

## NEWS AND NOTES

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

### TECHNICAL REPORTS OF THE RIO CONGRESS

Four versions of the reports of the technical committees (round tables and panels) of the Rio de Janeiro Leprosy Congress, September 12-20, 1963, are available. One of these is a separate pamphlet put out by the Organizing Committee of the Congress (COCIL), while the others were published in *THE JOURNAL* [**31** (1963) 474-574], *Leprosy Review* [**35** (1964), special supplement], and *Leprosy in India* [**36** (1964) 117-161]. These versions vary considerably, first and last, and the question arises as to which one is to be considered the *official* version, to be quoted in connection with moot points.

Presumably it should be the one put out by the COCIL, despite the fact that the reports exhibit plenty of internal evidence, in their variety of format and otherwise, that they were not reviewed by an Editorial Committee before they were released for consideration by the final plenary session and for publication. Also the vagaries and inherently possible errors of translation must be taken into account. The following comparisons of it and the other versions are made for the benefit—and, at times, warning—of those who possess only one of these publications.

In the COCIL version, all of the reports are given in full, apparently without editing. They are, in consecutive order: (1) Pathology and Experimental Transmission (P&E), (2) Borderline and Indeterminate (B&I), (3) Leprosy Reaction (LR), (4) Therapy (Th), (5) Epidemiology and Control (E&C), (6) Bacteriology and Immunology (including serology) (BIS), (7) Education and Social Aspects (E&S), and (8) Physical Rehabilitation (PR).

What purports to be the report of the panel on Bacteriology and Immunology presents peculiar difficulties. The panel was divided into 3 subcommittees, including one for Serology (see News note later in this issue). For some reason not known the panel did not submit a written report; what was written later by the chairman on the subjects of bacteriology and immunology—which, of course, was not acted on by the Congress—was published in the COCIL pamphlet, but was severely reduced editorially in *THE JOURNAL*. It was not available to the editors of *Leprosy Review* and *Leprosy in India*, and the latter did not attempt to deal with the matter; the former ran a brief "appraisal" by an individual member of the panel, who added a half page of critical personal remarks.

As for the treatment of these reports by the periodicals cited, *THE JOURNAL* modified them all with respect to format, to save space, and also made some needed editorial changes in wording. In those respects the reports (other than that of the BIS group) represent what they would have been if edited by the executive body of the Congress—in which case they would have been the official versions. The extremely long E&C report (24 pp. in the COCIL pamphlet) was very much reduced, although the subjects of the parts eliminated are indicated and sometimes summarized.

*Leprosy Review* followed the original format in most respects. Unexpectedly there is appended to the P&B report, headed as if quite separate, a "memorandum" on the examination of the bacillus which does not appear in any other version. How it was acquired is not known. What was used instead of the BIS report has been stated.

*Leprosy in India* followed the original format throughout, except that italics were used for numerous phrases evidently regarded as especially to be emphasized. In only one of the reports (E&C) have been noted a very few editorial changes in the text. As stated, the BIS report is lacking.—H. W. WADE

(It is assumed by the Editor that the official version will be that published in the *Transactions* of the Congress. E.R.L.)

#### SYMPOSIUM ON THE LEPROMIN REACTION

The Brazilian Association of Leprologists held this symposium on December 9, 1961, and the report was published in a special issue of the *Bol. Serviço Nac. de Lepra* [21 (1962) 7-379]. A series of abstracts of the Portuguese papers, by J. R. Innes, appeared in the *Trop. Dis. Bull.* [61 (1964) 495-501]. The report of this symposium was missed by THE JOURNAL at the time, and at this late date only the titles can be listed. Some of the papers were, as might be expected, restatements of material published before. For anyone particularly interested in the subject, reference may be made to either of the publications referred to.

QUAGLIATO, R. Interpretation of marginal or doubtful reactions to the lepromin test.

NEVES, R. G. Interpretation of the marginal or doubtful reaction to the lepromin test.

DINIZ, O. Variability of the lepromin test due to various causes, such as inoculation technique, quality of the inoculum, choice of cutaneous area, etc.

DE MIRANDA, R. N. Variability of the lepromin test due to various causes, such as technique, quality of the inoculum, cutaneous area, etc.

DE ANDRADE, L. M. C. Comparison between the microscopic and macroscopic readings of the lepromin test.

ROTBURG, A. Factors which influence the positivity of the lepromin reaction.

PEREIRA, A. C. Factors capable of influencing the conversion of the lepromin reaction.

BECHELLI, L. M. Comparative study of the lepromin and tuberculin tests.

ALONSO, A. M. Lepromin reaction in the light of new concepts of immunity and resistance.

TUMA, M. The active principle of the Mitsuda antigen.

SILVA, C. The lepromin reaction and some new aspects of medical investigation of it.

HADLER, W. A. The importance of the lepromin reaction in laboratory animals

AZULAY, R. D. Lepromin reaction in communities free of leprosy.

#### JAPANESE LEPROSY ASSOCIATION

##### *36th General Meeting, April 3-4, 1963*

This meeting, at which Prof. Shinji Nishimura presided, was held in Osaka as the 35th Section of the 16th General Assembly of the Japan Medical Congress. According to the English version of the program given in *La Lepra*, [32 (1963) Nos. 1-2], there were 2 "special discourses," 2 symposia, each of which consisted of several subtopics, and 44 miscellaneous papers, the titles of some of which are particularly intriguing.

The special discourses, on this occasion, were both given by non-Japanese:

LEW, J. Present-day leprosy in Korea.

HU, S. C. Epidemiological studies of leprosy in Taiwan.

Both articles are accompanied by English versions, the former in summary, the latter in full.

Each of the articles of the symposia has, in a separate section, a rather long abstract, which makes them accessible, although they cannot be summarized here. The first of them, entitled "Basis of culture of leprosy bacillus," comprises 7 presentations:

ITO T. Studies on the cytochromes in mycobacteria.

MORI, T. The respiration enzymes of the murine leprosy bacillus, especially diaphorase I and II, and malic dehydrogenase.

MATSUO, Y. Metabolism in murine leprosy.

NAKAMURA, M. Effects of physical and chemical conditions of the maintenance of *Myc. lepraemurium* infectivity.

MORI, R. Studies on the multiplication of leprosy bacilli in tissue culture.

YOSHIE, Y. Cultivation of *M. leprae* in culture of fibrocytic histiocytes, LH strain, derived from the skin of lepromatous patients.

HIRANO, N. Antigenic relationship between *Mycobacterium leprae* and other mycobacteria.

The second symposium, entitled "Consideration as to determination of the cure of leprosy," comprises 10 presentations, as follows:

OKADA, S. The changes of leprosy bacilli caused by chemotherapy.

NISHIURA, M. A study of the relationship between the ultrastructures of leprosy lesions and their responsiveness to antileprosy treatment.

ABE, M. Serological observations on the healing process of leprosy.

HONDA, H. The therapeutic course and the serum reaction in leprosy, especially the complement fixation reaction.

MAYAMA, A. Serum enzymes in chemotherapy of leprosy.

TAKASHIMA, S. Histopathological findings on the skin lesion of arrested leprosy.

TAJIRA, I. Late results of the case discharged as cured from the Keifuen Leprosarium.

MİYATA, T. On the findings of clinical examination of leprosy patients in Keiaien Leprosarium and home patients.

NAMBA, M. A comment on the criteria of discharge from clinical and microscopical findings.

YOKOTO, T. Criteria for the discharge of arrested cases from leprosaria, especially on the Mitsuda reaction.

As always, there are abstracts of all of the papers of the general program; but they are exclusively in Japanese.

Attached to the cover of the issue there is a notice of change of address of *La Lepro*, to Department of Leprosy, Research Institute for Microbial Diseases, Osaka University, Osaka. The new Board of Editors is listed.

#### ASOCIACIÓN MEXICANA DE ACCIÓN CONTRA LA LEPRO

Under this head there appears, in *Dermatología* [8 (1964) 61-65], a note by Manuel Malacara, on the weekly sessions held during 1963 at the Centro Dermatológico Pascua in Mexico City. Of the 38 sessions, 15 were clinical and 23 were devoted to different dermato-leprologic and general subjects. In the clinical sessions 66 cases were presented, only 4 of which appear to have been leprosy. Of the 23 themes dealt

with, brief notes in those regarded as most interesting are given. The titles (translated) follow, and also the note referring to the last of them.

LATAPI, F., ESTRADA, C., RODRIGUEZ, O., SAUL, A., ORDONEZ, B., MONTOJO, SOR CATALINA, LAVALLE, P., CASTILLO, J. and CASTRO, E. Leprosy in Mexico City. Analysis of 280 cases studied at the Centro Dermatológico Pascua during 1960-1962.

LATAPI, F., RODRIGUEZ, O., LAVALLE, P., MONTOJO, SOR CATALINA, MALACARA, M., SAUL, A. and ORTIZ, Y. Fifteen years of the Asociación Mexicana de Acción Contra la Lepra.

SAUL, A. Epidemiology of leprosy. What should be understood by contact?

LATAPI, F. Seminar on the control of leprosy. Belo Horizonte, Brazil 1958.

SAUL, A., ESTRADA, C. and LATAPI, F. Round-table about the next International Congress of Leprology. Rio de Janeiro, September 12-19, 1963.

LATAPI, F., RODRIGUEZ, O. and SAUL, A. Second seminar on leprosy. Cuernavaca, Mor., Mexico, August 12-19, 1963. Review and comments.

CASTRO, E., VARGAS, S. and VALENCIA, J. Leprosy in the south of the Federal District. A. Data about foci known before 1930.

CASTRO, E., VARGAS, S., VALENCIA, J. and ALVAREZ, C. Leprosy in the south of the Federal District. B. Data from 1930 to 1960.

LATAPI, E. Lepra reaction. Review of the papers presented and of the resolutions adopted at the 8th International Congress of Leprology.

As chairman of the panel discussing this topic, the writer had sent out a questionnaire in an attempt to arrive at uniform criteria, giving information about the existing confusion. It is believed that "lepra reaction" should be understood as an acute episode within the chronicity of the disease accompanied by cutaneous symptoms and general manifestations, and that this condition applies only to lepromatous cases. It should be differentiated from the so-called "leprous reactivation," which is an aggravation of the lepromatosis itself. Nothing new could be clearly established with respect to the etiology and pathogenesis, and only the risk of prescribing the corticosteroids routinely was pointed out.

#### INTERNATIONAL UNION FOR HEALTH EDUCATION

This International Union has announced that the VIth International Conference on Health and Health Education is to be held in Madrid, July 10-17, 1965. The organization of the meeting is in collaboration with the WHO, UNESCO, and UNICEF, by invitation of the Spanish Committee for Health Education. The themes of the conference are to be The Health of the Community, and the Dynamics of Development.

This meeting, it is said in a prospectus, "represents another forward step along paths opened up by the Vth Conference, held in the U.S.A. in 1962." At that meeting the subject of Man in His Biological, Physical and Social Environment was examined by participants from 70 countries with a view to identifying more effective ways of solving the major health problems which beset mankind. At Madrid, the conference will probe more deeply with respect to various natural groupings in which man grows and develops. The health of the community and its multiple components will be further explored in light of the spirit of the United Nations' Decade of Development, and of the International Cooperation year.

Attendance at this conference by all persons concerned with health education is cordially invited. The Secretary General is Dr. L. P. Aujoulat, and the Secretariat is at 1 Rue de Tilsit, Paris 8, France.

#### INTERNATIONAL COURSE IN HEALTH DEVELOPMENT

The Netherlands Universities Foundation for International Co-operation (NUFFIC) has announced that the second course in health development will be held at the Prince Leopold Institute for Tropical Health, Antwerp, Belgium, from February 1 to July 1, 1965.

This project, a joint one of similar institutions in the Netherlands and Belgium, is designed to promote related activities particularly in underdeveloped countries. The first course, given in Amsterdam in 1964, was held in 2 sections, for English- and French-speaking participants, of whom there were 18 in the former and 8 in the latter group. The course was attended by physicians from Argentina, Brazil, India, Iran, Pakistan, the Philippines, Surinam, Togo, and Viet Nam, as well as European physicians. Successful candidates who passed the final examination, 25 in number, received diplomas in "Development of Tropical Health."

The tuition fee is \$450. It is expected that the participants will come under fellowship or grants, which should also cover the cost of living for the period. Those admitted to the course will be automatically covered by insurance, and the Belgian Office for Development Cooperation will assist them with respect to their accommodation and social welfare generally. For further information, address the organization mentioned (NUFFIC), at Molenstraat 27, The Hague, Netherlands.

#### SEMINAR ON CARE OF FOOT IN LEPROSY

A five-day seminar on the care of the foot in leprosy was held at the Oji River Leprosy Settlement, Eastern Nigeria, August 17-21, 1964. Host for the occasion was Dr. A. Azike, Area Superintendent, Onitsha Leprosy Control Area, Rural Health Division, Ministry of Health of Eastern Nigeria. The seminar was organized by Dr. W. Felton Ross, who has been serving as surgeon at Oji River. He and Dr. G. H. Grant of Vancouver, British Columbia, and Mr. Milard O. A. Jaja, surgeon, from the University College Hospital, Ibadan, lectured and demonstrated surgical techniques for reconstruction of the foot. Dr. Victor Smith, of the Kano Leprosarium led a discussion on neuritis. Miss M. Skelly, physiotherapist, demonstrated preoperative assessment and records. The seminar included sessions on x-ray studies of leprosy, plantar ulcers, ulcer control, footwear, prostheses and orthopedic braces. Physicians, nurses, physiotherapists and others concerned in care of the foot, attended the seminar.—(R. F. Goldie—one of the physicians in attendance)

#### WORLD DAY FOR LEPROSY SUFFERERS, JANUARY 31, 1965

A call to observe Sunday, January 31, 1965, as World Day for Leprosy Sufferers was issued on November 20, 1964 in New York, by a national committee composed of four major voluntary agencies



concerned with leprosy. Dr. Howard Rusk, rehabilitation expert and director of the Institute of Physical Medicine and Rehabilitation, of New York University, is chairman of the committee.

The four agencies are American Leprosy Missions, the Leonard Wood Memorial, the Damien Dutton Society and the International Society for Rehabilitation of the Disabled. The purpose of the committee, according to Dr. Rusk, is to support the observance as an occasion to focus attention on the needs of leprosy sufferers as one of mankind's most grievous problems and to awaken in the public a sense of responsibility to meet these needs.

Originated in 1954 by M. Raoul Follereau of Paris, founder of the Order of Charity, the World Day for Leprosy Sufferers is now observed in more than a hundred countries. It has been endorsed by world leaders, including President Lyndon B. Johnson and the late President John F. Kennedy.

Pointing out that leprosy is one of the world's most serious health problems, the statement said that "it afflicts an estimated 10 to 15 million people and places a crushing economic and social burden not only on its victims but on communities in need of all their human resources. The statement continued: Despite the great increase in recent years of treatment programs run by missions, governments, United Nations agencies and voluntary organizations—still less than 20% of the world's leprosy victims are reached with regular treatment. At least 25% or more have physical disabilities in need of reparative surgery."

## NEWS ITEMS

**India:** *The Japanese Leprosy Mission for India.*—This organization, it is reported in *Leprosy in India*, is establishing a leprosy center at Agra, the foundation of which was laid ceremoniously in December 1963. The agreement with the Government of India envisions the construction of a modern leprosy sanitorium with a capacity of 100 inpatients and 300 outpatients. The center is expected to have the latest equipment for treatment and for investigations on reconstructive surgery and rehabilitation of cured patients. The Mission will meet the nonrecurring expenses of construction and equipment. (Nothing is said about the running expenses for personnel and supplies.)

*Lawyers help patients at Satara, Maharashtra State.*—The need of leprosy patients with legal and social problems brought on by their disease, has been realized by Dr. Akshoy Mohanty ever since taking over the extensive village clinic work started 10 years ago by Congregationalist missionary Miss Louise C. Fisher. Recently he succeeded in enlisting the cooperation of several lawyers in Satara, who give advice free of charge on such difficulties as wife abandonment because of leprosy, property rights, custody of children, etc., and when necessary initiate court cases and defend patients who are brought to court. The village clinic program, under the direction of the United Church of Christ, with financial support from American Leprosy Missions and the Mission to Lepers (London), reaches more than 2,000 patients in the state.

**Vietnam:** *Repeated Viet Cong attacks on leprosy hospital.*—The St. Joseph Hospital, near Nensang, Vietnam, was pillaged by Communist guerrillas in March 1961 and August 1962, and was subjected to an armed attack in October 1962. Most re-

cently, in March 1964, the truck used for hauling supplies and construction materials was stolen by the Viet Cong, and afterwards a U. S. helicopter was being used to transport supplies. To this news the *Carville Star* adds the comments that the three members of the personnel of the leprosarium near Ban Ma Thant captured by the Viet Cong in the spring of 1962 had not been heard from.

**Philippines:** *The leprosy situation.*—In an interview with the *Star* while visiting Carville, Dr. Leandro Uyguanco, director of the Bureau of Disease Control in Manila, is reported as saying—besides much else—that there are now 16,000 leprosy patients registered in the Philippines, and that under the amended regulations 11,000 of them are treated as outpatients while 5,000 require hospital care. The Culion Sanitarium, with 1,200 patients, is still the largest of the 8 special government institutions. One problem that is increasingly difficult is the unwillingness of many of the hospitalized patients to leave the institutions when they become eligible to do so. Of the “luxurious” set-up at Carville, he is quoted as saying, “I like your hotel accommodations, but the patients will never want to leave.” (The main article in the same issue of the *Star*, headed “Social Atrophy,” by the assistant editor Jim Duncan, discusses the situation at the Kalaupapa Settlement in Hawaii, which the comfortably situated “Old Timers” do not wish to leave—a situation also met with at Culion and many other places throughout the world.)

**Fiji:** *Makogai Leprosy Hospital to be closed.*—Clippings from the *Fiji Times* tell of a plan to close the Makogai Hospital in the next two or three years, it is reported. With current treatment the number of patients has dropped from around 800 to 170 in the past few years, and the entire island is no longer needed to accommodate them. Just how the remaining patients should be disposed was not yet decided.

**United States:** *Genetics and leprosy.*—In a lecture at Carville Dr. H. Warner Kloepfer, head of the Genetic Counseling Service at Tulane University in New Orleans, as reported by the *Star*, first related the roles of the genes and chromosomes in the make-up of man and his heredity. Harmful genes are on the increase because of many factors, one of which is improved medical care which, by lowering the death rate of persons with certain diseases, allows them to pass their deleterious genes to more offspring. If biochemists should be able to synthesize DNA, it might be possible to replace the deleterious genes and thus to eliminate abnormalities. Regarding leprosy, such an abnormality would result in susceptibility. Studies conducted in six counties in Louisiana had indicated that 1 of 20,000 persons had such a deleterious gene, and that 3 out of 5 of them actually contracted the disease. Although most of these patients were of French-Canadian ancestry, by carrying the inquiry back far enough to find common ancestors these ancestors always proved to have been German.

*New drug (B.663) investigated.*—The drug B.663, a derivative of 3,5-dihydrophenazine, according to a note in the *Carville Star*, has been under trial at the Laboratory of Clinical Investigation of the National Institutes of Health at Bethesda, Maryland. A fat-soluble substance, it was first tried out in experimental tuberculosis, with some effect and no apparent side effects. Leprosy patients (how many or what type is not stated) under treatment for 10 months had shown marked improvement, and the pilot study was being continued.

*The Puerto Rican leprosarium.*—In an earlier issue of the *Carville Star* it was pointed out, with documentation, that the future of the Trujillo Alto leprosarium and its few remaining patients (about 15) was uncertain. Since then one Puerto Rican newspaper had said that “There is no longer need of a leprosy hospital here” and suggested that the Trujillo Alto institution be converted into a home for delinquent girls. Although there is need for a home for such girls, and although the facilities of Trujillo Alto are inadequate for its present purpose, the question still remains: What will happen to the patients still there, with special reference to those not physically ready to be turned out (or, to use the government’s term, “reintegrated”) into society.

*Used postage stamps aid leprosy.*—It is reported that a leprosy clinic operated

by the Sisters of Nazareth at Patna, India, at which about 1,500 patients are seen weekly, has been supported by donations of used postage stamps for the entire seven years of its operation. Stamps addressed to Stamps versus Leprosy, St. Joseph Hospital, Lexington, Kentucky, are turned over to the mother house of the Sisterhood at Nazareth, Kentucky, for processing, after which they are sold at an average rate of \$15 for 5,000.

**Venezuela:** *Leprosy seminar on rehabilitation.*—It has been announced that sometime "next spring" there is to be held in Caracas a 2½ month seminar on leprosy rehabilitation for leprologists, general practitioners, and public health officers. Officially entitled "A Course on Prevention of Deformities and Physical Rehabilitation of Leprosy Patients by Non-Surgical Methods," it is to be held under the auspices of the Pan-American Health Organization, the Government of Venezuela, the Committee on Leprosy of the International Society for Rehabilitation of the Disabled, and in cooperation with the American Leprosy Missions and the World Rehabilitation Fund. Further details may be obtained by addressing American Leprosy Missions, Inc., 297 Park Avenue South, New York, N. Y. 10010.

**Brazil:** *Serology group at Rio.*—On September 19, 1963, according to a note in the *Boletín de la Oficina Sanitaria Panamericana*, a group of 8 specialists and 17 observers met in Rio de Janeiro under the auspices of that Office to deal with the specific problems related to the serology of leprosy. The subjects dealt with were grouped under three themes: (1) Serologic status during the continuous production of antigens and antibodies in lepromatous leprosy; (2) Serologic identification of bacteriologically positive persons (carriers) without visible cutaneous lesions; and (3) Identification of antigens in ill-defined and suspicious lesions. (This obviously refers to the designated third subcommittee of the panel on bacteriology and immunology of the International Congress of Leprosy, held in Rio de Janeiro at the time indicated, of which group no report has been seen.)

**United Kingdom:** *Mission to Lepers' anniversary.*—This organization, founded in 1874 primarily to provide relief for India's leprosy victims, is reported to have celebrated its 90th anniversary last October. Special services were held in England, Scotland, Canada, and the United States—where, in New York in 1911, a committee was created from which has grown the present organization renamed the American Leprosy Missions.

*Gilbertus Anglicus on leprosy.*—Gilbert, of England, was one of a handful of physicians in that country who prepared manuscripts on medicine that were of sufficient significance to hold the attention of the profession into the following centuries, although it has no standing with medical historians. His most famous product, according to a historical editorial in the *J.A.M.A.*, was his *Compendium Medicinæ* which apparently was composed in about 1240 but not printed until 1510, in Lyon, as a book of 724 pages. It covers a host of subjects, among which leprosy was one. To quote:

Gilbert's consideration of leprosy attributes the disease to heredity, a corrupt diet, foul air, the breath of a leper, or cohabitation with a woman who had been promiscuous with lepers. Anesthesia of the fingers and toes, atrophy of the skin, and distortion of the joints of the hands and feet, were recorded as symptoms of the disease. There were four varieties: elephantia, leonina, tyria, and alopecia.

**Congo:** *Problems of medical education.*—The idea that medical work in the Congo consists mainly of isolated stations where missionary doctors and nurses perform "unbelievable operations under the most primitive conditions" is no longer wholly true. Nevertheless, from the point of view of the Congo ever being able to meet its own needs, "the situation is sad, even desperate." This is from a long letter from Dr. R. B. White, at the Institut Médical Evangélique in Kimpese, which appeared in the *Trop. Med. & Hygiene News* last February. The topics treated are: What is the situation? (Of the 360 doctors, only 4 or 5 are Congolese, with 40 more to return soon from training on accelerated program in France; similarly there are few other personnel of the various grades.) What is being done? What are the problems? (The first 3 of 7



items discussed are politics, government, and incompetence.) What of the future? (This is not too bright; under the best of conditions this country, and many others, will need outside help for at least another generation.)

**WHO:** *Headquarters construction advanced.*—The traditional bouquet marking completion of the main construction of the new WHO building in Geneva was placed on the structure during special ceremonies in July, according to a WHO press release. The building will be completed by the end of 1965.

#### PERSONALS

PROF. GERHARD DOMAGK, discoverer of Prontosil, the first of the sulfonamides which led to the discovery of the sulfones, died on April 24. A Nobel prize winner, he was prevented by political circumstances from accepting the award until after the last war. He then received the gold medal but the prize money "eluded him" (*Brit. Med. J.*) because by that time, according to rules, it had been returned to the general fund.

DR. TSUNEO INAMI, acting chief of the Airaku-en leprosarium in Okinawa, spent six months in dermatology studies at the Walter Reed Hospital in Washington, D. C., after which he visited the Carville leprosarium for three weeks, observing the technics in use there.

DR. C. K. JOB, medical superintendent of the Wm. Jay Schieffelin Sanatorium, Karigiri, South India, and his wife were recently honored by a luncheon given by the American Leprosy Missions in New York. He had spent several months in England doing research under a Royal Society grant, followed by a period in the United States under a Rockefeller Foundation grant to observe research at several of the country's leading institutions.

DR. EDGAR B. JOHNWICK, medical officer in charge of the U. S. Federal Leprosarium at Carville, La., was awarded, last June, a Meritorious Service Medal, with citation, by the surgeon-general of the United States Public Health Service.

DR. HARI PAUL, for sixteen years medical superintendent of the Lady Willingdon Leprosy Settlement (now the Sanatorium of the Central Leprosy Institute) at Tirumani, Chingleput, Madras, aged 52, died suddenly of a heart attack on August 30, 1964.

DR. ROY PFALTZGRAFF, for some twenty years a medical missionary in Northern Nigeria, superintendent of the Garkida leprosarium and government leprosy officer of two provinces, now on furlough from that post, has been appointed for a year's service at the Federal Leprosarium at Carville, Louisiana, as Chief of Rehabilitation.

DR. OLAF K. SKINSNES, of the Department of Pathology, University of Chicago, has recently made a three-months tour for leprosy study of Hawaii, Japan, Korea, Taiwan and Hong Kong, partly to survey for the American Leprosy Missions the work under way in those places, and partly to conduct studies of the pathology of leprosy at the University of Hong Kong.

MRS. MARGARET B. WILSON, since 1959 librarian at the Federal Leprosarium, Carville, La., has resigned from that position and accepted one as medical librarian at the Veterans Administration Hospital in Bedford, Mass.