mouth, without risk of complications, in the campaigns which
the leprologists desire to undertake. It is probable, however,
that the dose of 150 mgm. would be unnecessarily high. Pre-
liminary experiments with doses of 50, 75 and 100 mgm. might
be made in progressive manner in order to determine the min-
imal dose which would regularly produce reactivity to lepro-
min. In this way it is probable that vaccination campaigns with
dry BCG would be found to be more economical, and more prac-
ticable, than with the fresh vaccine. —R. CHAUSINAND

THE WORLD HEALTH ORGANIZATION AND LEPROSY

There was much interest among those concerned with lepro-
"s ty when the First World Health Assembly included it among
the diseases to which attention should be given by the World
Health Organization. The gestation of this phase of the Or-
ganization’s program, for which the third Assembly in 1950
resolved that funds should be provided in the regular budget
for 1951, we followed closely [e.g., the JOURNAL 17 (1949) 321;
18 (1950) 411 and 19 (1951) 79 and 230]; and subsequently we
reported developments as well as possible from information
that became available.

The only activity that could be provided for from the reg-
ular budget was a meeting of an Expert Committee, to be held
in 1952. First, however, came the selection of the Expert
Panel, to which thirteen men of wide geographic distribution
were appointed at the outset, since when six more appointments
have been made.1 In preparation for the meeting Dr. R. Chaus-
inand, of the Institut Pasteur in Paris, was appointed on
January 1, 1952, on a part-time basis as Consultant on Leprosy
and ex officio secretary of the Expert Committee [20 (1952)
115]—an appointment which was well received because of Dr.
Chaussinand’s experience in leprosy work and his well-balanced
critical spirit. The meeting was held in Brazil last November.

In the meantime, under the budget for Technical Assistance
for Economic Development, experts were sent on request as
consultants to Ethiopia (Dr. Dalgamouni, and later Dr. M.

1 The present list is as follows: Drs. Ernani Agricola, Brazil; E.
Boenjamin, Indonesia; R. Chausinand, France; R. G. Cochrane, England;
Felix Contreras, Spain; M. A. K. Dalgamouni, Egypt; Dharmendra, India;
J. A. Douh, United States; A. Dubois, Belgium; P. A. Johannsen, United
States; V. R. Khanolkar, India; John Lowe, Nigeria; E. Muir, England;
V. Pardo-Castello, Cuba; J. N. Rodrigues, Philippines; H. C. de Souza-
Arruda, Brazil; N. de Souza Campos, Brazil; L. de Souza Lima, Brazil;
and H. W. Wade, Philippines.
Kamal), Ceylon (Dr. Cochrane), and Burma (Dr. Dharmendra); also, through the Pan-American Sanitary Bureau, an expert (Dr. L. de Souza Lima) visited Paraguay, Ecuador, Bolivia, Peru and Colombia. More recently, an advisor to Burma (Dr. P. H. J. Lampe) has been appointed, and—it is understood—suitable men are being sought for other similar appointments in Ceylon, Iraq and Iran. This work is done out of the regional offices of WHO.

Recently there have been certain changes at WHO headquarters. Until late last year leprosy and various other diseases were dealt with in the Co-ordination of Research Section, headed by Dr. W. M. Bonne, of the Division of Epidemiological Services of which Dr. Y. Biraud was director. During the year Dr. Bonne was appointed director of another division of the Organization, the Division of Communicable Disease Services. Some time later the studies (or research) section was transferred to that division. Dr. Biraud's connection with leprosy affairs therefore terminated with the meeting of the Expert Committee and the editing of its report.

In the Division of Communicable Disease Services, a special section called Endemo-epidemic Diseases will take care of all work concerning leprosy, plague, cholera, parasitic diseases, trachoma, smallpox, cerebrospinal meningitis, and all virus and rickettsial diseases and zoonoses. It appears that in 1953 insufficient funds are available to continue Dr. Chausssinand's appointment as consultant on leprosy, and his contract will necessarily terminate as of April 1st. There has been a reduction of the budget for 1953 for the entire program under Technical Assistance, and work with various other diseases will be affected similarly. It is hoped, however, that in the near future two medical officers will strengthen the Section of Endemo-epidemic Diseases, after which it should be possible to develop further activities. We share the regret of the responsible officials for the current curtailment, and are confident that leprosy will continue on the active program of the Organization.

There has been disappointment that very little information about the findings of the WHO experts who have made survey visits has been made available. Such things are done under a system—for which there are obvious good reasons—that makes for difficulties. As we understand it, the reports of such experts are confidential to WHO, so that they may express opinions freely; edited versions of them are supplied the govern-
ments concerned; and if and when these governments authorize the release of these reports, they may be made available to others.

As yet, so far as we are aware, no such report on leprosy has been made public, although some statements have been released to the press. Dr. Dalgamouni has personally given to Dr. J. A. Doull, medical director of the Leonard Wood Memorial, information about his observations in Ethiopia (see one of the abstracts in this issue). No such information has been seen regarding the observations made in Ceylon or Burma. As for the tour of Dr. de Souza Lima in South America, the Pan-American Sanitary Bureau kindly supplied on request a copy of his preliminary report, but with the warning that it was "restricted"; consequently, what we have had on the matter [19 (1951) 358 and 486] came from other sources. Since press releases on these matters are made by WHO, it would seem as if simple factual data on such things as leprosy prevalence, control measures, and special institutions might be made available for responsible medical periodicals.

Of immediate interest to leprologists generally, since it dealt with technical matters, is the report of the Expert Committee which met in November. Such reports are of course intended ultimately for publication, but the necessary treatment of them is time-consuming. In each instance the crude product has first to be assembled and edited by the secretariat in Geneva to make a coherent, consistent whole, and that has to be sent around to the individual members of the committee for examination before the final revision can be made. The product is then submitted for approval to the Executive Committee of WHO, and subsequently to the next World Health Assembly, after which it is published as one of the series of special technical reports.

Because the report of the Leprosy Expert Committee could not be prepared in time for submission to the Executive Committee at its meeting late in January, that group—we understand—agreed by special dispensation that it should be submitted directly to the next World Health Assembly, to be held in May. It being desirable that our readers have some information on the subject well before the Madrid congress, we prepared an informal statement about the matters discussed by the Committee, without commitment regarding its actual report, and submitted it to the WHO authorities for approval. Its publication was prohibited, hence the truncated item which appeared in our last issue. In the meantime, however, the
public information service of WHO, undoubtedly without the knowledge of the technical authorities and certainly in disregard of the restrictions by which we have been bound, broadcast a press release purporting to give the highlights of the Committee's report. Since that statement was made public we would be perfectly at liberty to print it. We do not do so, however, because it differs so greatly in certain important respects from the spirit of the actual conclusions of the Committee. We expect to summarize at length, if not actually to reprint, the approved report as soon as it is made available.

—H. W. Wade

UNESCO BOOK COUPONS AND THE ASSOCIATION

Membership fees of the International Leprosy Association are intended mainly to contribute to the cost of publication of THE JOURNAL, and the remittances should be so made that they may be available for that purpose. Until the last war remittances made in sterling to the General Secretary-Treasurer in London were readily transferred to the publication office, but that no longer is the case. For some years membership fees sent to London have been frozen there.

For that reason notices have been published repeatedly asking subscribers to remit the $5.00 annual fee directly to THE JOURNAL in New Orleans. This applies both to persons who are members of the Association or are eligible for membership, and to offices, institutions and such which subscribe without relation to the Association. Although many have responded to that appeal, a considerable number of remittances still go to the Association office in London, where perforce they accumulate.

In 1951 we published (vol. 19, pp. 230-233) details of the Unesco Book Coupon Scheme, by means of which remittances for subscriptions may be made from many countries in a form which can be used in the United States. So very few have used that method that we have been asked to bring the matter to attention in this department. It is greatly to be desired that the burden on the Leonard Wood Memorial, which bears most of the cost of publication (see our last issue, p. 539), may be made less onerous.

The Unesco Book Coupon Scheme provides a means whereby people in countries which are participants in the scheme may buy dollar coupons in the local currency at the official dollar rate prevailing on the day of sale. The coupons can be used...