New Year Honours

Her Majesty Queen Elizabeth II has been graciously pleased to honour several distinguished workers in the field of leprosy. We offer our congratulations to them, realizing how richly deserved in all cases is this public recognition of a lifetime of service.

Dr. Robert G. Cochrane, F.R.C.P., President Emeritus of the International Leprosy Association, who is already the recipient of the Damien Dutton Award and other international honours, is appointed a Companion of the Order of St. Michael and St. George (C.M.G.) for his services in the treatment and control of leprosy. After 40 years of devoted service throughout the world, notably in India, and in a variety of capacities, Dr. Cochrane has returned with his wife to his work in Tanzania (present address: Kola Ndoto Hospital, Box 46, Shinyanga, Tanzania).

Dr. Margaret Fitzherbert, F.R.C.O.G., is appointed an Officer of the Order of the British Empire (o.b.e.). Dr. Fitzherbert gained a great reputation in Ethiopia as a specialist obstetrician and gynaecologist, and now for the past few years has been foremost in leprosy work both in Addis Ababa itself and in the district.

Dr. Katherine M. Young, of the Christian Dispensary, P.O. Dandeldhura, Ex. Off. Baitadi, West Nepal, is accorded the same honour (o.b.e.) by Her Majesty. Dr. Young has been in real and intimate touch with the medical and social problems of leprosy patients for many years, and has devoted herself in sympathetic service to their needs.

Miss M. M. Stone becomes a Member of the Order of the British Empire (m.b.e.). Sister Stone is well-known for her work at Kumi-Ongino in Uganda in connection with the BCG vaccination trial conducted by Dr. J. A. Kinnear Brown, C.M.G., and is one of the co-authors with him of the paper on page 3 of this issue.

World Health Organization

From the official records of the Proceedings (No. 169), the following information is taken.

Monsieur Jarison (Madagascar) (p. 45) referred to the 150,000 leprosy patients newly registered in tropical Africa as the result of the work of mobile diagnostic teams. Fear had hitherto kept many from openly admitting that they had leprosy.

In India (p. 50), leprosy continued to pose serious problems, especially in Madras and Andhra Pradesh. W.H.O. stimulates and coordinates research into different aspects of the disease.

Uganda (p. 96) acknowledged the help of W.H.O. in the despatch of a leprosy consultant to assess the present status of leprosy control services and to make recommendations.

The delegate from Cameroon (p. 119) admitted that leprosy, a “social” disease, continued to cause anxiety, linked as it is with economic underdevelopment.

Kenya (p. 137) requested advice from W.H.O. on a disease that not only brings suffering and crippling to individuals, but also creates administrative problems in the allocation of funds and the determination of priorities.

Ceylon (p. 139) expressed thanks for the services of a W.H.O. consultant who reassessed the leprosy situation. There are 4,413 known cases of leprosy in Ceylon, with 15,000 contacts.

In Burma (p. 188), leprosy is a serious public-health problem, but the Government is placing its hopes on prevention and control and expects the whole country to be covered by its programme in 5 years.

Dr. Payne, Assistant Director-General of W.H.O. (p. 290), referred to the work of W.H.O. in stimulating and organizing a critical appraisal