of treatment. Three years of treatment was certainly not too long for these cases. Nowadays treatment of such cases is prolonged, and there is no doubt that the frequency of relapse will decrease. The cases classified as lepromatous had much longer treatment than the others, and that explains the lower relapse rate in them.

These macular varieties seen in Africa are fascinating. Northern Nigeria is a paradise for leprosy study. The material is overwhelmingly abundant and the patients usually cooperate well. It is a great pity that there is no research center in the North, but, alas, the government cannot afford the expense. Help should be offered from outside.

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LETTER TO THE EDITOR

Upon the suggestion of Dr. Lauro de Sousa Lima, we take the liberty of reporting to you the first findings of a therapeutic experiment we have been carrying out, and to request the favor of your publishing the following preliminary information in the Journal.

We have employed gamma globulin in the treatment of erythema nodosum and erythema multiforme of lepromatous leprosy with results that seem to us to be highly suggestive. In the first 5 reactionary lepromatous cases so treated, we have seen evident modifications of the dermatologic aspect of the outbreaks, with corresponding histopathologic changes. The trial treatment seemed to be highly beneficial to all the patients.

These early results, to which we wish to call the attention of other investigators, are now the subject of further and more thorough studies which will be published in due time.

To the Editor:

This is a brief account of a round of six months performance of a job in leprosy control which was given me by the Ministry of Public Health and the Director of the Dermatologic Diseases Control. This mission consisted of two complete training courses in sanitary leprology, and of a round throughout the country in order to give lectures on sanitary education in leprosy.

1. The two courses in leprology were each of 45 days duration. The first was held near Buenos Aires from June 15 to July 30, and the other in Corrientes and in the leprosarium of the Isla del Ceño from September 15 to October 30. The teaching was intensive, from 5 to 6 hours daily, theoretical and practical, especially practical, since we are working in colonies and dispensaries with doctors with scholarship grants. The
students were 75 per cent doctors, and the rest were senior medical students (now they are also already doctors). All had scholarship grants, with free lodging, allowances, and transportation paid for by the Ministry of Public Health. Sixteen scholarship students graduated, and I can guarantee that they acquired a thorough knowledge of leprosy. They came from 7 different provinces; therefore, in returning to the places from which they came they can render great service in the matter of leprosy. Both the scholarship students and the professor worked full-time. The graduation certificates were signed by the Minister of Public Health, the Director of Dermatologic Diseases Control, the Director of the National School of Health, and by me in my capacity as professor in charge of giving the course.

2. For the lectures in sanitary education in leprosy I made two rounds throughout the country, accompanied by the Director of Leprosy Control, Dr. Armando Zavala Saez. The purpose was to give popular information lectures on leprosy subjects. In these rounds of one month duration each, we visited 30 cities and gave 40 lectures on "Present concepts of leprosy and modern methods of its prevention." After each lecture the public asked questions which were answered by us. I believe that these information lectures were very useful.

A thorough report on the mission will be published elsewhere.

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