NEWS AND NOTES

Information concerning institutions, organizations, and individuals connected with leprosy work, scientific or other meetings, legislative enactments and other matters of interest.

DISTURBANCES IN THE CONGO

The first information received about the effects on leprosy work and leprosy workers of the disturbances that have occurred in the Republic of the Congo (the one that was the Belgian Congo until it received its independence on June 30th last) has come from a source in another country in Africa, but one which has long had close contacts with some of the workers there.

At one mission-supported institution without a European director at the time, the feeling about independence was—at first—one of rejoicing. The two men temporarily left in charge—who previously had ranged as "medical assistants"—had arranged a celebration, and they and their wives had personally supplied presents for all of the patients for distribution at the celebration ceremonies. The next news was sad. Then one of those two men was in sole charge of the administrative work and therapy, but the district work was entirely unsupervised.

From another leprosarium, not far away, all of the medical staff had also been forced to leave. The district work in that area, "where the rural health workers are dependable and trustworthy," will, it is believed, probably continue.

Apart from this our correspondent had received little specific information, although he had heard that the personnel (British, American and Swedish) of one mission hospital—at which was located the leprosy rehabilitation clinic established by Dr. E. W. Price—had to be evacuated by helicopter.

It was felt that the trained personnel of the mission-established medical institutions should act as a sane and stabilizing element in the chaos and turmoil. However, some of them had abandoned their work as medical assistants and had gone into politics—in which, it is said, there is a history of intimidation and thuggery that augurs ill for the future. It is expected that the medical situation will improve, especially regarding the non-Belgian mission doctors, but the drunken soldiery attacked mission stations indiscriminately in their lust and passion. Be that as it may, the present situation in that sad part of the world will set the leprosy clock back at least ten years there.

"The tragedy is that the finest medical service in tropical Africa is in the throes of disintegration. The new Provincial Directors are

apparently political appointees for the most part, and the lot of the remaining Belgian doctors appears to be an unhappy one."

WEST AFRICAN CONFERENCE ON TUBERCULOSIS AND LEPROSY

A conference on tuberculosis and leprosy was held by the West African Council for Medical Research at Jos, Northern Nigeria, February 18-20, 1959. The following notes on the contributions concerning leprosy are taken—not entirely verbatim—from a report of the meeting in *Tubercle* **40** (1959) 296-299.

In the discussions on epidemiology and control, Dr. C. M. Ross described the influence on the disease of the wide climatic and racial differences in Nigeria. Persons with leprosy are tolerated by the community and are found in large numbers in trading villages, but tribal groups exclude them, leading to striking differences in incidence in villages which are near to each other. Tribes descending from the hills to the fertile plains have developed leprosy of epidemic proportions, with an incidence of more than 150 per 1,000. The lepromatous rate ranged from 8-15% in different parts. Bad living conditions and absence of clothing are accompanied by a high incidence of the disease, and this together with the exclusion of the lepromatous cases leads to a high tuberculoid rate in the primitive tribal peoples. In the clothed and better-off Moslems the incidence is lower and there are more lepromatous patients, of whom they take care. In the general pattern of disease, weaning, puberty, pregnancy and lactation associated with undernutrition are important factors in relapses, and the many severe and fatal lepromatous cases seen in childhood are attributed to under-nutrition. Mass outpatient treatment based upon the epidemiologic data has increased the numbers of patients from 10,000 in 1952 to 160,000 in 1958 with 20,000 discharged from treatment. The emphasis is upon outpatient treatment of many subjects rather than segregation of a few, although voluntary segregation is encouraged.

Dr. J. A. Dreisbach emphasized the need for remedial surgery in the rehabilitation of the patient, and described surgical procedures which are effective in preventing irreversible damage.

An investigation into BCG vaccination in prophylaxis was reported by Dr. R. E. Pfaltzgraff. He found that 58% of children in contact with infective cases were tuberculin positive, and 18% of those in contact with so-called closed cases. BCG vaccination was performed on 253 tuberculin-negative children. Over the following 2½ years, 3 of these 253 children (1.2%) developed leprosy, compared with 3 cases in 11 nonvaccinated children (27%), and with an incidence of 23% in the 2½ years preceding the BCG vaccination. (Unfortunately there were no contemporaneous control groups in this study to support the impression of effective protection by BCG vaccination.)

The effects of vaccinia vaccination in a group of patients were reported by Dr. I. M. Webster. She found that between 7 to 10 days after vaccination, erythema nodosum leprosum or neuritis appeared in 83% of previously unvaccinated lepromatous patients, and in 25% of nonlepromatous patients. In previously-vaccinated subjects giving a reaction of immunity on revaccination, there was no difference in the two leprosy groups, reactions appearing exclusively in those patients with a history of similar reactions in the past.

The significance of the Mitsuda reaction was analyzed by Dr. T. F. Davey. He concluded that the late tuberculoid reaction to lepromin is evidence of tissue resistance rather than of a specific reaction to the leprosy bacillus. In many Mitsuda-negative lepromatous patients, BCG was effective in producing tuberculin hypersensitivity without influencing the Mitsuda reaction. He suggested that there is a section of the population who are likely to respond in a lepromatous way to the leprosy bacillus, and that it is fallacious to rely on BCG as the only preventive measure in endemic areas.

Major advances in the culture of *M. leprae murium*, the cause of rat leprosy, were reported by Dr. R. J. W. Rees. The generation time "*in vivo*" has been found to be 10-12 days in the mouse and 7-8 days in the rat. Since there are similarities with *M. leprae*

and with leprosy in man, the very long generation time described suggests that the incubation period of leprosy in man may be two years or more. The murine bacillus remained infective for 40 days in monocyte tissue cultures, in contrast to their death in 3 weeks without these cells, although no multiplication was shown. With the development of precise methods for quantitative estimation of the numbers of organisms, it has been possible to show significant although limited multiplication in tissue cultures of infected spleen. In rat fibroblast tissue cultures, increases of 3 to 5.5 fold in the number of *M. leprae murium* have been observed. The increase was inhibited by streptomycin or isoniazid. Electron microscopy has distinguished between infective and nonfective (degenerate) forms, the latter predominating in animals receiving effective chemotherapy.

"ATYPICAL" MYCOBACTERIA AT THE ISTANBUL CONFERENCE

What are usually called the "atypical" mycobacteria — referring particularly to those not identifiable as the tubercle bacilli but which are found as causative agents of disease processes in man, usually pulmonary and resembling tuberculosis in clinical features—were for the first time the subject of special discussion in an international meeting when they were dealt with by one of the eight symposia (panel sessions) of the XVth International Tuberculosis Conference, held in Istanbul September 14-19, 1959. Reports of these symposium sessions —among other things—are contained in *News Letter* No. 12, December 1959, a 72-page publication put out by the International Union Against Tuberculosis, 15 Rue Pomereu, Paris 16e, France.

There are in fact two reports of each of the medical symposia. One is in a section of remarks on the Conference by Prof. B. Kreis, of Paris; the other is in a section of summary statements by the chairmen of the individual symposia. With regard to the symposium on atypical acidfasts, at least, these two reports are in effect complementary; Kreis' notes, written as if by a session rapporteur, give certain details of presentations (and to some extent of disagreements), while Jenkins' report is more concerned with the general features of the discussions and the agreements arrived at.

The name "atypical" was objected to, as it has been of late. Runyon prefers "anonymous." Jenkins does not mention that term (or the word "unidentified," which Bignall has suggested), but he says that the panel agreed that "atypical" has erroneous implications and should be dropped "as soon as specific taxonomy allows." Apparently opinions differed as to whether or not saprophytic acidfasts should be included in the class, but Jenkins indicates that, "for purposes of discussion," it should include only those which have been isolated from human sources, with emphasis on pathogenicity for man.

Runyon's four-group classification—of which, it appears, Jenkins himself has a simplification—was agreed upon, although not unanimously approved. Briefly: Group I (photochromogens), become colored when exposed to light while growing. Group II (scoto [= dark] chromogens), produce pigment even when grown in the dark. Group III are essentially nonchromogens (including the "Battey" type organisms). Group IV are rapid growers.

The names of the symposium members are not given, but Jenkins speaks of his group as a seventeen-member panel. Several names appear in Kreis' report, especially in connection with the data on geographic distribution—data which undoubtedly are affected to an undeterminable degree by the variable criteria used by different workers in deciding what cultures to call "atypical." Jenkins (U.S.A.) found 575 atypical strains among 1,360 positive cultures (42%); Nasta (Rumania) 112 among 820 cultures (14%); Burke (Canada) 42 among 1,060 (4%); Hedvall (Sweden), 16 among 1,654 (1%);

Besta (Italy), 4 among 800 (0.5%); Mitchison (Great Britain), 7 among 1,081 (0.6%); Gernez-Rieux (France), 8 among 45,000 (0.02%). Other names particularly mentioned by Kreis include Kagramanov (U.S.S.R.), Meissner (Germany), and Lanyi (Hungary); and Runyon was evidently present, but 5 others of the 17-man panel remain unidentified.

UNICEF-WHO/PASB COOPERATION IN ARGENTINA

The Information Center of the United Nations in Buenos Aires reported, in March 1960, that the Board of Directors of UNICEF had allotted the amount of $250,000 for three government programs for improving the health conditions of Argentina. One of these was a 5-year plan for the control of leprosy, this implying that the World Health Organization (WHO) and the Pan-American Sanitary Bureau (PASB) had approved the leprosy control program presented by Argentina.

For its implementation UNICEF will supply the motor vehicles, drugs and laboratory equipment valued at $79,000, and Argentina for its part will spend a considerably greater amount for the expenses of operation. A tripartite agreement between UNICEF, WHO/PASB and the government of Argentina will soon be signed, and the approved plans will be undertaken at once. Periodically, a consultant from PASB/WHO will be designated to observe the progress and implementation of the programs.

An intensive campaign of health education will be carried out to facilitate finding of the cases and to assure their regular treatment. It will be emphasized that leprosy is not as contagious a disease as tradition has had it, and that home treatment has resulted in the recognition and treatment of many patients who previously have hidden their disease for fear of segregation—which measure is now prescribed only for the very serious cases. —G. Basombrio

METHIMAZOLE A MIRACLE DRUG?

Recently informal reports have been heard that a drug long used in thyroid disease, Tapazole (methimazole, Lilly), has by chance been found to be extraordinarily effective in leprosy by Dr. Arturo O'Byrne González, of Cali, Colombia. It seems that not only the manufacturer concerned is impressed, but also certain leprologists who have seen the supporting photographs.

The story, briefly, is that the drug was being given to a thyrotoxicosis patient who happened also to have some bacillus-positive leprosy macules, and these disappeared. O'Byrne then proceeded to treat more than 200 other leprosy cases, lepromatous and tuberculoid, with antithyroid drugs and found Tapazole to be by far the most effective of them. With it he began treatment with one 10-mgm. tablet daily for one week, to test the patients' sensitivity to the drug, and then increased to 20-30 mgm. daily in divided doses, and in some cases as much as 60 mgm. a day. Eli Lilly and Company supplied O'Byrne with enough of the drug to extend the study, which has now included observations of over 60 cases for periods up to two years.

The results, as illustrated by the color photographs—in each of which the date is seen attached to the patient by adhesive tape—have been called by those who have seen them "amazing," and "fantastic." "Clinical resolution almost complete in 3 weeks and complete in 3 months, the bacteriological findings said to change in parallel."

On the basis of unpublished reports of these results, it is said, the drug is now under trial in several other places. Until reports of these trials are seen—and, of course, a report of the original study—no definite statements in the matter can be made. On one pertinent point, we are advised that—although the chemical name of the drug is 1-methyl-2-mercaptoimidazole—it cannot work in the way that the mercaptan derivative Etisul (diethyldithiol*iso*phthalate) does.

DANIELSSEN AND HANSEN OF BERGEN

In 1957 there were published articles commemorating the centenary of the existing leprosy hospital in Bergen. The older place had burned down on Christmas Eve, 1853, and the new one was opened on June 12, 1857. With a capacity of 270 patients, and having housed a total of 2,031 in the meantime, the number of inmates at the time of the centenary was only 5.

The history of the hospital was recounted by Dr. R. Melsom—who, shortly afterward, resigned as leprosy officer for Norway because there was no longer justification for continuing the job. Melsom's article told something [according to a note in *J.A.M.A.* **164** (1957) 1501] of what was done for the patients, with special reference to baths and occupational therapy. That article, and to some extent one by Prof. T. M. Vogelsang, were apparently the basis of a note by Claude Lillingston in the *British Medical Journal* [**1** (1957) 1416] which dealt mainly with the personalities of Danielssen and Hansen, and that part is reproduced here, somewhat condensed. The story of Hansen's discharge from the position of chief of the Bergen Hospital is not of general knowledge.

The two men, Dr. D. C. Danielssen and Dr. Gerhard Hendrik Armauer Hansen, who did much for [the] high reputation [of the Bergen hospital] were outstanding, forceful personalities. Danielssen, the senior, acquired horrified awe in the minds of his patients by his passion for postmortem examinations. On several occasions he tried to inoculate himself and members of his staff with leprous material—always with negative results. To which Danielssen presumably remarked: "I told you so!" For he regarded leprosy as a noninfectious disease—"hereditary dyscrasia sanguinis."

This diagnosis hinged on much laborious pathological and anatomical research, and on quantitative analyses of the albumin and globulin content of the blood of lepers. When Rudolf Virchow visited Bergen in 1859, Danielssen demonstrated the brown nodules which he had learnt to regard as characteristic of leprosy, and which are now known to be conglomerations of leprosy bacilli. Virchow pooh-poohed the notion of some causal relationship, dismissing these nodules as mere clumps of degenerated fat. To his dying day Danielssen fretted over having meekly deferred to the great Virchow on this occasion.

Hansen spotted the unstained bacillus of leprosy in 1873, reporting his discovery at a medical meeting in Oslo in 1874. It was some time later that this bacillus was successfully stained for the first time. Danielssen might well have been forgiven had he resented the refutation of his pet theory by his junior [and son-in-law], but as a matter of fact he was furious with Hansen for not having pushed his claim to his discovery with sufficient energy.

[This story is a little one-sided. Hansen wrote in his memoirs (see Fite and Wade, THE JOURNAL **23** (1955) 418-428), that Neisser—in his first publication on the staining of the bacillus, after his visit to Bergen—". . . did not refrain from saying that Danielssen had asked him with irony if Hansen had shown him his bacteria. I took this [statement by Neisser] very quietly . . . . but Danielssen became angry, especially because he had regarded my findings with irony, and rebuked me for my indolence [in publishing] for as he saw it there was an attempt to steal my discovery."]

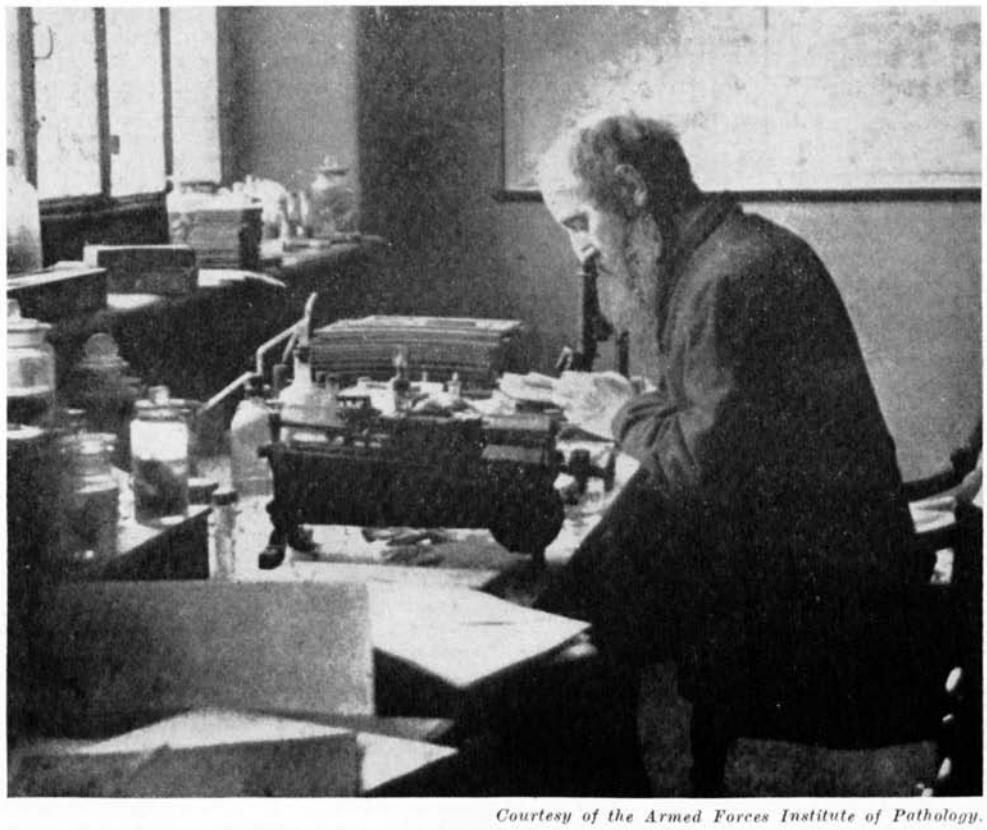
Hansen also was addicted to incursions into the field of experimental pathology. In 1879 he attempted to inoculate the eye of a patient suffering from the smooth form of leprosy with material taken from a patient suffering from the nodular form of the disease. The reaction was "markedly emotional." The storm which now blew up was so violent [including legal proceedings] that Hansen was relieved of his appointment as

chief of the hospital, but not as the chief medical officer for leprosy for the whole of Norway [which he held until his death]. This brief lapse from good taste in the matter of vivisection was well-nigh forgotten when he died in 1912, the acknowledged discoverer for the first time of the microbic origin of a chronic disease.

A LATE PHOTOGRAPH OF HANSEN

Appropriate to the foregoing item is a photograph of Hansen at his microscope when he was well along in years, which was supplied by Dr. Chapman H. Binford, of the Armed Forces Institute of Pathology in Washington, D.C., who had received it from Prof. T. M. Vogelsang.

Dr. Binford remarked in his letter, "We do not know whether or not this is the microscope he used when he first saw the bacillus." From its appearance, however, it is a really old model (as is the veteran microtome), and it may be doubted that Hansen had the means with which to purchase many microscopes in his lifetime.



Courtesy of the Armed Forces Institute of Pathology.

NEWS ITEMS

Venezuela: *Postgraduate course in leprology.*—It is reported by Dr. Jacinto Convit, chief of the leprosy service of Venezuela, that their tenth postgraduate course in leprology was given during the second semester of 1959 under arrangements with the School of Public Health of the Central University, in Caracas. Five physicians were enrolled and received full-time instruction for three months, the course including, besides leprology, fundamental dermatology, and the basic principles of applied statistics. Three of the five men have been employed in the leprosy field service; the other two attended the course under stipends from the Pan-American Sanitary Bureau.

Argentina: *Another change of name.*—It has been learned that the leprosy service in Argentina, which has had several changes of name [see THE JOURNAL **27** (1959) 75], now has a new one. It is now, officially, the Dirección de Lucha Dermatológica, and the headquarters office is the Dispensario of that Dirección. It is still located at Ayacucho 1477, and Dr. E. D. L. Jonquieres is still the director.

France: *Sister Marie-Suzanne's laboratory at Lyon.*—The Laboratoire de Recherches sur la Lèpre, at Lyon, which since the death of Sr. Marie-Suzanne has been under the direction of Sr. Marie de la Trinité, is continuing in activity. During the past year it has been occupied especially with a number of new experiments, which had been started by the founder of the laboratory, with another acid-fast organism. This organism, obtained from another patient, has been regarded as another strain of *M. marianum* although it is recognized that it may prove to be biologically different. During the year a loss was suffered in the death of Prof. R. Nõel, who had always been an active collaborator.

Ethiopia: *Second National Conference.*—It has been announced that the Second National Leprosy Conference will be held in Addis Ababa, September 29-October 1, 1960. According to the preliminary program the sessions, after the inaugural one, will be devoted to (1) epidemiology (in Ethiopia) and prophylaxis; (2) treatment, mass and individual; (3) diagnosis and classification; (4) rehabilitation and related topics. Inquiries and suggestions should be addressed to Dr. K. F. Schaller, P.O. Box 1133, Addis Ababa.

Seychelles: *Health survey.*—At the request of the government, WHO has recently made a health survey of the Seychelle Islands, and a summary of the report is in the March 1960 issue of *WHO Chronicle.* The group totals 92 islands, of which 40 are inhabited; the total area is 405 sq. km., and the population 40,000. Intestinal diseases, it is said, are the principal public health problem; there were 100 cases of tuberculosis in 1957, and 50 cases of leprosy—which would make its prevalence a little over 1 per thousand. Nothing is said about what is being done about these cases.

India: *Ayurveda research in leprosy treatment.*—Because (it is understood) of dissatisfaction in certain circles over the fact that the native ayurvedic system of medicine is being ignored in modern antileprosy work, a group of ayurvedic practitioners has organized a Leprosy Relief Institute of Ayurveda, at Bangalore, Mysore State. The declared purpose is "to promote research in ayurvedic science and in particular leprosy," and to that end it is planned to establish a special hospital in which leprosy patients will be treated by several selected members of their persuasion. The Gandhi Memorial Leprosy Foundation is financing the scheme for two years, as a supervised experiment. The medicaments to be used in the trial are first to be divulged to the Foundation, but as yet their nature cannot be indicated, except that they are likely to lean heavily toward herbal medicines.

Malaya: *"Human contraband."*—The following story on smuggling is taken verbatim from a Foreign Letters column of the *J.A.M.A.*, June 11, 1960: Smuggling across the Malacca Straits from Sumatra to Malaya is an old custom. The commonest articles of contraband are cigarettes and illicit drugs, but customs officials have recently come

across an innovation—the smuggling of lepers. Lepers cannot get effective treatment in Sumatra. Malaya, on the other hand, has some first-class leper settlements. About 50 Indonesians from Sumatra, who were smuggled into Malaya, are now under treatment at such a settlement near Kuala Lumpur. An organized band of smugglers bring these lepers across the Straits to a small island near Port Swettenham and then smuggle them ashore.

Japan: *Japanese Leprosy Association.*—The 33rd annual meeting of the Japanese Leprosy Association was scheduled to be held April 4-5 at the Aiseien National Leprosarium at Nagashima, under the chairmanship of Dr. K. Mitsuda (for whom Dr. S. Takashima, director of the leprosarium, was to act). Dr. S. Omori, director of the Department of Dermatology and Urology, Tokyo Police Hospital, was to be the guest speaker, his subject Plastic Surgery of the Face. There was to be a symposium on Anemia in Leprosy, with Dr. Takashima as chairman, and Drs. J. Minato, S. Kobayashi, Ch. Ito and T. Yokota contributors.

Representatives at Bombay.—Dr. K. Hamano, executive director of the Tofu Kyokai (Japanese Leprosy Foundation), Dr. K. Yanagisawa, vice-director of the National Institute of Health, and Mr. Y. Yuasa, who played a leading role in the publication of the transactions of the Tokyo Congress, attended the meetings of the Indian Association of Leprologists and the All-India Leprosy Workers' Conference, held December 15-18, 1959, in Bombay, after they made visits of inspection of the leprosaria and the antileprosy campaign in India.

Philippines: *Seminar for traveling skin clinic officers.*—In January 1960 an 11-day seminar on leprosy was held at the Leprosy Research and Training Center in Manila, to enhance the technical and practical knowledge of the medical officers in charge of the 10 traveling skin clinics in the country. It opened up new vistas for solving problems encountered by the leprosy field workers. Speakers on public administration were most useful in emphasizing the manner of dealing with the public, to sell the leprosy campaign program to the people and teach them matters concerning health education. Each leprosy patient registered should be individualized, to gain the confidence of the patients. They were also told to exert their greatest effort in reaching all the cases of leprosy in their respective regions, to ensure sustained treatment for all the patients master-listed in the different traveling skin clinics.—J. O. Nolasco.

United States: *Funds for international research.*—Despite pessimism about the acceptance of the United States Congress of the plan of Sen. Hubert M. Humphrey to establish a multi-million-dollar office for international medical research, there would seem to have been some progress, if gradual and halting, in that direction. It is reported in the *A.M.A. News* that a subcommittee of the House of Representatives had approved a $10 million program, to be under an office in the Department of Health, Education and Welfare. This is spoken of as a scaled-down version of legislation passed by the Senate last year (of which we saw no report).

Clinical appointments in Hawaiian leprosaria.—In reply to a letter from a doctor of another country who had inquired about the availability of positions on the medical staff of the leporsaria in Hawaii, Dr. Ira D. Hirschy, director of the corresponding division of the Department of Health, replied essentially as follows: The program is relatively very small, and part of the work is done through outpatient clinics. There are 60 active patients at the Hale Mohalu Hospital, where all new patients requiring isolation are hospitalized, and 80 "active" patients still at the old leprosarium, the Kalaupapa Settlement on Molokai Island. There is one physician in residence at each of the two hospitals. We have one laboratory technician at each hospital for the routine laboratory work, but send out to a practicing pathologist any tissue specimens requiring diagnosis. Hirschy added that the two hospitals are operated under state regulations, which require that all employees be United States citizens and residents of the State of Hawaii. It is not possible to consider the employment of anyone who does not meet those requirements, even though there may be vacancies for which personnel is needed. (Thus it appears that not only aliens, but also American citizens of other states, are excluded.)

American Leprosy Missions' plans.—The American Leprosy Missions, Inc., is planning to establish in strategic areas of the world pilot plants that will operate as model

centers for patients, demonstrating how the best possible care can be provided on a national scale (according to the *New England Journal of Medicine*, spotted by Sr. Hilary Ross). These centers will combine the most up-to-date therapy with training courses in corrective surgery, physiotherapy and other aspects of rehabilitation, and research. The first of these pilot plants has already been opened on a 5,000-acre tract in Iambi, Tanganyika, and patients are being moved to it from old settlements. [This must be only in a preliminary way, in view of the statement that the six-year building program to provide facilities for 1,000 patients and staff is estimated at $117,000. Inflation is not the only modern phenomenon which continually spirals upward. Necessarily, there is spiraling of estimates of the world total of leprosy cases, for in order to make news each new estimator must come forth with a materially larger figure than the last one. The figure given in the report from which the above note was prepared is 20,000,000!]

Committee on unclassified bacilli.—Interest in the "anonymous" acidfasts has grown to a point that the Committee on Therapy of the American Trudeau Society, which is the medical section of the National Tuberculosis Association, has appointed a Subcommittee on Unclassified (Atypical) Acid-fast Bacilli. The members are: William Lester, M.D., 5515 County Line Road, Hinsdale, Illinois (chairman); Ernest H. Runyon, Ph.D., Veterans' Administration Hospital, Salt Lake City 13, Utah; and Lydia B. Edwards, M.D., Division of Special Health Services, U.S. Public Health Service, Washington 25, D.C.

When and why "unclassified" mycobacteria?—There has been some discussion about the isolation from human sources of the kind of mycobacteria which the *American Review of Respiratory Diseases* (see the March 1960 issue, correspondence section) apparently prefers to call "unclassified" (usually called "atypical"; sometimes "anonymous," or "unidentified"). One center cultured only 1 strain from 400 gastric aspirates from nontuberculous patients, and regarded that as an accidental saprophyte; the frequent isolations of such organisms from such material in tuberculosis sanitaria was felt to be in some way related to the tuberculosis or its treatment. The results and conclusions were criticized from another center. The findings of a third center, however, supported those of the first one. They had made only 2 isolations from 203 nontuberculous patients (0.9%) but 77 from 405 with tuberculosis (19%). The effects *in vitro* of antituberculosis drugs on the tubercle bacilli were then studied, with interesting results indicating the production of genetic variants of the parent organism.

"Granuloma mystery."—So is headed a news item in the *A.M.A. News*, reporting the isolation and identification of *M. balnei* as the causative agent of some 260 skin infections incurred during swimming in a hot springs pool in a Colorado resort. All of the victims were found to be tuberculin positive, although they did not have tuberculosis.

Odd treatments at Carville in the past.—A member of the staff of *The Star* (Carville), an oldtimer there, has related some of the odd treatments that patients have used in the long-distant past, when they were groping for something that might be effective. Some medicated themselves secretly, and sometimes a patient would demand something new of the medical officer and he would agree although reluctantly, and in either event the patient's morale would decline with his condition. One home-made treatment consisted of drinking a decoction of willow bark and taking daily sweats in the stifling hot attic. The main effect was that many of the willows on the hospital ground were stripped. Then came the trial by the staff of the treatment with diphtheria toxoid, recommended by a man who had used it in Thailand—an ordeal that is still remembered as grim misery. All that was ended soon afterward, with the introduction of the sulfones.

Felix, the Proud Papa.—This is an anecdote related in a recent issue of the *Question Mark* (an intramural mimeographed sheet put out each week by the Carville high school students for the patients).

Last Sunday morning, Felix Gonzalez rushed into the amateur radio room in House 30, where K5USW was transmitting.

"Do you have a New Orleans station on the air, Buddy?" asked Felix excitedly. "My wife was taken to the hospital in New Orleans at three o'clock this morning, but I don't know if she has had the baby yet. If that is a New Orleans station, ask him to phone the hospital to find out if Hilda has had the baby."

Immediately Buddy asked Sam Cobb, whom he was speaking to in New Orleans, to dial the hospital and get the news.

"Hold the frequency open, boys, while I dial the number," said Sam.

Within a few minutes, Sam broke in with the news that he had the nurse on a phone patch. Her voice came through his transmitter with the news that a baby girl was born at 8:03 a.m., that the baby weighed seven pounds and three ounces, and that both were doing fine.

(Where but at Carville could such communications be available?)

WHO: *Dr. Kettanurak on Leprosy Panel.*—Word has been received from Dr. J. Gay Prieto, chief medical officer, leprosy, of WHO, that Dr. Chaisiri Kettanurak of Thailand has been appointed to the Leprosy Advisory Panel. Dr. Kettanurak is the director of the Leprosy Control Division of the Department of Health, and director of the Propodong Leprosarium and National Leprosy Training and Research Institute. He is advisor on all leprosy activities in the country, governmental and private.

PERSONALS

Dr. Desmond W. Beckett, medical superintendent of the Fiji Leprosy Hospital, Makogai, will be on leave in Ireland until January 1961. In the meantime Dr. J. A. R. Dovi will be in charge at Makogai.

Dr. J. M. M. Fernandez has retired from the staff of the leprosy department of the Carrasco Hospital, Rosario, Argentina. His retirement was voluntary, the purpose being to make way for Dr. E. A. Carboni to be made chief of the department, while Fernandez will concentrate his activities to the department of dermatology of the university medical school.

Dr. Neil D. Fraser, recently medical superintendent of Hay Ling Chau Leprosarium, Hong Kong, has been appointed medical secretary of the Mission to Lepers, a new position.

Dr. J. Ross Innes, medical secretary of BELRA and secretary-treasurer of the International Leprosy Association, is a member of the WHO Expert Advisory Committee on Leprosy. [Note was made of this fact early in 1959, and the note was then lost to sight.]

Dr. K. F. Schaller, chief of the leprosy control services of Ethiopia, has recently visited Nigeria, Ghana and French West Africa on a WHO fellowship.

Dr. Salomon Schujman, who recently spent a year teaching and organizing leprosy work in Communist China, has been retired from his post at the Carrasco Hospital in Rosario, Argentina, having reached retirement age. Subsequently he was engaged under a six-month contract to deliver two intensive leprosy courses, and to make an extensive lecture tour of the country to arouse interest in the disease on the part of the general practitioners.