

NEWS AND NOTES

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

WHO REQUESTS DATA ON DISABILITIES

In a letter widely distributed by WHO, signed by Dr. J. Gay Prieto, Chief Medical Officer, Leprosy, Division of Communicable Diseases, an appeal is made for data on the prevalence of disabilities and deformities in leprosy.

It is pointed out that prejudice against and fear of leprosy are rooted in the knowledge that it can cause such changes. Also that of late there has been much emphasis on the physical rehabilitation of leprosy patients, and that several meetings recently convened by WHO have urged that something be done about the matter.

“The first step in the organization of a world-wide rehabilitation programme of leprosy patients is to ascertain the extent of the problem. According to information obtained by WHO, it is assumed that at least 25 per cent of all leprosy patients have some degree of disability; in other words, there are more than two million people in the world with disabilities due to leprosy.”

The Second WHO Expert Committee on Leprosy, which met in Geneva in August 1959, recommended a scheme of classification and grading disabilities (Form No. 2) and emphasized the need of obtaining information about the frequency and types in which they occur in

FORM NO. 1

	Country		Centre		Lepromatous		Tuberculoïd		Indeterminate		Borderline		Total
Doctor													
Patients	M	F	M	F	M	F	M	F	M	F			
Total number examined													
Total number with disabilities													
With disabilities of Type A (hands)													
With disabilities of Type B (feet)													
With disabilities of Type C (face)													
With disabilities of Types A + B													
With disabilities of Types A + C													
With disabilities of Types B + C													
With disabilities of Types A + B + C													

different countries. For this purpose WHO needs the collaboration of all leprologists in the world, and will very much appreciate all assistance and help in obtaining this information.

Dr. Gay Prieto's letter continues: I am sending you two forms: Form No. 1 is designed to determine the frequency of disabilities and deformities in relation to sex, type of disease, and combinations of disabilities. If you find it possible, it would also be very interesting if you could indicate the number of disabilities which existed before, and those which commenced after, the beginning of leprosy treatment.

Form No. 2 is designed to ascertain the frequency of different grades of disability, in order to prepare the organization of a programme of physical rehabilitation throughout the world. When completing this form, please take into consideration the following points:

1. Anaesthesia to pain is generally present in all cases with deformities in Grades 2 and over (of A and B). Please record under Grade 1, cases with anaesthesia to pain alone and without any other degree of disability.

2. Combinations of grades may appear in the same patient. Therefore, please record all existing disabilities; for example, in B, one patient can present simultaneously trophic ulceration (Grade 2) and partial absorption of the foot (Grade 4), and both grades should be recorded.

FORM NO. 2

Scheme of Classification for Grading of Physical Disability Resulting from Leprosy

		Right	Left	Bi-lateral
A. HANDS	Grade 0—Absence of disability			
	" 1—Anaesthesia to pain			
	" 2—Mobile claw hand. Useful thumb			
	" 3—Intrinsic paralysis involving fingers and thumb, or fingers only but with contracture			
	" 4—Partial absorption of the fingers but with useful length remaining			
	" 5—Gross absorption. Stumps only left			
B. FEET	Grade 0—Absence of disability			
	" 1—Anaesthesia			
	" 2—Trophic ulceration (present or past)			
	" 3—Paralysis (dropped foot or claw toes)			
	" 4—Partial absorption of the foot (up to one-third of surface area of the sole lost)			
	" 5—Gross absorption (more than one-third of the foot lost)			
C. FACE	Grade 0—Absence of disability			
	" 1—A permanent mark or stigma of leprosy not amounting to ugliness (loss of eyebrows, deformity of the ear)			
	" 2—Collapse of nose			
	" 3—Paralysis of the eyelids, including lagophthalmos of the facial nerve			
	" 4—Loss of vision in one eye or dimness of vision in both eyes (can count fingers)			
	" 5—Blindness			
D. MISCELLANEOUS	Type 0—Absence of disability			
	" 1—Gynaecomastia			
	" 2—Involvement of the larynx			

3. Generally, deformities and disabilities are more frequent among patients hospitalized in institutions than among patients receiving ambulatory treatment. If you have both kinds of patient, please record them separately, using one set of forms to record in-patients in institutions, and another set of forms to record out-patients receiving ambulatory treatment.

If it is not possible for you to record existing deformities and disabilities of all out-patients treated by you, perhaps you could take a sample of several hundreds of cases. In order to avoid any bias, it will be necessary for you to list all the out-patient clinics under your supervision, take a number of clinics at random and examine all the out-patients attending them.

I would be most grateful for your collaboration in this matter.

(Sgnd) DR. J. GAY PRIETO

SYMPOSIUM ON LEPROSY RESEARCH

London, June 20, 1960

In connection with a conference held by the International Academy of Pathology in London, June 20-24, 1960, a special symposium on leprosy research was organized by Dr. R. J. W. Rees under the aegis of the Acid-Fast Club.

This meeting, which was held in the building of the Royal College of Surgeons, in Lincoln's Inn Fields, consisted of two half-day sessions, which were very well attended. Dr. Chapman H. Binford, of Washington, was chairman of one, and Dr. P. D'Arcy Hart, of London, was chairman of the other. In the evening the Acid-Fast Club entertained at dinner.

In the sessions there were 14 presentations, and in a separate room there were four demonstrations: Suggested pattern of the evolution of leprosy, by R. G. Cochrane; Inoculation of *M. leprae* into the golden hamster, by C. H. Binford; Histology of peripheral nerves in leprosy, by D. G. Jamison and Elisabeth Palmer; and The histioid leproma, by H. W. Wade. The papers presented are briefly noted.

1. R. CHAUSSINAND. Some theoretical and practical ideas arising from our 8 years of research into leprosy.—The various subjects touched on included studies of the causative organism—its negative behavior with Sudan Black, its refractoriness to culture, its failure to cause infection in the guinea-pig and monkey, but successful inoculation in a fish (rainbow perch); standardization of lepromin; BCG and cross immunity in tuberculosis and leprosy.

2. H. W. WADE. The histioid leproma (summary presented by R. J. W. Rees in the absence of the author).—This is a histologic concept, of a bacillus-rich leproma composed of spindle-shaped cells suggesting fibrocytes in morphology and with a fibromatoid tendency in the chronic form, in which there is an absence of the globus formation so conspicuous in the ordinary leproma. The typical lesions tend to be nodular, extending by expansion of the mass without infiltration into the surrounding tissue, and so to produce well-defined pseudo-encapsulated nodular masses in or under the skin, which tend to extrude and break down.

3. V. MØLLER-CHRISTIANSEN. Osseous changes in medieval leprosy.—This paper was a report of the study of 92 complete skeletons and 111 separate skulls dating from 1250-1550 A.D. unearthed in Naestved, in Denmark (previously reported at the Madrid congress), with special reference to changes in the anterior nasal spine and central atrophy of the alveolar process of the maxilla.

4. D. G. JAMISON and ELISABETH PALMER. Histological changes in leprosy and

their modification by treatment.—In a study of biopsy material from Northern Nigeria, the authors show definite modifications and improvement of the lesions brought about by DDS treatment. By silver impregnation techniques they found that the fine cutaneous nerves are invaded by the bacilli, and that after clearing of the bacilli in the skin by treatment bacilli are still to be found in the Schwann cells of the peripheral nerves. Findings after brief treatment with Etisul, given by inunction were also reported.

5. G. R. F. HILSON. Immunological studies in *M. lepraemurium* infections in rats.—The rat leprosy bacillus produces an immunity which is barely detectable, and it is ineffectual even if combined with living BCG; but heat-killed BCG has some immunizing effect, although not much.

6. J. M. ROBSON, J. T. SMITH and F. M. SULLIVAN. The effect of vaccination with various mycobacteria on the multiplication of *M. lepraemurium* in mice.—This germ when introduced into the mouse cornea multiplies there rapidly for 6 weeks, after which the rate slows down markedly, suggesting the development of immunity. Previous vaccination with the same germ, or with BCG, stimulated this immunity effect, but vaccination with *M. leprae* did not.

7. D. S. RIDLEY. The nature of the lepromin reaction; histological observations.—As soon as 4 hours after the injection of lepromin there is a vigorous cell reaction, and later large fat accumulations are seen. At the 4th week, in over one-half the cases the Mitsuda reaction comprised a foreign-body reaction to the fat, and in the rest it was a reaction of tuberculoid type with some tissue necrosis. The fat appears because of tissue breakdown. Reactions to normal skin and lepromin are essentially the same.

8. K. R. CHATTERJEE. Observations on a mycobacterial infection in a hybrid strain of black mice inoculated with human leprosy.—In work previously described at the Tokyo congress, the results were encouraging because the bacillus seemed to be transmitted to the mice and able to maintain itself in them. The success was ascribed to the use of bacillary suspensions freed from tissue elements, and the use of a selected hybrid strain of black mice.

9. N. DUNGAL. Is leprosy transmitted by insects?—The speaker holds that it is reasonable to suspect that biting insects have a role in the transmission of leprosy. Data on the occurrence of such insects was obtained from 42 countries, and they suggested that the flea may be a vector, and perhaps also the scabies mite and lice. He thought that this factor should be considered in connection with leprosy control.

10. J. ROSS INNES. The Russian literature on leprosy.—It was possible to investigate this matter retrospectively, for Torsuev had recently published a complete bibliography to the end of 1957. The speaker had translated it into English, and distributed cyclostyled copies to the members of the Symposium. He offered some comments on the value of the Russian papers.

11. C. H. BINFORD. A progress report on animal inoculation with human leprosy.—This work has been continued since it was first reported at the Tokyo congress that granulomatous lesions had been produced in the golden hamster, which lesions resembled human lepromatous leprosy in their histology, with more or less abundant intracellular bacilli, some of them found in nerves. Several passages have now been made from hamster to hamster, and attempts have been made to infect other laboratory animals from the hamster lesions. There has also been some success in artificial culture.

12. K. R. CHATTERJEE. Observations on immunological reactions in leprosy with fractions of the bacillus of Kedrowsky.—Three chemical fractions had been obtained from this bacillus which gave early (Fernandez-type) reactions or positive complement-fixation tests in leprosy.

13. P. D'ARCY HART. The problem of *in vitro* "growth" of *M. lepraemurium*.—Although this organism has not been grown with success in artificial media, and with only limited success in tissue culture, it has been found that the addition of 10% sucrose, or 8% glucose, to a cell-free medium resulted in an elongation of the bacilli associated with a slight increase in width. [See abstract in this issue.]

14. R. J. W. REES. The use of cell cultures for the *in vitro* cultivation of *M. lepraemurium*.—There has been definite but limited *in vitro* multiplication in a variety of cell cultures, usually limited to one or two generations. The bacilli seemed to divide at the same rate as *in vivo*, i.e., every 10 to 12 days. A newly-developed method of subculturing infected cells has given more continuous multiplication.

—J. ROSS INNES

INTERNATIONAL SOCIETY FOR TROPICAL DERMATOLOGY

The inaugural meeting of the International Society for Tropical Dermatology, which has been under development for some time, was held in New York on May 10, 1960, attended by some 250 persons, several of them from abroad. Aldo Castellani, of Lisbon, Portugal, was elected president, and Frederick Reiss, of New York (the actual organizer), is the secretary-general. The vice-presidents are Harry Arnold, Jr., Honolulu; Robert Degos, Paris; Fernando Latapí, Mexico City; A. Salazar Leite, Lisbon; Alfred Marchionini, Munich; Joao Ramos e Silva, Rio de Janeiro. The Board of Directors includes 16 other persons, from as many different countries.

The society has 1,300 charter members, representing some 50 countries. The first international congress is expected to be held in 1962 or 1963.

The society will publish an official journal, *Dermatologia Tropica*, manuscripts for which—to be sent to the secretary-general, at 870 Fifth Avenue, New York 21, N. Y.—have been invited. Articles may be in English, French or Spanish, with summaries in one other language.

GOVERNMENT-AIDED LEPROSY RESEARCH PROJECTS

On the occasion of the inauguration of the Johns Hopkins-Leonard Wood Memorial Leprosy Research Laboratory in Baltimore, Md., on January 13, 1960, Dr. Joseph Smadel, associate director of the National Institutes of Health, told of the government's support of leprosy research. He pointed out, according to *Leprosy Briefs* (Leonard Wood Memorial) that that support is more extensive than may be realized. Besides the leprosy work included in the program of the Public Health Service itself—at the Federal Leprosarium (Carville, La.), the Communicable Disease Center (Atlanta, Ga. and, hitherto, Montgomery, Ala.), and the National Institutes of Health (Bethesda, Md.)—aid is being given to leprosy research projects in several universities and nongovernmental institutions by NIH grants. This much activity, he said, may be commensurate with the importance of the leprosy problem as it affects American citizens, but greater support of leprosy research will be required if the nation is to assume a larger share of responsibility for the health of its neighbors.

A list of these government-aided projects, as of January 1st, 1960, supplied by Dr. Smadel to the Carville *Star*, totaling \$230,943, follows:

1. J. Doull, Leonard Wood Memorial: Clinical evaluation studies in leprosy, \$43,998.
2. J. Doull, Leonard Wood Memorial: Conference on research and teaching in leprosy, \$7,418.
3. J. Hanks, Leonard Wood Memorial: Metabolism of noncultivable mycobacteria, \$91,368.
4. C. Taylor and J. Hanks, Harvard College: Epidemiological studies of leprosy, \$9,064.
5. K. Mason and M. Bergel, University of Rochester: Survival of Hansen bacillus in laboratory animals, \$6,302.

6. R. Muelling, Louisiana State University: Serum protein patterns in leprosy, \$17,733.
7. M. Shaffer and T. Fisher, Tulane University: Cultural and serologic studies on leprosy, \$22,894.
8. J. Wallace, Meharry Medical College: Immunologic response to leprotic infections, \$19,331.
9. J. Wilson, University of Pennsylvania: Growth and immunological factors of *M. leprae*, \$12,835.

INTERNATIONAL AID FOR MEDICAL RESEARCH

Early in July President Eisenhower signed the "Health for Peace" bill as it finally emerged from the Congress. This development is discussed at some length in a news story in *Science* [132 (1960) 131 (July 15)], as one which encourages but cannot require the administration to take action of the sort provided for.

The original impetus for the movement, it is said, came from a message to Congress by the President in 1958. In 1959 the Senate passed a bill under the provisions of which there would be set up a separate Institute of International Health, in the National Institutes of Health of the U. S. Public Health Service, and there would be authorized an appropriation of \$50 million a year. These and certain other provisions—but not the basic intent—were objected to by the administration, and the House of Representatives substituted the much watered-down measure which has been adopted.

Under the new law the administration is *encouraged* to do things in this field which it *could* have done without it, although perhaps not without danger of raising critical questions. A good deal of this nature is being done now, and last year the NIH granted nearly \$4 million to foreign scientists—but only for work of direct importance to major American health problems. The support of Americans working abroad and other projects brought the expenditures of the NIH last year for international health activities to about \$8 million.

What more will be done hereafter than before is primarily up to the administration. Mention is made of the part of the program "aimed at helping foreign countries solve their special health problems." It is also said that the National Institutes of Health will make grants to "foreign scientists and institutions" under the procedures which are used to give grants to American applicants. It is not said how much money will be available for the purposes of this act, and when. It is not indicated what kinds of research will be given priorities, if there are to be such priorities. There is no advice as to how a foreign leprologist should go about making an application for a grant, if he should want one; but that information can presumably be obtained from the National Institutes of Health, Bethesda, Maryland.

NEWS ITEMS

England: *Mission to Lepers, personnel changes.*—Mr. A. Donald Miller, K.I.H., M.B.E., after nearly 40 years' service with the Mission to Lepers, has retired as general secretary but has been retained as consultant and continues active. Mr. Miller joined the Mission in 1921 as a lay worker in India, where he was soon made secretary for India, continuing in that post until late 1942 when he was recalled to England—not without adventure because of the torpedoing of the ship on which he and his wife were traveling—to take over the position he has held since then. The Rev. W. H. Russell, who has been with the Mission since 1938, at headquarters as executive secretary since 1953, has been appointed general secretary. Dr. Neil D. Fraser, who developed the Hay Ling Chau leprosarium at Hong Kong after work on the China mainland was no longer possible, has been confirmed in the appointment as medical secretary of the Mission, a new position.

Belgium: *Leprologists formerly in the Congo.*—Information has been received of the present whereabouts of two of the leading Belgian leprologists who formerly worked in the Congo. Dr. Josef Cap, who as the medical director of the Père Damien Section of Foreami, stationed at headquarters in Leopoldville, had much to do with the development of leprosy work by the government throughout the country, is reported to have joined the WHO staff with an assignment in Thailand. Dr. Michel F. Lechat, medical director of the Yonda Leprosarium at Coquilhatville, is at present in the United States, in the laboratory of the Leonard Wood Memorial at the Johns Hopkins School of Hygiene.

U.S.S.R.: *Health services in Russia.*—An elaborate account under this heading, with several administration diagrams, appeared in the *WHO Chronicle* for March last [14 (1960) 97-105]. Speaking of communicable diseases, it is said that "trachoma, typhoid fever, leprosy and malaria occur only sporadically or in isolated outbreaks."

Congo Republic: *Medical services.*—News has been received from a leprosarium where the work has been uninterrupted by the political difficulties in that new country, although there had been interruptions of other medical services in the region. The government medical services continued to function after Independence Day, and the Belgian government doctors expected to continue in the employ of the Congolese government. Conditions rapidly worsened, however, and most of that personnel has gone—including the men in a (government-supported) Roman Catholic mission. Where the work is quietly going on much as usual, the future is felt to be uncertain, for one thing about how drugs and other supplies are to be obtained. At another leprosarium the Belgian personnel had been evacuated by paratroopers, except for four Catholic Sisters who refused to leave and are carrying on with the Congolese personnel who remained.

India: *Bombay conferences.* The 7th Conference of the All-India Leprosy Workers and the 4th Conference of the Indian Association of Leprologists were held jointly in Bombay in December 1959. The proceedings of those meetings have not yet become available, but a detailed report with abstracts of 30 papers, by Dr. J. Ross Innes, was published in the April issue of *Leprosy Review* [31 (1959) 76-90].

Karigiri begins rehabilitation early.—The Schieffelin Sanitorium at Karigiri has adopted the principle that rehabilitation treatment should start as soon as the treatment of the disease itself is begun, rather than after the patient is cured. The mat-weaving industry has therefore been extended to two new rehabilitation centers in villages of the area, where the patients live near their own homes and support their families while under treatment. Two more centers of that kind are soon to be opened. Begun two years ago in a small shed at the Sanitarium, some 40 men are now employed in this industry.

Viet Nam: *Communist guerrillas loot a leprosarium.*—Early in the year a new Catholic leprosy home at Ben San, Viet Nam, was raided at midnight and looted by 200 Communist guerrillas who took away everything of value: drugs, hospital equipment, clothing and movable furnishings, and also a Volkswagen bus and two small trucks. The

only indignity to the personnel reported was the taunting of the five Daughters of Charity: "American Imperialists!" The loss and damage are estimated at \$25,000.

Philippines: *Aid to Cullion patients.*—After the most disastrous typhoon in the history of the Cullion Sanitarium, in December 1959, one of the patients wrote a personal appeal to the *Carville Star* for aid. Mr. Stanley Stein, the editor, forwarded the appeal, and it is reported that the American Legion Auxiliary sent through channels a check for its Disaster Fund for \$2,500 for the patients. More recently, it is announced, a shipment of some 640 lb. of clothing had been collected, apparently from Carville patients and staff.

Fiji: *Marist Sister develops leprosy.*—One of the Marist Sisters at the Makogai Leprosy Hospital, in Fiji, Sister Mary Paulita, an American who first served there in 1951, is reported to have developed leprosy and to have been admitted as a patient. However, she is a bacteriologically negative case, it is reported—and the first member of the Makogai staff to become infected in the 50-year history of the leprosarium.

United States: *Carville as a national center.*—The USPHS hospital at Carville, often referred to as the National (or Federal) Leprosarium, has recently adopted two terms designed to emphasize the national nature of the institution, without any changes in policies, programs or resources. One is "National Leprosy Register," on the principle that the institution should serve as a central repository of information concerning all cases of leprosy in the United States, whether or not they have been admitted to Carville. The other is "National Leprosy Study Center," because the institution has the most complete facilities and resources in the country for the study of the disease.

National Leprosy Study Center loan slide collection.—The National Leprosy Study Center has prepared a loan collection of histologic slides illustrating the various pathologic changes in leprosy. An illustrated set of protocols of the cases from which the specimens were obtained accompanies the set of slides. These may be obtained, without charge, on a three-week loan basis by pathologists and dermatologists. Application should be made to the Medical Officer in Charge, U. S. Public Health Service Hospital, Carville, La.

Official films made at Carville.—The clinical film Recognition of Leprosy, made at Carville in 1959 for showing to professional groups and available on loan to them from the Communicable Disease Center at Atlanta, Georgia, is reported to have proved so popular that not all requests for it could be filled; and 10 more copies were made, bringing the total to 25. More recently another film was made at Carville, by a crew from the CDC, for lay groups (clubs, civic groups, etc.). Not finished at the time of the last report seen, it was expected to be entitled, The National Effort in Leprosy Control.

Inauguration of the L.W.M. laboratory at Hopkins.—The remarks of the various speakers at the opening ceremony of the Johns Hopkins-Leonard Wood Memorial Leprosy Research Laboratory, at the Johns Hopkins School of Hygiene in Baltimore, Md., on January 13, 1960, have been published in a series of 1960 issues of the Memorial's *Leprosy Briefs* (Vol. 11, Nos. 1-4). The speakers were Dr. Milton S. Eisenhower, president of the university; Mr. C. I. Crowther, president of the Memorial; Dr. Joseph Smadel, associate director of the National Institutes of Health; Dr. James A. Doull, medical director of the Memorial; and Dr. Willard C. Rappleye, president of the Josiah Macy, Jr., Foundation.

State vs Federal government in Hawaii.—For many years, Hawaii as a Territory of the United States was quite on its own with respect to the cost of operation of antileprosy activities. Some years ago the Federal government began reimbursing the cost of the care of the leprosy patients. For 1960 Hawaii is receiving \$1,000,000 on account of its 265 patients—which the *Carville Star* compares with the \$2,100,000 appropriation for the Carville hospital with its 273 patients for the same period. When Hawaii became a state, the question was raised whether it would be desirable for the Federal government to support the full cost of the program there unless the program should be placed under Federal

control. An inspection group has indicated, according to the *Hawaii Health Messenger*, that something less than full support should be provided. Hawaii should have a financial stake in the program, for there would be less necessity for detailed Federal review and control.

A.L.M. seminar at Carville.—In March last there was held a four-day seminar, under the joint sponsorship of the USPHS and the American Leprosy Missions, for medical missionaries interested in leprosy. The affair was set up by the Carville staff and Dr. Robert G. Cochrane, technical adviser of the ALM. Dr. Oliver W. Hasselblad, president of the ALM, had enlisted some 26 members from among the various missionary doctors, nurses, and others on furlough in the country, they representing numerous organizations and 11 countries of work. It is reported that another such meeting, to last two weeks, is planned for March 1961. A special research meeting of invited participants is scheduled to be held at Carville early in November 1960.

Sister Hilary Fund.—Since Sister Hilary Ross retired in August from the USPHS after many years at Carville, La., some of her friends have expressed the desire to contribute to a gift as an expression of appreciation of her friendship and her valuable work in the biochemistry of leprosy. It is not expected that the collection would be completed before her departure to her new post in Japan (Atokuen, 1620 Nishihama, Wakayami-shi), but arrangements will be made to have the presentation made to her in her new location. Contributions are invited from all her friends everywhere, to be made payable to Dr. Charles C. Shepard at the Communicable Disease Center, USPHS, Atlanta 22, Georgia.

Mexico: *Training courses.*—From the Centro Dermatológico Pascua, Mexico City, there have been received programs of broad-scope training courses in chronic diseases of the skin that were set up, evidently with official backing, under the general direction of Dr. Fernando Latapí with a large group of associated teachers. The course for physicians was of 4 months' duration, from March 15 to July 15; and for it five mimeographed documents were issued, one general program and four detailed monthly programs. There was also a 2½-month course for nurses, also with a general and supplementary detailed periodic programs. The list of teachers in these courses includes representatives of the following fields and specialties: dermatology, leprology, mycobacteriology, histopathology of the skin, leprosy laboratory work, ophthalmology, orthopedics, neurology, psychology, statistics, health administration, hygiene education and epidemiology.

Venezuela: *Department of Leprology, IVIC.*—The Instituto Venezolano de Investigaciones Científicas, in Caracas, has announced the creation of a Department of Leprology, under the direction of Dr. Timotsu Imaeda, working in collaboration with the Venezuelan Ministry of Health. The projects for investigation, some of them featuring electron microscopy, include the following: studies of borderline leprosy; observation of cultivated normal cells and cells infected with acid-fast bacilli, including the leprosy bacillus; cultivation of *M. leprae*; and biochemical analysis of the lipids in lepra cells. An interesting, lavishly-illustrated booklet describing the facilities and activities of the Institute has recently been published.

Argentina: *Department of Dermatology Research in Rosario.*—The Faculty Council of the School of Medicine, University of Rosario, has created a Department of Dermatology Research (Centro de Investigaciones Dermatológicas), of which Dr. J. M. M. Fernandez is to be the director. Drs. E. A. Carboni and R. Mereau, who have been appointed interim chiefs of the leprosy wards of the Carrasco Hospital and are associated with Dr. Fernandez in the Department of Dermatology of the medical school, will also belong to the new research department. It is also reported, however, that there is a plan to demolish the Carrasco Hospital, which if done would leave no source of leprosy patients for study.

WHO: *Planning for WHO research.*—The Twelfth World Health Assembly approved a plan for the increase of WHO's work in the field of international medical work,

and—according to the *WHO Chronicle* [14 (1960) 213]—an Advisory Committee of Medical Research met in Geneva late in 1959 to consider the subject, which may be of interest to leprosy workers. It was agreed that priority should go to “service to research” such as standardization of nomenclature, techniques and equipment. The following is quoted from the annual report of the director-general:

“In evaluating the progress made by WHO in this particular field, one has to keep in mind the fact that the world-wide medical research programme under intergovernmental auspices is a development for which there is no precedent. Useful as some of the established patterns of central research organization have proved in this respect, it has also been found that many are not easily applicable to the international scene. Therefore, in addition to building up the scientific programme, we had to develop the necessary organizational framework and administrative patterns for this new undertaking. By the end of 1959 all this work had been completed and WHO seemed sufficiently prepared to launch the intensified programme of medical research which has become one of its major responsibilities.”

PERSONALS

DR. STANLEY G. (“BONGANGA”) BROWNE, now at Uzuakoli, has been the subject of a more or less biographic book entitled *Bonganga, the Experiences of a Missionary Doctor*, by Sylvia and Peter Duncan (the latter of the B.B.C.), published in Great Britain in 1958 and the United States (William Morrow & Co., New York) in 1960. It covers the period between the time he went to Yakusu, a Baptist mission station in the Belgian Congo, at the age of 28 until he left to take over his present work 22 years later. “Bonganga” means White Doctor, according to a review in the March-April 1960 issue of the *Carville Star*, in which it is said that the subject is not mentioned by name in the book, but only on the dust jacket. He is credited with having established the Yalisombo hospital-settlement for leprosy patients across the river from the mission station. Yalisombo is said to have been the scene of one of the sequences of the film *The Nun's Story*, with Audrey Hepburn.

DR. T. F. DAVEY, formerly at the Uzuakoli center in Nigeria, has been honored by Queen Elizabeth with the decoration of C.B.E., Commander of the Order of the British Empire.

DR. ORESTES DINIZ, formerly director of the National Leprosy Service of Brazil, has been appointed director-general of the national Department of Health.

DR. JOHN DREISBACH has returned, after a two-year absence, to the Kano Leprosy Settlement in Northern Nigeria, which institution is being upgraded by the American Leprosy Missions.

DR. JOSÉ MARIANO, formerly chief of the leprosy department of the State of Minas Gerais, has succeeded Dr. Orestez Diniz as director of the National Leprosy Service.

DR. ETIENNE MONTESTRUC has been transferred for a period of six months, until April 1961, from Martinique to the Institut Pasteur in Paris, from where he will lecture on leprosy to African students in the universities at Bordeaux, Toulouse and Montpellier.

SIR LEONARD ROGERS, now living in Falmouth, England, who became 92 years of age in January last, is said to be planning an addendum to *Happy Toil*, his autobiography published in 1950.

SR. HILARY ROSS has an article entitled *My 37 Years at Carville*, in the July-August 1960 issue of the *Carville Star*. She tells of the extremely primitive conditions in which she worked as a pharmacist when she went there in 1922, and the steps by which the present first-class laboratory setup was developed. Added to it is an editorial note of appreciation.

DR. CHARLES C. SHEPARD, USPHS, has transferred to the Communicable Disease Center, Atlanta, Ga., from his previous location at the branch of that Center in Montgomery, Alabama.

DR. CANDIDO SILVA, of Rio de Janeiro, Brazil, is in England on a WHO fellowship, studying tissue culture and immunologic techniques applicable to leprosy.

DR. OLAF K. SKINSNES, a pathologist formerly in Hong Kong where he was interested in leprosy and now at the University of Chicago, has been elected to the Board of Directors of the American Leprosy Missions, Inc.

DR. LAURO DE SOUZA LIMA has announced the opening of an office for medical practice with two other physicians at Rua Maria Paula, São Paulo. No specialist limitation is indicated.

DR. GIOVANNI TARABINI-CASTELLANI, long at the Fontilles leprosarium in Alicante, Spain, has resigned to take charge of the Colonia-Sanatorio de Alessandra, S.M.O.M., at Gelib, Somalia (formerly Italian Somaliland). It is reported by Dr. Contreras that DR. FRANCISCO TORRENT GUASP, of Laguart, has been appointed to his place. Dr. Torrent is a research worker who recently worked for some time in Augusta, Georgia.

DR. GUILLERMO A. BASOMBRÍO

Dr. Guillermo A. Basombrio died on August 13, 1960, in Buenos Aires, at the age of 62 years. He was a specialist on skin diseases, an active worker in the fight against leprosy, a university professor of recognized merit, and a man devout in the Catholic faith, of high virtue and generosity.

Born in Lima, Peru, on April 29, 1898, he got his high school and university education in Buenos Aires, graduating in medicine in 1924. In the following year he entered the dermatology service of the Ramos Mejia Hospital, where he was the chief of clinic in the department of Professor Baliña. In 1946 he was designated chief of the dermatology service, a position he successively held in the Zubiarreta, Pirovano, Fernández and Argerich hospitals.

He began his teaching career in 1932 as an instructor of the university department, and in 1943 he was designated associate professor. He was appointed director of the Center of Leprology in 1948, and in the Ministry of Social Welfare and Public Health he was made director of the antileprosy campaign in 1955; he held the latter position in an honorary capacity for two years.

Congresses of the disease of which he was specialist, convened in Cairo, Santiago de Chile, São Paulo, Rio de Janeiro, Havana, and Madrid were honored by the presence of Dr. Basombrio, who attended as a delegate of Argentina.

He was designated honorary corresponding member of many foreign scientific institutions in which he consistently collaborated. Among the activities in which he was particularly assiduous was that of contributing editor for Argentina of the *International Journal of Leprosy*, and that of coordinating secretary of the Argentine Society of Leprology. This latter position he held since the foundation of the society, and only a few days before his death he was reelected to that office.

As a result of his work with that organization there was formed an international entity for the aid of leprosy patients, provided for in the

congress on rehabilitation which was held in Rome in 1956 under the auspices of the Order of Malta.

He was author of about 100 publications on subjects of his specialty. He was president of the Argentine Association of Dermatology, and received decorations from the Order of Malta and the Order of Damien, the apostle of leprosy patients.

He was known for his tireless activity as physician and professor. Both his patients, whom he served not only in bodily but also in spiritual needs, and his disciples found in him discipline in action and honesty in conduct.—[From *La Prensa* (Buenos Aires), August 14, 1960.]