

NEWS AND NOTES

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

OPENING OF THE LEONARD WOOD MEMORIAL—EVERSLEY CHILDS SANITARIUM RESEARCH LABORATORY

The Leonard Wood Memorial-Eversley Childs Sanitarium Research Laboratory was formally opened at Mandawe, Cebu, February 15, 1964. This research laboratory, which augments the epidemiologic and clinical research facilities of the Leonard Wood Memorial at Cebu, is the result of the imaginative planning of the recent Medical Director of the Leonard Wood Memorial, Dr. James A. Doull, who died in April 1963, only a few months before the laboratory was completed.

The new laboratory, air-conditioned, well equipped, and modern, provides approximately 5,000 square feet of space for investigations in microbiology, serology, immunology, hematology, and pathology. It furnishes support also for clinical investigations and epidemiologic studies.

Funds for construction at the Eversley Childs Sanitarium were provided by the Leonard Wood Memorial (American Leprosy Foundation). Financial support for the research staff and the purchase of laboratory equipment was furnished by a grant from the National In-



stitute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland, USA. The new laboratory is directed by Claude V. Reich, Ph.D., Microbiologist, who formerly was on the staff of the Johns Hopkins-Leonard Wood Memorial Leprosy Research Laboratory, Baltimore, Maryland.

The opening ceremonies were held in front of the new laboratory on the grounds of the Eversley Childs Sanitarium. An audience of approximately 1,000 visitors and patients attended. The new Medical Director of the Leonard Wood Memorial, Dr. Chapman H. Binford, presided. In opening remarks he expressed the hope that the laboratory would unlock the doors behind which lie the many unsolved problems of leprosy, including the cultivation of its etiologic agent, transmission of the disease to animals, and persisting puzzles in its epidemiology and treatment. Dr. Antonio C. Jovellanos, Chief of the Eversley Childs Sanitarium, and host for the occasion, welcomed the guests, and expressed gratification for the opportunities afforded in the establishment of the Laboratory. Mr. Cyril I. Crowther, President of the Leonard Wood Memorial, spoke of the new laboratory as a world center for research and training, and emphasized the cooperative element in its construction and support by an American private voluntary agency and the United States and Philippine governments.

The Philippine Government and that of the United States were represented. The Honorable Floro V. Dabu, Philippine Secretary of Health, emphasized the collaboration between Filipino and American experts in the Philippine research and control program, and reviewed in brief the studies supported by the Memorial since the days of Maj. Gen. Leonard Wood, Governor General of the Philippines from 1921 to 1927. Representing the United States, Minister Richard M. Service, Deputy Chief of Mission of the U.S. Embassy in Manila, enumerated the scientific conquests of many of the world's scourges, and indicated the role the new laboratory would play in the ultimate conquest of one of the more serious of the remaining diseases, leprosy. He paid tribute to General Wood, and to Dr. and Mrs. H. W. Wade of Culion, for their accomplishments in leprosy control.

Bronze plaques honoring two great leaders in leprosy research and control, James A. Doull and H. W. Wade, were then unveiled by long-time friends of each, Dr. Ricardo S. Guinto and Dr. Jose N. Rodriguez, respectively, who spoke of their long association in the work of the Leonard Wood Memorial and the cause of international health. In introducing Dr. Rodriguez, who was associated with Dr. Wade for many years, Dr. Binford paid tribute to the vision and original planning of both Dr. and Mrs. Wade.

Dr. Wade responded with a lively account of the early efforts to raise money in the name of General Wood for leprosy work in the Philippines.

At the end of the ceremony the laboratory was formally opened to visitors. Those in attendance included professional personnel, stu-

dents and public health authorities as well as patients. Dr. T. Nojima, Director of the Oshima Leprosy Hospital in Japan represented Japanese leprologists.

In the evening Mr. Crowther was host to several hundred guests at a dinner in the New Magellan Hotel in Cebu. At the dinner, on behalf of the Board of Trustees of the Leonard Wood Memorial, he presented a silver tray to Dr. Rodriguez "in appreciation of a lifetime of service and scientific achievements in the field of leprosy."

Messages of congratulation on the opening of the laboratory were received from friends around the world.

FURTHER REGARDING THE CIBA SYMPOSIUM OF THE PATHOGENESIS OF LEPROSY

Our previous report of this symposium [THE JOURNAL **31** (1963) 248], was in effect merely an announcement, being composed mainly of "authors' abstracts," prepared before the meeting. In general, they give little more than some of the conclusions reached, or, after background statements, simply list the features that were to be considered.

The little book (101 small pages) that reports the meeting in detail, contains the full papers and discussions and therefore has much of interest not included in the abstracts. The papers are not limited to new and previously unpublished work; on the contrary, they usually summarize work done over several years, most of it already published. Some of the points of particular interest not included in the abstracts are dealt with here. Incidentally, in two instances the authorships are corrected from those in the preliminary report, and in one instance there is a change in the wording of the title.

In the discussion of one of the papers (Weddell *et al.*) there is a four-page statement by C. E. Lumsden, of the Department of Pathology, University of Leeds, which is of such nature that it might well have been given place among the original articles. It is, accordingly, dealt with separately in this review, with a title supplied, following the official papers.

WEDDELL, G., PALMER, E., REES, R. J. W. and JAMISON, D. G. *Experimental observations related to the histopathology of leprosy.*—This report is primarily concerned with the function of the Schwann cells, which normally undergo a series of changes when there is nerve damage; becoming phagocytic, they remove the products of degeneration and prepare pathways along which regenerating axons can travel. In preliminary experiments it was found that the Schwann cells of a cut nerve stump in a living animal would, as soon as those cells had become phagocytic, take up foreign particles (carbon or colloidal gold), which later entered the blood vessels of the perineurium. Further experiments showed that the nerve stump of rats infected with murine leprosy (not of uninfected rats) would take up *M. lepraemurium* freely, but not *M. leprae*. On the other hand, in human volunteers with leprosy, all lepromin-negative, the Schwann cells of nerve stumps would take up the bacillus of human leprosy but not that of rat leprosy. This suggests that the Schwann cells must have a significant function in human leprosy. This contribution ends with a discussion of the portal of entry of the bacilli (not ordinarily through the skin), and the conclusion that once the bacilli are in the body they must be disseminated primarily by the blood stream to "their target organs—the Schwann cells."

BRIEGER, E. M. and ALLEN, J. M. *Cytopathology of the Virchow cell of human leprosy*.—The abstract serves fairly well as a summary of the article, except that in the latter much is said of the submicroscopic osmiophilic bodies which the authors call "cytosomes," and which appear to be related to phagocytosis. In bacterial phagocytosis, as in the phagocytic cells of leprosy, cytosomes are associated with digested bacilli and so may be related to the lysosomes of Duve. The lysosomes are regarded as packets of hydrolytic enzymes (including acid phosphatase) enclosed in a lipoprotein membrane, and to be involved in autolysis and in intracellular digestion. The Gomori staining method applied to frozen sections shows that the lepra cells are strongly positive for acid phosphatase. Later, at the end phase of phagocytosis, bubbly inclusions appear.

[Brieger, evidently regards only the foamy cell ("the Virchow cell") as the characteristic cell of lepromatous leprosy, synonymous with the lepra cell. In murine leprosy, he stated, "no lepra cells are found."]

REES, R. J. W. and WATERS, M. F. R. *Applicability of experimental murine leprosy to the study of human leprosy*.—In this instance the observations listed at the end of the abstract constitute the body of this review of studies carried on during the past 12 years. First is discussed the indirect measure of viability, based on the morphology of the bacilli as seen by either light or electron microscopy, i.e., the proportions of solid (viable) versus degenerate (nonviable) bacilli found in the lesions. Dead bacilli are removed from the tissues very slowly. In the untreated animal the proportions of viable bacilli are very high, and the total bacillus counts increase steadily until the animal dies; but when the animal is treated with isoniazid some 90% of the bacilli are dead within some two months, and the animal lives a year or so longer than the untreated controls. However, after a year or so of treatment the bacilli become demonstrably resistant to isoniazid, and the animal ultimately dies. The growth but not multiplication of the murine bacillus in ordinary (cell-free) media is described, but—and this is perhaps the most interesting feature of the entire presentation—the authors have succeeded in growing the rat bacillus in tissue cultures. By repeated subculture with rat fibroblasts they have maintained the growth for well over 500 days, its pathogenicity for rats being maintained during that time. (Now over 1,000 days, it was stated in discussion.)

RANADIVE, K. R. *Experimental studies on human leprosy*.—Of these experiments, done over a period of some nine years, the principal ones refer to observations of affinity of leprosy bacilli for nerve tissue in organ cultures of human fetal spinal ganglia, which led to cultivation of bacilli from leprosy lesions in tissue cultures of stromal fibroblasts of that source. Six strains of acid-fast organisms were cultivated from 16 specimens, and 4 of these strains became adapted to growth on standard media. This organism, called the ICRC (Indian Cancer Research Center) bacillus, has been identified as an "unidentifiable" mycobacterium. It is stated, nevertheless, that the clinical testing of a "lepromin" of this bacillus has given results "closely comparable to" those of actual leproumin. Finally, its pathogenicity in small animals is discussed; three photographs show different degrees of a remarkable deformity of the forelegs in mice injected intratesticularly.

SHEPARD, C. C. *Leprosy bacilli in mouse footpads*.—The success in infecting the footpads of the mouse is evidently ascribed to the relatively low temperature of that area. Inoculations are usually successful; of 53 recent attempts only 5 were failures—those specimens being from patients who had received treatment. The lesion is purely local; there is no extension to other organs. Passage from mouse to mouse can be maintained regularly; after 9 passages the final multiplication was up to 2×10^{18} -fold. The optimum ambient temperature is 20°C; at 35°C there is no multiplication. The ability to multiply also depends upon the size of the inoculum (5×10^3 bacilli). The bacilli are not cultivable.

LUMSDEN, C. E. [*Phagocytosis of leprosy bacilli by tissue cultures of neural system origin*].—Over the past 12 years the author had been engaged continuously in tissue-culture work on elements of the nervous system. In the work here related he used cultures obtained from chick dorsal ganglia, rat cerebellum, kitten cerebellum, human fetal dorsal root ganglia, adult human sympathectomy material, and human schwannomas (acoustic nerve tumors), besides three standard human strains of cells (HeLa, etc.). The method

mainly employed, was the "grafted culture" technic: when a transferred explant of a tissue culture was well established, some of the leproma material was placed alongside in a trough cut in the plasma clot and sealed in place with fresh plasma. Of most of the tissue-cell strains, well under 0.5% of the cells took up bacilli; two, of neural origin, did better, with 0.5-1% of the cells—usually Schwann cells, seldom fibroblasts—taking up bacilli, mostly as "globi;" while the cultures of the schwannoma lesions took up the bacilli with remarkable avidity, a great majority of the cells ultimately containing them. Furthermore, few bacilli remained unphagocytized, the "intracellular-extracellular ratio" being 23:1. The greater avidity of the schwannoma cells over the normal Schwann cells is attributed to the fact that it is a neoplastic cell. Unfortunately, these especially vigorous cells become exhausted *in vitro* relatively quickly, and no culture has been maintained for more than 50 days; no strain has been permanently established in culture.

—H. W. WADE

REHABILITATION OF THE CRIPPLE IN AFRICA

Symposium held in Kampala, Uganda, March 17-20, 1964

The initiative for this symposium came from the National Fund for Research into Poliomyelitis and Other Crippling Diseases, London, England. Invited delegates from various countries in Africa, and also from the United States of America, Jamaica, India and Hong Kong, took part. The Chairman was Sir Herbert Seddon, the well-known orthopedic surgeon from the United Kingdom.

While the main emphasis was on such crippling diseases as poliomyelitis, and on trauma, the interests of leprosy were represented by Professor Paul W. Brand (Vellore, India), Dr. Stanley G. Browne (Uzuakoli, Nigeria), and Dr. Morris Lea and Miss Jane Neville (Kumi, Uganda). Prof. Brand opened a discussion on "The management of nerve lesions in leprosy," Dr. Browne gave an address on "Leprosy rehabilitation in Africa," and Miss Neville of the Kumi Leprosy Centre spoke on "The education and training of cripples." Methods of treatment and appliances for diverse deformities were demonstrated, and Mr. John Gleave of Hong Kong advocated the application of modern techniques in appliance-making to the problem of Africa.

In view of the tremendous toll of crippling conditions throughout the continent of Africa, there is a great and growing need for rehabilitation services of all kinds, directed toward the prevention and treatment of physical impairment. Praiseworthy initiative on the part of individuals, in leprosy as in other crippling diseases, indicates what can and should be done on a larger scale.

This small gathering of experts was most valuable. Ample time was available for discussion of the papers that had been previously distributed, and the meetings resolved themselves into working sessions.

—S. G. BROWNE

VITH INTERNATIONAL CONFERENCE OF THE INTERNATIONAL UNION OF HEALTH EDUCATION

The International Union of Health Education announced, somewhat late, that its VIth International Conference would be held in July 10-17, 1965, in Madrid, Spain. The general theme of the conference was

to be The Health of the Community and the Dynamics of Development.

The Union, which is a nongovernmental organization set up in Paris in 1951, works in collaboration with WHO, UNESCO, and UNICEF. It held its Vth Conference in Philadelphia, Pennsylvania, in 1962. On that occasion the subject of Man in his Biological, Physical, and Social Environment was examined, it is said, "by participants from 70 countries with a view to identifying more effective ways of solving the major health problems which beset mankind."

The Secretary General of the Union is Dr. L. P. Aujaulat. Its headquarters are at 1, Rue de Tilsit, Paris 8, France. The *International Journal of Health Education* is published at 1, Rue Viallier, Geneva.

NEWS ITEMS

United Kingdom: "*Lepra*" for "*Belra*".—On the advice of publicity experts, the British Leprosy Relief Association has officially changed its "nickname" from BELRA to LEpra. From the point of view of the general public the old name conveys nothing, it was argued, whereas the new one clearly indicates that the organization is concerned with leprosy. [This information was supplied, on request, by Dr. J. R. Innes, medical secretary of the British Leprosy Relief Association.]

Further information appears in a recent issue of the *Carville Star*, in an item under the heading "Backward Step." It is stated that the name of the British Leprosy Relief Association's publication, a quarterly called *Leprosy Review* since its early days, will hereafter bear the name *Lepra*, and, furthermore, that it will be published only twice a year, in March and September. [This change of name of the periodical must also be regarded as unfortunate, for ultimately it seems very likely to be confused in reference work with the original publication of that name, which appeared from 1900 until it was interrupted in 1915 by the first World War. H. W. W.]

The story of Mary Verghese.—The story of Dr. Mary Verghese, of Vellore, India, who although paralyzed from the waist down in a motor accident nevertheless became a specialist in orthopedic techniques and is an operating surgeon, has been told in a book entitled "Take My Hands" by Dorothy Clarke Wilson (Hodder and Stoughton, 21s). The same author, in her book "Dr. Ida" (1960), told the story of Dr. Ida Scudder and the founding of the Christian Medical College at Vellore. This book has been reissued in an inexpensive edition (Hodder and Stoughton, 7s.6d.).

Denmark: *ISRD at Copenhagen, 1963.*—The Ninth Congress of the International Society for the Rehabilitation of the Disabled (formerly the International Society for the Welfare of Cripples) was reported on briefly in the *Mission to Lepers' Without the Camp* by Dr. Stanley G. Browne, of Uzuakoli, Nigeria. There were nearly 2,000 delegates and visitors from over 50 countries. "Experts in all imaginable aspects of rehabilitation read innumerable papers ranging from the abstrusely scientific to the severely practical, before keenly interested audiences." A business meeting of the Leprosy Rehabilitation Committee, formed about three years before, reached decisions which "should be of great practical value in spreading knowledge about rehabilitation among leprosy workers." A valuable session of leprosy workers and appliance makers aroused, among the latter, interest that they had not had before. Dr. Paul Brand was chosen to address the entire assembly on the final day of the congress.

Tanganyika: *Move from Makutupora to Hombolo.*—The old Makutupora leprosarium, of which Dr. Guy Timmis was the medical superintendent, had to be abandoned for lack of an adequate water supply; in the dry season there was only a trickle in a deep well. The Mission to Lepers engaged to cooperate with the Australian Church Missionary Society, by meeting the cost of the buildings, in the establishment of a new institution in an area of the bush so thick that the farming communities had not taken it over, on the banks of a reservoir created to prevent flooding of a new road. Besides construction work at the new site, an access road had to be built to bridge gullies and to cross an area of ground that was like quicksand in the wet season. About the middle

of 1963 some 98 selected patients were moved there from the old place; the other 38 were to be discharged for treatment as outpatients, although the formal opening ceremony was not held until September 1963. The place is repeatedly spoken of as "Hombolo," but it is actually some 3 miles from that village, so it was given the fulsome name, "The Maji-ya-uzima (Living Water) Leprosy Centre of the Diocese of Central Tanganyika, in connection with the Australian Church Missionary Society and the Mission to Lepers."

Northern Rhodesia: *Opening of Liteta leprosarium.*—This greatly improved institution was formally opened in April 1963, in ceremonies attended by the Minister for Health and the Chief Secretary of Northern Rhodesia. Dr. P. Glynn Griffiths, leprologist of the country and medical superintendent of the leprosarium, told of the remarkable improvements that had been made since Liteta was opened as a small tuberculosis settlement six years before. Previously a primitive place without running water, where the patients were housed in mud-and-wattle huts, it was now an institution of well-constructed houses and adequate central facilities—including a well-equipped laboratory with a trained technician. There are 30 leprosy settlements in the country, and Liteta is the best-equipped, as well as the largest, of them all. Much credit was given to Mr. L. W. Corbridge, leprosy superintendent, and in leprosy work for 20 years; he had 300 leprosy patients under treatment at Liteta before the first of the new buildings was started.

Korea: *A coordinated control program planned.*—Late in November 1962, in Seoul, according to *Without the Camp*, the Medical and Welfare Department of the government called a preliminary meeting of representatives of the government, of the World Health Organization, and of missions and relief organizations, to consider a coordinated leprosy control program for the country. With an estimated possible 100,000 cases, of whom only about one-third are registered, the government has decided to drop the ineffectual law on compulsory segregation and to encourage voluntary attendance at clinics. It is hoped to set up a larger number of these, and also of mobile clinics. The old leprosy villages are to be gradually resettled or dispersed under a new rehabilitation program. (The first draft of the control program, drawn up by a small committee, has not been seen.)

United States: *Aid by members of the U.S. military.*—Three items of such activities are carried in a recent issue of the *Carville Star*. (1) In Japan, crewmen of the USS Polux, at Christmas 1963, invaded the Gotemba leprosarium at the foot of Mt. Fuji and painted a chapel and other buildings, built a pig pen, replaced broken windows, laid drainpipes, and built a basketball and volleyball court, after which they held a Christmas party and gave a cash donation of \$500 to the leprosarium. (2) While in Karachi, crewmen of the USS Blandy spent three days in renovating the Marie Adelaide Leprosy Centre, painting the operating room and four of the wards, scrubbing and disinfecting the other rooms, labeling and inventorying medicines and building shelves for them, rigging electric lights in the operating room and elsewhere, and repairing the nurses' call-bell system. They also donated a sterilizer, bandages, antiseptics and clothing. (3) Soldiers stationed in Hawaii were in the midst of an ambitious project to raise money for the American Leprosy Mission's hospital at Khon Kaen, Thailand.

Dominican Republic: *Leprosy hospitals.*—It has been reported by Dr. Guillermo Herrera, director of the Sanatorio Colonia "Nuestra Señora de las Mercedes" at Nigua, San Cristobal, that a leprosy hospital constructed in 1958, which was prepared to carry on scientific investigations, was sacked during the disturbances following the change of government. The old hospital, which was for the segregation of leprosy cases, is being repaired. The present politico-social instability does not permit the carrying out of any scientific investigations.

WHO: *Seminar on public health administration in the USSR.*—This seminar, organized jointly by WHO and the Ministry of Health of the USSR, was held in the autumn of 1962. It was attended by 25 physicians and other health personnel from various parts of the world, who in the course of their 4-weeks stay visited several areas of the country. A comprehensive statement about the complex organization, with brief notes

on the principal diseases dealt with (which do not include leprosy), appeared in the *WHO Chronicle* for June 1963. [Reference to that report can be recommended for anyone interested in the subject. It appears that an unpublished (mimeographed) document entitled "Report of the Traveling Seminar on Public Health Administration in the USSR" was put out, and that a limited number of copies were available on request from the Division of Public Health Services, World Health Organization, Geneva. H. W. W.]

Training course in Burma.—The first training course for leprosy workers in Burma is said to have been held recently at the government leprosarium at Htaukkyan, Burma, by WHO in cooperation with Unicef. The purpose was to properly equip the workers to bring leprosy in Burma, one of the world's most highly endemic areas, under control in the next five years.

Regional committee for Western Pacific.—The 14th session of this committee met, according to the *WHO Chronicle*, in Port Moresby in September 1963. The technical discussions were on the role of local health services in the control of leprosy. Particular attention was given the part that these services can play in domiciliary treatment. Although it is desirable to treat infectious cases in isolation, segregation has many disadvantages; but statistical data comparing the two methods are still needed. The importance of sensible and humane legislation was also stressed.

(Alongside the foregoing report in the *Chronicle*, but independent of it, is a statement about "kuru," a mysterious, incurable disease characterized primarily by trembling and resembling disseminated sclerosis. This has only recently been recognized in a single tribe in New Guinea, and was at first thought to be of genetic nature, but it is spreading and increasing in incidence. H. W. W.)

Leprosy activities in 1962.—The following is taken from notes in the *WHO Chronicle* on the annual report of the Director-General, Dr. M. G. Candau. Leprosy field projects were started or extended in several countries, and progress has been generally satisfactory. In highly endemic areas, special attention has been paid to surveys of schoolchildren; in one such area in Burma the leprosy rate among schoolchildren was found to be 26 per 1000. Early treatment will prevent these children from becoming open cases and developing disabilities, and will reduce the contagiousness of the disease. After completing a survey in Western Nigeria, the WHO leprosy advisory team surveyed the Khon Kaen and Lampang areas in Thailand, examining 96% of the population of the sampling areas. The team's surveys in some countries of Africa and South-East Asia will allow a useful comparison to be made of data on epidemiology and other aspects of the disease, such as the patterns of leprosy, effects of treatment, and deformities. Support of research on treatment, the standardization of lepromin, serologic methods, the cultivation of *Mycobacterium leprae*, and the transmission of human leprosy to laboratory animals has been continued. Priority has been given to research that may bring about an almost immediate improvement in leprosy control—drug trials, chemoprophylaxis, and immunizing agents.

Tour of Dr. Stanley G. Browne.—On a recent tour sponsored by WHO, Dr. Browne, senior leprologist of the Eastern Nigeria Leprosy Service, covered about 25,000 miles and visited 8 centers in Africa, 6 in India, Malaya, Singapore, and Manila and Cebu in the Philippines, ending the tour at Hong Kong. (Incidentally he planned to visit Culion when in the Philippines, expecting to go there by airplane, but found that Culion has no air connections and that the trip by sea was too-time-consuming. H. W. W.) He was particularly impressed by the immensity of the leprosy problem in India, speaking—according to *Without the Camp*—of "Poverty indescribable, squalor and over-population. Shrouded figures sleeping on the pavements and in alley-ways, covered with bits of old sacking or blanket in the only home they know. Painfully emaciated, hungry, diseased and needy."

PERSONALS

DR. L. M. BECHELLI, head of the Leprosy Section, WHO headquarters, has recently made a rapid trip to several countries in the Far East. While in the Philippines he was

able, thanks to the U.S. Coast Guard Service, which provided transportation by airplane, to visit the Cullion Sanitarium—which few do.

DR. W. M. BONNE, director of the Division of Communicable Diseases, WHO headquarters, which division comprises the Section of Leprosy, died after a short illness on March 8, 1963, at the age of 59.

DR. DHARMENDRA, director of the Central Leprosy Teaching and Research Institute, is expected to retire in August of the present year.

RAJKUMARI AMRIT KAUR, born an aristocrat at Kapurthala Palace, Lucknow, India; a Christian by conviction; at one time personal secretary of Mahatma Gandhi, and for three years a political prisoner; appointed by Nehru as the first Minister of Health of the new government, which position she held for ten years (1947-1957); president of Hind Kusht Nivaran Sangh (the Indian Leprosy Prevention Society) and responsible for the establishment of the Central Leprosy Teaching and Research Institute at Chingleput; recipient of many honors, including honorary degrees from several American universities and colleges; died suddenly on February 6th, 1964.

DR. JOON LEW, professor of microbiology at Yonsei University Medical College in Seoul, and director of the World Vision Leprosy Center there, was given the World Vision's 1964 Christian Service Award at ceremonies held in Los Angeles in February 1964.

The REV. C. M. LLOYD, head of the Mission to Lepers' work in Korea, has been awarded the Public Welfare Medal by the president of the Republic of Korea.

MR. A. DONALD MILLER, who on his retirement was named Consultant to the Mission to Lepers, has—in recognition of his many years of distinguished service—been appointed as a Vice-President of the Mission.

DR. JOSE N. RODRIGUEZ, director of the Bureau of Disease Control of the Department of Health of the Philippines at the time of his compulsory retirement for age, spent several months in 1963, as a WHO consultant, in Singapore and Malaya investigating the endemicity of leprosy in those regions. He now plans to leave for England for a study period, and will go to certain South American countries to observe the leprosy control activities there in preparation for a projected book on the subject.

PATRICK J. TWOMEY, of New Zealand, who had dedicated thirty years of his life to the service of leprosy victims and organized the Leper Trust Board, died in 1963 at Suva, Fiji.

DR. NEWTON E. WAYSON, who was in charge of the Leprosy Investigation Station of the Kalihi Receiving Hospital, Honolulu, from 1927 to 1935, died on December 8, 1962, of coronary occlusion at his home in San Francisco, aged 79 years.