

NEWS AND NOTES

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

SYMPOSIUM ON LEPROSY RESEARCH LEONARD WOOD MEMORIAL-JOHNS HOPKINS UNIVERSITY

The Leonard Wood Memorial and the Johns Hopkins University School of Hygiene and Public Health sponsored a Symposium on Leprosy Research, held in Baltimore, Md., May 8-10, 1961, financed through a grant from the National Institutes of Health of the U.S.P.H.S. The co-chairmen of the symposium were Dr. E. L. Stebbins, dean of the School of Hygiene, and Dr. J. A. Doull, medical director of the Memorial. Dr. Milton S. Eisenhower, president of Johns Hopkins University, and Mr. C. I. Crowther, president of the Leonard Wood Memorial, were honorary chairmen.

Some 40 scientists participated in the meeting, according to a report in the *Carville Star*, many being workers in fields not directly concerned with leprosy. Those who came from abroad were: Drs. J. Gay Prieto, of WHO, Geneva, Switzerland; Drs. R. J. W. Rees and E. M. Brieger, from England; Dr. Peter G. Janssens, from Belgium; Dr. Jacinto Convit, from Venezuela; Dr. José Barba Rubio, from Mexico; and Dr. Ricardo S. Guinto, of the Philippines, a member of the Memorial's staff.

The transactions of the symposium, published by offset, was distributed in October. The speakers and titles in the five sessions were as follows:

First session, May 8th.—Clinical and Pathological Responses to Infection with *M. leprae*. *Chairman*, Dr. J. A. Doull.

CONVIT, J.—Salient clinical and laboratory features of leprosy.

FITE, G. L.—Intracellular lepra bacilli.

BINFORD, C. H.—Predilection of *M. leprae* for peripheral nerves.

LECHAT, M. F.—Bone lesions in leprosy.

BARBA RUBIO, J.—Reaction states.

HELWIG, E. B.—Identity of erythema nodosum leprosum.

BENNETT, I. L., Jr.—Summary and appraisal.

Second session, May 9th.—Immunology and Serology. *Chairman*, Dr. G. P. Youmans.

HANKS, J. H.—Immunology and serology. Implications of skin and serologic reactivity.

WALLACE, J. H.—Cellular transfer of tuberculin types of sensitivity; prospects for reconciliation with serologic results.

PARLETT, R. C.—Antigenic analysis and antibody titration by gel double diffusion techniques.

SHEPARD, C. C.—The serologic anatomy of mycobacteria.

MORRIS, J. A.—Antibodies demonstrable during infection.

OSLER, A. G.—Summary and appraisal.

Panel on Education of the Physician. Teaching of leprosy. Opportunities and potentialities in medical and public health schools. *Panel moderator*, Dr. E. L. Stebbins.

Members: Drs. Bang, Barba Rubio, Binford, Brown, Carpenter, Cleve, Convit, Eveland, Fasal, Frothingham, Gay Prieto, Janssens, Johnwick, Kluth, McGavran, Millar, Reiss, Taylor and Wallace.

Third session, May 9th.—The Mycobacterium. Part 1: Cytology. *Chairman*, Dr. R. L. Mayer.

BRIEGER, E. M.—The life history of the lepra cell.

MUDD, S.—The internal organization of the mycobacterial cell.

YOUMANS, G. P.—Discussion: The biological and biochemical properties of isolated mycobacterial cellular components.

REES, R. J. W.—General discussion.

MAYER, R. L.—Summary and appraisal.

Part 2: The Cultivation Problem. Tissue Culture Systems. *Chairman*, Dr. C. C. Shepard.

REES, R. J. W.—Review of the present position with special reference to *M. leprae murium*.

CHANG, Y. T.—The mouse macrophage as host cell for *M. leprae murium*.

SHEPARD, C. C.—General discussion; summary and appraisal.

Part 3: The Cultivation Problem. Independent growth. *Chairman*, Dr. H. Bloch.

HANKS, J. H.—“Independent” growth.

TEPPER, B. S.—Cell walls and surfaces of mycobacteria.

REICH, C. V.—Special growth factors and other problems of independent growth.

MORRISON, N. E.—Enzymology of host-grown mycobacteria.

BLOCK, H.—General discussion; summary and prospects.

Evening colloquium.—Other Mycobacterial Infections. *Chairman*, Dr. E. R. Long.

JANSSENS, P. G.—Atypical mycobacterial skin ulcers.

WOOD, E. M., YASUTAKE, W. T., PARISOT, T. J. and WOOD, J. W. Mycobacterial infection of salmonids.

FELDMAN, W. H.—Other mycobacterial infections.

Fourth session, May 10th.—Epidemiology. *Chairman*, Dr. P. E. Sartwell.

DOULL, J. A.—Present status and problems.

GAY PRIETO, J.—The WHO prevalence surveys.

GUINTO, R. S.—Cutaneous responses to lepromin and other mycobacterial antigens.

TAYLOR, C. E.—Contribution from animal experiments to the understanding of sensitivity of *M. leprae*.

PALMER, C. E. and EDWARDS, L. B.—Discussion of mycobacterial sensitivity.

SARTWELL, P. E.—General discussion; summary and appraisal.

Fifth session, May 10th.—The Problem of Transmission. *Chairman*, Dr. W. H. Feldman.

BINFORD, C. H.—The problem of transmission of *M. leprae* to animals. Comments on results of several experiments.

SHEPARD, C. C.—The inoculation of leprosy bacilli into mice by the foot-pad route.

REES, R. J. W.—Summary of recent work in England.

CONVIT, J.—Discussion of recent work in Venezuela.

ROBERTSEN, J. A.—A lesion of mouse embryomas produced by *Mycobacterium leprae*.

MASON, K. E. and DJU, M. Y.—Inoculation of *M. leprae* in animals under special dietary conditions.

BARKULIS, S. S.—Discussion of Dr. Mason's paper.

FELDMAN, W. H.—General discussion; summary and appraisal.

Closing remarks.—For the University, Dr. Bang; for the Memorial, Dr. Doull.

III NATIONAL CONFERENCE, SOCIEDAD CUBANA DE LEPROLOGIA

The third national conference of the Cuban Society of Leprology was held in Santiago de Cuba, December 5-6, 1959, and a special issue

of the *Boletín de la Sociedad Cubana de Dermatología y Sifilografía* (March 1960) was devoted to it. The papers read are listed below, few of them having summaries which would serve as abstracts. The conclusions and recommendations of the conference are reproduced in English translation.

- PIÑEYRO RODRIGUEZ, R. Presidential elocution.
 TRESPALACIOS, F. Rehabilitation of the leper.
 MESTRE, J. J. and BEADE, P. Present status of the treatment of leprosy.
 TIAANT, F. R. Early diagnosis of leprosy.
 SOWERS MENDEZ, G., TORRES RUBIO, A. and YBARRA PEREZ, R. Present status of the fight against leprosy; its application in Cuba.
 OTEIZA SETIEN, A. and PIÑEYRO RODRIGUEZ, R. Alopecia in leprosy.
 DOMINGUEZ LOPEZ, F. Present status of leprosy in the Dispensary PSLEC of Camagüey.
 MINSAL MARROQUI, A. Brief historic evolution of the concept of leprosy.
 GONZALEZ PRENDES, M. A. Hospital discharges of patients of Hansen's disease.
 GONZALEZ PRENDES, M. A. Sanatorio "San Luis de Jagua"; its first fifteen years.
 SANCHEZ DIAZ, J. L. Leprosy in the Dispensary of Pinar del Rio.
 COT LESMES, V. Continuous and prolonged treatment of leprosy by the sulfones.
 BARQUIN, P. Comments on the organization of the antileprosy campaign.

CONCLUSIONS AND RECOMMENDATIONS

1. The contagiousness of leprosy is minimal. Hygiene and drug treatment can prevent contagion.
2. Leprosy is no longer an incurable disease, since the introduction of the sulfones, and for this reason lifetime isolation of patients in hospitals should be abolished. Only those who, because of their physical or economic disability or the gravity of their disease, are not suitable for dispensary treatment should remain there. Admissions should be provisional.
3. There should be a review of all interned cases, for the purpose of transferring to the dispensaries all those not covered by the conditions indicated above.
4. The cooperation of the Ministry of Social Welfare should be sought for the rehabilitation of the patients who, because they have stayed in the hospitals for a long time, feel themselves to be disoriented when given their discharge, since that is a specific function of that ministry. The Ministry of Health has employed more than 20 cases discharged from the San Lazaro Hospital.
5. The local chief officers of health, and medical colleges, should be requested to cooperate in taking the census of patients, the examination of contacts, and making the Mitsuda tests, which are being carried out throughout the Republic by the physicians of the Patronato de la Lepra.
6. Leprosy is not hereditary; it is acquired by close contact with a patient, or by living with a patient without taking hygienic precautions. There are at present many children of patients and other persons living with them who, because of fear, do not go to dispensaries for examination. They should do this. The service at the dispensary is absolutely gratis.
7. Patients with deformities or mutilations should go to the dispensaries for guidance as regards possibilities of plastic surgery.
8. Diaminodiphenyl sulfone is, at the present time, the drug of choice for the treatment of leprosy. In recent international congresses favorable results with other drugs have been reported. None of these should be indiscriminately used by the patient. It is necessary that directions for treatment be given by expert physicians in order to avoid lepra reactions, anemias, and other complications that may be caused by these treatments.

INTERNATIONAL COMMITTEE ON REHABILITATION

Developing an idea originated by last year's meeting of the International Society for the Rehabilitation of the Disabled, according to the *Carville Star*, a group of some 15 individuals representing at least 10 organizations and institutions formed an International Committee on Leprosy Rehabilitation. Meeting at the Rusk Institute of Physical Medicine and Rehabilitation in New York on January 19, Dr. Paul Brand of Vellore, India, served as chairman and Dr. Daniel C. Riordan, of New Orleans, as alternate chairman.

The purpose and functions of the committee are listed as follows: (1) coordination of, communication with, and organization of existing and proposed leprosy and rehabilitation organizations on an international basis, (2) the organization, initiation and perpetuation of training, education and research.

It was decided that membership of this committee should include representatives of surgery, physical medicine and rehabilitation, ophthalmology, physical therapy, occupational therapy, social services, vocational rehabilitation, nursing, and prosthetic manufacturing. Contacts would be made with various international organizations, including WHO, and representation of the U. S. Public Health Service was suggested.

The scheduling of the second Pan-Pacific Conference on Rehabilitation was announced. (Where and when the first was held does not appear, unless perhaps it was the recent WHO-LWM-ISRDL conference in Vellore; nor is it said when or where it is planned that the projected Pan-Pacific Conference shall be held.) Plans for a proposed Conference on Rehabilitation in Africa, and for participation in the 9th World Congress of the International Society for Rehabilitation of the Disabled, were discussed.

It seems, from a letter in a later issue of the *Star*, that the Committee is called the World Committee on Leprosy, and that it is to be reached care of the International Society for the Rehabilitation of the Disabled, 701 First Avenue, New York 17, N. Y.

LEPROSY AT THE 14TH WORLD HEALTH ASSEMBLY

The *WHO Chronicle*, in its issue for May-June 1961 (Vol. 15, No. 5-6, p. 171), summarizes the discussions of the Director-General's annual report. The following is the section on leprosy:

The delegate of Argentina said that a leprosy programme was organized in Argentina at the end of 1960. In Ethiopia, an active nation-wide leprosy control programme including rehabilitation measures is being carried out. In the Malagasy Republic almost 20,000 leprosy cases are under treatment, and assistance from UNICEF will permit the further development of training and control services. In Mexico, a leprosy control programme, which will be integrated into the normal national health services, is at present under study, and 40 leprologists are undergoing training.

Encouraging results are reported from the leprosy programme in Nigeria: control started in 1952 with some 25,000 patients under treatment, the total rising to over 300,000 by the end of 1959. Many of the patients have returned to normal life in full health.

The Republic of Upper Volta, stated the delegate of that country, has the doubtful privilege of being one of the West African States most affected by leprosy: there are 113,000 registered cases, the average morbidity rate being 3%, rising to 10% in some areas. A control programme is in progress with help from UNICEF and the French Fonds d'Aide et de Coopération.

The delegate of India considered that WHO should sponsor both fundamental and applied leprosy research on a large scale and over widely dispersed areas. He urged particularly that there should be co-ordinated studies on the prophylaxis of leprosy either by BCG vaccination or by drugs. The delegate of Indonesia hoped that more attention would be paid to the planning of rehabilitation.

SYMPOSIA OF THE BRAZILIAN ASSOCIATION

The Brazilian Association of Leprology inaugurated, in 1960, a series of symposia designed to stimulate the study of the most immediate themes of leprology in preparation for the 1963 congress. In April, in Rio de Janeiro, was held the first of these symposia, on "borderline" leprosy. (The paper presented at the symposium by Dr. Gay Prieto, of WHO, appears in this issue (p. 442); and there is also an abstract of papers presented by Nelson Souza Campos and by Bechelli). In May, a 2-day symposium on epidemiology was held in São Paulo, the proceedings and recommendations of which were published in the *Revista brasileira de Leprologia* **28** (1960) 107-122.

According to the remarks of Dr. Orestes Diniz at that time, it was planned that five other topics would be similarly dealt with: rehabilitation, at Belo Horizonte; health education, at Curitiba; the problems of leprosy in the Northeast, at Recife; therapy, at Brasilia; and the Mitsuda reaction at Rio de Janeiro. Whether or not this program will be carried out under the new administration, there is no information.

FONDATION RAOUL FOLLEREAU

Material concerning Raoul Follereau's ambitious plans for the VIIIe Journée Mondiale des Lépreux, which was to be celebrated on January 29, 1961, has come from two sources, first from Belgium and later from Paris.

The announcement from Belgium was put out by the Foundation Raoul Follereau, said to be under royal patronage, although it appears that for Belgium itself "Les Amis du Père Damien" was specified. A circular calling for financial aid ("*C. C. Postaux No. 462.50 ouvert aux nom de 'Journée mondiale des Lépreux', Bruxelles*"), has on the reverse side a sort of poster which one is asked to put in the window and to bring to the attention of neighbors and friends. In this poster, in two colors, is pictured a bed-ridden patient, and the usual 10 millions is upped to 15 millions, the following word "lépreux" being the most conspicuous one.

From Paris comes more familiar material on the letterhead of the Ordre de la Charité (c/c Post. Follereau 1251-46, Paris), asking that, although the Journée was only about a month away, notice should be made of the appeal for aid. In a postscript typed on this mimeographed letter it is stated that a phonograph disc, made with the collaboration of the actor Sir Laurence Olivier, was being sent for use on the radio and at public and private meetings. (That was not received.) The Order of Charity now has two addresses in England, one in London and the other in Bristol.

LEPROSY IN CAMBODIA

A correspondent who visited Cambodia late in 1959 has supplied the following data on leprosy from the records of the Troeung leprosarium—entirely statistical—and of the Phnom-Penh dispensary.

The number of cases treated at the leprosarium from 1921 to 1953 was 1,612, of which 727 were men, 492 were women (1.5:1), and 393 were children. Lepromatous cases had outnumbered tuberculoid among the adults 6.5:1, and among the children 15:1 (which suggests that tuberculoid cases were either not sought for—or not recognized—or were not considered necessary to isolate). New cases admitted during the next five years (1954-1958) totaled 1,277, the males among the adults predominating 4:1; children (to 17 years) outnumbering the adult females; and of the children 160 were males and 103 were females. The staff consisted of a nurse and an aide, and 12 inmate employees.

The Phnom-Penh dispensary, at the Institute of Biology, was established in 1942, since when 889 cases had been registered. The type diagnoses of the 297 cases registered in the past 5 years were: 132 (44%) had been lepromatous, 122 (41%) tuberculoid, and 43 (15%) "indifférenciés"; the sex ratio 3.4:1. Attendance at the dispensary was entirely voluntary. Of those attending in 1958 only 42 were new cases, the others having been sent by the Troeung leprosarium; the effect of the dispensary was therefore limited. Treatment had been by hydnocarpus (krabao) oil until 1954, but mainly by sulfones since then, with a preference for injectable products.

ANTILEPROSY ACTIVITIES IN TAIWAN

Apart from operations of the Losheng Leprosarium at Tainan, under Dr. T. Y. Ch'en, superintendent, the antileprosy work in Taiwan (Formosa) seems as yet to be done largely under the Taiwan Leprosy Relief Association, a joint organization of foreign and national medical workers interested in helping victims of the disease and its attendant superstitions. There is also a Chinese Leprosy Control and Prevention Association, headed by Dr. Ch'en, which according to information received was apparently started late in 1957 (although our correspondent had no knowledge of it until late in 1959), and which in 1960 distributed for perusal a proposed constitution. The government designated November 1960 as "Leprosy Month," to contribute to public education, utilizing the press, the radio, and other media of mass information to that end.

The TLRA was started in the fall of 1954, materializing in the spring of 1955 with the pilot project of the Makung outpatient clinic in the Pescadores Island, under Miss Marjorie Bly, R.N., now located at the new provincial hospital there. At the beginning Dr. Richard Hofstra was medical director of the Association, but he was compelled by illness to leave in 1956, to be replaced in 1959 by Dr. Myles E. Efteland, sponsored by the American Leprosy Missions, Inc. Dr. Hugh MacMillan is chairman of the board.

The Association now has 7 outpatient clinics with a total of about 1,000 patients, including the one at the Mackay Memorial Hospital started in 1925 by the late Dr. Gushue-Taylor, and also the small Happy Mount Colony which he established. The 1960 report of the Association also lists 6 provincial government clinics at which, apparently, leprosy patients may obtain treatment—besides the Losheng leprosarium, which has about 1,000 inpatients.

Although certain other clinics have many more patients, Dr. Efteland has moved to Chiayi to reside and to operate the clinic and the 10-bed hospital there, Chiayi being a central location.

Recently Dr. Kazuo Saikawa, formerly chief of surgery at the Nagashima Aisei-en leprosarium in Japan, resigned that position to come to the Taiwan clinic under the auspices of a Japanese church organization to engage in reparative surgery, and a Japanese nurse has also been sent to assist him.

Of the 7 clinics, one has only 8 patients registered, and another 58, but the rest have from 100 to 286. They are listed as 416 lepromatous, 415 tuberculoid, 42 "intermediate," and 97 borderline.

RELAPSES IN JAMAICA AND THE UNITED STATES

Of 100 patients released as cured from the Hansen Home at Spanish Town, in Jamaica, in 5 years up to 1960, none had returned with recurrence of the disease, according to a report by Howard Crouch, of the Damien-Dutton Society, reprinted in the *Carville Star*. It is intimated

that a factor in this result is the fact that the discharged patients are given a stipend by the Government until they can obtain employment, which prevents undue hardships during that period.

This report led the *Star* to inquire about readmissions because of relapse among discharged patients from American leprosaria.

At *Carville*, it was reported, there had been 134 discharges in the past five years (1956-1960), and 7 readmissions.

At the *Hale Mohalu Hospital* near Honolulu, there had been 42 discharges and 3 readmissions in the same period.

From the *Kalaupapa Settlement*, 85 patients had been released (not counting 1 transferred to Hale Mohalu), and in 14 of them the disease had relapsed. (The Kalaupapa population is known to consist largely of old cases.)

RECALCITRANT TUBERCULOSIS PATIENTS

The experience of the authorities of Denver, Colorado, in the handling of the "hard-core" of patients with infectious tuberculosis who refuse hospitalization, and are socially incapable of taking care of themselves or of considering the welfare of others, is related by R. S. Mitchell and associates in the *American Review of Respiratory Diseases* **83** (1961) 767-769.

The matter of compulsory isolation of such patients was discussed at a Conference of Protective Isolation in 1957, where it was agreed among other things that such cases represent more of a menace to the community than their relatively small numbers would imply, and that enforced hospitalization should not be used unless every effort had been made to provide adequate care on a volunteer basis. Subsequently, official Letters of Quarantine were sent to several such patients, who then entered the hospital and tended in general to remain there under treatment; the threat of force appeared to exert a beneficial influence.

In 1958 a program of psychosocial conferences was initiated, at which it became evident that most of the recalcitrants were sociopathic, alcoholic and self-destructive, most of them appearing incapable of normal adjustment to life. Since then 7 such patients have been legally committed to a state mental hospital—not, it is emphasized, as a matter of punishment, although such patients are customarily regarded as candidates for the penal approach of compulsory segregation. Details of the first two of these cases are given, from which it is evident that a great deal of effort and time is wasted on such cases. These patients not only had needed external control, but such control was often reassuring and a relief to them, and the effects in general were good.

This report has nothing to do with the control of leprosy patients, but it is possible that, without general segregation, the milder of the steps related—the Letter of Quarantine—might be useful in the control of recalcitrant patients with lepromatous leprosy who resist hospitalization while highly infectious.

MAILING BIOLOGIC SPECIMENS

The Universal Postal Congress, at the instance of WHO, laid down an article which came into force in 1959 governing the mailing of biologic materials. Perishable materials which do not contain living organisms, such as fixed specimens for histopathology, are also provided for. Regarding the latter the bottle or tube must be packed in a

water-proof container, with enough absorbent material in and around it to absorb all the liquid in case of breakage; and, if carried by air, the bottle should be strong enough to withstand variations in atmospheric pressure. This container, in turn should be packed, with further absorbent packing, in an outer case of wood or metal or some material of equivalent strength. The label must bear, besides the addresses of the sending and receiving laboratories, a violet-colored label with notices of which one, *Dangereux: ne pas ouvrir pendant le transport* (Dangerous: not to be opened in transit), which is required in the case of living organisms, may be eliminated. This postal traffic may take place only between countries agreeing to it, and between "officially-recognized laboratories." A definition of just what those laboratories should be is still to be formulated, but obviously if these regulations are enforced the free mailing of specimens between leprologists in the field in any country and laboratories in other countries will not be permitted.

NEWS ITEMS

Malaya: *Malayan Leprosy Relief Association.*—This organization, established in 1959 in Kuala Lumpur, has published (in English) an illustrated pamphlet intended for education of the public with reference to modern aspects of leprosy, and telling of the purposes of the organization and its accomplishments during its first year of activity. Of particular interest, besides among other things a page of Ten Facts on Leprosy, are short articles on the History of Leprosy in Malaya, by Dr. K. M. Reddy, medical superintendent at Sungei Buloh until late 1960; and Sungei Buloh Inmates Manage Their Own Affairs, by Mr. Kok Hoe Wah, secretary of the Settlement Council. Pictures are mostly of the Settlement and new facilities. There is no indication as to how copies might be obtained; the one seen came to us indirectly.

Viet Nam: *Out of a cemetery.*—For many years victims of leprosy in Saigon had to camp out in wretched shacks at the rear of a cemetery, notes the *Damien-Dutton Call*. Recently, with the aid of the NCWC Catholic Relief Services and other groups, they have been moved into a new colony, built with donated lumber and bricks and staffed by the Daughters of Charity of St. Vincent de Paul.

Korea: *Developments in the Catholic services.*—With funds sent from Germany, the Benedictine Fathers are building a large leprosarium at one of our oldest stations, called Sung Ju. Recently I visited Father Coyos, the sole survivor of 13 French Fathers imprisoned by the Communists. He had purchased land outside his town of Chonan and commenced construction of a building to house local leprosy patients, but the prejudice was so great that a mob of some 50 persons came out from the town and tore down everything. The Maryknoll Fathers' own service has set up five centers with mobile clinics at Seoul, St. Lazarus, Ok Chun in mid-country, Ko Sung on the south coast, and Po Hang on the southeast coast. We have 4 physicians, 15 nursing sisters and 9 other employees. On May 8th, 1961, 70 medical students from the Yon Sei University visited St. Lazarus as they did last year. Their interest is due in large part to Dr. Joon Lew, professor of microbiology there.—THE REV. JOSEPH A. SWEENEY

United States: *Vacancy at Kalaupapa.*—It was reported from Honolulu in May and picked up by the *Carville Star* that, since the resignation of Dr. Herman P. Kramer as medical director of the Kalaupapa Settlement, it has been necessary to assign an unlicensed physician temporarily to that post, because no qualified person has applied for the position. The job calls for a licensed physician with three years experience beyond internship and, preferably, some hospital administrative background. The salary is

said to be \$875 a month, with quarters, subsistence, and a car provided. The post is hard to fill because of the isolation, and families are ruled out because no minors are allowed in the hospital area.

Another news item in the *Star* tells of the effects of a recommendation to the Hawaiian officials by a firm of management consultants that Kalaupapa be closed and the patients be moved to Hale Mohalu at Pearl City. That aroused a storm of protest from the patients concerned, and finally they were officially notified that the proposal would not be put into effect.

Patients' club sends thanks.—The American Medical Education Foundation has received a token gift from the Kalaupapa Lions Club, Kalaupapa, Molokai, Hawaii, according to the *A.M.A. News*. A letter accompanying the check said the gift "is made in the spirit of appreciation and gratitude for the relief medical science has brought to sufferers of Hansen's Disease all over the world. Since there is still a shocking lack of understanding and a unwholesome fear of the sufferer of this disease, the contribution is also made in the hope that education in medical schools will stress the psychologic, sociologic and humanitarian aspects of this disease to educate physicians, paramedical workers and all concerned to promote better understanding of problems involved."

Ophthalmologist to the Carville staff.—A full-time ophthalmologist, in the person of Dr. William B. Snyder, is a recent addition to the professional staff of the Public Health Service Hospital, Carville. Dr. Snyder will work in cooperation with Dr. James H. Allen of New Orleans, an authority on the eye in leprosy, who will continue in his capacity as Consultant in Ophthalmology. Dr. Snyder's appointment emphasizes an oft-neglected point: that complications involving the eye remain a major concern in the treatment of leprosy.—JOHN A. ROBERTSEN.

PERSONALS

DR. PAUL W. BRAND, who was in the United States last year, has received the Lesker award for his distinguished work in orthopedics. He has also been elected a Fellow of the British Orthopaedic Association.

DR. J. A. KINNEAR BROWN has been upgraded to Senior Specialist (Leprosy) "in view of his long service and status in the Ministry of Health of Uganda." He has also been appointed part-time lecturer in leprosy at Makerere University College.

DR. RICHARD S. BUKER, formerly engaged in leprosy work in Chiangmai, Thailand, is soon to return to that work, according to an announcement of the American Leprosy Missions caught on a Voice of America broadcast heard in the Philippines.

DR. ETIENNE BURNET, who from 1928 to 1936, was with the Organisation de Hygiene of the League of Nations and concerned with—among other things—leprosy from the international point of view, and who later was the director of the Institut Pasteur of Tunis until his retirement in 1943, died in Tunis on November 20, 1960, at the age of 87. An account of his life as scientist and author, by J. C. Levaditi, was published in the *Annales de l'Institut Pasteur* 100 (1961) 401-405.

DR. E. MUIR has returned to the Purulia Leprosy Hospital for an intended stay of of several months, expecting to return to England in January 1962.