



LEPROSY NOTES

No. 1. MARCH, 1928.

To be issued occasionally
by The British Empire
Leprosy Relief Association

24, CAVENDISH SQUARE,
LONDON, W.1.

THE
BRITISH EMPIRE LEPROSY
RELIEF ASSOCIATION

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General Notes.

The Committee of The British Empire Leprosy Relief Association has decided to issue occasionally **LEPROSY NOTES**, of which this is the first number, and it is hoped that leprosy workers in the British Empire will find these notes of service. It is intended from time to time to deal with the following among other subjects :—

The latest treatments for leprosy.

The results of the treatments.

Leprosy work being undertaken in British colonies, with statements of Government policies.

The management of Leper Settlements.

The prevalence of leprosy in British colonies.

Treatment Clinics.

The buildings necessary for leper work.

The work of The British Empire Leprosy Relief Association.

Leprosy work in other countries.

Notes on the cost of drugs used in the treatment of leprosy.

The above are the most important of the matters that will be dealt with, but the Secretary of the Association would welcome letters from any readers who are engaged in leprosy work, and would especially value notes on the results obtained from the various treatments that are being tried.

The Work of the Association.

The British Empire Leprosy Relief Association was constituted in the autumn of 1923, and has as its object the ridding of the Empire of leprosy. The Committee of the Association believes that if this object is to be achieved it needs the co-operation of Government in India and the Colonies and Protectorates, the Missionary bodies carrying on work in those territories, the commercial community and the natives of the various countries. In order to secure such co-operation the Association, which is a voluntary body, has done all that is possible to secure the formation of branches of the Association in each part of the Empire where lepers are to be found. Each branch of the Association is responsible for the work in its own area, but the Association seeks to aid in every way possible by frequently sending out the latest information on the treatment of the disease providing the latest drugs for treating leprosy, and by making grants of money for buildings. The Committee of the Association feels strongly that it is only by the co-operation of all those who can do anything in the matter that the best results will be obtained, and if representatives of the four classes mentioned are represented on the Committees of the local branches it means that there will be consultation as to the amount of work that needs to be undertaken, and division of the work to be done so as to prevent overlapping.

Such branches of the Association have already been formed in India, Nigeria, the Gold Coast, Sierra Leone, Uganda, Malta, Barbados and British Guiana. In Nigeria and the Gold Coast the Governors have appointed whole time medical men as Hon. Secretaries of the respective local branches, and they will devote all their time to developing leprosy work in these colonies. In India a doctor has been appointed as Research Worker in connection with the Indian Council, as the branch in India has been called by the Viceroy. The question of the formation of other branches of the Association is receiving attention in both Kenya and Tanganyika, and the Committee of the Association feel that it would be helpful if a branch of the Association could be formed in every part of the Empire where lepers are found. There is no idea of the local branches being controlled from the Head Office of the Association, as the Association only exists to be of service to those who are carrying on the work.

In considering what ought to be the best policy to be carried out, the important fact to keep in mind is that our object in view is to eradicate the disease altogether. Sir Leonard Rogers in the

Foreword to "Leprosy in India" says :—

The organisation of the great humanitarian work of caring for the leper, which is so largely in the hands of Christian missions of various denominations, requires to be remodelled in the light of the new situation, for it is evident that a far greater service is rendered by curing the leper in the early stages of the disease, than in providing a home for him after the affection has reduced him to a helpless wreck.

It is therefore considered that the best method to be employed is the establishment of Treatment Centres in all districts where there are any considerable numbers of lepers, and that efforts should be directed towards attracting the lepers to come forward voluntarily and take treatment. If the early cases can be treated they will most probably recover, and thus will be prevented from spreading the infection to others. There are already a considerable number of these Treatment Centres in existence, and the Association has made financial grants to eighteen different places in British colonies in Africa, for the enlargement of existing Treatment Centres, or the establishment of others where needed. In every case a qualified medical man is either in charge, or has the supervision of the work which is carried on by a qualified nurse.

The Committee of the Association will gladly consider any request for grants of money for the erection of buildings, such as a dispensary for the treatment of lepers, and the provision of simple accommodation for lepers who come to a Treatment Centre for regular treatment, from anyone who is willing to undertake leprosy work, and would consider giving financial grants for Government schemes if the entire funds for such schemes were not available locally. The Association will also provide the drugs, etc., that are needed for the treatment of lepers, and any applications for these will receive immediate attention if sent to the Secretary.

F. O.

Lepers Eager for Treatment in S. Rhodesia.

Dr. A. B. Macdonald, of the United Free Church of Scotland Mission, Itu, Southern Nigeria, writes :—

"The Colony here is growing week by week, and we are getting good support from the Government. The number on the roll is now 850."

Annual Meeting of the Association.

The Annual Meeting of the General Committee of 'The British Empire Leprosy Relief Association was held at the India Office on February 24th. Viscount Chelmsford, Chairman of the General Committee, presided, and was supported by Sir Edward Gait, Chairman of the Executive Committee, Sir Leonard Rogers, Hon. Medical Secretary, Sir Frank Carter, Hon. Treasurer, Viscountess Chelmsford, and others. The Annual Report of the Association, for the year 1927, was presented and adopted, as were the Accounts of the Association.

Lord Chelmsford said that as a result of the surveys made by the Secretary, Mr. Oldrieve, branches of the Association had been formed in various parts of the Empire, and in India a great fund had been established for the furtherance of leprosy work there. Many parts of the Empire, however, unlike India, were not in a position to work out their own salvation, and were seeking the aid of the Association in dealing with leprosy problems. He noted that a message published that day from South Africa intimated that Sir Spencer Lister had expressed the opinion that while hydnocarpus oil was useful in treatment in the early stages of leprosy this did not mean that it was a definite cure. Speaking with some trepidation as a layman, he wished to point out that when they spoke of a disease as curable, this did not mean that in all circumstances and under every condition leprosy could be cured. Mankind died of curable diseases every day, but that fact did not impair their faith in those diseases being curable if they were treated in proper time and under proper conditions. The Association had a remarkable record to show, but he trusted that their supporters would not think that they were yet in a position to relax their efforts.

Sir Edward Gait, Chairman of the Executive Committee, explained that the policy of the Association was to create branches in all British Possessions where leprosy prevailed. The Secretary, Mr. Oldrieve, had visited each of these countries, and his inquiries had shown that in Africa, in proportion to the population, leprosy was even more prevalent than it was in India.

Nigeria, for example, with a population of 18,000,000, had 90,000 lepers. Want of adequate funds was now the only obstacle to the eradication of leprosy from the British Empire, and if people could be made to realise this fact, that obstacle would quickly be removed.

Sir Edward Gait declared that a special survey had shown that there may be over 500,000 lepers in India alone.

Sir Frank Carter, Hon. Treasurer, reported that last year's donations and subscriptions to the Association amounted to the £6,472.

Sir Leonard Rogers, the Hon. Medical Secretary, said that he did not think that the criticism made by Sir Spencer Lister in South Africa would have been forthcoming if the full details given in the report had reached him. There was the most complete evidence that the early cases of leprosy could be cured. The leading authorities in Calcutta (where Dr. Muir had been doing nothing but leprosy work for seven years past) and at the great leper settlement at Cuilion, in the Philippines, were agreed that nearly every early case of leprosy was curable. At Culion no fewer than 1,000 patients had been released on parole as recovered within the last few years. The South African reports showed that, although segregation was compulsory, the settlements had very little practical experience of early cases. This was owing to the tendency to concealment which was so unhappy a feature of enforced segregation unalleviated by outdoor treatment in the early non-infective stage.

Sir Leonard Rogers proceeded to outline the present position of the work of the Association, dealing especially with the medical aspect of the situation, and a report of this will be found on page 6.

Sir Frank Carter presented the financial statement for the year 1927.

Mr. Oldrieve stressed the need for the starting of Treatment Centres wherever there were any large number of lepers. He stated that a considerable number of grants of money had been made during 1927 for the commencing or enlarging of such Treatment Centres, and pointed out that already this year a number of applications from Missionaries had been received for financial help, from Kenya, Tanganyika, Nyasaland and Northern Rhodesia.

Report of the Hon. Medical Secretary.

At the Annual Meeting of the General Committee of the Association, on February the 24th, 1928, Sir Leonard Rogers presented the following Report :—

The past year, the fourth of the active work of our Association, has been one of remarkable progress in several directions. In the first place it has witnessed the interesting tour of our Secretary, Mr. Oldrieve, from Cairo to the Cape, through the whole of British East and South Africa, which completes his visits of the last three years to nearly all the leprosy ridden portions of our Empire, except Oceania. As the result, we are now in touch with 62 medical men and women, many of them missionaries, who are actively engaged in treating some of the 158,000 lepers in our African possessions, and during last year we gave grants for hutting accommodation for leper patients and other buildings to twenty-five centres, including eight out-stations in Uganda. We have also distributed over 100,000 doses of our improved preparation, Alepol, of which I shall speak presently, and expect to send out over a quarter of a million doses this year, and to have several thousand lepers under treatment in tropical Africa, for one missionary, Dr. Macdonald, in Nigeria, already has 840 cases under treatment, and Dr. Wiggins, in Uganda, expects to have at least as many before long. Whole time medical men have been trained in Calcutta by Dr. Muir for Nigeria and the Gold Coast, and two more will be sent shortly, all of whom are being financed by the Provincial Governments with the approval of the Colonial Office, with whom we are working closely, and who are represented on our Executive and General Committees.

In India some sixty medical men are being trained each year under Dr. Muir in the Calcutta School of Tropical Medicine, and many clinics and dispensaries are being opened by them all over India with the help of our flourishing Indian branch. Recent surveys by Dr. Muir's assistants in the worst affected districts of Bengal and Bihar, has revealed the presence of one to three or four early cases of leprosy for each advanced one returned in the census, and several dispensaries opened there by the local authorities have each attracted 200 to 500 early cases for treatment within a few months. This will result in many early cases being cleared up and prevented from going on to the later infective stages, and is thus striking at the root of the problem, as it must lead in a decade or two to a material reduction in the lepers in this important centre, from which Calcutta and many other towns and pilgrim places derive many of their cases.

The Advantages of Dispensary Treatment over Segregation.—In New South Wales compulsory segregation costs £200 per leper per annum, or enough to supply drugs for treating 1,600 cases in dispensaries, and even in India 60 out-patients could be treated for the cost of maintaining one advanced case in an asylum. A decade ago only segregation was available, but, in addition to being infinitely more expensive than our present dispensary system, it inevitably resulted in the poor lepers hiding themselves until too advanced to profit much by treatment, and in their infecting others before they were discovered and isolated, so it may possibly do more harm than good now an effective treatment for early cases is available. Where compulsory segregation is already in force we do not advise its immediate abolition, but that all newly discovered lepers should be examined by a small board of expert medical men, with power to permit early uninfected cases to be treated as out-patients at dispensaries instead of being segregated, so as to attract for treatment the early amenable cases. This plan is being adopted in some of our colonies with great advantage, and in proportion to the success of such early treatment the necessity for segregation will be reduced until it reaches the vanishing point with great saving in cost, and the eventual disappearance of this middle-age reproach to humane medical science of to-day.

In the West Indies favourable treatment results are being obtained in the Leper Settlements of Trinidad and British Guiana, and last year no less than 51 were discharged from the latter institution, and, still more important, Dr. Rose reports that early cases are now coming forward voluntarily for admission, which will ensure still better results in the near future. The well organised Fiji Leper Settlement of Makogai admits cases from other of our Oceanic islands, and Dr. Neff has just reported to me that with sodium gynocardate, a preparation on much the same lines as Alepol, "At least 70 per cent. have improved greatly and many of them I think may well go on to discharge." He adds that the Indian patients "so notice their improvement that to miss a treatment is a disaster, and they continually request me to increase their injections." Even in Africa many patients have recently asked for two injections a week in place of one.

Results of Treatment.—An important discussion at the Royal Society of Medicine last year revealed that the most experienced leprologists in the world, Drs. Wade and Lara in the Philippines, and Dr. E. Muir in Calcutta, are agreed that nearly every early case of leprosy is now curable, and the former also state that 15 to 20 per cent. of advanced cases, with an average duration of the disease of eight years on admission, recover, and that 1,000 lepers have been paroled in the last few years. We are still greatly in need of a more

effective treatment of advanced cases, but the recent work of Dr. Muir in Calcutta on the use of iodides, rendered safe by the injection of antimony salts to control the severe reactions, appears likely to prove an important step in the right direction.

A Cheap Painless Remedy.—I am also very glad to be able to report that the active, painless and cheap preparation, made for me by Dr. H. A. Henry, from Hydnocarpus oil on the lines of my original sodium hydnocarpate, has been put on the market by Burroughs, Wellcome and Co., under the name of "Alepol" at a rate which allows of full bi-weekly doses being given for a year at a cost of a little under half-a-crown a case for a whole year's treatment, or one-twentieth the cost of the ethyl esters until recently in most general use. This advance has come at a most opportune time, because we could not have supplied the former expensive preparation in the quantities now required for the newly opened up work in Africa, and we shall need increased funds in the future to permit of the rapid extension of that work.

The *Hydnocarpus wightiana* seed we distributed in 1926 has resulted in several thousand plants being grown in our various tropical colonies, and we have sent out more last year, together with that of *H. anthelmintica* from Siam, so in a few years time local supplies should be available in a number of centres.

We have continued to distribute reprints of abstracts of recent literature on leprosy far beyond our own Empire, and this year we propose to issue LEPROSY NOTES containing useful information gleaned from all parts of the world.

Lastly, I wish to draw attention once more to my suggestion for reducing leprosy rapidly in any advanced country by examining the households of all lepers every six months for five years, which should enable 80 per cent. of infections to be detected and cleared up in the early stages, so that in ten years a theoretical reduction to 4 per cent. of the original numbers should be possible. This simple plan is being adopted in several countries, but will not at present be feasible in backward tropical areas.

In conclusion I wish to emphasize the fact that the present favourable position is due to the patient investigations during the last twelve years of a number of British and American workers in Calcutta, Honolulu, and the Philippines.

I think I have said enough to show that our Association is now in the position to go full steam ahead with its great task of reducing leprosy in our Empire, given a steady increase in the funds entrusted to us for this purpose. Our Edinburgh and Glasgow Branches have given us most valuable financial support in the past year.

We hope to start similar branches in other of our great cities this year, and I feel sure we shall not appeal in vain for the funds to enable the many willing workers in Africa to treat their lepers, one of whom recently reported that without such help it would take four years to admit his waiting list.

Estimated Number of Lepers in the British Empire.

India	250,000
West African Colonies	95,000
East African Colonies, etc.	52,000
Anglo-Egyptian Sudan	6,000
Union of South Africa	5,500
West Indies	2,500
Straits Settlements, etc.	2,000
Ceylon	1,000
British Guiana	700
Mauritius	550
Fiji, etc.	500
British N. Borneo	200
Sarawak	150
Cyprus	100
Malta	100
Palestine	80
Australasia	80
Great Britain	50
Canada	20
Total	416,530

The above are the figures that have recently been published in the Report of the Association, but it is recognised that these are a conservative estimate only. For instance, as regards India, Dr. E. Muir has recently written :—

Recent figures obtained from a carefully conducted but limited survey, tend to confirm the computation that there are between a half and one million lepers in India.

In later issues of these Notes fuller details will be published of the estimated numbers in the various colonies, and in the meantime the Secretary would be very glad indeed if any reader would give him any information that he has regarding the incidence of leprosy in the district in which he is working.

F. O.

Note on the Parole of Uninfective and Apparently Cured Lepers.

1. *The Release of Burnt-out Uninfective Nerve Leprosy Patients.*—It is not even yet sufficiently recognized that from one-third to one-half of the inmates of most leper asylums are old uninfective mutilated nerve forms of leprosy, whose isolation on humanitarian grounds is useless as a preventative measure. In fact, the presence in treatment institutions of chronic mutilated uninfective nerve cases may be harmful in retarding the admission of much earlier curable cases, who do not like to associate with the mutilated cases, and are also discouraged by the failure of treatment in the latter. In South Africa, as the result of the appointment of a commission to examine bacteriologically all the segregated lepers, no less than one-third have been released as uninfective, subject to periodic clinical and bacteriological examinations, and some £50,000 a year saved, which is partly being spent on research and improved treatment. The isolation of lepers may cost anything up to £200 per case, as in New South Wales in 1924, which would provide the new painless sodium hydno-carpate, Alepol, for the bi-weekly treatment for a year, of 1,600 early amenable cases as out-patients. The release of all uninfective nerve cases who have relations willing to care for them from institutions for the treatment of leprosy is therefore the first desideratum. In countries such as India, where the people turn out their lepers, homes for incurables as a humanitarian measure will continue to be necessary, but should be distinct from treatment colonies. The Mission to Lepers is doing a great work in the field in India and elsewhere.

2. *The Parole of Apparently Cured Lepers.*—This is a more difficult problem, the custom regarding which varies in different countries with the local conditions, but the former very rigid rules are gradually being relaxed with advantage as the result of the increasing success of treatment. In the United States and in the great Culion Leper Settlement of the Philippines with advanced cases, it has been the custom to retain patients for two years subsequently to their becoming bacteriologically negative, during which repeated bacteriological examinations were made. In their paper of February, 1927, contributed to the Royal Society of Medicine's discussion, H. W. Wade and C. B. Lara record that this is no longer the case, but "under certain conditions they may be paroled after six months, to return weekly for treatment and examination." Again, in Hawaii, with very extensive experience, at the Honolulu Leper Hospital, in the four years from 1920 to 1924, 124 of 391 admissions were released, or 31.47 per cent., and only 13 had relapsed, 7 of whom had not continued

to attend for treatment as ordered. In the year ending June 30th, 1925, the average duration of segregation of those paroled was one year and four months, mostly early cases. In 1921 as many as 94 were re-released, but the relapses were more numerous, and it is recorded that this was possibly too lenient, but did much good by encouraging early cases to come forward for treatment. Of 75 recovered cases in Korea, Dr. R. M. Wilson found only five relapses after eighteen months.

3. *The Effect of Improved Treatment on the Problem.*—As long as we had nothing better than compulsory segregation and had no effective treatment, great care was necessary in paroling lepers, but now that progress depends essentially in attracting early cases for treatment the position has become altered, and segregation measures require modification to prevent their doing more harm than good by preventing patients coming forward for treatment in the early more amenable stages, for recent leprosy surveys in India reveal that there may be from one to three or four early cases for every easily recognized advanced one. Moreover, most of the early cases are bacteriologically free, including the nasal discharge, and therefore uninfected, and in India and elsewhere these are now being treated safely and effectively at hospitals and special clinics at one-sixtieth of the cost of isolating them. The policy I advocate, and which is being adopted in British Guiana and elsewhere, is for all newly-discovered lepers to be examined by a board of three leprosy experts, including a bacteriological examination, and all those found uninfected allowed to be treated at clinics and hospitals as out-patients, but re-examined by the Board every three months as to infectivity. Infective cases should be sent to leper colonies with efficient treatment, and ought not to have to mix with mutilated uninfected cases. As soon as any become negative bacteriologically they should, where possible, be separated from infective patients, and re-examined every month or so bacteriologically, and only released after they have remained negative for six months, and then required to attend daily at a clinic or helped for further treatment, and to be re-examined every three months up to two years after first being negative, and afterwards every six months without treatment. Some 15 to 20 per cent. even of advanced cases have been found to become apparently cured in the Philippines, where over one thousand cases have been released in the last few years, but the early ones do best. Still better results are likely to accrue as the result of the introduction of Alepol and Muir's iodide-antimony treatment, and the latter is likely to prove a valuable test of actual cure.

4. *Examination of Contacts to Detect Early Cases.*—If the above measures are combined with the following plan, advised by me in “LEPROSY,” page 134, in the more advanced countries leprosy might possibly be reduced to under 10 per cent. of the present numbers within a single decade. It is based on my conclusions from three years study of the literature of the disease, that 80 per cent. of the infections are house ones, and in 80 per cent. the incubation period is under five years. It follows that if, whenever a leper is discovered, all his household and other close contacts are examined minutely for leprosy lesions, and this is repeated every six months for five years, 80 per cent. of possible infections should be discovered and cleared up in early stages, reducing the remaining foci of infection by 80 per cent. in five years, and in another five years to 4 per cent. This plan is being adopted in several countries at the present time.

L. R.

Treatment of Leprosy in the Empire.

In the House of Commons on February 27th, Mr. Harry Day asked the Secretary of State for the Colonies if any new stations were being built within the Empire for the treatment of leprosy by the hydnocarpus oil remedy, and whether he could make a full statement on the subject.

Mr. Amery, Secretary of State for the Colonies, replied :—

“ In those parts of the Empire where leprosy exists active measures are being taken by the medical departments for its control, in many cases in co-operation with The British Empire Leprosy Relief Association and other agencies. Medical Officers trained in recent methods have been detailed for special duty in Nigeria, the Gold Coast, Fiji, and other Colonies, while in all areas attention is being given to the possibility of the eradication of the disease, by the establishment of treatment stations, as in Tanganyika, Nyasaland, Uganda, or by such other means as the situation appears to demand.”

Recent Notes from the Colonies, etc.

UGANDA.

Word has just come to hand that the Committee of the Uganda Branch of the Association met at Entebbe during the last week in January, and it was then agreed that propaganda work should be undertaken in all parts of the Protectorate where leprosy is prevalent, and that treatment on a large scale is to be provided in the three districts of Kigezi, Teso and Lango. The C. M. S. Mission will take charge of the work in the first two districts and the Government in the third. Each of these districts will have a District Leprosy Committee, and Dr. C. A. Wiggins, C.M.G., who is in charge of the C. M. S. leprosy work at Ngora, Eastern Province, has been asked to write a booklet on the whole subject of leprosy and its treatment for use in the schools. The Government will print and issue this booklet and it will be translated for each district. Later a lantern lecture will be prepared and sent out for use in the villages.

KENYA.

Detailed suggestions have recently been made by Government for leprosy relief and treatment in Kenya Colony. Leprosy treatment is to be provided at every hospital or medical centre, Government or Missionary, where a suitably qualified person is able to carry out the work. Special accommodation for leper in-patients is to be provided at hospitals where it is required, and at certain centres special leper hospitals are to be instituted to which all infective lepers, who can be so persuaded, shall be transferred. Finally it is hoped that there will be instituted leper settlements where non-infective lepers, in the chronic stages of the disease, may live.

TANGANYIKA.

In this territory it has been decided to increase the facilities for treatment, and accommodation for leprosy cases is to be of two distinct types. First, there are to be Treatment Centres where the early and infectious cases likely to be benefited by treatment can be maintained and treated. These Treatment Centres are to be in the charge of either a Government doctor or a qualified medically trained missionary worker, in order that treatment may be continuous and carried out under proper supervision. Secondly, the upkeep of existing leper

villages and the formation of new ones where necessary is to be undertaken, and wherever possible the native authorities are to be made responsible for the maintenance of these leper villages.

NYASALAND.

The Nyasaland Government has decided to give grants of money for buildings, and in some cases for maintenance, to existing Treatment Centres. At present these are all being managed by missionary doctors and nurses. In addition, the drugs required for leprosy treatment are to be given by Government, and native assistance is being provided where required.

SOUTHERN RHODESIA.

The Government of Southern Rhodesia has an excellent leper settlement near Fort Victoria, and leprosy treatment work in the south of the colony is being concentrated there. A Treatment Centre also exists in the North, and the Government is entirely responsible for the upkeep of both these pieces of work.

NIGERIA.

Dr. T. F. G. Mayer, who was appointed by the Nigerian Government last year as special Leprosy Worker, and will act as Honorary Secretary of the local branch of the Association in Nigeria, has recently returned from a visit to India, where he attended a course of instruction under Dr. Muir in Calcutta. Dr. Mayer also visited some of the principal leper institutions in India, and recently left to take up his work in Nigeria.

THE GOLD COAST.

Dr M. B. D. Dixey, who has been appointed by the Gold Coast Government, and who is going out to do the same kind of work in the Gold Coast, has also been to India, and will leave very shortly for his new work in this Colony.

Note.—The Association has, within the last few months, made grants of money for buildings at Treatment Centres in Nigeria, Uganda, Kenya, Tanganyika, Nyasaland, and Northern Rhodesia, and the Committee of the Association will gladly consider requests for help where money is required for the establishment of Treatment Centres provided that the work will be under the control or supervision of a qualified medical man or woman.

New Treatment Centres.

Treatment Centres are being commenced at the following places :—

Zomba, Nyasaland, under a Doctor of the Church of Scotland Mission.

Ndanda, Lindi, Tanganyika, under a Roman Catholic Missionary Doctor.

Fort Jameson, N. Rhodesia, under a Doctor of the Seventh Day Adventist Mission.

Leprosy Work in Abyssinia.

Dr. T. A. Lambie, of the Sudan Interior Mission, who has recently returned to Abyssinia is keenly interested in starting leprosy work in that country. Since reaching Abyssinia he has again approached the Emperor, and he writes :—

“ Negotiations for a leprosy sanatorium for all Abyssinia are going on nicely with His Imperial Highness, and he has promised to help and will I trust do so, as his contribution, and that of the Empress, will incite others to give. His Highness asked me how much land would be wanted, and I suggested five hundred or more acres.”

We wish Dr. Lambie success in this effort. There seems to be a good deal of leprosy in the country, but so far little has been attempted by anyone in the direction of providing treatment for the lepers. It is to be hoped that plans will be so made that not only will segregation of the worst cases be undertaken, but that serious efforts will be made to attract the early cases to come for regular treatment.

Literature.

The following are some of the latest books and pamphlets dealing with leprosy.

BOOKS.

- “**Leprosy**,” by Rogers & Muir. Published by John Wright & Sons, Ltd., Bristol. Price 12s. 6d.
- “**Recent Advances in Tropical Medicine.**” By Sir Leonard Rogers. Published by J. & A. Churchill, London. Price 12s. 6d.
35 pages of this new book are given to leprosy, and contain the latest statement on the disease and its treatment.
- “**Leprosy in India.**” A Survey by Dr. Robert G. Cochrane. Published by The World Dominion Press, 1, Tudor Street, London, E.C.4. Price 2s.
- “**Leprosy in Europe, Middle and Near East and Africa.**” By Dr. R. G. Cochrane. Same publisher and price as above.
These two Surveys are the first two contributions in an attempt to make a World Survey of Leprosy. Information regarding leprosy in any country will be welcomed by Dr. T. Cochrane at the address given.

PAMPHLETS.

- “**Leprosy Diagnosis Treatment and Prevention.**” 3rd (Revised) Edition, by Dr. E. Muir. Obtainable from the Association.
- “**Leprosy—Symptoms, Diagnosis and Treatment.**” By Dr. R. G. Cochrane, Published by The Mission to Lepers. May be obtained from the Association.
- “**Leprosy: Summary of Recent Work.**” These pamphlets, of which 12 have now been issued by the Association, contain reprints of the Leprosy section from the Tropical Diseases Bulletin, and may be obtained from the Association.
- “**Discussion on the Treatment of Leprosy.**” Reprinted from the Proceedings of the Royal Society of Medicine. May be obtained from the Association.
- “**The Curative Action of Hydriocarpates and Iodides in Leprosy.**” By Sir Leonard Rogers.
Reprinted from The Lancet. Obtainable from the Association.
- “**A Problem of Empire Suffering.**” This is the latest Report of the Association, and is just out of the press. It is illustrated and contains two maps, and extra copies will be gladly sent to any who wish to have them.

Copies of all the above pamphlets are issued free by the Association, and have been sent to all who are on our Literature List, and if any readers do not receive copies regularly the Secretary hopes that they will write giving their full name and address, as the Association wishes to circulate this literature to all who are interested in the leprosy question.

The British Empire Leprosy Relief Association.

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