

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.

CONTROL OF LEPROSY IN THE BRITISH EMPIRE

In a previous issue [7 (1939) 104] note was made of a discussion, in different divisions of the British Medical Association, of a proposal that recommendations be offered concerning increase of support for leprosy work in the various regions of the British Empire. The following account of the final disposition of the matter is taken verbatim from the *British Medical Journal*, Supplement, June 24, 1939, p. 342.

In 1936 the Representative Body referred to the Council for consideration the following motion submitted by the Sheffield Division:

That the Representative Body desires to call attention to the advance that has been made in the treatment and cure of leprosy and the increased possibilities thus opened up for measures for the stamping out of this disease; and requests the Council to consider what steps, if any, the Association should take to assist in devising and promoting measures for its eradication.

The Council first referred the subject to the Science Committee, which reported that it was satisfied that, so far as the limited funds available permitted, all possible steps were being taken for the advancement of the treatment and cure of leprosy. The report was eventually submitted to the A.R.M. in 1937, but it was rejected in favour of the following amendment:

That this Meeting refers to the Council for consideration the desirability of calling the attention of the Government to the urgent need for increased support by the Governments concerned of the campaign for the eradication of leprosy in the British Empire.

The subject was then referred to the Dominions Committee. The Dominions Committee took the view that, while voluntary organizations were doing invaluable work, the control of leprosy could not be isolated from the general public health programme and that, if Colonial Governments were required to spend from their limited funds more money on leprosy control, other equally important aspects of public health might suffer. It felt that

Colonial Governments were doing their best to allot to leprosy control its proper place in a well-balanced public health programme. On its suggestion, therefore, the Council submitted the following motion to the A.R.M. in 1938:

That it be recommended to the Representative Body that from the information available the Council is not satisfied that any useful purpose would be served by making representations to the effect that the expenditure specifically devoted to the control of leprosy should be increased. Again the Representative Body rejected the motion and accepted the following amendment:

That the Representative Body refers this matter back to the Council for reconsideration in conjunction with the report of the International Leprosy Conference held recently at Cairo, and the recommendations there suggested and approved.

The Council has seen the report of the International Congress on Leprosy held in Cairo from which the following paragraphs are extracted:

(i) From minutes of the Final Meeting:

(c) "That the Congress, while appreciating to the full the work of voluntary organizations in anti-leprosy work; wishes to emphasize strongly its opinion that the control of leprosy is essentially the responsibility of the Governments of the countries where the disease is common, and that anti-leprosy work should form an important integral part of the public health programmes of such countries. It is also urged that Governments should do everything possible to initiate and encourage research with a view to improving methods of leprosy control."

(ii) From the report of the Subcommittee on Epidemiology and Control:

Voluntary organizations have in the past, and can in the future, aid greatly in anti-leprosy work. It should be emphasized, however, that the control of leprosy is the inescapable responsibility of the Government concerned. The primary function of the voluntary agencies should be to co-operate with Governments in demonstrating the value both of approved and newer methods of prophylaxis, education, and therapy.

These resolutions were in agreement with the views expressed by the Dominions Committee, but, before the Council came to any final decision, it sent an inquiry to Oversea Branches interested in the subject asking for their views, with special reference to (i) the responsibility for leprosy control, (ii) the relation of leprosy control to the public health programme as a whole, and (iii) the advisability of making representations to the effect that the expenditure specifically devoted to the control of leprosy should be increased. Nineteen replies have been received and all of them agree that the control of leprosy is the responsibility of the Government and that it must be considered

in relation to the public health programme as a whole. Only one wishes representations to be made for an increase in the expenditure specifically allotted to the control of leprosy. All the other replies indicate that there is general satisfaction with the allocation to leprosy control from the funds available for public health purposes. One Branch thinks that a larger amount should be spent on preventive services generally, this including the proportionate increase for the control of leprosy. Another Branch replies:

Representations for the increase of moneys devoted to leprosy control should only be made if it is clearly stated at the same time that such increase is to be *additional* to existing health budgets, and that no public health funds are to be diverted from other purposes. The Branch feels very strongly on this point, and further, would emphatically deprecate any sort of representation which might be construed as an attempt on the part of the Association to dictate to Health Departments as to how their budgets should be allocated.

The Council therefore reports that, after having consulted Oversea Branches concerned with the subject, it is of the opinion that: (i) the control of leprosy is the responsibility of the Government; (ii) the subject is receiving a due proportion of attention in the public health programmes in the different parts of the Empire; and (iii) it is undesirable that the Association should make representations to the effect that the expenditure specifically devoted to the control of leprosy should be increased.

FRENCH GUIANA

It was reported last June by the Service Intercoloniale d'Information, of Paris, that an order had been promulgated in French Guiana which provides for systematic examination of school children throughout the colony. Heretofore such a service existed only in Cayenne and Saint-Laurent-du-Maroni; in other places where there were schools there was no medical visiting except by the physicians of the health service, with no special attention to the schools. The new order completes an organization necessary for the discovery of leprosy among children. Each one will have a record giving all important information regarding their physical state and health, and records of proposed systematic vaccination. The findings with regard to leprosy will be controlled by the Institute of Hygiene. Thus should be rendered practically impossible the spread of the disease among students. Further with regard to leprosy, the governor has re-

quested the chief of the health service to study the possibility of applying other prophylactic measures that will make the present efforts to control it more efficacious.

In connection with the hospitalization of cases, it was reported by the same source in July that the governor, accompanied by the chief of the health service and others, had inspected an islet called La Mère with regard to the possibility of establishing a new leprosarium there. This small island, with an area of about 100 hectares (250 acres), is the most important of a veritable archipelago situated about 10 miles from the coast, to the southeast from Cayenne. An encircling road permitted them to make a tour of the island, and they went inland over turf and wooded terraces to the central plateau, which is covered with good pasturage with numerous trees. The place is described as very attractive and picturesque, the air "excessively pure." It was decided to establish a leprosarium there.

Several European newspapers have carried an account of the long service of three French nuns of the order of St. Joseph de Cluny, at the Acaronany leprosarium in the heart of the forest of Guiana. The nearest towns are penal settlements several miles away and difficult to reach by road or water; St. Laurent du Maroni is a four days' journey away. The three sisters went there around 1900 and, it is stated, have not returned to France since then. Sister Bernard, the superior, administrator and midwife, died recently and was buried by 130 leper patients in the cemetery where lie many of those with whom she worked.

LEPROSY IN PORTUGAL

It is reported by one J. S. VIEIRA that in a survey he discovered the existence of 3,000 lepers scattered in different parts of Portugal, without care or treatment of any kind, often living in indescribable poverty and wretchedness. In one village alone there are no less than 200 of them. The only attempt to segregate lepers is that in Lisbon those in an advanced stage of the disease are housed in a pavilion belonging to one of the hospitals. He hopes to start a leper dispensary near Pombal, which is central for the most affected area. The following is a quotation from the C.S.S.M. Magazine:

Away back in the Middle Ages, Portugal (in consequence of there being a prince who was a leper) had what, for those days, was a very thorough system of segregating and caring for her lepers: while, as a preventive measure, they were kept apart from other folk, they were not treated as though they were little better than corpses, as was the case in the countries of Central Europe.

With the dawn of the Renaissance, Portugal began to devote all her energies to discovering and conquering unknown lands overseas, and her home problems (among them that of her lepers) became sadly neglected. The result was that leprosy soon began to spread, until at the present day Portugal is of all European countries the one where leprosy is most prevalent, there being over 3,000 lepers in her population of six and a half millions.

The authorities have been doing practically nothing for them, and Portuguese lepers mix freely with other people. It is not realized what a terrible risk this involves, and they live for the most part in want and squalor, repulsive to themselves and to those who see them, constituting a truly appalling problem.—[From *Leprosy Review* 10 (1939) 185.]

NORTHERN TERRITORY, AUSTRALIA

The leprosy situation in two parts of the northern portion of Australia, where the disease is endemic, was described in a recent issue of *THE JOURNAL* [7 (1939) 201] by Sir Raphael Cilento, for Queensland, and Dr. A. P. Davis, for Western Australia. Further information appeared in the news section of the same issue. Regarding the third part of the northern or tropical zone, the Northern Territory, no recent information was available at that time. This gap is filled by the following excerpt from a summary of a report by Dr. W. B. Kirkland, Quarantine Officer and Chief Medical Officer of the Territory, presented to the sixth session of the National Health and Medical Research Council, Adelaide, in May, 1939. This summary is accredited to *Health; Journal of the Commonwealth Department of Health, Australia* 17 (1939) 124.

Leprosy is mainly confined to the more humid portions of the Territory, particularly along the coastal belt and adjacent islands and coastal rivers. Importation is ascribed to the Chinese in 1874, the resulting course of transmission being from Chinese to aboriginal, and from aboriginal to European.

In 1925 a survey by Dr. C. E. Cook indicated that leprosy appeared to be limited to the Adelaide and Alligator River districts, Goulburn Island, Crocodile Island, the Goyder River Country, the Daly River and the Roper River, including the area about its headwater. In recent years leprosy has been reported from Groote Eylandt and from the coastal region between the Roper and Goyder Rivers, and the disease has appeared on Bathurst and Melville Islands, in the Victoria River district and as far south as Newcastle Waters.

During the past ten years, 187 individuals have been admitted to the leper hospital at Channel Island, Darwin, including some 75 aboriginals and half-castes from Western Australia. In the same time ten Europeans have been admitted,

all males with the exception of one, the daughter of a male inmate.

At 30th June, 1938, the inmates at Channel Island numbered 118—European, 7 males and one female; Asiatic, 2 males; half-caste, 14 males, 12 females; aboriginals, 50 males and 32 females. The greater number of European males infected can be explained by the larger male population and by the greater intimacy of white males with aboriginals. In the case of aboriginals, it is probable that the excess male figures are largely due to the fact that the males of the tribe are more easily contacted by examining officers.

Progress elsewhere.—At the same session Sir Raphael Cilento reported that the leprosy survey in Queensland had been completed among all aboriginals under government control who are congregated in settlements south of Cairns, over 2,500 examinations in all having been made. All suspect cases have been isolated for observation. The Palm Island station is in course of being erected and equipped. In Western Australia the medical officer appointed under a grant from the Council is continuing survey work in the northwest.

The survey of Queensland aboriginals was made, if a report in the *Brisbane Courier Mail* published before the event is correct, by Dr. Graham Croll and an assistant, Mr. R. A. Hartley. Their equipment, including a microscope, was to be packed in leather cases suitable for transport on pack-horses on one section of the survey, between the Aurukun and Mitchell River missions, on the Gulf of Carpentaria. The investigators were to visit Palm Island, to inspect the proposed leprosarium site at Fantome Island. They were then to go to the central west of the state, and thence northward to inspect missions on the eastern coast, the Torres Straits islands, and the Gulf of Carpentaria. The survey, conducted by the government of Queensland, was financed by the National Medical Research Council of the Commonwealth.

The number of patients in the Peel Island Lazaret increased during the fiscal year 1938-1939 from 70 to 80, according to the annual report on the health and medical services of Queensland. Transfer of the aboriginal patients, of whom there were 50, to Fantome Island, North Queensland, is planned.

THE LEONARD WOOD MEMORIAL IN 1939

From information received the following statement of work of the Leonard Wood Memorial in progress in 1939 has been prepared.

Epidemiology.—The work in epidemiology, of which Dr. George M. Saunders took charge in 1938, has been continued in the Philippines and the Virgin Islands. In the former place, under the immediate supervision of Dr. Rodriguez, Dr. R. S. Guinto finished a complete enumeration and survey of the population of the major part of the municipality of Santander, at the southern end of the island of Cebu, a region in which leprosy has never become definitely established and which in that respect, but otherwise not essentially, differs sharply from the previously surveyed Cordova and Talisay areas. In April Dr. Guinto went to the United States to assist in a statistical analysis of the data that has been accumulated, which is being made under the direction of Dr. J. A. Doull, of Western Reserve University in Cleveland, Ohio. Later he will go to the Virgin Islands for some months to assist in new work undertaken there. In the meantime at Cebu check-up work is being carried on by subordinate workers.

In the Virgin Islands Dr. Saunders, with the cooperation of local authorities and physicians and the local representative of the United States Public Health Service, and with financial assistance from another agency of the Federal government, has made a survey of St. Thomas Island. Of the total population of 10,300 enumerated, 7,200 or 70 percent were examined, a proportion which, though far below that reached in Cebu (around 98 percent), is unexpectedly high under the circumstances existing in that community. A total of 16 cases of leprosy are known. The results of this work—with regard to both the primary inquiry and an incidental search for syphilis made by routine serum tests—have led the authorities to invite the Memorial to undertake a similar investigation on the island of St. Croix. It is proposed to survey a selected rural area. In the course of a visit to the West Indies by Mr. Perry Burgess, president of the Memorial, preliminary discussions were also had with the authorities in Puerto Rico regarding the possibilities of undertaking a similar investigation there.

Bacteriology.—Provision for continued, intensive investigation of the problems of bacteriology and immunity of leprosy in the Memorial laboratory at Culion has been made with the appointment of John H. Hanks, Ph.D., for the last seven years associate professor of bacteriology at the George Washington University Medical School in Washington, D. C. Previously (1933) Dr. M. H. Soule had spent several months at Culion, repeating

and confirming the isolation work done by him and Dr. E. B. McKinley at Puerto Rico in 1931. Later, Dr. McKinley spent the summer of 1937 in Manila, attempting to cultivate the McKinley-Soule organism in sufficient quantity to permit special immunological and chemical work with it, and doing extensive skin-testing work with numerous antigens, in collaboration with a local committee appointed by the director of health. For a year or so thereafter the cultivation work was continued, under a special grant, by Dr. W. de Leon, of the Institute of Hygiene of the University of the Philippines. That work has been discontinued, not because of failure to obtain growths of the organism under investigation but because it proved impossible to obtain adequate quantities of such growths by any means as yet known.

Pathology and general.—The study of the various forms of neural leprosy which has been carried on for some time by Dr. H. W. Wade in collaboration with several clinical workers has been continued, specifically with regard to the group of cases under study at Cebu with Dr. José N. Rodriguez and others. Observations made in 1936 with Dr. R. G. Cochrane at Madras and Dr. John Lowe at Calcutta, and in 1937 with Dr. G. A. Ryrie in Malaya, will be rounded out by further work in these places in the present year if circumstances permit. These pertain particularly to special forms and features of tuberculoid leprosy, to lesions of cutaneous nerves in neural leprosy in general, and to a seldom recognized histological variant of lepromatous leprosy.

Other matters.—Work at other centers or of other kinds is being carried on under grants from the Memorial. The support (in the way of funds and otherwise) which has made possible the publication of THE JOURNAL has been continued, as has an annual grant to the Culion Training School for Nursing Aids; one for clinical research at Culion which had been given for a few years has been discontinued by mutual agreement. In the United States grants were made: to Dr. Esmond R. Long, of the Henry Phipps Institute of the University of Pennsylvania, for continuation of work in connection with the development of a specific antigen; to Dr. Charles M. Carpenter, of the School of Medicine and Dentistry of the University of Rochester, for continuation of bacteriological and inoculation experiments; and to Dr. R. J. Anderson, of Yale University, for continuation of chemical studies of organisms isolated from leprosy. A new grant

was made to Dr. J. A. Doull to meet expenses of producing a supply of the Syrian hamster. The offer of the widow of Dr. E. B. McKinley to donate his medical library, to be kept at Culion as a memorial to him was accepted. The material was shipped to the Philippines, the collections of periodicals and reprints were bound, and the whole was set up for its intended purpose.

NEWS ITEMS

Leprosy in South Africa.—From various newspaper reports that appeared as a result of the recent visit of Dr. E. Muir to the Union of South Africa, it appears that the number of European lepers now in that country, 95, is only one-half of what it was twenty years ago. From among the other elements of the population there are some 2,150 cases in segregation in five leper settlements, and 1,764 discharged cases are under observation (415 discharged in 1938), while a further 2,738 are no longer kept under observation. The Union, it is stated, does more for its lepers than any other country in the British Empire, the expenditure being about £125,000 a year, and confidence is expressed that if the measures now employed are maintained it is only a matter of time before the disease is stamped out. The Pretoria leprosarium, Dr. Muir is quoted as saying, is the finest in the world in staff and equipment, with the exception of one or two institutions in America.

Robben Island a defence point.—Famous Robben Island, facing Cape Town, is expected to be one of the places of fortification for the defence of that city, says *Cavalcade* (London). This "ugly, rabbit-infested blot of land," with an area of only two square miles, has had a varied history. At one time it was a penal colony, "no better than Devil's Island." Later it was a "dumping ground" for insane persons, after which it became the segregation place for lepers, the population then consisting of 500 insane, 1,000 lepers and 500 "displeased government officials." When the place was cleared several years ago—the lepers being sent to other institutions—the buildings were demolished. It was proposed that noxious industries should transfer there, but the manufacturers could not be persuaded; that it be used as an immigration station, but that was not done; finally that it be converted into an amusement park, but that idea also fell through. If it does become a naval stronghold it will not be an entirely new role for this "Island of Desolation," as several four-pounder guns were set up there for the defence of Table Bay some two hundred years ago.

"Leprosy and climate".—Under this heading *East Africa* (London) publishes the following note, of interest in connection with material that appears elsewhere in this issue.

The remarkable, even phenomenal, success achieved in the treatment of leprosy at Ngomahuru, near Fort Victoria, Mashonaland—where the average number of discharges during the past ten years is stated to have been 50%, "an almost incredible figure," as against best records of only 10% elsewhere—demands explanation. Dr. Moiser, the medical superintendent, who had previously had considerable experience in Nigeria, testifies that the treatment employed in West Africa, though the same as that now used at Ngomahuru,

gave nothing like such favourable results and he is inclined to think that something in the climate of the Southern Rhodesian station helps in the cure of the disease. . . . This is the more intriguing since he says that "England can never be a country where leprosy will readily react to treatment," the dozen or more cases in the one leper home in the British Isles having advanced until they are now incurable in spite of careful nursing, attention and medical skill. . . . In all African leper stations stress is laid today on the benefit which the patients derive from better food, better housing and increased cleanliness. In this respect Ngomahuru seems a real paradise. It is 3,000 ft. above the sea in most beautiful surroundings, with fishing, shooting, lawn tennis, golf, and many other amenities. Arguing from results obtained elsewhere, such living conditions would be a main factor in the curative process, rather than climate. Yet the lepers in Great Britain are just as comfortable and happy in their surroundings and nursing, but show no improvement. If the climate is responsible, why did not the disease persist in England instead of dying out? These questions are very pertinent, and still remain unanswered.

The Marchoux Asylum, Ivory Coast.—A report issued by the Service Intercoloniale d'Information (Paris) last August stated that the construction of the Marchoux Asylum, a new treatment center near Bingerville, had been delayed by various circumstances but was to be resumed and that the institution should be completed this year. It is to be an agricultural colony, apparently designed to replace the present leprosarium on Désiré Island, in Lake Ebrié, its location being much more accessible to the physicians responsible for treatment of the patients. Whether or not this plan has been interfered with by recent developments in Europe has not been learned.

In the Belgian Congo.—It is reported (*Lloyd Anversois*, of Antwerp) that the Belgian colonial authorities, having carried out successfully a campaign against sleeping sickness in the Belgian Congo, have decided to undertake a major offensive against leprosy. The proposed new measures will intensify the antileprosy work that has been carried on heretofore by missionary organizations. In 1935, it is stated, 28,000 lepers were receiving care, and in 1936 no less than 57,000; later figures were lacking at the time of the report noted. The estimate for the total number of cases is 100,000.

Indian Research Fund Association.—The annual report of this organization, issued in 1939, as summarized in the *Hindu* (Madras), contains the following reports on leprosy studies:

A statistical survey of leprosy has been carried out in a group of 42 villages. While the gross incidence of the disease was found to be 4.4 percent in the total population, only 18 percent among the patients were of the severe lepromatous type. The majority of the infections appear to have been contracted early in life. Nearly 80 percent of the cases gave a history of contact with leprosy patients, the infection being communicated in a third of the cases by near relatives, in another third by distant relations, and in the remaining third either by unrelated or by unknown persons. A study of nearly 3,000 patients in Calcutta showed that during the months, February to September, the disease became aggravated by active inflammation setting in. The cause for this change is not clearly understood yet, but, if it can be prevented, the prospect of cure will be improved. A study has also been made of the influence of skimmed milk as a supplement to the diet of leprosy patients, and it has been found that its administration seems to hasten the recovery of the lepromatous type.

Clinics in Bengal.—Sample surveys carried out in Bengal in 1938 showed the Diamond Harbour area in the Parganas District to be most heavily infected, with an incidence rate of 3.2 percent. The number of clinics in operation was 134, nine of which had been opened that year. Of these, 41 were

run by medical men specially trained at the School of Tropical Medicine in Calcutta, 18 by the Provincial Branch of the Indian Council of the British Empire Leprosy Relief Association, 30 by medical men not specially trained and 45 by trained nonmedical men.

Developments in Bombay.—The leper beggar nuisance has given rise to such complaints throughout Bombay Province, according to a report from Simla in the *Times of India* (Bombay), that the provincial government referred the question to the Indian Council of the British Empire Leprosy Relief Association to suggest ways and means for its abatement. The latter body appointed a subcommittee which has drafted a new bill designed to meet the situation. Progress has been made in the opening of new centers. There are now 40 of them under the auspices of the Council, and 70 other ones are working in conjunction with government hospitals and dispensaries. A special leprosy officer for the province has been appointed.

Travancore State.—Travancore is estimated to contain over 35,000 lepers, according to a correspondent of the *Hindu* (Madras), all of whom could be treated if leprosy clinics could be attached to existing dispensaries. In the absence of the necessary number of clinics a scheme has been evolved under which four special sub-assistant surgeons have been employed for leprosy work. Different centers are visited by the surgeons on different days, and it is also a part of their work to conduct leprosy surveys. In 1938 nearly Rs. 66,000 was spent on leprosy work, of which the government contributed Rs. 50,000, the British Empire Leprosy Relief Association contributing the rest. A total of about 2,500 patients attended the nine outpatient clinics. After a clinic was opened at Noornad, which was supposed to be practically free from leprosy, 2,151 cases came for treatment during 1936-38.

Father Conrardy.—In a department of *The Statesman* (Calcutta) headed "Fifty Years Ago" there appeared last year the following note, taken from their issue of July 17, 1889:

There is only too much reason to fear that Father Conrardy, one of the late Father Damien's assistants, is about to share the fate of his devoted chief. Letters from Molokai say that he has been stricken down with what may be the first symptoms of leprosy and now lies in the hospital at Honolulu. The second case of contagion should finally dispose of the theory that the disease is non-communicable, and it is time that the Royal College of Physicians, which reported in that sense in 1867, should formally withdraw from a position which a vast mass of evidence reaching from the days of Moses to our own proves to be inconsistent with the fact and untenable. Correct though the argument was, the evidence in this case was presented prematurely. Actually Father Conrardy did not develop the disease, but lived to transfer to China where, under great handicaps, he established the well-known asylum for lepers near Shek-lung.

New leprosarium for Ceylon.—At present there are two leprosaria in Ceylon, one at Hendala, near Colombo, and one on the east coast. It has been reported (*Ceylon Observer*, Colombo) that 50 acres of government land at Urugaha, in the Southern Province, has been set aside for a new institution, with more land available as needed. Funds for construction have been set aside and plans for buildings are being prepared. It is apparently the intention gradually to remove to the new institution, when completed, the inmates of Hendala, which is congested.

Wheat oil in treatment.—At the Sungei Buloh Leper Settlement, in the

Federated Malay States, treatment by injections of an oil extracted from wheat germ was being tried out last year, according to a special article in the *Egyptian Gazette* (Alexandria). The effort was based upon the theory that the spread of leprosy in a country is conditioned by the absence of wheat. It is argued that the disappearance of the disease in Europe following the replacement of rye by wheat in the dietary of that region; that the prevalence of leprosy in Japan, where rice is the staple food, is significant; and that in China the wheat belt is free from the disease. This treatment, it is stated, is in the experimental stage, applied only to a limited number of patients, and "bristles with technical difficulties" that had not been overcome, the one mentioned being pain induced by the oil.

Examination of employees.—According to an announcement in *Vérité* (Phnom-Penh) candidates for administrative employment of native cadres are now required, in the course of the examination made to ascertain their physical aptitude, to submit to a bacteriological examination for the leprosy bacillus if clinical indications of that disease are found. Admission to the service will be permitted only to persons found free from leprosy, and that fact must appear on their certificates.

Changing attitude in China.—A bright spot in the desolation of war in China is the new interest that the government is taking in the problem of the lepers, according to a statement (perhaps over-optimistic) by Mrs. C. K. Roys, a missionary long stationed in that country, which appeared in the *New York Sun*. Large numbers of lepers, it appears, were among the hordes of people who fled westward into Yunnan from the war zone, and there they are being treated quite differently from their ancestors. An intelligent effort is being made to segregate, treat and adapt them. Village clinics are being organized, it is stated, travelling doctors are diagnosing and treating isolated patients, and the people are being taught the essential facts of the disease. This work is being done by the central government in cooperation with missionary groups.

Fiftieth anniversary at Gotemba.—The fiftieth anniversary of the establishment of the Kayama leprosarium, near Gotemba, Shizuoka Prefecture, Japan—the oldest one in the country—was celebrated formally on May 22, 1939. In 1888 Father Tastewide, a pioneer missionary in the region, encountered a leprosy woman who was on the point of killing herself and gave her and four similarly afflicted persons shelter in a barn. In the following year the villagers of the neighborhood created difficulties which were solved by the purchase of land elsewhere, where the proteges were settled. When he died in 1891 his successor, Fr. Vignaux, inherited 14 patients and no funds, but he contrived to enlarge the place and took in 50 more unfortunates. The next missionary in charge, Fr. Bertrand, carried on the work for twenty-five years with great difficulty, even food being lacking at times. He died at the early age of 50 and the work was taken up by Fr. Drouart de Lézey then 70 years of age, who carried on successfully for twelve years. In 1930 the present director, Fr. F. X. Soichio Iwashita, succeeded him and has effected notable improvements in the institution, which is an attractive one with over 130 inmates, the work still supported solely by private and public charity.

Propaganda in Mexico.—The Oficina Técnica de Educación Higiénica of Mexico has distributed widely throughout the country a publication entitled

"La Lepra," according to an official press note. This pamphlet contains practical advice for lepers and for the early diagnosis of the disease, as well as information regarding the obligations of physicians, healthy people and those who have contracted the disease. Finally, there is a directory of the antileprosy dispensaries that have been established by the Department of Health throughout the country.

Lepers in France.—In an article published in *Le Petit Journal* (Paris) last year, stimulated by the proposal to establish a leprosy research institute in Paris, it is stated that besides the hundred cases (150, according to Flandin) known to be at liberty in that city (the 45 beds in the Pavillon de Malte in the Hôpital St. Louis are all occupied, and 6 cases are cared for elsewhere), there are some 20 in Marseilles and several in Bordeaux. Some years ago a focus of 18 cases was found in Bretagne, it is stated, and there are some 50 in Provence and Auvergne. In reviewing attempts that have been made deliberately to transmit leprosy from man to man, a case is cited of a prisoner on the island of Mauritius, employed as a nurse in a leprosarium, who inoculated himself in 1895. Two years later he had numerous cutaneous lepromas. But, it is noted, like Kuneau (the Hawaiian criminal inoculated by Arning), he was a man who had long lived with lepers.

"Naphalan" treatment.—A news item which appeared in *Europe Médicale* last year, not as yet confirmed by any scientific report which we have seen, tells of the elaboration of a new material for the treatment of leprosy by Professor V. Kouznetzov, director of the Experimental Clinical Leprosarium of Krassnodar. This material, called "naphalan" and obtained in Azerbaïdjan, outwardly resembles ordinary naphtha but is different chemically, not containing petrol, benzine or paraffin. It is used in the treatment of rheumatism, peripheral neural and vascular diseases, skin affections and other conditions, and has now been applied effectively in the treatment of early leprosy. Cured cases, it is said, include a girl of 13 with the neural type, a boy of 8 with the nodular type, and a woman of 30 with the "mixed" form. Sensory disturbances are overcome and inflammations disappear. Old cases improve. Prof. Kouznetzov is said to hold that this treatment has prompt and persistent effects.

"Soins aux Lépreux à Selaclacà."—This is the title of a pamphlet, published in Rome in 1938, reviewed by the *Revue internationale de la Croix-Rouge* (Geneva). During two months a mission, of which General César Baduel was a member, studied on the ground the conditions under which the Order of Malta could realize its project to establish at Selaclacà (Axum-Erythrée) an institution for the study of leprosy and the care of patients. Work had been commended, the corner-stone being laid with due ceremony on January 15th, 1938.