Shan State of Burma by the American Baptist Mission had its inception in 1929, when a leper came for aid from a place several days journey away and, together with a few others, was cared for at first at the personal expense of the doctor in charge. In 1930 a total of 23 were established in and near a graveyard at the town of Kengtung. Two years later the number was 80. In 1934 the construction of a central colony with brick buildings for 100 patients was finished, and the establishment of "outstation colonies" was begun.

Permission for this work had been granted by the mission in 1930, provided no mission funds should be used for it. Of the annual contributions received, the American Mission to Lepers has made the largest, beginning in 1931. A small continuing grant has also been made since that year by the local state. Beginning in 1935 increasing grants have been made by the commissioner of the Federated Shan States, and since 1936 contributions have also been made by the Burma branch of the British Empire Leprosy Relief Association. The central colony will probably be taken over by the state in 1940.

The first of the outside colonies were established in 1934 at Mong Hpkak, Mong Yang and Mong Pawk; the last is in the northernmost part of the state, where the leprosy incidence is highest. In 1935 colonies were started at Mong Yawng and Mong Lin. In 1936 the hill people from Mong Hpkak were moved to a hill colony at Nawng Ke Ceung. A small colony (16-20 inmates) was also established at Mong Pa Liao; and the last at Meh Hok in 1937.

It was expected that these places would serve as preventive treatment centers, but the population is so sparse (230,000 in 12,000 square miles) that it was found necessary to establish them as farm colonies, which are more expensive but much more satisfactory. In general they are two to five days travel from the central colony. The assistants in charge of them (except the small one at Mong Pa Liao, where injections are

*From a report on the leper colonies of the American Baptist Mission in the Kengtung Shan State, 1929-1939 (by Dr. Richard S. Buker) and the 1938 report of the British Empire Leprosy Relief Association.

given by an ordinary inmate) are lepers who have been trained at the central colony. The inmates are required to build their own houses and make their own gardens. So far as funds permit they are given rice and salt and some clothing. Deaths and discharges each year amount to about 5% of the inmates, which in 1939 totalled 935.

The following are the statistics of leprosy work in Burma as a whole, for 1938:

Asylums and Homes (4).—Kemmendine, in Rangoon, 441 inmates; St. Johns, in Mandalay, 504 inmates; Home for Lepers, Mandalay, 300; Moulmein Home (inmates and outpatients), 228; total, 1,557.

Colonies (16).—Monywa, 88; Minbu, 37; Meiktila, 24; Sale, 12; Magive, 58; Shavebo, 40; Loilem, 41; Kengtung State, 871 (in 9 colonies, 132 in that of the R.C.M. and 739 in those of the A.B.M., as against 300 for the rest of Burma); total, 1,171.

Jails.—Pagan, 78; Shwebo, 6; total, 84.

Patients treated at clinics.—Hlegu, 28; Dabein, 11; Monywa, 96; Minbu, 129; Sagu, 58; Pwinbyu, 9; Salin, 4; Sinbyugyun, 7; Meiktila, 108; Mahlaing, 62; Thazi, 35; Wundwin, 29; Sale, 37; Yamethin, 45; Nyaung-U, 21; Pakokku, 1; Shwebo, 443; Ye-U, 163; Sagaing, 167; Wakema, 138; Kyonmange, 81; Rangoon Hospital, 202; total, 1,874.

TOTAL, cases under treatment in Burma, 4,686.

LEPROSY CONTROL IN BALI

After the Inter-Governmental Rural Hygiene Conference, held in Netherlands India, in 1937, some of the members went to Bali on invitation of the government of that island to see the system of leprosy control in vogue there. Dr. Spencer Hatch, who represented the government of Travancore at the conference, gave in Trivandrum last November an illustrated lecture on his observations. Since no similar summary of the system in use there has been seen by us, the following notes are taken from a report of the lecture in the *Hindu* (Madras).

The speaker expressed the opinion that in spite of all the good work done in India by governments and missions, it was doubtful if the number of cases of leprosy was being decreased, because for every leper under isolation and treatment in colonies there was an unknown large number of dangerous ones moving about among the people. In Bali the people and the village government cooperate with the leprosy control organization in reporting every case, and the system provides for them all to be isolated in one way or another for treatment.

One method of isolation is in colonies, of some of which pictures were shown, it being emphasized that they had been made sanitary and as cheerful as possible. A second form was that in which the leper lived

alone, being visited weekly and instructed to take care of his own health and to avoid contaminating others; the people around were taught how to act toward the patient. In a third type the leper was given a small house in his own compound, from which the parent could see the children and other members of the family, who brought him food but did not run the risk of contamination. A fourth type was applied when the leper was the member of a poor family without a sufficient compound; the village government provided a plot on the outskirts of the village with a small bamboo house, the family brought food to the gate, and the leper could gossip with friends and live quite happily and safely. The fifth type of isolation was where a kind of family life was arranged for lepers; one picture showed a house in an attractive rural place where an old man, a woman and a small boy, not related, were living together happily. In all these forms of isolation the lepers were living among the beauties of that enchanted island country.

LEPROSY INSTITUTIONS IN JAPAN

The annual report for 1938 of Mr. A. Oltmans, secretary for Japan of the American Mission to Lepers—this one prepared by Mrs. Oltmans because of the illness of her husband—is in the form of previous ones [see *THE JOURNAL* 5 (1937) 220 and 6 (1938) 566], mentioning briefly the outstanding events occurring at each of the 17 leprosaria in the country, 4 national, 5 prefectural and 8 private.

Improvements have been made at several of these institutions, but the construction of the new ones planned by the government has been delayed, though one has been started. Noteworthy changes mentioned are the rapid expansion of the Keiai-en national leprosarium in Kagoshima, Kyushu, from where surveys of islands further south have been made by Dr. F. Hayashi and his staff; the opening, after considerable opposition, of a small new national institution, the Kunikami Airakwen, at Okinawa in the heavily-infected Liukiu Islands, with Dr. Shionuma, formerly at Keiai-en, as director; the completion of the reconstruction of the Tokubu Hayo-in at Aomori in the north, which was largely destroyed by fire in 1936; the inauguration, with 500 inmates, of the Komyo-en, on Nagashima Island, replacing the former Sotojima asylum near Osaka that was destroyed by storm in 1933. The total number of cases hospitalized in Japan is given as 7,663, with some 2,300 entering during the year and 1,150 dismissed. Mention is made of increasing outpatient work with lepers at other hospitals throughout the country, especially at the dermatological departments of medical centers, and also at certain of the leprosaria.

INTERNATIONAL LEPROSY ASSOCIATION

FINANCIAL REPORT, 1938

The following is the financial statement of the General Secretary-Treasurer of the Association for 1938.

STATEMENT OF RECEIPTS AND PAYMENT FOR THE
YEAR ENDING DECEMBER 31, 1938

RECEIPTS		PAYMENTS	
	£ s. d.		£ s. d.
To Subscriptions of members.....	288. 11. -	By Postage, telegrams .	11. 1. -
" Subscriptions of non-members.....	18. 10. 8.	" Printing, stationery and sundries.....	10. 6.
" Subscriptions towards conference expenses	17. 19. 3.	" Grant, secretarial...	20. - -
		" Press cuttings.....	5. - 4.
		" Accountants' charges.	4. 4. -
		" Conference expenses	54. 15. -
			95. 10. 10.
		" Surplus.....	229. 10. 1.
	<u>325. - 11.</u>		<u>325. - 11.</u>

Balance sheet (summary).—From the balance of receipts over payments (surplus), plus the balance on hand at the end of 1937 (£41.1.1), totalling £270.11.2, was deducted the amount of £240 remitted to Manila for the account of the INTERNATIONAL JOURNAL OF LEPROSY, leaving a balance of £30.11.2. :

INTERNATIONAL JOURNAL OF LEPROSY

FINANCIAL STATEMENT, 1938

RECEIPTS		DISBURSEMENTS	
From the International Leprosy Association (remittance, £300)....	₹ 1,985.78	Salaries.....	₹ 4,225.00
Subscriptions.....	881.21	Printing.....	5,408.97
Membership dues, I.L.A..	139.00	Postage.....	809.22
Sales of Journal, etc...	865.17	Telegrams, etc.....	56.38
Miscellaneous.....	50.10	Translation.....	21.00
TOTAL.....	₹ 3,921.26	Sundry expenses.....	124.57
Subsidy, Leonard Wood Memorial, 1938.....	₹ 8,000.00	Bank discount.....	24.13
TOTAL.....	₹ 11,921.26	TOTAL.....	₹ 10,669.27
		BALANCE ON HAND.....	₹ 1,251.99

NEWS ITEMS

Another leprosarium in Sao Paulo.—Although Sao Paulo with its five large leprosaria is of all the states of Brazil the best equipped in this respect, plans have been made for the construction of another one in the most westerly portion of the state. At the Padre Bento institution a histopathological laboratory has been established, and six negative female patients are being trained as technicians.

—L. SOUZA-LIMA

Further experimentation with oxygen treatment.—Through the interest of Mr. G. Guinle, of Rio de Janeiro, an apparatus for the use of oxygen under pressure has been installed at the Sanatorio Padre Bento and a selected group of cases less advanced than those treated at Rio de Janeiro have been under treatment for some six months. [A similar apparatus has been loaned to the United States Public Health Service for work at the Carville leprosarium.]

—L. SOUZA-LIMA

Zoquiapan leprosarium, Mexico.—Recent reports indicate that the work of developing new leprosaria in Mexico is being forwarded actively. At the ex-hacienda of Zoquiapan, in the Federal District, work was in progress on various structures, including the power plant which will furnish electricity to the institution.

Cases in New York.—Some little stir was created in New York last year by newspaper publicity about the existence of leprosy in the city, and the *New Yorker* went into some detail about the matter. There are 30 registered cases, of whom 24 are males and 6 females. Every one is either an imported case or an American who lived in the tropics. One of the women is a dressmaker and the men follow various callings—clerking, elevator-running, mechanical work, and even music and stockbroking—but none of them is allowed to work where food is handled. Leprous children would not be allowed to attend school, but the Board of Education would send tutors to the homes. The patients receive chaulmoogra treatment, and they are required to report to the Department of Health three times a year for examination. Occasionally one is sent, as circumstances may require, to the Federal leprosarium at Carville.

May Fairs, London.—One of London's oldest inns, relates the *Greenock Telegraph*, stands in Shepherd Market in the heart of the district where Londoners came for the old May Fairs, after which Mayfair is named. An inn has stood on the same site for at least six hundred years, since Edward I. granted or confirmed the right of holding a May Fair to the Hospital of St. James. The hospital, standing on the site of the present St. James' Palace, was then a refuge for women suffering from leprosy.

Contribution by lepers.—The *Times* (London) has reported according to Dr. J. W. Lindsay, that among the special contributions sent to the Lord Baldwin Fund for Jewish Refugees was one of 10 shillings from a leper colony in Nyasaland.

Suicide because of apprehension.—Illustrative merely of how some people feel about leprosy is a report that appeared in the *Cumberland News*, of the suicide by drowning of a Manxman who had been off work for a week on account of some trouble with one of his hands, and who suffered from the "extraordinary delusion" that he had leprosy.

Dilo oil.—About 1931 Dr. E. E. Neff, then medical superintendent of the Makogai colony, called attention to beneficial results obtained in treating the acute pain of leprotic neuritis with an oil called "dilo" (*Calophyllum bingator*). Little has been heard of it since, but recently it has been publicized in Paris by Sister Mary Susan, one of the nuns who works at Makogai. She, with a Parisian botanist, is said to be undertaking the manufacture of the oil on a large scale with a view to exploiting it. It is said that Father Nicouleau, S.M., the first chaplain to the lepers at Makogai—who contracted the disease there and died of it in 1928—first noticed that the oil seemed to give the sufferers a measure of relief. Of the present interest of the Sister mentioned, the story is that a leper whose wounds she was dressing told her that he would suffer less if she should rub him with dilo oil. Told that she would do so if he got it for her, he set off in his canoe and returned later bringing a number of hard nuts. A native woman "who had not slept for months . . . accepted the risk of a trial injection" of the oil that was extracted, and three hours later she was fast asleep!

The Belgian Congo.—The rapporteur in the Belgian senate for the budget for the Congo discussed in his last report the situation with regard to leprosy, yellow fever and sleeping sickness, states *Le XX^e Siecle*, of Brussels. During 1938 a commission had investigated the leprosy problem and proposed measures which would permit intensification of the campaign against it. He stated that there were many thousands of cases in the colony and that about one-third of them required assistance, and he envisaged the creation in Belgium of a special organization for the encouragement of such work. It would seem that improvement in the situation with regard to sleeping sickness is permitting the authorities to consider increasing their work in connection with other endemic diseases.

"Leprosy in ancient man".—Thus was titled a letter, signed Alleyne Leechman, to the editor of *East Africa and Rhodesia* (London), which follows: It would be interesting to know whether the many remains of ancient man now at the disposal of anthropologists and pathologists give any evidence of the existence of leprosy in very early times. Bilharzia has been demonstrated in Egyptian mummies thousands of years old; rheumatism and syphilis in skeletons bordering on the fossil state; even the thigh-bone of the Java "Ape-Man," discovered by Dr. Dubois and possibly the second oldest humanoid remains yet found, proves that its possessor in life suffered from a disease which is easily identifiable by medical men. The gross bony lesions characteristic of leprosy must be recognizable in the skeletons of sufferers; but, so far as I know, no mention of them has been made as yet in Neanderthal, Cro-Magnon, Pekin, Palestine or any other form of "pre-historic" man.

[It may be remarked that recently an inquiry was made of the Department of Egyptology of the Field Museum, Chicago, for information about the finding of evidence of leprosy in the bones of Egyptian mummies, and as to whether many mummies have been examined by x-ray. In reply it was stated that such examinations have not been numerous, but that in the many direct investigations of mummies only one with changes due to leprosy has been recorded, and that one was from the early Christian period.]

Orissa, India.—In this province in which leprosy is widespread, there are two leprosaria and 71 treatment clinics. The colony at Puri consists of 75 lepers who have isolated themselves in huts a mile from the town of Bargarh. The Cuttack asylum, with 357 inmates in 1937, is like most such institutions in India compelled to turn away many applicants—about 70 a year, it is said—but the situation has been relieved somewhat by the opening of a special ward for children, which has released some 36 places in the wards for adults. As elsewhere, the mutilated arrested case is a problem, as they are frequently not received back by their own people. The authorities have determined to increase antileprosy activities and have adopted a scheme recommended by Dr. Isaac Santra, who was called as consultant; the estimated cost of Rs 36,000 has been provided by an appropriation.

Arrested cases in Madras.—It would seem, from a report in the *Hindu* (Madras), that the authorities of the Madras Presidency have resolved to relieve the Lady Willingdon Settlement of the care of mutilated, arrested cases that have been harbored there, reducing thereby the number of patients needing medical attention that could be taken in. The government official concerned was formally interrogated as to how many persons would be affected by the order which has been promulgated, and what would be done with them. It appeared that the number is small—some 20 already sent out and 5 being prepared to go—and that at present there is no other institution that can take them in.

Clinic in Hankow.—The Hankow Rotary Club, writes Dr. Jas. L. Maxwell, is now supporting a special "skin clinic" for lepers. A small clinic has been in operation at the Union Hospital for some time, and it is this work which is to be enlarged and financed by the Rotary Club.

A hospital in Chengtu, West China.—It has been reported by the Reuter news service that construction of the first leper hospital in West China has been begun, after the receipt of £1,200 granted by the Mission to Lepers in London. In addition the mission has promised an annual subsidy of £300. The hospital is being built on the campus of the West China Union University in Chengtu, Szechuen Province. The head of the new hospital will be Dr. Wallace Crawford, a Canadian missionary who has lived in Szechuen for more than 30 years and who is head of the university clinic. It is intended later to build a small factory near the hospital to give patients occupational therapy. Leprosy is rife in five areas in Szechuen, extending from the borders far into the interior of the province, and the hospital will therefore fill an urgent need.

More about marriage at Soonchun.—In 1936 Dr. R. M. Wilson described his experiment with marriage of inmates of the Soonchun colony [*THE JOURNAL* 4 (1936) 441-443]. At the outset 11 couples were married, each one taking a child to adopt and being given land and aid in building houses cottages. Each person is also given 35 cents a month for clothing. In 1937 the number of couples had increased to 43 [*THE JOURNAL* 6 (1938) 576]. Dr. Wilson writes that at the end of 1938 they had 70 such families in the married couples' village. The experiment has proved highly satisfactory, as these people are largely self-supporting and are actively industrious, which is helpful to treatment. There have been only two relapses, he says, among the people in these homes.

Subscription in New Caledonia.—An appeal made in New Caledonia for funds to aid in the antileprosy work resulted in the collection of 170,000, thanks to which new measures can be taken against the disease, states a note in the *Midi Colonial* (Marseille). In thus supporting this work of public welfare, it is commented, the inhabitants have shown a fine example of humanity and social solidarity.

PERSONALS

LT.-COL. E. COTTER, of the Indian Medical Service, has been appointed by the viceroy of India to the position of chairman of the governing body of the Indian Council of the British Empire Leprosy Relief Association, in succession to COL. SIR ALEXANDER RUSSELL, who is about to retire.

DR. A. R. DAVISON, for several years the physician in charge at the Emjanyana Leper Institution in the Transkei, Union of South Africa, has been transferred to the Pretoria Leper Institution.

DR. LEE S. HUIZENGA, of Shanghai, was appointed by the Chinese government as a delegate to the Sixth Pacific Science Congress, held in San Francisco late in July.

DR. JOHN LOWE, of Calcutta, left India in April to undergo a surgical operation. Shortly before arriving in England he developed a serious acute illness, from which he was slowly recovering during the summer.

The name of DR. PABLO MONTAÑES appears in the *Journal of the American Medical Association* [113 (1939) 698, Madrid correspondence], in a list of "prominent scientists and physicians" who have been executed by the Nationalists in Spain. It is not indicated whether or not this refers to the physician who for a time was in charge of the Fontilles leprosarium and who published several articles on leprosy, including one in *THE JOURNAL* [3 (1935) 197-200], at which time he was provincial inspector of health and director of the Institute of Hygiene in the Province of Huesca.

DR. E. MUIR, who toured East Africa last year to investigate the leprosy situation, visited South and West Africa from May to September this year.

MR. A. OLTMANS, for many years the secretary for Japan of the American Mission to Lepers, has recently died. It is understood that details of his life and work will appear in the forthcoming issue of the *Leper Quarterly* of the Chinese Mission to Lepers.

DR. ABRAHÃO ROTBERG, of São Paulo, Brazil, attended the Sixth Pacific Science Congress. He will remain in New York until the end of the year.

DR. GORDON A. RYRIE and his wife, due for home leave from his station at the Sungei Buloh Leper Settlement in Selangor, had reached their ship at Singapore when he was ordered to return to Sungei Buloh on account of the war emergency.