

NEWS AND NOTES

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

ILLNESS OF DR. JOSE M. M. FERNANDEZ PRESIDENT, INTERNATIONAL LEPROSY ASSOCIATION

On July 1, 1964, Dr. José M. M. Fernández, President of the International Leprosy Association, while en route from Paris to Argentina, was taken seriously ill shortly before his plane arrived at Recife, Pernambuco, Brazil. Dr. R. D. Azulay and Dr. Padilha Goncalves of Rio de Janeiro, who were aboard the plane, assisted Mrs. Fernández in arranging for his immediate hospitalization in Recife. In a letter of July 22, Mrs. Fernández stated that the attending physicians, a neurologist and a neurosurgeon, had made a diagnosis of vascular cerebral damage. At the time Dr. Fernández was still unconscious. Mrs. Fernández expressed great appreciation for the consideration given at Recife, writing "The Brazilian colleagues have been exceptionally kind and generous in this unhappy circumstance."

In a letter of August 10, Mrs. Fernández wrote that Dr. Fernández had improved. In a letter of September 10, she reported his successful transfer from Recife, Brazil, to Rosario, Argentina, where he had undergone intensive examinations and was being continued under medical treatment and physiotherapy. Subsequent reports indicate good progress.

Dr. Fernández, accompanied by Mrs. Fernández, had attended the meeting of the International Congress on Tropical Dermatology in Naples in June. During the same month, in the interest of the ILA, he had visited Madrid, Geneva, London and Paris. In London, on June 23, he held an informal meeting with the Councillors in the London area.

THE 2ND ALL-INDIA STATE LEPROSY OFFICERS CONFERENCE

This conference was held in Bhopal (Madhya Pradesh), India, from January 23 to 25, 1964, with 76 participants. At the first session, Dr. P. N. Khoshoo, acting director of Leprosy Control Work, Union Ministry of Health, introduced the first two items on the agenda: (1) Mid-plan appraisal of the IIIrd Plan, and ways and means to achieve its targets; (2) Methods for completing achievement of targets fixed in the draft of the IVth Plan. In the discussion, the figure of 2,500,000 was mentioned as an estimate of the number of leprosy patients in India.

Other items on the agenda, and speakers, included: up-grading of leprosy control units (R. V. Wardekar); coordination between government centers and voluntary agencies (B. S. Venkatashamana); non-attendance for treatment (C. Vellut); training of paramedical workers (V. Ekambaram); design and adjustment of forms and records (F.

Hemerijckx); implementation of the leprosy program in hilly, urban and delta areas (R. V. Wardekar and F. Hemerijckx); motivation of medical officers to join leprosy work (Dharmendra); welfare and health education activities (P. L. Kapoor); utilization of panchayats, and community efforts for the leprosy program (P. L. Kapoor).

The role and importance of sampling surveys for the organization of leprosy programs was developed by H. R. Sharma, statistical officer. The integration of the leprosy campaign in the general health activities, on the model of the so-called Wallajahet Scheme presently developed in South India as a pilot project by the Hind Kusht Nivaran Sangh, was discussed by Sri T. N. Jagadisan. The meeting closed with a talk by M. F. Lechat on Genetics and Leprosy, who asked the cooperation of the Indian scientists for the study of genetic polymorphism in populations with a high prevalence of leprosy, and stressed the interest of the epidemiologic research in ethnic minorities and genetic isolates.

—M. F. LECHAT

FIRST CONGRESS OF THE INTERNATIONAL SOCIETY OF TROPICAL
DERMATOLOGY, JUNE 8-12, 1964

The International Society of Tropical Dermatology held its first Congress in Naples, Italy, during the week commencing June 8 in the Palazzo dei Congressi, Mostra d'Oltremare. The Organizing Committee, with Pietro Cerutti as its President and Pietro Santoianni as its Secretary, can feel justly proud of the success of their labors, for the organization was superb in every detail.

Naples is fortunate in having such a fine building in which to hold congresses (Palazzo dei Congressi), for the main hall has comfortable seating accommodation for 1,200 persons. There were 450 participants, representing over 50 countries. The papers presented covered the following main subjects: cutaneous leishmaniasis, leprosy, the treponematoses, nutritional deficiencies, superficial and deep mycoses, photodermatoses, and dermatologic geographic ecology. In addition there were a number of papers on miscellaneous subjects such as elephantiasis, tropical ulcer, onchocerciasis, cutaneous bilharziasis and amoebiasis, Kaposi's angioreticulosis, psoriasis in the tropics, and virus diseases affecting the skin.

Fasal (U.S.A.) opened the Leprosy Session with his paper "Leprosy, the great imitator," and showed 10 photographs of dermatologic conditions affecting one ear and all closely simulating leprosy. He was followed by Gay Prieto (Spain) on the use of the chick embryo in culturing *M. leprae*, Henning Schmidt (Denmark) and Cottenot (France) on serology in leprosy, Montestruc (France) on natural immunity, Baccarreda Boy (Italy) on the value of BCG vaccination, Kooij (Holland) on skin reactions in leprosy and sarcoidosis, Imaeda (Venezuela) on electron microscopy of leprosy lesions, Cochrane (Great Britain) on biologic therapy, Degos (France) and Sagher

(Israel) on the therapeutic problems in France and Israel, respectively, Ramos e Silva (Brazil) on the use of griseofulvin in erythema nodosum leprosum, Languillon (Mali) on treatment with long-acting sulfonamides, and Latapí (Mexico) and Sisirucá (Venezuela) on the control of leprosy in Mexico and Venezuela, respectively.

Your reporter missed the papers which were given in the small hall (Hall B), as the two halls were in use simultaneously, but on the following morning he was able to hear Rees (Great Britain) on experimental work in the pathogenesis of leprosy, and Pettit (Malaysia) on the proof of sulfone resistance in *M. leprae* by the use of footpad infections in mice.¹

A number of evening entertainments were arranged, including a reception in the one-time Royal Palace, an orchestral concert, and a banquet, while Signora Cerutti and her Committee arranged a comprehensive series of tours for the ladies. Not content with all this, our Neapolitan hosts invited all participants and their wives to visit the island of Capri on the day after the end of the Congress—a wonderful ending to a memorable week.—W. H. JOPLING

¹On this subject your reporter would like to sound a warning note, for he has a lepromatous patient who relapsed clinically and bacteriologically while under treatment with sulfone (given orally and parenterally); yet the response to DDS was quite different when the patient's bacilli were injected into the footpads of mice. W.H.J.)

LEPROSY IN AUSTRALIA

(1) In correspondence in the *Medical Journal of Australia*, in which it is argued that leprosy patients, both hospitalized and discharged, should receive an allowance similar to that paid to tuberculosis patients, there are data on the number of patients in the leprosaria. The total is given as 385 at the end of 1961. Of these, 317 were full aborigines, 38 part aborigines, 2 Pacific Islanders, 1 Asian, and 27 Europeans. The allowance should not have the restrictions on those of the Tuberculosis Act, which do not permit payments to the aborigines if "they are not able to manage money or are likely to waste," or to the "aborigines and people of mixed blood who, prior to their illness, did not support themselves and their dependents (if any) from their earnings."

(2) In the annual report of the Commissioner of Public Health of Western Australia for 1960, it is pointed out that the health problems of the aborigines are peculiar. They are a primitive nomadic race with no organized agriculture or animal husbandry, and no settled place of abode, the estimated 5,000-6,000 being scattered over a very large area, slightly larger than the British Isles. Furthermore, many individuals lack a fixed name, which makes for difficulty in maintaining follow-up records. (Their names are also liable to many different spellings according to how they sound to different people.)

The estimated prevalence of leprosy among these people is stated to be over 8%, probably 10-12%. There were 159 patients in the Derby Leprosarium at the end of 1960, and 325 known cases at large, most of

them discharged patients. The number of inpatients had increased to 169 at the end of 1961, and to 179 in 1962, the last year for which a report has been seen.

(3) In Queensland, leprosy appears to be clearing up, according to the recent annual reports of the Health and Medical Services. At the end of 1960-1961 there were only 3 active white cases in hospital (2 of them new ones, both over 50 years of age), and 17 in the hospital for aborigines on Fantome Island. The figures for active cases in 1961-1962 were 4 and 11, respectively, and new infections were occurring. There was an increase of admissions of white patients in 1962-1963, ascribed to a marked increase of interest on the part of practitioners in diagnosing the disease, with 7 active cases in hospital at the end of the period, and 1 allowed home isolation. Hospitalization since 1959 has been in an annex of the Princess Alexandra Hospital, South Brisbane. The number of admissions to the Fantome Island hospital had also increased to 11, the year ending with a total of 15.

REPORTS FROM TANGANYIKA

The introduction to the 1960 report of the Health Division of the Ministry of Health and Labour, being the last such report before Tanganyika was to achieve independence in 1961, gives a summary of the history of the medical services of the country since they were first established by the Germans toward the end of the last century. There is much of interest in this review, as well as that of the services existing at the time of the report.

After 1923, when the hiatus due to the first world war was brought to an end by the Mandate to Great Britain, the medical service was rapidly expanded. Because it would never be possible to employ sufficient qualified medical officers to care for the entire population, stress was laid on training Africans. There were Dispensers (medical assistants), to staff dispensaries by themselves; District Sanitary Inspectors, for field work; and Tribal Dressers, for the simpler work.

In the German period (when, it seems, Koch was an adviser to the government), leprosy is said to have been common, and cases were segregated in camps established in the vicinity of missions.

In 1960 data are given on 19 institutions called leprosaria, owned either by the government, or by native authorities, or by voluntary agencies (3 less than in 1959, perhaps because the others failed to report), with a total of 1,406 patients admitted during the year. The two government leprosaria are at Chazi in the Eastern Province, and Makete in the Southern Highlands Province; two others are mentioned as unsatisfactory and liable to be shut down. In Part I of the report, under Communicable Diseases, a full page is devoted to leprosy, and some details of the leprosaria under Hospitals.

The report for 1962, tells of losses of professional staff of the Health Division of the Ministry of Health, in part by reversions to the National Health Service (not mentioned before), and in part because of the large number of medical officers—about 10% of the total—who were studying abroad for higher qualifications. In this report an exceptional amount of space (3 full pages), is devoted to the Leprosy Service, with

special reference to the two government leprosaria and with the full report of the Ministry's leprologist (not named, but in fact Dr. H. W. Wheate).

About the Chazi leprosarium, the farm was badly damaged by a flood, and many patients were left short of food. The majority of the patients going there are said to be self-supporting. It was here that trials of new drugs were being carried out. As for the Makete leprosarium, it was not possible to provide a resident medical officer, but the resident nursing sister and the experienced group of nursing orderlies carried on very well.

The leprologist's report is mainly of local interest. With regard to one area (the Bungwe District, Southern Highlands region, the leprosy clinics of which are based on the Makete leprosarium) it is said that after five years of a concentrated campaign the numbers of patients clinically cured now exceed the new cases reporting with leprosy, and a steady decline in prevalence is confidently expected.

ANNUAL REPORTS FROM KENYA

Of the recent annual reports of the Ministry of Health, all anonymous, each has at least a paragraph on leprosy. In that for 1959, the creation of the Ministry of Health and Welfare in July of that year is recounted. The Medical Department has been incorporated in the ministry, with two Assistant Directors, one in charge of staff and the other of hospitals and other institutions.

About leprosy, it is stated that with the introduction of the sulfone drugs ten years before, outpatient treatment became a practical proposition, and that system has been extended throughout the country. This is regarded as justified by the low incidence of infectious lepromatous leprosy, less than 1 per 1,000. More recently consideration was given the idea of establishing leprosy villages as an extension of the system of domiciliary cases, but this was approached cautiously because "such villages might not fit with the social and cultural backgrounds of the African." The first such village built was burned down before occupancy by some person unknown, and "the hint has not passed unnoticed."

Two leprosaria remain. Alupe (Itesio) on the Uganda border, the main one, was established primarily for research (presumably to be done at the East African Leprosy Research Centre established nearby, with the aid of Belra). The other, at Tsumbe on the coast, serves largely as a welfare institution for homeless and crippled cases. Nothing is said of the case load in these institutions, or of the personnel.

Recent surveys had revealed a probable total of 25,000 persons with leprosy, 20,000 in Nyanza Province and 2,000 in the Coast Province, the respective prevalence rates being 8.4 and 3.6 per 1,000 of the population. In 1960 a total of 1,470 cases were reported, 1,188 of them from Nyanza Province, and 1,343 in 1961. In 1962 the number was increased to 2,156, not because of an undue increase of incidence but because of a case-finding campaign carried out in the Central District of Nyanza Province.

The general policy, as laid down in 1959, is that leprosy, in common with other special diseases, shall be managed through the general public health services, specialist advice and assistance being called in when necessary.

The East African Leprosy Research Centre (John Lowe Memorial), in its report for 1960-1961, said that the government had assigned a medical officer to the Alupe leprosarium, but "at the time of writing difficulties in this respect have arisen again."

The Centre itself had personnel difficulties in 1961-1962. Mr. R. Rhodes-Jones, laboratory technologist, and Mrs. Rhodes-Jones, secretary-photographer, were on vacation in August-December, 1961. In April 1962 Dr. J. M. B. Garrod, the director, left on retirement leave. After that Dr. C. M. Ross, formerly head of the leprosy service in Northern Nigeria, was appointed director, but has died very recently.

LEPROSY IN NEW YORK CITY

On the occasion of the presentation of a case report before the Bronx (New York) Dermatological Society, Dr. Jules E. Vandow, of the New York Health Department, was asked to tell of the regulations concerning leprosy in New York City. His statement follows, somewhat amplified by information from another source inserted in parenthesis.

Leprosy is a reportable disease in New York City (but not elsewhere in New York State, where another sanitary code is in force). The City Health Code requires that a written report be sent to the Health Department within 24 hours of diagnosis.

Each reported patient is visited in the hospital or home by a Health Department epidemiologist who examines the patient and his familial contacts. Subsequently, patients are required to visit one of the several Tropical Disease Clinics of the Health Department at intervals of six months. Nasal smears and scrapings of skin lesions may be carried out at these visits. Aside from this semiannual examination, there is no other surveillance of patients with leprosy. There are no restrictions as regards employment or marriage (but they may not reside in households with children, or engage in personal services). This is because no secondary cases of leprosy have ever been known to occur in New York State. The Health Department wishes to be sure that these patients remain under medical care as required. Patients who cannot afford private care may obtain treatment at any of the Health Department's Tropical Disease Clinics or in the outpatient departments of many of the city's municipal hospitals.

As a matter of interest, about five or six cases are reported annually in New York City. At present, 61 patients with leprosy (none of them indigenous) are listed in the registry of the Health Department, but reporting of cases is probably incomplete and in actuality there are doubtless more than 61 resident cases (67 as of January 1, 1964, it is said).

The patient presented this evening was recently pregnant, and some questions have been raised as to whether the newborn child, if there had been issue, would be separated from the mother. This is not required or done in New York City, since, as I have said, secondary cases have not been known to occur in this area.

NEWS ITEMS

Egypt: *Predominant dermatoses.*—According to M. El Zawahry, assistant professor of dermatology at Koar el Qini in Cairo, as quoted by the JAMA, leprosy is among the skin diseases that are characteristic of the Egyptian population. Others named [in an article in *Maroc Med.* 43 (1964) 43-46] are oriental sore, cutaneous bilharziasis, and elephantiasis.

Uganda: *The Wiggins School at Kumi.*—The Kumi Leprosy Centre, with about 300 child patients, is located in the flat plains in the heart of Uganda, at about 4,000 feet above sea level. About five miles away is the associated Ongino leprosarium, with 300 adult patients. *Without the Camp* relates an interview with Mr. G. W. Ozuli, executive officer of the Teso District Education Authority, who told of the development of the school at Kumi since 1957, when new holdings were provided, and the school was upgraded and officially recognized. In the first year the school won first place in the whole district in a physical education contest with the healthy children of neighboring schools.

The "sixth year leaving results" are almost the best in the district. Among various other cheerful features related it is said that, in contrast with past experience there is now no difficulty, when a new child case is found, in persuading the parents to send it to the Wiggins School. In fact, children without leprosy sometimes apply for admission which, of course, has to be denied them.

India: *Training of paramedical workers.*—One of the speakers at a Mission to Lepers conference told of the need for training paramedical workers to extend leprosy survey work in India into the villages. It would be impossible to supply doctors for the thousands of leprosy sufferers at present untouched by hospitals or outpatient clinics, but it is possible to train young nationals so that they can diagnose early leprosy, give on-the-spot treatment, and direct those needing further treatment to outpatient clinics and hospitals. The advantages of early diagnosis with respect to sequelae were pointed out. While there will always be a need for the leprosy hospital with its specialized facilities, it is in the villages where the real leprosy work can be accomplished.

Nepal: *Religious discrimination.*—New laws came into effect in Nepal in August 1963, according to *Without the Camp*, which involved far-reaching reforms in social matters, such as the forbidding of polygamy and of discrimination on the basis of caste. On the other hand, the same new laws have not given freedom of religion; on the contrary, they have introduced even stricter measures than those previously obtaining. It is related that three years ago a group of eight baptized Christians and their pastor were arrested for breaking the law forbidding "change of religion." The eight were released after a year's imprisonment, but the pastor had been given a six years' sentence for converting the others. The difficulties facing those engaged in missionary work can be imagined.

Opening of the new leprosy hospital.—The new leprosy hospital which The Mission to Lepers has been building for some time under Dr. P. J. Chandy, of Anendaban, was formally opened on Saturday, November 23rd, 1963. It was to have been an especially big affair, attended by the King and Queen of Nepal and the Ministers of the government. However, early in the morning came the tragic news of the assassination of President Kennedy, and a day of mourning was declared. The royal party and retinue could not attend, but at the King's suggestion the ceremony proceeded without them. A moment of silence was observed as a tribute to President Kennedy and as a mark of sympathy with the American people, after the singing of the Nepal National Anthem by girls from the Mission School in Kathmandu. There were as yet no baptized believers among the patients, it was noted.

Hong Kong: *Drought at Hay Ling Chau.*—The drought that affected the water supply of Hong Kong so seriously in recent years, until arrangements were made with mainland China for an auxiliary supply, was felt no less severely at the leprosarium, as early as 1960. Accustomed in the dry season to utilizing any springs available, and to rationing, the shortage of water by May 1960 was extraordinary, water in the reservoir becoming almost exhausted. That month is supposed to bring wet weather, but rain fell only spasmodically, with little relief, until typhoon "Mary" brought a super-abundance of water—together with some damage. Nothing particular is said of this matter in the 1961 report, but in 1962 the situation was truly bad, water from the reservoir having to be rationed to 10 minutes a day. When the fluid "oozing from the taps was like chocolate," water was ordered from Hong Kong by tanker at considerable cost, and that had to be done repeatedly because May brought only dribbles of rain. Since then an underwater pipe line to nearby Sunshine Island has permitted connection with a main from Hong Kong, thus ensuring a supply in time of emergency. Recently, incidentally, an undersea cable provided an adequate and dependable supply of electricity from that source.

Korea: *Projects of the Mission to Lepers at Taegu.*—The first of a series of reports in the Mission to Lepers' publication, *Without the Camp*, tells of the establishment, on an unpromising site about 3 miles from the City of Taegu, of a center which was to be the permanent home of the Mission's staff. The location was a sloping one, but by bulldozing and rock-wall facing of terraces, "platforms" were made on which the buildings could be

placed. In December 1962 the Mission's medical center on the grounds of the (Taegu) University Medical College was opened with due ceremony. The center is a three-story building, with an outpatient department on the ground floor, wards and operating rooms on the floor above and the administration on the top floor. Some months later it was reported that this hospital was still without a full-time Korean doctor, but the staff of the adjoining Medical College Hospital had been very helpful on a part-time basis. However, it is said that the main activity of the Mission's work in Korea lies in the many village clinics that are visited by teams of doctors and nurses; the medical center in the compound of the Taegu University Medical School provides for specialized medical care and for surgical reconstruction.

Japan: *Meeting of the Pan-Pacific Rehabilitation Conference.*—We are informed by Dr. Kikuo Hamano that the Third Pan-Pacific Rehabilitation Conference will be held in Tokyo in April 1965. It is said that the first leprosy section will be created at that meeting.

Philippines: *Further liberalization of leprosy treatment.*—In an act of the Philippine Congress, 1963-64, it is specified that persons with leprosy shall not be segregated but are to be treated in any government skin clinic or rural health unit, or by a private physician, *except* when it is certified by the health authorities that the stage of the disease requires institutional treatment. In the latter case, they are to be treated in a government-operated sanitarium until it is decided that such institutional treatment is no longer necessary. [This act makes legal what has been the actual practice for a considerable period of time.]

United States: *Leprosy in San Antonio, Texas.*—There are 40 cases of leprosy in San Antonio, it is reported, and there may be many more in hiding or treated by private physicians and not reported. Not one of the reported cases in the city is from a family with another affected person, attesting to the feeble communicability of the disease. The Communicable Disease Division of the State Health Department is conducting a survey of leprosy in the state, and also sponsoring a program of professional education, with plans for a later public education program.

Old-time barbarism.—In his "column" called Tag Lines, the editor of the Carville Star relates a long-past incident of an effect of ancient ignorance of leprosy. On the wall of his office hangs a pair of leg shackles which had been found by one of the clinical staff at Carville and who, being curious, had brought them to Stanley Stein—"Carville's self-appointed historian." It was learned that, many years before, a new patient was brought there under guard and in handcuffs and leg-irons, to the infuriation of the resident patients. The guard had explained that the restraint was necessary, that the patient was "crazy," and had tried to escape. Later the patient told how, somewhere in Arizona, he had been chained under a tree after he was apprehended. He proved to be a quiet fellow, and became well liked as one of the community's barbers.

Ecuador: *Drive against leprosy begun.*—Under an agreement between the government, UNICEF and the Pan American Health Organization, a three-year pilot project for the control of leprosy in the country is to begin in the Pacific coast province of Monabi, from health centers in Chone and Jijijapa. The area of Monabi is said to be 7,602 square miles, and the population 600,000. The main aim of the control program (according to *Trop. Med. & Hyg. News*) is to seek out new cases in the earlier stages; to keep contacts under surveillance; and to rehabilitate patients physically. The two centers will be increased by a leprosy team of 10, headed by a specialist. The PAHO will provide a leprosy expert to cooperate, and several fellowships for foreign study. UNICEF is to provide drugs and equipment, and vehicles for transportation. The government will meet all local costs of the program.

Bolivia: *Flying missionary killed in crash.*—The Rev. Wallace Herron, of the Bolivian Indian Mission, was killed early in March when his plane crashed into the side of a mountain near Bella Vista in Bolivia, the American Missions' *News* has reported. Mr. Herron, an excellent pilot, who in 1941 introduced the first air taxi in Bolivia,

founded in 1948 the Tane leprosarium, finally located on Lake Victoria, which took over the patients at the government's San Juan leprosarium. He flew regularly from his home in Magdalena to the remote, nearly inaccessible, leprosarium to supervise its program. In 1961 he received from the government the award of the Gold Condor, in recognition of his services in the field of health and social service.

England: "*Lepra*" for *psoriasis*.—It may be of interest to recall that Robert Willen (1757-1812), who is described in a biologic note in the *JAMA* as the founder of modern dermatology in England (a woodcut of his appears on the cover of each issue of the *British J. Dermatology*), applied the term "*lepra*" to *psoriasis*, one of the "sealy diseases of the skin." Specifically, the term used was "*the lepra vulgaris*."

France: *The Valbonne Leprosy Home*.—The Valbonne institution, located in the Rhone Valley, owned by the French Protestant Church, is described (*Without the Camp*) as in a Chartreuse Monastery, the largest of its kind in the country. Although about 50 leprosy patients are cared for there, the monastery is open as a retreat house for Protestants in search of quiet and periods of reflective meditation.

Israel: *Importation of leprosy*.—Recently 13 cases of leprosy were found in the village of Klar Zeharia, founded ten years ago by immigrants from Iraq. An epidemiologic investigation was undertaken to detect any spread of the disease among the inhabitants of this village. After checking nearly 500 residents, 3 proven cases and 11 suspects were found. One of the new cases was in an 18-month old child. The percentage of leprosy in this community rose to 3.4%, which is considered a high rate. One has to assume that the focus of the disease was implanted or imported. This observation is reported by I. Szeskin, working at the leprosy hospital and Hadassah University in Jerusalem, according to the *JAMA*.

WHO: *Leprosy in the annual report, 1963*.—The annual report of WHO for 1963, by Dr. G. Candau, director-general, said that the past year had seen a significant expansion in the campaigns against leprosy in several countries. In some of them the work is being planned or undertaken as part of campaigns against other communicable diseases—against yaws in Liberia, Sierra Leone, and Togo, and against tuberculosis in Nepal. Trials of antileprosy drugs and of chemoprophylaxis continue, as well as research on the transmission and cultivation of *Mycobacterium leprae*, serology, the standardization of lepromin, and the role of genetic mechanism in the epidemiology of leprosy.—[From the *WHO Chronicle*, April 1964.]

PERSONALS

DR. R. G. COCHRANE is to serve as consultant at the U. S. National Leprosarium at Carville, for three months beginning in September. His services, it is reported, will be in Professional Training and Research, under WHO sponsorship.

DR. DHARMENDRA, head of the Leprosy Research and Training Centre, in Madras, writes that his retirement will not take place in February 1965, as has been said, but at a somewhat later date. He will then relinquish the editorship of *Leprosy in India* in favor of his successor.

DR. WILLIAM H. FELDMAN, at one time chairman of the Advisory Medical Board of the Leonard Wood Memorial, has been appointed a member of the Committee of Scientific Advisers of the American Medical Association's Biochemical Research Institute, now being organized.

DR. JOHN M. H. PEARSON of the National Institute for Medical Research, London, England, joined the staff of the Research Unit at Sungei Buloh Leprosarium, Malaysia, in April 1964, for a tour of 18 months.

DR. ADRIANUS PIJPEERS, of Pretoria, South Africa, born 77 years ago in the Netherlands, a pathologist who has contributed to the literature of leprosy among other things, is reported to have died on January 12, 1964.