advance, so that they would be prepared to participate effectively in the program.

With this degree of preparation, both the "elder statesmen" and the younger research workers could contribute, more readily than they may at present, to the interplay of thought and the exploration of new approaches to research. A 3-hour session at a symposium like this would not seem long, for the logical progression of ideas and the clash of well-informed opinion would make time pass rapidly.

[With a view to publication] each symposium paper should be complete with references and footnotes at the time of its presentation.

RAYMOND L. TAYLOR, A. A. A. S.

COORDINATED STUDIES ON LEPROSY AND TUBERCULOSIS

The World Health Organization, either directly or through its representative in America, the Pan-American Sanitary Bureau, is carrying out in several countries a series of investigations on tuberculosis. A special division of WHO, the Tuberculosis Research Office (TRO) is supervising these studies, working for the most part in close collaboration with official or private institutions of other nations.

In this program of work there are two questions that especially hold the interest of the WHO experts: The effects of BCG vaccination, and the tuberculin reaction.

With respect to BCG, at present WHO is directing an intensive vaccination campaign in various countries, in some of which leprosy is endemic. Regarding the study of tuberculin reactions the WHO experts, in collaboration with specialists of North America, India, and Denmark, have carried on a large-scale investigation in certain countries of Europe, America, Africa and Asia, in healthy individuals and in tuberculosis patients, in order to elucidate among other things the specificity of this biological test. The results obtained so far have indicated that, besides the specific positive reactions provoked by tuberculosis infection, there are nonspecific positive reactions probably induced by other acid-fast bacilli. Because of the increasing importance which the study of the immunological relationships between leprosy and tuberculosis has acquired in leprology, these investigations have aroused particular interest among leprosy workers.

In fact, because the hypothesis has been established on certain grounds the leprosy and tuberculosis may be antagonistic diseases, and because it has been suggested that BCG may serve as a preventive agent in leprosy, and because it has been demonstrated that there is a certain relationship between the lepromin and tuberculin reactions, it would be highly profitable if pathologists and leprologists should join hands in the study of these problems, working in close collaboration. This sug-

gestion is the more logical and practicable to carry out since WHO has a panel of leprosy experts made up of ranking leprologists with broad experience along these lines.

In countries where leprosy and tuberculosis are endemic, it would be important to investigate, among other things, the following questions: the prevalence rate of each of these diseases in rural and urban areas; the characteristics and course of leprosy in areas which are affected with tuberculosis and others which are not; the clinical and immunological evolution of tuberculin-negative, tuberculin-positive and BCG-vaccinated leprosy contacts, with special reference to children and married couples; the influence of the leprosy factor on the tuberculin reactions, and vice versa; the influence of the leprosy factor on the clinical course and immunology of the tuberculosis infection.

In Colombia, for example, a country in which leprosy constitutes a serious health problem, the WHO experts are at present carrying out an intensive BCG vaccination campaign. This circumstance would offer an excellent opportunity for the leprologists to collaborate in this task, carrying on complementary investigations with the phthisiologists to investigate many of the questions just mentioned.

The single fact that it is necessary to determine tuberculin sensitivity as a preliminary step to BCG vaccination in a mass of the population in which leprosy is endemic, might offer evaluative elements of great value if they were correlated with the epidemiological data of this disease. It is obvious, furthermore, that among the individuals vaccinated with BCG there might be a high percentage of leprosy contacts whose follow-up would supply definite indications regarding the value of this vaccination as a preventive agent against this disease.

As conclusion of these considerations, I would suggest the desirability that WHO should promote a joint meeting of its experts on leprosy and tuberculosis in order to set up a working program that would provide for a coordinated, large-scale study of these problems of decided scientific and practical interest.

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