

NEWS AND NOTES

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

THIRD PAN-PACIFIC REHABILITATION CONFERENCE

This general conference was held in Tokyo on April 13-17, 1965. For the session on leprosy rehabilitation, Dr. K. Hamano, chairman of the Board of Directors of the Tofu Kyokai (Japanese Leprosy Foundation) was in charge of the program. This session was held on April 14 and 15, with the following program:

April 14. Morning Session.—Chairman: Dr. K. Kitamura (Japan). Theme: Some Aspects of Recent Advance in Reconstructive Surgery of Leprosy. Speakers: Dr. J. R. Harris (India), Dr. D. Kim (Republic of Korea), Dr. K. Ikeda (Japan), and Dr. A. Selvapandian (India). Discussants: Dr. A. G. Warren (Hong Kong), and Dr. K. Saikawa (Republic of China).

April 14. Afternoon Session.—Combined session with Committee on Vocational Rehabilitation. First Theme: Physical and Emotional Problems in Restoration. Speakers: Mr. T. N. Jagadisan (India), and Mr. Y. Takadate (Japan). Second theme: Emotional Problems in Restoration. Speaker: Mr. C. W. Wright (South Africa). Discussants: Mr. H. A. Jones (I.L.O.), and Mr. S. Suzuki (Japan).

April 15. Morning Session.—Chairman: Mr. D. J. Ward (India). Theme: Medical Rehabilitation Techniques as Integral Parts of the Whole Leprosy Program. Speakers: Dr. G. K. Wilson (Republic of Korea), Miss J. M. Watson (Hong Kong) and Mr. J. A. E. Gleave (Hong Kong). Discussants: Dr. A. G. Warren (Hong Kong), Dr. J. R. Harris (India), Dr. K. Ikeda (Japan), and Dr. S. Kobayashi (Japan).

April 15. Afternoon Session.—Chairman: Mr. T. N. Jagadisan (India). Theme: Problems of Leprosy Rehabilitation in Pacific Countries. Speakers: Dr. J. W. Edwards (Burma), Dr. J. N. Rivera (The Philippines), Dr. Shi-Ryong Choi (Republic of Korea), Dr. Rih-Chiang Hong (Republic of China), and Dr. T. Inami (Okinawa). Discussants: Dr. J. W. Edwards (Burma), Dr. Joon Lew (Republic of Korea), Dr. V. P. Das (India), Dr. H. Konishi (Japan), Dr. Yang Liang Siang (Hong Kong), and Dr. J. Ohmura (Japan).

Preceding the Conference, on April 9 and 10, Dr. A. G. Warren (Hong Kong) demonstrated reconstructive operations on leprosy patients at the Tama Zensho-en National Leprosarium. Miss J. M. Watson (Hong Kong) also gave demonstrations of physical training of leprosy patients, from April 6-10 at the Tama Zensho-en, on April 19 and 20 at the Koyama Fukusei Byo-in (Resurrection Hospital) at Gotemba, Shizuoka Prefecture, and on April 21 and 22 at the Suruga National Leprosarium, at Gotemba.—K. KITAMURA.

JAPANESE LEPROSY ASSOCIATION

37th General Meeting, April 3-9, 1964

At this meeting, reported in *La Lepro* [53 (1964) No. 2], there were two "special discourses," one by Y. Hayashi, on "Provisional Investigation in Search for Leprous Disposition," and the other by H. Ito, entitled "On Rehabilitation with a Special Reference to Chronic

Rheumatoid Arthritis," both with summaries in English. (An abstract derived from the summary of the former article appears elsewhere in this issue.) Of the individual papers read, the list (in English as well as Japanese) contains 49 items, of a very wide variety.

Some of the titles seem a bit odd, notably one entitled "Effect of liquid-paraffin-coated coli on the evaluation of experimental murine leprosy." One, "Studies on the enumeration of *M. leprae* in lepromins," is unusual in that the list of authors includes, besides three persons of the National Institute for Leprosy Research, two joint authors (J. H. Hanks and B. R. Chatterjee) from Johns Hopkins University. There are abstracts of all of these papers in Japanese.

WHO SEMINAR ON LEPROSY CONTROL, MANILA

The First Regional Seminar on Leprosy Control for the Western Pacific Region was held in Manila, April 21-28th, 1965, under the immediate direction of Dr. Luis M. Bechelli, until recently the Leprosy Officer at the Geneva headquarters.

The Seminar was composed of 25 participants (one of whom was absent) representing some 18 countries, from Australia, Papua, Tahiti, and Fiji, to Singapore and Selangor in Malaysia, Laos, Viet Nam, Japan, and Korea. Dr. Casimiro B. Lara, of Culion, was chosen to serve as chairman, Dr. Soon Bong Suh, of Korea, as vice-chairman, and Dr. Desmond W. Beckett, of Fiji, as rapporteur. Besides the participants there were 5 observers, 6 consultants and temporary advisers, and 6 members of the WHO secretariat, WPRO. (The International Leprosy Association was invited to send an observer, but nobody was named.)

The participants were divided into three working groups, to deal with selected topics of the agenda; one of these groups, it is understood, was French-speaking. The topics discussed were:

- I. Case finding.
- II. Ways of treatment (a) outpatient care.
- III. Ways of treatment (b) inpatient care. Also evaluation of progress during treatment.
- IV. Protection of healthy population, with special reference to contacts with children.
- V. Role of local health service in leprosy control.
- VI. Training.
- VII. Health education. Social and legal measures in leprosy control. Rehabilitation.
- VIII. Administrative measures: planning, programing, organization and evaluation.

A plenary session was held each morning, when the reports of the working groups on the topic or topics assigned for the previous day were considered, and a 30-minute talk was heard. After a coffee break, the rest of the forenoon and usually (except Saturday) the entire afternoon was devoted to sessions of the working groups. The talks referred to were as follows:

- Present knowledge of epidemiology, Dr. R. S. Guinto (Philippines).
- Present status of leprosy therapy, Dr. J. G. Tolentino (Philippines).
- Leprosy control, Dr. L. M. Bechelli (Brazil).
- Leprosy problem in the Western Pacific, Dr. D. R. Huggins (WPRO).
- Health Education, Mr. D. Johnson (WPRO).
- Methodology of national health planning, Dr. A. Angara (WPRO).
- Evaluation, Mr. A. Aldama (WPRO).

The last of the plenary sessions, before the closing session, was devoted to consideration of the conclusions of the seminar. The report rendered a "final draft report," which will be released after it has been considered (and, presumably, edited) by WHO headquarters.

ALBERT DUBOIS JUBILEE NUMBER OF THE
ANNALES DES SOCIÉTÉS BELGES DE MÉDECINE TROPICALE

The first number for 1964 of this periodical (received in January 1965) appears to be a Jubilee Number in honor of Dr. Albert Dubois, since each of the numerous articles—all on leprosy—states in the heading "Travail dédié au Professeur A. Dubois à l'occasion de son 75^{me} anniversaire." The articles appear largely to be reviews of present knowledge, so that the issue is of special value as an over-view of the leprosy problem; those that are original contributions to the knowledge of leprosy are abstracted in this issue of THE JOURNAL.

BALINA, L. M., GATTI, J. C., CARDAMA, J. E. and WILKINSON, F. F. Epidémiologie et prophylaxie actuelle de la lèpre. Pp. 25-31.

BASSET, A. Caractères originaux de l'endémie lépreuse au Sénégal. Pp. 33-46. (This article is abstracted in this issue.)

BROWNE, S. G. La lèpre; maladie à manifestations diverses et à problèmes multiples. Pp. 47-56.

CAP, J. A. Quelques aspects particuliers de la lèpre dans différents groupes ethniques à Bangkok, Thaïlande. Pp. 57-70. (Abstracted.)

COCHRANE, R. G. The spectral concept of leprosy. Pp. 71-76. .

DELVILLE, J. P. Multiplication et comportement du bacille de Hansen en cultures de tissu. Note préliminaire. Pp. 77-87. (Abstracted.)

FERNANDEZ, J. M. M. Bases para una terapéutica racional de la lepra. Pp. 89-99.

FLOCH, H. and FLOCH, T. La chimiothérapie de la lèpre. Pp. 101-104.

LAVIRON, P. A. Les campagnes de masse et leurs difficultés dans la lutte antilépreuse en Afrique noire. Pp. 105-113.

LECHAT, M. F. Réflexions sur tendances actuelles de la recherche dans le domaine de l'épidémiologie de la lèpre. Pp. 115-126.

MONTISTRUC, E. Le problème de l'immunité antilépreuse. Applications pratiques de nos connaissances actuelles en immunologie lépreuse. Pp. 127-142.

MUIR, E. The social barrier to leprosy control in India. Pp. 143-145.

ROLLIER, R. and ROLLIER, M. L'érythème noueux lépreux. Études analytiques et essai pathogénique. Pp. 147-160. (Abstracted.)

SANSARRICQ, H. L'éducation sanitaire dans la lutte contre la lèpre. Pp. 161-173.

SISIRUCA, C. The fight against leprosy in Venezuela. Pp. 181-191.

VELLUT, C. Le contrôle de la lèpre au Centre de Polambakkam [India]. Pp. 193-202.

MYCOBACTERIOSES IN MAN AND ANIMALS

An abridged report of several papers read at a meeting of the Royal Society of Medicine, Section of Comparative Medicine, early in 1964 appears in the *Proceedings* of that society for June 2, 1964. These papers, including brief notes on them, are as follows:

MARKS, J. *Aspects of the epidemiology of infection by "anonymous" mycobacteria.*—The classification used is not the familiar one of Runyon, but a revision of one proposed by the author and Richards in 1962. The classes are: Group 1, *M. kansasii*; Group 2, *M. scrofulaceum*, usually from cervical adenitis in children; Group 3, *M. litorea*, a provisional name given to an organism mostly isolated in London and coastal towns; Group 4, *M. avium*; Group 5, dysgonic nonchromogens, possibly variants of

M. avium; Group 6, *M. fortuitum*, eugonic nonchromogens; and Group 7, "psyrophiles" from miners with pneumoconiosis.

MCDAIRMID, A. *Tuberculosis in wild birds*.—Avian tuberculosis is now rarely seen in domestic poultry, because of economic practices, but cattle and pigs constitute a considerable reservoir of infection. In wild birds in Britain the range is wide, but wood pigeons and game birds and starlings are particularly affected. One of the features of this infection is that attempts at cultivation frequently fail.

CHANDLER, R. L. *Johne's disease in domestic and experimental animals*.—The natural disease, like tuberculosis, is restricted to a few animals (cattle, sheep and goats). The organism has rather exacting growth requirements, and mycobactin ("phlei factor") is required for primary isolation. In cattle the infection is relatively not aggressive; far more animals harbor the organisms than ever develop the disease. In sheep, there are three varieties of the organisms, one of them pigmented. Infections can be produced in certain laboratory animals, provided that they are observed long enough, and, in some cases, that they are inoculated when young.

REES, R. J. W. *Studies on leprosy bacilli in man and animals*.—This article, which deals with both *M. leprae* and *M. lepraemurium*, is for the most part a review of established facts. Not familiar is the fact that Rees and Garbutt have succeeded in growing the murine bacillus "more or less continuously" in rat fibroblasts; the organism so cultured retains its pathogenicity and continues unculturable on ordinary media. Unexpected is the statement that it is probable that many manifestations of leprosy, including "reactions," are brought about by the long-persistent dead bacilli rather than by living bacilli. Of particular interest is definite evidence, adduced for the first time, that leprosy bacilli may become resistant to DDS. The foot pad infection of the mouse caused by bacilli from ordinary cases is completely inhibited by DDS. On the other hand, although foot pad infections can be produced by bacilli from relapsed cases, such infections are not affected by DDS.

RESSANG, A. A. *Lepra bubalorum et bovinum*.—A brief review of this condition, which occurs only in Indonesia where 200 authentic cases in the water buffalo and 3 in cattle have been observed. All attempts to cultivate the causative organism or to infect other animals have failed. However, the speaker said that he had succeeded in reproducing a subcutaneous buffalo-leprosy lesion in a bovine animal by subcutaneous transplantation of a small piece of the buffalo material. Also—and this is unexpected—he reported that he had produced in the same manner a subcutaneous nodule in a water-buffalo calf with a human leprosy nodule. In both instances the nodules produced remained localized.

NEWS ITEMS

Australia: *Danger in long-acting sulfonamides*.—Pertinent to the current experimentation with such drugs is the fact that the director-general of health of Australia, in correspondence in the *Medical J. of Australia*, has called attention to reports of adverse reactions resulting from their use. The Australian Drug Evaluation Committee had considered such reports, the first of which told of 9 cases of Stevens-Johnson syndrome (defined by Dorland as "ectodermatitis erosiva pluriorificialis") with 4 deaths, and there had been reports of 3 further cases of that syndrome. The Committee considered that these reports warranted warning the medical profession in Australia about "the dangers of prescribing one or other of the long-acting sulphonamides."

United States: *Carville statistics, 1964*.—As of January 1, 1965, the *Star* reports, there were 327 patients in the Carville hospital. There were 143 admissions in 1964, but of these somewhat less than one-half (63) were new admissions. Of the "active" [i.e., bacteriologically positive] cases, 27 became inactive during the year, more than doubling similar cases in the previous year. First-time "medical discharges" were granted to 32 patients, who will continue treatment on an outpatient basis at their homes. Of the patient population, 114 had been at Carville for more than 10 years—some of them for much longer than that.

Seminars at Carville, 1964.—A total of 72 seminars were conducted at Carville in 1964, according to a report in the *Star*. This works out at about one every 5 days of the year. Most of them were 1-day affairs for nonprofessionals or students (1,344 participants); the rest were for professionals of one grade or another (292 participants). The annual seminar in collaboration with the American Leprosy Missions was held 2-8 April 1964, and for the first time one was held (November 16-18) for military dermatologists. It is planned that this will be an annual affair.

ALM Seminar at Carville.—It was announced by the American Leprosy Missions in January that the Sixth Annual Seminar at Carville was to be held the week of April 22-28, 1965. Among the leaders were to be Dr. Paul W. Brand, of London, Dr. Roy Pfaltzgraff for the present serving at Carville, and Dr. Paul Fasal, of California. Other seminar leaders would, as usual, include members of the Carville staff and outside specialists in various fields. About 40 mission workers selected by ALM from all denominations, either on furlough or about to begin work overseas, were expected to attend the course.

Promin discontinued at Carville.—It appears, from a story in the *Carville Star*, that some of the patients have continued to receive Promin through the years and are not happy that its use has been discontinued; the last dose was given on October 20, 1964. The reasons given for this action are that the drug has not been shown to be more effective than other forms of the sulfones; that it has to be given intravenously, which is not free from possible complications, that it is relatively very expensive, and that its use involves much time on the part of the personnel. It is said that the patients involved will, in the long run, benefit from the change.

Change of Sisters' costume.—In compliance with the recommendations of the Sacred Congregation of Religions that the habits (i.e., dress) of the religious orders of women be simplified, in keeping with modern trends, the Daughters of Charity of St. Vincent de Paul, including the nursing Sisters at Carville, have radically changed their habit. The Generalate of this order, in Paris, which is said by the *Star* to have more than 45,000 members in 52 Provinces throughout the world, made a long study of proposals received. The old habit of blue and white was modeled after that of the Normandy peasant woman of the 17th century, distinguished by the large, while, stiffly starched headdress, or "cornette." This habit is being replaced by a trim, simple one suitable for service in all weather and all places. The dress is described as a one-piece, box-pleated, tailored one, the skirt six inches from the floor. Gone are the characteristic "wings" of the headdress, replaced by a simple white one covered by a short, blue coiffe that reaches to below the shoulders.

Notes from the American Leprosy Missions.—Besides the information about the proposed change of name of the Mission to Lepers, noted elsewhere, mention is made of two projects under way. One is that of the Mission to Lepers for a leprosy program in Bhutan by the government. Another is for the Protestant program at the Cebu leprosarium, where a physiotherapist is urgently needed. In connection with World Leprosy Day, January 31, 1965, the ALM had prepared program aids for use by participating churches.

Venezuela: *Cooperative research in leprosy.*—In a report to the IV Congress of the International Academy of Pathology (Zurich, 1962), as a part of a program on The Role of the Pathologist in International Medical Research, L. M. Carbonell, of the Instituto Venezolano de Investigaciones Científicas (I.V.I.C.), mentioned leprosy as one of the diseases of interest in that connection. Its incidence, in Venezuela, he said, is 2.5 per 1000. Epidemiologic surveys and the treatment of patients are concerns of the Department of Health. Basic research, done at the IVIC, is in relation to electron microscopic studies of leprosy lesions (the borderline lesion mentioned specifically), the cytopathology of cultured cells infected with the murine leprosy bacillus, and the relation between mycobacteria and host cells. The Institute, it is stated, offers facilities for cooperative research on this subject.

Portugal: *Summary course on leprology.*—From October 19-24, 1964, a course on leprology was given at the Hospital-Colônia Rovisco Pais, in Tocha near Coimbra.

Most of the participants, apparently, were physicians of the government services—27 of them being listed. A group photograph shows an unusually large aggregation for such an event. The material of the lessons will be published in sequence in the periodical *Rovisco Pais*.

Niger: *Survey of leprosy problem.*—Last November Dr. O. W. Hasselblad, president of the American Leprosy Missions, was invited by the government of the Republic of Niger to go there to survey the leprosy situation and make recommendations for integrating the treatment work into a public health program. His visit would mark the first attempt in the newly formed central north African nation to survey the leprosy situation. A settlement at Maradi, under the direction of the Sudan Interior Mission, is the only leprosy institution, although several mobile clinics were started under the French administration. He was also to visit Liberia in connection with the work of the Lutheran Church there, partly with respect to the integration of the leprosy programs of the mission hospitals at Phebe, Ganta, Zorzor, and Bolahun.

Nigeria: *Report of Uzuakoli for 1963.*—This report of the Leprosy Research Unit at Uzuakoli, Eastern Nigeria, tells first of trials in the field of chemotherapy with several drugs, in small groups of cases. Etisul has been used in conjunction with other centers under a WHO project, and the results are being analyzed. Noteworthy is the observation that dapsone (DDS) seems to be practically as effective in doses as low as 0.05 gm. twice weekly as in higher doses, but further work is needed before a definite statement can be made. Of the several other investigations carried on (some of them handicapped because of shortage of laboratory personnel), is one on "resistant forms of the bacillus seen as the reappearance of solid rods, sometimes with increase of the bacillus index, in patients whose lesions had previously shown only degenerate forms. The director, Dr. S. G. Browne, had travelled widely during the year (to WHO in Geneva, and Basle and Berne; Copenhagen; Antwerp; London; Dakar; Rio de Janeiro; Caracas; Carville, Atlanta, Baltimore, Washington, D. C., and New York in the U.S.), attending several meetings and giving numerous lectures.

Report from Patigi.—A missionary (Mrs. Neva E. Goertz) reports in *Without the Camp* of the results of her work in supervision of the leprosy work in the segregation village in Patigi and the out-patient clinics of the area. During 1964, 35 patients were discharged from the settlement and 371 from the clinics [the total numbers of patients not stated]. Most of those discharged from the village were still in residence; some planned to leave after their crops were harvested, but many wanted to stay. To meet this situation it was planned to divide the village, and to have a separate area for the patients still on treatment. The response to treatment is very gratifying, it is said, but the spiritual response is much less so.

Tanzania: *Report of the Health Division, 1963.*—The principal events of the year were the opening (1) in July, of the Swedish-Norwegian Save-the-Children leprosy hospital in Bukoba, with 77 patients, which institution serves as the center of a network of 78 clinics; and (2) in September, of the Hombolo Leprosarium (replacing the old place at Makutupara), built by the Mission to Lepers and designed to accommodate about 150 patients; it is planned as the center for leprosy control in the Dodesma Region. In most of the several government leprosaria, treatment of inpatients and outpatients continued much as in previous years. It has become apparent that control measures, maintained for 5-10 years, result in a decline of prevalence. This effect has been particularly noticeable in the Ntobela area, where the extensive out-patient service, supervised from the Makete Leprosarium and actively supported by local authority, has had a defaulter rate not exceeding 10%. (The delayed statistical report for 1962 shows that in the 16 leprosaria 1,244 new patients were admitted during the year; there was a total of 3,660 resident patients at year's end including 1,559 lepromatous, 1,610 tuberculoid and 469 called mixed. At the 475 outpatient clinics 28,289 patients were listed as under treatment—5,813 lepromatous, 15,657 tuberculoid, and 4,774 indeterminate. The new cases registered during the year totalled 7,361—2,239 lepromatous, 3,484 tuberculoid, and 1,638 indeterminate (although the tabulation shows the total as 8,896).)

Sierra Leone: *Government leprosy hospital.*—A hospital, the only one for leprosy in Sierra Leone and serving all of the country's 14 tribes, has been turned over to the Seventh-Day Adventists for operation, the *Carville Star* reports. Plans include an increase of capacity from 260 to 1,000, and training programs for paramedical workers and for patients.

Malawi: *New leprosy hospital.*—A leprosy hospital of modern type has been opened at Malamulo, Malawi, the center of operations of the Seventh Day Adventists' Mission, it is reported in the *Central African Journal of Medicine*. Under the new concept of treatment without isolation, the days of the old type of leprosaria are numbered in favor of specialized treatment centers, and this new hospital provides only 40 beds, an operating theater, a laboratory, and administrative offices. The Brown Memorial Trust contributed most of the cost of the construction. Mention is made of the agreement between the Malawi government and the British Leprosy Relief Association to launch an eradication scheme to demonstrate that new drugs and techniques can eliminate leprosy from a defined area within seven to ten years. The capital expenditure for this scheme will be £100,000 and the recurrent expenditure £50,000 per annum. The greater part of these sums will come from outside Malawi, but the Brown Memorial Trust will contribute. (See also *THE JOURNAL* 33 (1965) 107-108.

Zambia: *Leprosy hospital from postage stamps.*—A new leprosy hospital is being built at Selwazi, Zambia, thanks to the "Franciscan Stamp Counter." The Stamp Counter was started by a donation of a private stamp collection to a Franciscan friar. Now located at Choska, Minnesota, it has been aided by other gifts of stamps, and on a mail order basis has some 700 regular customers. Vatican stamps are a specialty, available only through this outlet. The project realizes about \$5,000 a year, to be donated to missions.

India: *Twin hunters of Tirumani; conjugal leprosy.*—The *News Bulletin* of the Central Leprosy Institute at Tirumani, Madras, for December 1964, tells of a search for twins with leprosy that had been started 18 months before. The score at the end of 1963 was 14 pairs, of which 9 were adjudged identical. The informal account of the 1964 expedition tells of several pairs that were discovered—although one cannot tell exactly how many, or if all, were infected. However, in the report of the epidemiology department on leprosy in twins it is said that, in addition to the 14 pairs previously reported, another 9 had been traced and were under study with respect to blood groupings and counting of finger ridges. In a study of conjugal leprosy, in which 1968 couples had been examined so far, 106 couples of whom both were positive had been counted. In all of them one spouse had been infected after marriage. It appeared that the chances of spread of infection in this way are much less than in the case of children similarly exposed to infection.

Party to the Laccadives.—There is an interesting narrative account, in the *News Bulletin* of the Central Institute, of a visit to the Laccadives, Indian outposts in the Arabian Sea, by the head of a leprosy survey—unsigned, but presumably by Dr. Mohamed Ali, head of the Epidemiology Division of the Institute. The 25,000 inhabitants of the islands, all Muslims, are of a single ethnic group. Only 2 of the 10 islands were visited, on each of which there was a small leprosarium—and, incidentally, a different caste system. The survey team was left to carry on the work, and on those 2 islands, among 7,062 inhabitants examined, 229 new cases had been found at the time of the report, only 18 of them lepromatous.

Bhutan: *Commission of investigation.*—Bhutan, a little known mountainous country sandwiched between Tibet and India and said to be called Druk (Dragon-land) by its people, was visited last year, at the invitation of the Prime Minister, by a commission of the Mission to Lepers to explore the possibilities of beginning leprosy work there. The group, comprising Drs. V. P. Das, P. J. Chandry, and A. D. Askew, flew to within a couple of hours from the frontier and drove by jeep over the new, unstable, and sometimes inadequate road over the mountains to Paro, the administration center, at 7,750 feet elevation; the trip consumed 1½ days instead of the expected 10 hours.

The capital, Thimpu, 30 miles from Paro, was at an elevation of 8,300 feet and colder. The commission found "more leprosy than had been expected," with indeed need for Christian leprosy work.

Hong Kong: *Hay Ling Chau, 1963.*—This report, as usual, covers thoroughly all phases of the activities of this leprosarium. The number of patients admitted in that year was 133; at the end of the year there were 871 patients, somewhat less than at the end of 1962. The established drugs in use are DDS, Sulphetrone, and Thiambutasone, but other drugs are used for patients who become hypersensitive or resistant to these drugs. Vadrine is a new drug that has continued to show promise. The ability to get rid of degenerate bacilli is thought to be as important as changing them from solid-staining to irregular-staining. The water situation had continued bad (a typhoon which passed over the place had brought no rain), and after the ration had been reduced to a quarter hour per day (operations in the hospital at a stand-still), water was brought in by tankers. The problem of the inadequate electricity supply was solved by the connection by submarine cable from a neighboring island with the Hong Kong source. This permitted the luxury of air-conditioning of the operating room, and other amenities.

Korea: *Cooperative training courses.*—The Ai Rak Won leprosarium in Taegu has become the center of a local antileprosy campaign participated in by the united missions, the government, and WHO. The leprosarium, with its recently-built rehabilitation unit, supported by the American Leprosy Missions, has been chosen by the government to conduct training courses for former leprosy patients in case-finding and follow-up work among clinic patients. Some 50 trainees have already been turned out and are at work in the government-WHO clinic program. In a recent survey of enlisted soldiers (1,900), schools and houses (4,000) in Kyungju, 6 new cases were found in the first group and 20 in the third, according to the *ALM News*.

Singapore: *Corneal grafts for the blind.*—According to a newspaper report published last January, Dr. Harold Ridley, of London, was to perform corneal grafting operations on ten selected blind patients in the Trafalgar Home in Singapore. He was said to have carried out a few successful operations on leprosy patients in England, and was anxious to try out the procedure in other countries as well.

PERSONALS

DR. HERVÉ FLOCH, who for 19 years until 1957 had been in charge of the Institut Pasteur in French Guiana, has returned to that post. The interim was spent in the Institut Pasteur in Paris, latterly in charge of the Rabies Service.

MRS. "JOEY" GUERRERO LEOMAX, a World War II heroine who was active in the underground work in the Philippines and who came to the United States in 1948 for treatment, had a long-drawn-out battle with the Immigration Service, which wanted to deport her, but finally was granted the status of non-quota permanent resident. Discharged from Carville in 1957 and married to a U. S. citizen, she can attain full American citizenship in some three years more. She lives in San Francisco, is in good health, and is employed as a librarian.

DR. WILLIAM F. MCCOLL, a physician who worked his way through medical school by playing professional football, specialized in orthopedic surgery, and served for two years as an unpaid medical missionary in a Presbyterian hospital in Taegu, Korea, has been named as one of "The Outstanding Young Men of 1964" as reported in the *J.A.M.A. News*. The selection of the ten is made annually by the U. S. Junior Chamber of Commerce. Much of Dr. McColl's work has been with patients deformed or crippled by leprosy.

DR. MARY VERGHESE, who was confined to a wheelchair after an injury in an automobile, and who later trained in New York and returned to Vellore to assume the post of director of the new Institute of Physical Medicine and Rehabilitation, is reported to have returned to the United States last summer to complete her examinations and to do research on the cause and prevention of nerve paralysis in leprosy.