

## LEPROSY NEWS AND NOTES

*Information concerning institutions, organizations and individuals connected with leprosy work, and other matters of interest.*

### SIXTH PACIFIC SCIENCE CONGRESS

At this meeting, held in San Francisco, California, in August, 1939, two sessions of Section VII, Public Health and Nutrition, A, Epidemiology, were devoted to the subject of leprosy. In the first of these sessions, presided over by Dr. A. Rotberg, of the Department of Leprosy Prophylaxis, São Paulo, Brazil, the following papers were presented:

1. LOWE, J. Variations in leprosy and its epidemiology seen in different countries.
2. RODRIGUEZ, J. N. An epidemiological study of leprosy in the province of Cebu, Philippines.
3. HASSELTINE, H. E. AND JOHANSEN, F. A. Leprosy in the Western United States.
4. LIE, H. P. Comments on the decrease of leprosy in Norway.
5. ROTBERG, A. Modern trends in the study of the epidemiology of leprosy.
6. HUIZENGA, L. S. Distribution of leprosy in China, with special reference to Shanghai.
7. MUIR, E. Epidemiology of leprosy.
8. MCCOY, G. W. Problems of leprosy.
9. SAUNDERS, G. M. Some remarks on the epidemiology of leprosy.
10. BADGER, L. F. The possible relation of nutrition to leprosy.

Second session, presided over by Dr. L. F. Badger, U.S.P.H.S., of the Leprosy Investigation Station, Honolulu:

1. CRISTOBAL GONZALEZ, H. Desarrollo de la lepra en el Ecuador.
2. SOULE, M. H. The bacteriology and immunology of leprosy.
3. MACCHIAVELLO, A. Specificity of the Lleras reaction in a population free from leprosy.
4. ROTBERG, A. Influence of allergy in pathogenesis of leprosy.
5. HUIZENGA, L. S. Hair in leprosy.
6. TISSEUIL, J. De la lèpre tuberculoïde.
7. MARCHOUX, E. La lepra à la lumière de la pathologie comparée.
8. HUIZENGA, L. S. Men of note in leprosy history.

[This information, together with the authors' abstracts of the papers, has been obtained from Dr. W. de Leon, of the Institute of Hygiene, Manila, who was one of the representatives of the Philippines at this meeting. This material was received too late to include the abstracts in this issue of THE JOURNAL, but they will appear in the next one.—EDITOR.]

## JAPANESE LEPROSY ASSOCIATION, 12TH MEETING

The 12th meeting of the Japanese Leprosy Association was held on November 19th and 20th, 1938, in Kumamoto—the 11th one having been held in April of that year. Three special addresses were heard: by Dr. Yoshinobu Hayashi, of the Zensei Byoin (Tokyo), on the autopsy statistics of 1,200 cases; by Professor Masao Ota, of the dermatological department of the Tokyo Imperial University, on inoculation experiments with human and rat leprosy in animals, domestic fowl and birds; and by Yoshihiko Yuso, of the Mitsui Foundation (Tokyo), on the social aspects of the leprosy problem. From the transactions of this meeting, only recently available to us, it appears that 84 other papers were presented. These transactions appeared, in Japanese, in the first issue of *La Lepro* for 1939, and the foreign-language titles and abstracts in the second and third issues. Of the total of 87 titles, 74 are accompanied by abstracts. A considerable number of them will be presented in the current literature section of *THE JOURNAL* in the near future, and a list of titles not so dealt with will be published separately, as is done in this issue with respect to the 10th and 11th meetings.

FIRST NATIONAL CONFERENCE ON SOCIAL WORK AMONG  
LEPERS IN BRAZIL

This conference, promoted by the Federação das Sociedades de Assistência aos Lazáros, was held from the 12th to the 20th of November, 1939, in Rio de Janeiro, under the presidency of Dr. Gustavo Capanema, Minister of Education and Health.

There were five principal items in the program, as follows: (1) social assistance to lepers—practical means of organizing it; (2) assistance to the families of lepers; (3) the antileprosy preventorium—its organization and activities; (4) assistance to lepers paroled from leprosaria; and (5) cooperation with the public health organization in antileprosy propaganda.

After the reading and discussion of the various papers the assembly, composed of delegates from all of the Brazilian states but one (Pernambuco), adopted 43 conclusions, of which those of most general interest are summarized as follows:

*Theme 1.*—Private cooperation is considered necessary to help governments to control leprosy, but the activities of private organizations should be controlled by the health authorities. In each county there should be an organized branch of a central body

to cooperate with similar organizations of patients in the leprosaria. The private institutions should provide: legal assistance to the patients; assistance and material help to poor families of interned lepers; protection of children of leprous parents, to prevent infection; cooperation in the census of lepers; assistance to paroled lepers; education and propaganda against leprosy.

*Theme 2.*—This subject includes all kinds of assistance to relatives and dependents of interned lepers, especially those of minor age, and organization of social work records of lepers' families. It was agreed that the state should cooperate in the assistance of poor families of interned lepers.

*Theme 3.*—Preventoria for children of lepers are considered an essential measure for the control of leprosy, they being a responsibility of the state in which the private associations can cooperate. All such institutions should be controlled by the health authorities. Each preventorium should be composed of at least a nursery, an observation pavilion, living houses or pavilions, and primary and occupational schools. Each should have the services of a medical leprologist and general medical assistance. Such institutions should be located at some distance from the leprosaria. The age limit for boys should be from birth to 12 years, for girls until their majority. Children of leprous parents should be given to well-to-do relatives to be cared for and educated, under the supervision of the state.

*Theme 4.*—All interned lepers should be given occupational education, in order that they may obtain work when paroled. It was recommended that uniform rules for parole and release of leprous patients be established. Released lepers of minor age, without relatives responsible for them, might be cared for in special wards in the preventoria. The antileprosy organizations should receive as employees the definitely paroled lepers, or should introduce them to other public services.

*Theme 5.*—Propaganda and health education are considered the best measures of controlling leprosy, and should especially be carried to the homes of the lepers. All plans of antileprosy propaganda should be organized or approved by specialized health officers. The conference recommended the creation of specialized training and elementary courses on leprosy in medical schools and elsewhere. Finally the conference voted a commendation of the president of the Republic and the minister of health for their activities against leprosy.

—H. C. DE SOUZA-ARAÚJO

## INTERNATIONAL LEPROSY ASSOCIATION

## FINANCIAL REPORT, 1939

The following is the financial statement of the General Secretary-Treasurer of the Association for 1939.

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE  
YEAR ENDING DECEMBER 31, 1939

RECEIPTS			PAYMENTS		
	£	s. d.		£	s. d.
To Subscriptions of members.....	274.	17. 3	By Postage, telegrams ..	5.	7. -
" Subscriptions of nonmembers.....	18.	17. 6	" Printing, stationery and sundries.....	15.	19. 4
			" Grant, secretarial...	20.	- . -
			" Press cuttings.....	5.	12. 5
			" Accountants' charges	4.	4. -
				51.	2. 9
			" Surplus.....	242.	12. -
				293.	14. 9
	293.	14. 9		293.	14. 9

*Balance sheet* (summary).—From the balance of receipts over payments (surplus), plus the balance on hand at the end of 1938 (£30.11.2), totaling £273.3.2, was deducted the amount of £250.2.—remitted to Manila for the account of the INTERNATIONAL JOURNAL OF LEPROSY, leaving a balance of £23.1.2.

## INTERNATIONAL JOURNAL OF LEPROSY

## FINANCIAL STATEMENT, 1939

RECEIPTS		DISBURSEMENTS	
From the International Leprosy Association...	P 3,491.36	Salaries.....	P 4,500.00
Subscriptions.....	1,282.38	Printing.....	5,457.89
Membership dues, I.L.A..	180.00	Postage.....	896.31
Sales of Journal, etc....	352.48	Telegrams, etc.....	21.91
Miscellaneous.....	83.00	Translation.....	38.70
		Sundry expenses.....	428.39
		Bank discount.....	1.50
TOTAL.....	P 5,389.22	TOTAL.....	P 11,344.70
Subsidy, Leonard Wood Memorial, 1939*.....	P 8,000.00		
TOTAL.....	P 13,389.22	BALANCE ON HAND.....	P 2,044.52

\*P2,000.00 of this amount is applied to the subsidy for the first quarter of 1940.

## THE SURVEY IN CEYLON, 1937-1938

The following information, pertaining to the years 1937 and 1938, was published by the *Journal of Tropical Medicine and Hygiene* 43 (1940) 5-6 and 28-29, summarized from the administrative reports for those years of the director of medical and sanitary services of Ceylon.

In the first two months of 1937 the survey work was carried on in certain areas of the Southern Province, and after that the survey of the entire Province of Sabaragamuwa was completed. The survey officers then made their annual visit to the Eastern Province and reviewed the work of the Batticaloa District. There they detected nine cases, thus again showing the value of these revisits and further surveys. Subsequently the work was extended to the North-Western Province. The total area covered was about 2,000 square miles, in which there is a population of over 600,000. Altogether, 30,411 children in 208 schools were examined and among them 16 cases were detected, 8 with definite and 8 with indefinite lesions.

At the end of 1936 there were 950 cases segregated in the two asylums, and 1,257 cases outside, making a total of 2,207. In 1937, new cases detected amounted to 281, of which 100 were segregated, there being 1,000 cases in isolation at the end of that year (counting among them 13 absconded cases) and 1,321 cases outside, making a total of 2,321, an increase of 114. Forty-five cases had been discharged on parole as bacteriologically negative. Fifteen treatment centers were operated during the year in the Western, Eastern, and Southern Provinces; 992 cases were attached to these clinics, 552 for observation only and 440 for treatment.

In 1938 the surveys of the North-Western and North-Central provinces were completed, and during November and December a more rapid follow-up survey of the more important endemic areas in the Western and Southern Provinces was undertaken. In this work a review was made not only regarding the progress of the antileprosy measures adopted, but also of the progress of all cases on parole. The areas surveyed during the year totalled some 7,025 square miles, with a population of over 650,000.

This survey having progressed satisfactorily year by year, at the end of 1938 nearly three-fourths of the island had been covered and brought under control measures. The control work, the main activities of which are segregation of open cases, searching out and treating closed cases, and follow-up of discharged negatives, together with the essential review of statistical data, is greatly increasing. With regard to propaganda, in addition to talks on leprosy in various places, demonstrations were given by the officers of the survey at the Hewagam Korale School Exhibition and the Kalutara Health Exhibition.

A new clinic was opened in January, making a total of 16, to which 1,032 cases are scheduled, 645 for observation only, and 387 for treatment. As a result of the rapid resurvey completed at the end of the year the number of cases for treatment will be reduced by about 30 percent. At the close of the year there were 2,519 known cases in the island, of whom 1,002 were in the two asylums; 1,517 were on parole, including 257 discharged as negative; 22 cases were awaiting segregation.

#### FURTHER REGARDING AUSTRALIA

After the item regarding the survey work under way in Australia, published in the preceding issue, went to press the following information on the progress of that work has come to notice, in the same source [*Health; Journal of the Commonwealth Department of Health, Australia*, 17 (1939) 132]. This item refers to the seventh session of the National Health and Medical Research Council, 1939.

Specially interesting reports were given on the survey investigations and control measures which are being carried out in Queensland and Western Australia with the assistance of grants from the Council.

In Queensland the objective of the investigation is to survey all aboriginals in the districts north of 20° south latitude, to determine the actual incidence and distribution of leprosy, to trace as far as possible individual and community sources of infection, and to investigate other conditions of general health and diseases of these aboriginals. A survey has now been completed of all coastal districts in North Queensland and the islands of Torres Strait, with the exception of a small group northeast of Thursday Island. The survey party covered over 7,500 miles and has examined 7,325 aboriginals. This work has been associated with the development of the aboriginal leper hospital and station at Fantome Island, to which lepers and suspects are removed with an increasingly successful attack on the problem of this disease in North Queensland.

In Western Australia the medical officer appointed under a research grant has collaborated with the state medical officer for aboriginals, in patrols into the Kimberleys and the western area and the islands of the extreme northwest. Only accessible by horseback and lugger, extremely rough country was negotiated. Only 2 lepers were found among 854 natives in the Kimberleys, but 20 natives were brought into the Derby leper hospital by lugger from the more westerly area.

A proposal was accepted by the Council that Dr. C. E. Cook should be associated with the inquiries into the origin and history of cases, and in the development of measures of control of leprosy

in the states concerned. Dr. Cook, formerly chief medical officer of the Northern Territory and now on the staff of the Sydney School of Public Health and Tropical Medicine, has had an extensive experience of the investigation and practical control of leprosy in Northern Australia.

#### THE REBUILDING OF CARVILLE

Plans for new construction, extensions and remodeling at the Carville leprosarium, to cost approximately \$3,000,000, were announced at Washington, D.C., early this year. These improvements are part of a \$5,000,000 construction program designed to transform the hospital into a more modern institution.

The new construction will include sixteen cottages, each to house 32 individuals, two vocational buildings, a personnel dining room and kitchen, a new nurses' home, a bachelors' quarters for single male members of the staff, a materials-officers' storehouse and office building, and two laundries, one for the patients and one for the personnel.

Improvements in the present administration building will be made to provide administrative offices, recreation rooms, a library, postoffice and bedrooms for guests. Extensions will be added to the present colony dining room; two-story covered passageways screened against insects will be constructed to connect the living quarters with other buildings; and one-story corridors will connect the patients' quarters with the colony dining room and kitchen, the psychiatric building and the Protestant and Catholic chapels. The architectural designs of the buildings, according to the announcement, are in harmony with the present structures and in keeping with Gulf Coast and New Orleans patterns.

Under an earlier appropriation contracts had already been let for a boiler house, an incinerator, a wharf and pumping station, and a water filtration plant, comprising settling filter and storage tanks. The filtration plant is completed and in operation, according to recent information from Dr. H. E. Hasseltine, medical officer in charge at the time of writing; it is said to be the most modern one in the South. The construction program, then getting under way, will probably take two or three years to complete.

In addition to the program for which funds have actually been provided, a third step to cost about \$900,000 is planned when the necessary funds are available. This will include residence, farm and utility buildings and a station recreation building.

## NEWS ITEMS

*A new estimate of total incidence.*—"Few realize that, today, there are probably at least 5,000,000 people in the world suffering from leprosy and it is more than a possibility that the figure may be as high as 10,000,000." This statement appeared in the *Church of England Newspaper* in a note entitled "The Cinderella of Tropical Diseases," urging support of the British Empire Leprosy Relief Association. The latter figure is a new high. The usual current "estimate" is from 3 to 5 millions, which itself is much above the one of 2 to 3 millions which was in vogue a few years ago.

*Chinese Mission to Lepers.*—This organization, it is reported in its periodical, *The Leper Quarterly*, received last year for the first time in its history a grant in aid from the National Government of China. The amount was NCS\$3,000. The ladies auxiliary made a successful public appeal for winter clothing and bedding for the inmates of the Shanghai leprosarium. Mr. Keiz Wang, business manager of the Mission since 1937, resigned to head up the work of the Shanghai Birth Control League of the Chinese Medical Association.

*Tsinan Leper Hospital, Shantung.*—In a report by Dr. H. J. Smyly, in *Without the Camp*, it is stated that the asylum is full but that on the medical side the results, if judged by statistics, do not compare favorably with former years. For this, however, there are several reasons. A number of patients who left improved in former years and who were thought to be arrested cases have returned. There is also a slowly increasing residue of incurable patients who stay on, and probably will do so for the rest of their lives; they cannot be turned out, for most of them have nowhere to go and they would spread infection. Experience is causing increased reluctance to pass patients as arrested. With better technique, lepra bacilli are found in cases in which formerly they were not found. Few inmates now leave of their own accord. The food problem has become very difficult, for the cost of living has risen to the point that the budget hardly permits providing the generous and well-balanced diet so necessary in this disease.

*Chengtzu, Western China.*—In this place, it is reported, the construction of the recently completed leprosy hospital was seriously handicapped by the great influx of refugees from the east, which resulted in such demands upon the building trade that the cost of materials became exorbitant. Bricks, which had been contracted for at \$120 per ten thousand, rose to as much as \$300. This hospital, which was built by Dr. Wallace Crawford, professor of public health at the School of Medicine of the West China Union University, with funds provided by the Mission to Lepers, is affiliated with the medical school and will be operated on a scientific basis, it is stated. In charge of the medical work will be a Chinese graduate, Dr. Chao, who has taken a course in the pathology and histology of the disease so that he can undertake special studies.

*Cost of food in China.*—Of further indications of the situation in China, also seen in *Without the Camp*, is a report from Fukien, written in December last, that rice, which was considered expensive two years before when eighteen pounds were procured for a dollar, now costs that much for less than four pounds. Poor people, with little money and no land, were in desperate straits and starving. The lepers in two stations were reduced



to two meals of thin, watery rice per day. The majority of the lepers were begging for a living and a poor day reduced them to one meal. Construction work under way was slow and difficult; when there was food to be given there were workers, but when that was lacking there were none. From Shantung it was reported in January that everything there had trebled in cost, or more. Wheat, the staple food in that region, was not only expensive but very hard to get; purchasers had to go personally to the country to buy it, by rickshaw or bicycle, and to follow back the wooden carts in which the grain was transported.

*Expense in Korea.*—Existing conditions have not been without effect on leper work in Japan. From Fusan, Korea, it is reported that prices have increased considerably in all departments, in spite of the government's efforts to keep them down. Rice, the largest item of expenditure in the leprosarium, had risen from ¥9.95 per bag in 1936 to ¥17.97 in 1939. Medicines had also increased greatly in cost except chaulmoogra oil, and cotton wool, bandages, lint and gauze were very difficult to obtain.

*The Commission de la Lèpre of Cochin-China.*—In this province of Indo-China the main provision for the victims of leprosy is the Culao-Rong leprosarium, on a small island in the Mekong river near the village of Mytho. There, it is stated in a report by the Service Intercoloniale d'Information (Paris), no lepers are sent other than indigents who request it; others are left free so long as they do not become vagabonds. Because of the need of doing something more effective, the governor, on November 29, 1939, appointed a commission specially charged to study all questions pertinent to the prophylaxis and treatment of leprosy in Cochin-China. It is expected that, as a result of the endeavors of this commission, antileprosy work will be undertaken on a new basis. One feature will be a census of cases.

*New leprosarium in the Philippines.*—Construction of the first units of a new leprosarium in a location called Tala, outside of the city of Manila, has been completed, and patients have been moved to it. This institution is to be the regional leprosarium for central Luzon, intended ultimately to permit doing away with the leprosy department of San Lazaro Hospital in the city. Within the restricted limits of that department, crowded into long, poorly lighted and ventilated wards of the massive stone construction that is characteristic of the old Spanish architecture, no less than 1,200 patients have been housed since sending the overflow (of the normal 500 to 600) to Culion has been abandoned. It is reported that for the present 400 to 500 can be accommodated in the new place, which it is expected will be expanded as funds permit. Including the administration center—offices, kitchen, laboratory, etc.—the present plant comprises twenty-four structures, on a part of an area said to comprise some 770 hectares of land. Dr. José N. Rodriguez, supervisor of leprosy treatment stations of the Bureau of Health and head of the Manila skin dispensary, the local leprosy clinic, has been designated acting head of the institution.

*Chaulmoogra culture in New Guinea.*—A photograph of chaulmoogra trees under cultivation, sent in by a correspondent, appeared recently in *Field* (London). These trees were in the Government Experimental Station near Rabaul, Mandated Territory of New Guinea.

*Treatment of lepers in Australia.*—Criticism of the way in which lepers are dealt with in Australia has been voiced by Dr. E. H. Molesworth, of

Sydney University, according to a report in the *Journal of the American Medical Association*. He holds that the attitude toward leprosy is medieval, that the segregation of white lepers (of whom there are about 60 in the whole country) to make virtual prisoners of them is futile and without justification. Lepers should be granted freedom of movement among their fellows, should be treated as individuals with the right to live in their own homes and to have hospital treatment like any other sick persons; in European cities they are not segregated. So long as the affected person has his own room and keeps away from children there is not the slightest risk of infection. The greatest danger of segregation is that if a person discovers that he has contracted leprosy he immediately does his best to conceal the fact, the result being that most of the cases reported are far advanced and beyond expectation of very beneficial results from treatment.

*Charity by leper children.*—Leper children in a camp in the Malay States are helping to raise money for British war charities by running errands for inmates of the camp, cleaning their shoes, and so on, runs a newspaper item dated December, 1939. To that time they had collected about £1, Sir Shenton Thomas, the governor, stated in a broadcast.

*Control of leprosy in India.*—Control of leprosy in India has always been a difficult problem, due to the low economic and nutritional condition of the people and the tardy growth and enforcement of public health measures, comments the *Indian Medical Journal* in a report on the Sixteenth All-India Medical Conference, held in Lahore in December, 1939. These difficulties are heightened by the unfortunate fact that none of the provincial governments has a definite policy in the matter of leprosy control. They sit on the fence patting and praising the various voluntary associations, particularly the Indian branches of the British Empire Leprosy Relief Association. What is obviously forgotten is that these associations are no more than mere relief associations, and that while they can help they are by no means in a position to lay out a definite program and carry it successfully through. It is ridiculous, it is added, that the government should abdicate its work to missionary bodies and such other voluntary organizations, and lay unction to its soul that it is doing its duty by occasional or recurring grants-in-aid to voluntary bodies engaged in leprosy work.

*Training class at Cuttack.*—The Indian Council is reported in the *Madras Mail* to have planned to hold a leprosy training class for doctors in Cuttack, Orissa, in which province it is estimated there are 60,000 cases, over 11,500 of which are actually on record. The first training class of this kind, it is stated, that was held outside of Calcutta was in 1938 [but such a course was given at the Lady Willingdon Settlement, at Chingleput, in Madras, earlier than that]. One was held in Bombay in January, 1939. It is now proposed, the dispatch states, to hold one such a class each year in some other part of India.

*Leprosy in Chingleput.*—Evidently because of public apprehension concerning the proximity of the Lady Willingdon Settlement, an investigation of the prevalence of the disease in the town of Chingleput has recently been carried out. The inquiry, done partly by the district health officer and partly by the staff of the settlement, has showed that the incidence in the municipality was "an absolutely insignificant 1.4 percent" compared with that of other districts. The disease is not on the increase in the town, and

the existence of the leper settlement in its neighborhood is not a contributing factor. It is understood, the report concludes, that similar surveys will be ordered in other places, like Manamadura, near which leper settlements have come into existence.

*Medical work at Chandkuri.*—The medical staff at this leper asylum, in India, has been interested in a check-up of the results of treatment over the past 10 years, writes Dr. E. W. Whitcomb in *Without the Camp*. During that period 201 adults were listed as arrested cases. Of them 150 could be reexamined, 120 in the institution (where they had remained because of deformities) and 30 in a near-by village; 22, practically 15 percent, were found to have relapsed.

*Mangal Tarai, India.*—At this institution, the establishment of which was noted some time ago [THE JOURNAL 7 (1939) 282], the settlers are reported in *Without the Camp* to be well fed and getting acclimated, with no more illness in the last rainy season than at other times despite the fact that that is the season for malaria. A new plan of administration has been adopted, it is stated. Each farmer is equipped with rice, tools, shelter, oxen, etc., as an ordinary farmer would be at that time of year in order to get out his crops and live comfortably until the next harvest. The plan has had a healthful effect, physically and otherwise.

*Blood transfusions in Pretoria.*—Considerable newspaper publicity has been given to an experiment under way at the West Fort Leper Institution, at Pretoria, South Africa, to determine the effects of blood transfusions in leprosy. In this experiment, made with the cooperation of the Rand Transfusion Service, seven European patients were being subjected to a course of six transfusions over a period of several months. These patients, representing an average of the group, were somewhat anemic. The reports in hand, which appeared four months after the first transfusions were made, state that already there had been a big improvement in the general health of the patients, some of the indications being better appetite and sleep. It was thought that the method, if it should not have a curative effect, would at least provide considerable relief for the patients.

*An interesting tree in Rhodesia.*—A tree that has been found in one place in Southern Rhodesia, though it was supposed not to exist south of the Zambezi, according to a note in the *Rhodesia Herald*, is of interest for the reason that the natives travel for considerable distances to secure latex from it in the belief that it is a cure for leprosy. In appearance the tree resembles a frangipani, but it is really a *Symadanium*, a close relative of the *Euphorbia*. Almost any part of it will grow when planted, and the branches have considerable vitality.

*Camundongo, Angola.*—To this asylum (the number of inmates in which is not stated in the report in hand, by Dr. W. Sidney Gilchrist, in *Without the Camp*) many patients have come because they have learned from others who had been there of the benefits to be derived from treatment. Numerous new cases have been found in the villages where a system of branch treatment centers has been set up. The nearest of the eleven is 20 km. away, the farthest 100 km. Of the persons in charge of them, eight are young men who were themselves treated lepers, and in addition young women trained at the mission are treating cases at two of the centers. Many of the patients so treated should be admitted into the leprosarium, either because of want or

of the nature of the disease, but it is proving difficult to feed and maintain those already there. Emphasis is laid on the value, physical, psychological and moral, of the occupational therapy employed at the leprosarium.

*Ekpene Obom colony, Nigeria.*—This colony, which accommodates upward of 500 inmates, is visited "periodically" by a doctor from another station, according to a recent report. There is a non-leper dispenser, but the nurses and teachers are all lepers.

*Albarka children's colony, Northern Nigeria.*—About four years ago, relates *Without the Camp*, two lady missionaries, Miss Lewsey and Miss Whittle, became so concerned at the lack of provision for the care of leper children and the healthy children of leper parentage in Northern Nigeria that they started a home or colony for them at Gwagwada. The work has grown so rapidly that they now have about 90 young people in the home, besides a number who come from surrounding villages as outpatients. The purpose is to make the colony as nearly self-supporting as possible, but because many of the children are under 14 years of age, a certain amount of outside help is needed.

*Children at Ongino.*—A new home has been opened for healthy children of inmates of the Ongino colony in East Africa, and 51 children have been taken in, six of them under two years of age. In work with such children during a period of six years, writes Miss Laing in *Without the Camp*, only two were seen with manifestations of leprosy; they had been left too long with their parents. At the Leper Children's Home the senior medical assistant, Onesimus, has been awarded the King's Certificate of Honor medal for ten years faithful service. Misfortune has been met with regard to the crops at this leprosarium; three times they were eaten by locusts.

*Children at the Bunyonyi colony, Ruanda.*—Last term there were ninety-one children in the Bethany school for the noninfectious children and sixteen in the Jericho school for the infectious ones. Since then six children, all now symptom-free, have left the Bethany school, one to work in the hospital, one to work as a porter, and four to go to school elsewhere. One of the teachers who had come as a very slight case from the Normal school at Kabale five years previously had been symptom-free for four years and has gone back to continue training to be a church teacher.

*Colonies in Argentina.*—The long-delayed completion of the Hospital-Colonia Maximiliano Aberastury, on the island of Cerrito in the province of Corrientes, was accomplished last year, at least to a point that permitted installing the first patients, according to a note in the *Boletin de la Oficina Sanitaria Panamericana*. Thirty patients were received, 20 men and 10 women, coming from the same province and the adjoining Chaco territory. The first of the asylum-hospitals that are being established in the country, that at Posadas, in Misiones, was opened a year earlier. It is on an area of 36 hectares (90 acres), with a clean section for the staff. The patients' section has 10 pavilions, each accommodating 12 patients, and other structures.

#### PERSONALS

DR. R. BRIERCLIFFE, Director of Medical Services of Nigeria, who when he held a similar position in Ceylon was responsible for starting the special

leprosy investigations under way there since 1933, is now Sir Rupert Briercliffe.

DR. HUMBERTO CARDOSO, now of the Instituto Oswaldo Cruz, in Rio de Janeiro, Brazil, has been allowed to accept an invitation from the government of Colombia to complete the installation of their new chemical laboratory for the production of chaulmoogra drugs.

DR. H. P. CHU, director of the National Medical College of Shanghai and former director of the Shanghai Leprosarium, has gone to Kunming, Yunnan.

MISS M. H. CORNWALL-LEGH, who established the St. Barnabas Home at Kusatsu, Japan, has at the age of 83 received the decoration of the Sixth Order of the Sacred Treasurer, according to an announcement made by the Imperial Household Department. This award is in recognition of her work for lepers, which began when she visited the country in 1908. A few years ago she was compelled to retire from active service because of ill health and advanced age.

PROF. ENRIQUE P. FIDANZA, who as head of the dermatological services in Rosario, Argentina, has long taken an active interest in the leprosy problem, died in April, according to a note from Dr. G. Basombrio.

DR. HERMON E. HASSELTINE, Medical Director, United States Public Health Service, for several years medical officer in charge of the Federal leprosarium at Carville, Louisiana, has been transferred to another station in regular course of events in that service. It is understood that he was to be relieved by Surgeon Guy H. Faget.

DR. E. R. KELLERSBERGER, who developed the Bibanga Leper Camp in the Belgian Congo, has resigned from the mission after twenty-four years of service in that country and is returning to the United States, where he will probably be associated with another phase of leprosy work.

DR. J. A. LANGAIS, for twenty-three years medical superintendent of the Dominion hospital for lepers at Tracadie, New Brunswick, is reported to have died last October.

DR. E. MUIR, Medical Secretary of the British Empire Leprosy Relief Association, is scheduled to leave London in August for a four-month tour of South America and the West Indies, considerable time to be spent in Brazil.

DR. L. A. MUSSO, of Broome, Western Australia, is reported to have accepted the position of medical officer to study leprosy among the natives of North-Western Australia.

DR. H. C. DE SOUZA-ARAÚJO, of Rio de Janeiro, Brazil, was one of the delegates from that country appointed to attend the Eighth American Scientific Congress, held in Washington, D.C., from May 10 to 18, 1940.