

NEWS AND NOTES

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

CIBA SYMPOSIUM ON PATHOGENESIS

A Study Group on the subject of "The Pathogenesis of Leprosy" was convened by the Ciba Foundation (London) on January 16, 1963. Dr. J. A. Doull, of Washington, D. C., served as chairman, and Prof. V. R. Khanolkar, of Bombay, was guest of honor.

The invited membership of this study group comprised 23 persons, 6 from overseas. Five papers were read and discussed; the authors' abstracts appear below. The published proceedings are available for sale to the public at J. & A. Churchill, Ltd., London, and Little, Brown & Co., Boston.

WEDDELL, A. G. M. (Oxford Univ.). *Experimental observations related to the histopathology of leprosy.*—Since the Schwann cell-nerve fibre complex is intimately associated with *Mycobacterium leprae* in man, it was clear that there were two elements which might be primarily involved: either the axon or the Schwann cell. A series of experiments was devised in animals to determine the behaviour of Schwann cells and axons in the course of degeneration and regeneration in the presence of various forms of particulate matter. Evidence for the phagocytic behaviour of Schwann cells towards inert particles has already been given (see Palmer, Rees & Weddell, *Proc. Anat. Soc.*, 1961). Further evidence will now be provided from both animal and human experiments that the Schwann cell can be induced to behave phagocytically also towards mycobacteria. We have not succeeded in obtaining evidence of involvement of the axon in our experiments. The relationship of our experimental findings to clinical observations on the various forms of leprosy and the presence of a continuous turn-over of nerve fibres in peripheral cutaneous nerves will be discussed. From the experimental, clinical and histopathological evidence presented we feel bound to conclude that leprosy is not a focal but a generalized disease. Furthermore, we believe that the evidence in favour of the portal of entry being through the skin is minimal.

BRIEGER, E. M. and ALLEN, J. M. (Strangeways Research Laboratory, Cambridge). —*Cytopathology of the Virchow cell of human leprosy.*—The Virchow cell or lepra cell is known to be characterized by a foamy cytoplasm containing leprosy bacilli. In the electron microscope the cell is seen to possess cytoplasmic inclusions consisting of aggregates of vesicles intermingled with disintegrating bacilli. These inclusions represent the final stage of the interaction between the cell and the phagocytized bacilli, and indicate the failure on the part of the cell to dispose of the bacilli entirely. The development of the inclusions from membrane-bound, homogenous electron-dense bodies, frequently but not always associated with bacilli, is followed through to the highly vesiculated end-product. A clue to the nature of these bodies lies in the observation that lepra cells are rich in acid phosphatase, indicating lysosomal activity according to current views (de Duve and Novikoff). The question of whether these bodies belong to the class of lysosomes is discussed in the light of recent work by many authors in a wide variety of cell types. Our findings are a pointer to the part played by enzymes in the mechanism of cellular defense in leprosy.

REES, R. J. W. (National Institute for Medical Research, London). *Applicability of experimental murine leprosy to the study of human leprosy.*—Because of the similarities and differences between rat (murine) and human leprosy there has been some

disagreement over the value of using rat leprosy as a model for studying the human disease. Although it is admitted that the murine disease neither involves nerves, nor manifests a "tuberculoid" picture, nor responds to all the same therapeutic drugs as the human disease, there are fundamental similarities in problems still requiring elucidation which it is suggested can be better studied at this time in murine leprosy. Both diseases are chronic infections caused by acid-fast bacilli existing predominantly as intracellular parasites and causing little if any damage to the host cells. The results of studies will be given on the murine-leprosy bacillus regarding: (1) Rate of multiplication; (2) viability; (3) growth or multiplication *in vitro* in media or tissue culture systems. At the same time the applicability of these findings to leprosy in man and the expected behaviour of the human leprosy bacillus in experimental animals or in *in vitro* systems will be illustrated.

RANADIVE, K. J. (Indian Cancer Research Centre, Bombay). *Experimental studies on human leprosy*.—Experiments carried out during the last few years on the transmission of human leprosy infection to laboratory animals, and on the possibility of using newer techniques of tissue culture for cultivation and isolation of the bacillus, will be reviewed. The experiments were as follows: (1) Attempts to transmit human leprosy infection to newborn Wistar rats and Syrian hamsters. (2) *In vitro* testing of the affinity of human fetal nerve element for *Mycobacterium leprae*. (3) *In vitro* isolation of an acid-fast micro-organism from patients with lepromatous leprosy, and its continuous cultivation in tissue culture. (4) Intraperitoneal inoculations of the cultivated acid-fast micro-organism, designated "I.C.R.C. bacillus," into different inbred strains of mice. (5) Intratesticular inoculations of the cultivated bacillus into (a) mice and (b) hamsters. Salient observations from the full data will be reported and various aspects of these studies will be discussed in the light of relevant literature.

SHEPARD, C. C. (U. S. Public Health Service, Communicable Disease Center, Atlanta). *The isolation of leprosy bacillus by inoculation of foot-pads of mice*.—*Mycobacterium leprae* can be isolated with regularity in the mouse foot-pad by inoculation of clinical materials containing *M. leprae*, and apparently only from such materials. It can also be maintained regularly in continuous passage in the foot-pad. The relationship between infectious dose and time of response, the histopathology, and the non-cultivability differentiate the isolates from all other known mycobacteria. Recently R. S. Guinto has performed skin tests with a bacillary suspension from mouse foot-pads; the Mitsuda reactions closely paralleled those given by standard human lepromin in lepromatous and tuberculoid patients. The properties of the leprosy bacilli-mouse foot-pad system and some of the factors influencing it, the way this system is applied to studies of the keeping qualities of leprosy bacilli, the question of protection by mycobacterial vaccines, and the testing of drugs (done in collaboration with Y. T. Chang), will be described.

SECOND PAN-PACIFIC REHABILITATION CONFERENCE

The Second Pan-Pacific Rehabilitation Conference, hosted by the Philippine Foundation for the Rehabilitation of the Disabled, under the auspices of the International Society for the Rehabilitation of the Disabled, was held in Manila, December 3-7, 1962.

The program, as stated in a previous note [THE JOURNAL **30** (1962) 510], provided for two meetings on leprosy, the first being one of eight sectional meetings held on the afternoon of the second day, and the other a special plenary session at which Dr. Paul W. Brand, of Vellore, was to speak. Specially interested in these two sessions—besides Dr. Brand—were two visitors, Dr. James A. Doull, medical director of the Leonard Wood Memorial, and Mrs. Margaret Pope Hovey, representing the World Committee on Leprosy, of the International Society for

the Rehabilitation of the Disabled. Other "resource persons" who contributed to the discussions of the first session were: Mrs. Kamala V. Nimbkar, of Bombay, secretary of the General Indian Society for Rehabilitation of the Handicapped, and Mr. P. D. Udwele, Director, Social Services, Ceylon.

At the first meeting (the sectional one), which was under the chairmanship of Dr. L. V. Uyguanco, director of the Bureau of Disease Control, Manila, there were two speakers, Dr. Brand and Mr. J. A. F. Gleave, prosthetic appliance technician, Hong Kong. We lack precise information as to what took place at the plenary session at which Dr. Brand spoke again. Notes on those meetings, but mostly on the first one, have been supplied by Dr. Julio A. Pasion of the Tala Leprosarium, who served as rapporteur of that section meeting.

I. *By Dr. Paul W. Brand (title not given).*

A. Introduction: 1. How to overcome the stigma, the phobia of leprosy, the fear and dread of the family, of former friends, and of the public.

2. Possible solutions: A systematic campaign based on actual facts regarding the disease, therefore a good medical approach to solve this emotional background. To implement: (a) Research in all aspects of rehabilitation from medical, physical, vocational, etc., the public to be informed of the results, to be followed later on by proper recommendations for actual implementation. (b) Attack on superstitions by: Advance of medical science (including early case finding and early treatment); and reconstructive surgery. We should show a specific example of a patient greatly deformed, incapacitated and unwanted, then rehabilitated and returned to his village now acceptable to the people.

B. Loss of tissue of the foot in leprosy: 1. Predisposing causes: (a) Anesthesia of the foot; (b) continuous going to his job and insists on walking.

2. Other causes: (a) Pressure-weight bearing of body causes ischemic necrosis of the foot; (b) intermittent impact in walking also causes necrosis; (c) penetrating wounds; (d) sheer, i.e., constant rubbing of foot in the absence of normal subcutaneous tissue.

3. Points: (a) Re the medical treatment, the patient must have faith; (b) a foot with no previous ulceration, if properly insulated and properly used, will suffer no ulceration; (c) a foot with former ulceration, even with a springing sole, will get reulceration; (d) a shoe fitted with a rocker is ideal to avoid reulceration, even on a foot whose bone absorption is not more than a quarter of the foot, as long as the patient cooperates.

II. J. A. F. GLEAVE, *Prosthesis in leprosy*.—This paper was highly technical, but the main points brought out are:

1. With proper diagnosis of hand deformity, even at its worst stage, at least with special prosthetic appliance fitted, what is left of the hand can be made useful for work.

2. With proper diagnosis and treatment, they can fit a good shoe to a healed ulcerated foot, with hidden rocker to avoid reulceration.

III. *Discussion (Main contributions of resource persons).*

DR. DOULL.—When do we operate? Should we wait until a person is bacteriologically negative, while in the meantime he goes on to marked deformity?

DR. BRAND.—We can operate in any stage of the disease except during the stages of acute lepra reaction, where we don't touch the face. Exception, however, is in lagophthalmos when there is a danger of deeper eye involvement due to exposure which will lead to blindness; should we operate?

MRS. NIMBKAR.—Anesthesia should be watched very carefully. Even in athletic games like volleyball, the patient must be closely watched. Select the games for the patients.

DR. BRAND.—The patient cannot feel, so he must think and be on the alert in the course of his daily living to prevent burns, accidents, and deformity.

MR. UDWELA.—In case of paralysis, should we dramatize the result rather than look and treat the cause of the deformity first?

DR. DOULL.—I pass.

DR. BRAND.—There is a number of researchers all over the world who have dedicated their lives on this line.

IV. *Other Topics.*

A. Paramedical and medical aspects of the Hansen patient:

1. DR. DOULL.—Early diagnosis and early treatment will prevent deformity.

2. DR. BRAND.—The paramedical and medical workers must know how to prevent the deformity and when, in deformity, to advise patients in order that they would not go to farther deformity.

Problems: How to incorporate leprosy in a general hospital, where the patients are free to go for treatment and get out when well, as in Vellore and Bombay.

DR. JOSE BARCELONA (Director, Philippine General Hospital).—Dr. Barcelona cited two specific cases, one a nursing student and the other an operating room employee of his.

Question: Once they are negative and considered free, can she go back to school and he to his former work? This question resulted in a nice hectic discussion.

Answer: Consensus (Dr. Doull, Dr. Brand, Dr. Disini, and others). If negative, yes, but then the administration has its own part to do, to accept them or not.

MRS. ELIZABETH HESSEL (Philippine Leprosy Mission).—My group somehow or another did its share in the rehabilitation of one ex-patient who is now an employee of the Department of Health—thanks to the humanitarian understanding of some people in the administration who are silently working on this worthy cause. This ex-patient, a physician, set the example and triggered the employment of others like a postmaster, a nurse, an agriculturist, a sanitary inspector, and others who were all ex-patients and now regular employees of the government.

B. Care and education of healthy children of Hansen patients.

DR. ARTEMIO F. RUNEZ (Chief, Central Luzon Sanitarium).—He described the failure of institutionalized care and education of children in South American countries. This is practiced here and he is afraid the result will be the same.

Suggested solutions: 1. The situation can best be solved by *avoiding the problem*, by vasectomy currently practiced in Japan, India and other non-Roman Catholic countries.

2. (a) Preventorium or nursery but with many future socioeconomic drawbacks; (b) adoption by relatives or selected couples; (c) foster homes, UNICEF to pay foster parents; (d) let children stay with parents, giving proper prophylaxis in the form of BCG, lepromin, and early sulfone prophylaxis.

C. Socio-economic problems of the Hansen patients.

Stigma and public health education, already discussed. Vocational training and job placement are the most difficult. This is the consensus of all the delegates from other countries.

V. Summary and recommendation (Given by Dr. Brand, as requested by the group):

We are very thankful for this opportunity of more people gathering from different countries bringing with them their specialties to help in the program of an over-all rehabilitation. There is much progress in this line, and we hope for more of these conferences where we could exchange ideas for the benefit of our own countries.

Paramedical and medical workers, especially in the rural areas, should not hesitate to put up a rehabilitation program even from its simplest beginning, for it can be expanded later on to something more specialized.

That this sectional meeting on Hansen's disease has accomplished integration of

desire, of thought in our future work to implement the rehabilitation program in leprosy in the Pacific, which is our goal.

VI. Speech of Dr. Brand at the special session.

This speech was more of a re-emphasis of what was taken up during the sectional meeting than a new presentation. It covered the reason why leprosy as a disease is difficult for the public to understand. This is because the stigma has been deeply rooted from generation to generation. We cannot uproot this stigma totally, but we can little by little enlighten the public by more concrete scientific facts and data about the disease. In this connection, rehabilitation has an important role for scientists and physicians and other workers dedicated to this work, who can educate the public to accept the disease as an ordinary one.

ANTIGENS OF MYCOBACTERIA

A conference held at Warrenton, Virginia, April 1-3, 1963, attended by more than 150 scientists from Asia, Canada, Europe, South America and the United States was devoted to the problems of mycobacteria and fungi.

In a report of this meeting, in *Science* [141 (1963) 443], it is pointed out that it was almost 40 years ago that Florence B. Seibert and Esmond R. Long had identified protein as the active principle of tuberculin, and that it was but relatively recently that it was found that Seibert's PPD is not entirely specific, because some of the so-called "unclassified" mycobacteria give cross reactions.

Nowadays the relatively simple precipitation reactions used in the past have been superseded by new methods of instrumentation—electrophoresis and chromatography and variations—employed today in efforts to attain the basic particle [sic] that elicits a specific immune reaction.

The studies mentioned include one of "highly purified" proteins of the tubercle bacilli; one of repeated ion-exchange chromatography of culture filtrates of mycobacteria; one that suggests that the bacterial anatomy would be the basis of a fruitful search for mycobacterial and related antigens, and reporting findings in a study of the cell walls; and others of similar nature.

One paper bearing on leprosy was presented, by R. J. W. Rees, of London. He reported serological studies on 75 patients with different types of leprosy. By means of agar-diffusion techniques, precipitating antibodies in a variety of mycobacterial antigens have been detected in patients' serums. The results indicate that different types of leprosy can be identified by the pattern of antibodies.

WORLD LEPROSY DAY IN INDIA

In India January 30, the day of martyrdom of Mahatma Gandhi, is observed each year as the World Leprosy Day. For the observance of that day this year, the organizing secretary of Hind Kusht Nivaran Sangh, Madras, had sent a circular to all leprosy institutions in India. The chairman of the Hind Kusht Nivaran, Rajkumari Amrit Kaur, had also sent a message for World Leprosy Day, 1963, to be read at the meetings and functions organized in connection with the day, as follows:

"Mahatma Gandhi insisted that when we face abnormal suffering we should turn the search-light inwards and think of all those brothers and sisters who suffer in normal times. So, on the 30th of January, the anniversary of the day when he laid down his life in order that we may lead the life abundant, let us in these anxious and trying days

dwell in thought prayerfully on all those who suffer from that neglected and much-understood disease leprosy, and resolve to help them, thereby helping society also to contribute towards the ending of leprosy in India and the suffering it entails on patients all the world over."

According to a letter from Shri Gangadas A. Gandhi, honorary superintendent of the Shri M. P. Shah Kusht Nivaran at Dham, Bhavnagar, this message was read by the medical officer of the institution before a large gathering of doctors, citizens, social workers, local Christian missionaries and patients. The guests were taken around the hospital by the Hon. Superintendent, and they were shown various activities of patients and also were demonstrated the physiotherapy work. The whole day, it is said, was celebrated with great enthusiasm and in a good spirit by the patients and the staff.

INTERNATIONAL COURSES ON HEALTH DEVELOPMENT

Announcement has been made of a postgraduate course on health development to be given jointly by the Belgian and Netherlands Institutes for Tropical Health. The sessions will be held at the Royal Tropical Institute, Amsterdam, February-July 1964, and at the Institute for Tropical Health "Prins Leopold," Antwerp, February-July 1965.

The course will start with an introduction to problems of comprehensive development followed by principles of health development. The second part will be devoted to public health and diseases in the tropics. Practical exercises will form an integral part of the course, which will also offer an optional possibility for further specialization.

The program reflects the conviction of the organizing institutes that every physician in an environment of social-economic change should be thoroughly conversant with the concepts of comprehensive development and integrated health, and, on the other hand, that the public health official needs to be introduced into the notions, facts and techniques of clinical tropical medicine.

The main headings of the list of subjects to be dealt with in the course, as given in the detailed program, are: I. *Introduction to problems of comprehensive and health development*, comprising (a) problems of comprehensive development, and (b) principles of health development. II. *Public health and diseases in the tropics*, a very comprehensive list covering (a) important aspects of public health, (b) public health aspects of diseases in the tropics, (c) clinical and therapeutic aspects of diseases in the tropics (including leprosy), and (d) practical exercises.

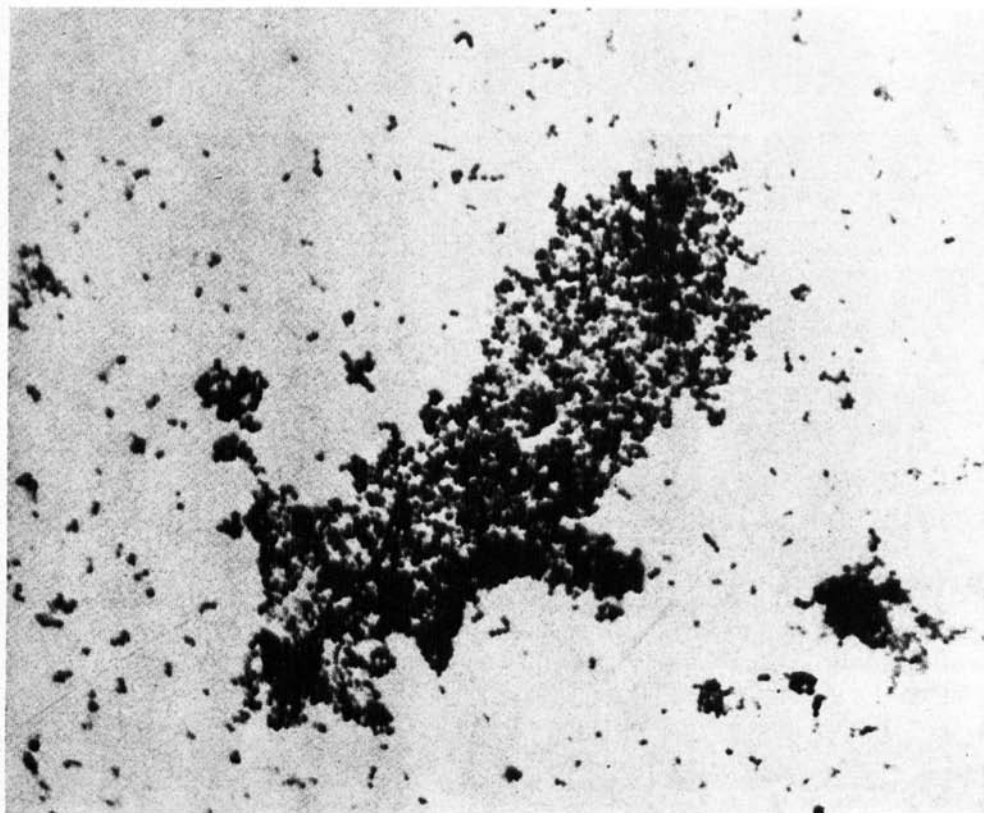
The course will be given in two sections, one with French and the other with English as the medium of instruction.

All enquiries should be addressed to the Netherlands Universities Foundation for International Co-operation (NUFFIC), 27 Molenstraat, The Hague, or to the Belgian Office for Development Co-operation, 55 Gulden Vlieslaan, Brussels.

L-FORM BACILLI FROM APHTHOUS STOMATITIS

A transitional L-form of bacteria possessing both viral and bacterial characteristics may well be the causative agent of aphthous stomatitis—commonly known as canker sores—according to recent research conducted at NIH, reported in the Medical News section of the *Journal of the American Medical Association* for May 18, 1963.

This unusual organism (the transitional L-form of bacteria, illustrated in the electron micrograph—magnification not known—reproduced with this note), was isolated from lesions of five patients by Drs. Edward A. Graykowski, of the National Institute of Dental Research, and Michael F. Barile, of the Division of Biologics Standards.



From one patient it was isolated in pure culture from recurring lesions on six examinations over a seven-month period, and from the blood during three acute phases of the infection. *The stable filterable phase was also recovered from tissue at the site of previous lesions during remission* (underline ours).

The L-form of bacteria is related to but not identical with another group of microorganisms—the pleuropneumonia-like organism—which has recently been shown to cause some cases of atypical pneumonia in man. The L-form is a filterable, virus-like variant of a particular bacterium. It may exist independently or together with its bacterial parent and the two vastly different phases of the same organism can transform from one type to the other with many intermediate transitional stages in a cyclic manner.

These findings—the presence of transitional L-forms in pure culture from numerous lesions, their persistence in one patient for at least seven months, the associated bacteremia during exacerbation, and the recovery of L-form colonies from tissue during quiescence—suggest to the researchers that “a relationship exists between the L-form group of bacteria and the pathogenesis of this disease and that at least some cases of this disease are infectious in nature.”

The investigators feel that “suggests that a phase of this organism can remain dormant and may be responsible for the occurrence of lesions at the same site.”

This finding is of interest in connection with the problem of reactions in tuberculoid leprosy centering around supposedly “healed sites” of previous lesions (see *THE JOURNAL* **30** (1962) 489-494 (editorial) and 501-503 (correspondence)).

NEWS ITEMS

England: *Deletion of "leprosy" from the Old Testament.*—It has been reported (Carville Star) that the term leprosy—"a word that is today historically, medically and exegetically unjustified" for the disease known by that name—will not appear in the new translation of the old Testament that is scheduled for publication in 1966. The new version will, it is said, be the result of 15-years' research and translation by a ten-man board of Protestant scholars in England, which group plans to eliminate "nonsense" words—which include "Jehovah" and "virgin" (the former because it is a "1520 deviation," the latter because the Hebrew word means only "marriageable girl"). The board's chairman is quoted as saying that "Much of [it] makes no sense as translated." Also that "The new translation will give it a wholly new idiom and rhythm." The panel expects it to arouse considerable controversy, but "The job has to be redone every hundred years or so . . . to meet the speech of that generation."

West Pakistan: *Treatment of patients at Karachi.*—Information about treatment work at Karachi was supplied by a recent visitor at the Federal Leprosarium at Carville, La., Dr. Zarina A. Fazelbhoj, a dermatologist. Besides treating occasional cases in her private practice, she does volunteer work at the mission hospital, the Marie Adelaide Leprosy Center, and is also connected with the management of the government leprosarium at Mangopir, 15 miles from Karachi. The Center, where some 600 patients were treated in 1961, is operated by the Sacred Heart Sisters (French), with a German physician, a Portuguese pharmacist and—this being something hitherto unheard-of—volunteer workers from the British and American embassies. That Center is to take over the management of the Mangopir leprosarium. The German Leprosy Association is said to be planning to provide technical personnel to train native workers to operate the leprosarium.

Thailand: *Leprosy worker receives royal recognition.*—Only rarely do workers among leprosy patients receive recognition. The list for the King's Birthday, December 5th, when annual decorations were given, included the name of Dr. Chinda Singhanet, director of McKean Leprosy Hospital in Chiangmai, in recognition of social relief activities. His majesty was pleased to confer upon him the insignium of the Knight of the Order of the Crown of Thailand.—CHINDA SINGHANET

The annual Mardi Gras to help leprosy sufferers.—For the past four years, in November, a one-night street fair was organized in Bangkok, the total proceeds to be used for the benefit of leprosy sufferers. These fairs were arranged by the business and diplomatic groups in this city. One section of a street was closed to traffic for the night, booths set up and street entertainments established. Admission tickets of \$1.00 were charged. In 1962 this "Mardi Gras" came under royal patronage.—CHINDA SINGHANET.

Malaya: *Peace-corps worker at Sungei Buloh.*—A 65-year-old nurse, Natalia A. Smillie, the oldest member of a 75-person contingent of the American Peace Corps sent to Malaya, has been assigned to work at the Sungei Buloh Leprosy Settlement near Kuala Lumpur. The Carville Star remarks, correctly as far as we are aware, that so far as known this is the first time that a Peace Corps worker has been assigned to help care for leprosy patients.

Japan: *Asia Anti-Leprosy Association.*—An organization of this name, it is reported, has been formed in Japan for overseas work. Its immediate plan calls for the establishment of a leprosy hospital somewhere at the foot of the Himalaya Mountains.

Korea: *Stay-overs at Soonchun.*—A serious rehabilitation problem at the R. M. Wilson leprosarium at Soonchun is the accumulation of almost 400 patients who are eligible for discharge, because of the reluctance of the neighboring communities to accept them. There is a project in hand to establish for them a separate resettlement community on 290 acres of mountain land acquired for the purpose. The project, under multiple sponsorship, comprises the construction of some 60 houses, the allotment of land, and the provision of livestock and farm implements, whereby—it is hoped—the

resettled families may eventually become self-supporting. This hospital, the oldest and one of the largest in Korea, is under the superintendence of the Rev. E. T. Boyer, and the medical program, which includes plastic and reconstructive surgery, is under the direction of Dr. Stanley C. Topple. As a treatment center, the hospital takes care of more than a thousand resident patients and outpatients.

WHO: Domesticating the leprosy bacillus.—In a recent issue of WHO's popular magazine, *World Health*, there is a note headed as is this one which speaks of the great possibilities that would be opened up for getting rid of the disease if the bacillus could be cultivated, and of the effort that WHO is making to provide (by air, of course) regular supplies of ice-dried skin samples from Burma to European laboratories that are trying to cultivate the bacillus. One picture shows one such shipment being delivered at an unidentified, but apparently English, laboratory. Another picture is a close-up showing the making of a smear of a bacillus suspension on a slide within a containing ring drawn on the slide. The rings, of which there are four on the slide, are all so perfectly uniform as to arouse the admiration of anyone who has tried to draw such rings on glass with but limited success.

Sand-blasted rings on slides.—On inquiry, it was learned that the picture showing the rings mentioned in the foregoing item had come from Dr. R. J. W. Rees, of the Mill Hill institution in London. According to him, the rings were made by protecting the outer background and the inner circle with paper, and sandblasting the exposed annular zone. Equipment for that procedure was available in his laboratory—which would not be the case in many places.

Dr. Gay Prieto to assess Philippine work.—Dr. José Gay Prieto, previous head of the Leprosy Section of WHO, has been engaged as short-term consultant to assess the leprosy control program in the Philippines.

Leprosy at the Regional Committee meeting.—The WHO Regional Committee for the Western Pacific region, which will meet this year in Port Moresby, in September, has for the technical discussions part of the program the topic of The Role of Local Health Services in Leprosy Control. Dr. D. R. Huggins, regional adviser on communicable diseases, has been designated operational officer of that program.

PERSONALS

DR. ORESTES DINIZ, now of Belo Horizonte, Minas Gerais, has been appointed full-time secretary, for one thing to speed up communications, by the Organizing Committee of the VIII Congress, to be held in Rio de Janeiro in September.

DR. V. MARTINEZ DOMINGUEZ, until recently in charge of the WHO Leprosy Advisory Team, is now regional adviser for Zone I in South America, with headquarters in Buenos Aires.

DR. JOSÉ N. RODRIGUEZ, of the Philippines, has been appointed as a WHO short-term consultant to spend three months in Singapore surveying the leprosy situation and make recommendations. After completing that assignment, it is understood, he will be assigned for a longer term to Malaya, for similar purposes.