of the drug was used; and (3) insufficient emphasis was placed on the reduced incidence of severe leprosy reaction and acute edema of hands and feet in Tapazole patients.

It appears to me that further trials are desirable, with higher dosage and continuous maintenance of Tapazole. I believe parallel investigation is needed on the concentration of lipids in leprosy patients, with quantitative determination of the amount of iodine in tissues, for which standard methods are available (1).

Confirmation of a high concentration of iodine in the skin in leprosy would support the use of higher doses of antithyroid compounds such as Tapazole. Since this drug is readily soluble and is absorbed well percutaneously, experimental use by injection is possible.

In my patients I have used 90-400 mgm. daily. At present more than 20 patients are receiving a daily dosage of 100 mgm.

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CORRECTION

Under News Items in The Journal [32 (1964) 213], in connection with a notice of the recent change of name of the abbreviation of the British Leprosy Relief Association from BELRA to LEPIRA, it was stated erroneously that the "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." The International Journal of Leprosy has been informed by the Editor of Leprosy Review that that Journal has not changed its name, that it will continue to be designated Leprosy Review, and that it will be published quarterly as heretofore. The confusion on the part of the International Journal of Leprosy resulted from the change in title of a different publication also published by the British Leprosy Relief Association. The Association has changed the name of its Belra Quarterly, a news magazine, to Lepra Magazine. The International Journal of Leprosy deeply regrets the error.