NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

Commemorative Leprosy Stamps

The campaign against leprosy is receiving increased attention from the postal authorities in various countries. Gerhard Armauer Hansen, discoverer of *Mycobacterium leprae*, was honored by Cuba in 1948, the year of the Fifth International Leprosy Congress, held in Havana, by the issue of a commemorative stamp carrying his portrait and a view of the Isle of Pines. Previously, in Cairo, in 1938, the year of the International Congress on Leprosy held in that city, a stamp was issued showing a branch of the tree *Hydnocarpus kurzii*, the source of chaulmoogra oil, which was at that time the principal medicament against leprosy. A commemorative stamp was issued by Brazil at the time of the Eighth Congress, held in Rio de Janeiro in 1963. World Leprosy Day is commemorated by a special stamp in several countries, including especially Belgium (1964), the homeland of Father Damien. A stamp honoring Father Damien was issued also in Brazil. Many other countries at one time or another have issued commemorative stamps, symbolizing one or more activities in the campaign against leprosy, including Surinam, New Guinea, Honduras, France, French Equatorial Africa and French West Africa. Other comparable stamps include issues by the Cameroons, Niger, Senegal, the Malagasy Republic, Rwanda, Gabon (Schweitzer memorial stamp), Mali, Dahomey, Tchad, Mauretania and the Congo. (*From* A. G. K. Leonard, Stamps Help to Stamp Out Leprosy, *Stamp Collecting*, 1 September 1967.)

Hind Kusht Nivaran Sangh (Indian Leprosy Association) New Delhi Annual Report for 1966

The Annual Report, 67 pages in length, comprises three parts, the first of which presents a bird's eye-view of the large and varied antileprosy work in India by WHO, the government, and leading voluntary organizations. WHO awards fellowships for training and technical advice, while UNICEF continues to support the program with provisions. The National Leprosy Control Program of the Indian government has completed 12 years of good work; in it 182 leprosy control units, 818 S.E.T. centers, and 10 training centers have been established. These have covered a population of 62.3 million, with a total case-record of 654,414 patients. In addition training has been given to 800 doctors, 2,350 nonmedical workers, 210 physiotherapy technicians, and 40 nonmedical supervisors. The Central Leprosy Training and Research Institute at Chingleput is pursuing a DDS-prophylaxis program, therapeutic trials of various drugs, and clinical, operative, laboratory and field investigations on various aspects of leprosy, including training and teaching of doctors and paramedical workers. The Indian Council of Medical Research is continuing studies on the prophylactic value of DDS at Wardha and Chingleput. The cause of DDS resistance is being investigated.

The School of Tropical Medicine in Calcutta is continuing studies on the evolution of leprosy among contacts and in the nor-

mal population, the role of anti-immune mechanisms, drug therapeutic trials and a training program. The Leprosy Mission, while continuing to treat patients, is putting more stress on social and economic rehabilitation, through its 20 institutions and the research center at Karigiri.

The Gandhi Memorial Leprosy Foundation has completed its 17th year. It has 17 Control Units, and a paramedical workers' training center, which has trained 104 stuents. Ten health units are in operation. Foreign voluntary organizations participating in India include (1) Belgian Leprosy Centre at Palambakkan (Madras), (2) German Leprosy Center in Madras State, (3) Danish Save the Children Leprosy Control Unit at Andhra Pradesh, and (4) Swedish Red Cross Leprosy Campaign at Karigiri. The Sangh continues to participate in the program of Reconstructive Surgery and Physical Medicine at Vellore.

The second part of the report deals with finances. The total income of the Sangh amounted to Rs. 164,730, including Rs. 157,-646 as interest on investments and fixed deposits, Rs. 6,730 from sale of publicity material, and Rs. 361 for membership subscriptions and donations. The total expenditure was Rs. 116,655, of which Rs. 49,046 was for publicity and administrative purposes. The last part reports various activities of ten of its branches all over India. The work is pointed mainly toward health education, medical relief, rehabilitation, and training of medical personnel.—S. GHOSH

NEWS ITEMS

Gabon. *Changes in Schweitzer Hospital. The Star* of Carville reports changes made since the death of Albert Schweitzer in the hospital with which he was long associated at Lambarene, as reported in a letter recently received. New sanitary and sewage systems and use of electricity throughout the institution, permitting services not available previously, have led to notable improvements in operation. Modern inventory and accounting procedures have been set up. The hospital census of bed patients exceeds 500. As one element serving their needs, a large plantation of fruit trees and vegetable gardens is maintained by families of patients and convalescent patients themselves. Patients are trained in a number of crafts. Coordination is maintained with standard hospitals on the island of Lambarene and in Libreville. (*From* The Star, Carville **26** (1967) 15)

Gambia. *Integration of leprosy treatment.* Steps have been taken toward making leprosy therapy part of the general medical treatment at the Mukinge General Hospital of the Africa Evangelical Fellowship in Kasempa. With American Leprosy Missions support the hospital will have a new physiotherapy unit and wards and outpatient facilities for patients needing special care. A separate leprosarium, half a mile from the hospital, has reduced its resident load from 100 to 50, and cut the duration of stay. Coincident with this change in program, visits at the outpatient service of the hospital have increased. The World Health Organization reports that some 18,000 leprosy patients are under treatment in Zambia. Successful therapy, attracting patients to seek modern services, is credited with an apparently increasing census of patients. Some 5,000 of the cases are under therapy in a government and 21 mission leprosy settlements; the rest attend 350 outpatient clinics. (*From* News from ALM, November 1967)

Tanzania. *Coordination of leprosy work.* A National Advisory Committee on Leprosy was inaugurated recently in Dar Es Salaam, at the instigation of Dr. H. W. Wheate, leprosy specialist for the government of Tanzania, to coordinate govern-

ment, mission and other agency programs in that country. The first objective of the Committee will be to obtain full information on all matters pertaining to leprosy in Tanzania; in this program 17 regional government medical officers will cooperate with local leprosy personnel. Dr. Wheate reports that 12 physicians in Tanzania are engaged on major leprosy projects, eight of them on a fulltime basis. To assist in this work American Leprosy Missions has given the East Africa Flying Doctors Service a grant for the installation of high frequency two-way radios in the hospitals concerned. This radio contact promotes improved and rapid medical and surgical care in widely scattered leprosaria, some in otherwise almost inaccessible places. The Flying Doctors Service, under the direction of Dr. Michael Wood, plastic surgeon and pilot, operates out of Nairobi, Kenya, and links hospitals throughout Kenya, Uganda and Tanzania. (*From* News from ALM, October 1967)

Survey at Sikonge. The annual report of the one leprosarium in the Tabora Region of Tanzania, at Sikonge, which is managed by the Moravian Board of Missions and supported in part by The Leprosy Mission, notes that the hospital serves a total population of half a million people, of whom at least 10,000 are believed to be leprosy cases. Thus far only a few thousand have been brought under treatment. In 1962 a survey made of all villages within a 30 mile radius of the Sikonge Hospital revealed 300 previously unknown cases. A survey made in 1967, covering 210 villages and 65,000 persons, found 500 new cases. The national government has now taken notice of the work in a region in which the disease is obviously spreading. (*From* Without the Camp, No. 284, Oct-Dec. 1967, pp. 72-73)

Burma. *Leprosy control campaign.* In 1951 a WHO survey confirmed that leprosy is widespread throughout Burma, about 20% of the cases being lepromatous. In the same year a central leprosy clinic, the Special Skin Clinic, was established in Rangoon. In 1952 a WHO leprologist was assigned to assist in launching a national leprosy control program, with transport, equipment, and drugs provided by UNICEF. The program is based on ambulatory treatment in rural areas, domiciliary visits to examine contacts of known cases, school surveys, and a survey of the entire population of the villages once every three years. In 1952, there were only 4,600 registered leprosy patients in Burma. By 1960 the program was operating in three pilot districts, and two more leprologists were assigned to it by WHO. By 1961 there were 77,815 registered cases, including 67,413 under treatment. In 1963 a WHO leprosy advisory team estimated that 30% of the cases in the surveyed areas were still undetected. By the end of 1965 the program had covered an estimated population of 9.8 million in 27,268 villages, out of 15.7 million in all areas of high endemicity. Early in 1966 the total number of persons under treatment was 144,670, of whom 136,737 were from the project areas, and the control program was in operation in 36 districts. It is expected that, by 1968, all 48 districts where leprosy is endemic will be covered and that the number of known leprosy patients will be about 250,000. The national staff has been increased to 39 team leaders, 99 leprosy inspectors and assistant leprosy inspectors, 435 leprosy auxiliaries, and 45 laboratory assistants and laboratory attendants. The project is being assisted by three voluntary agencies, the Order of Malta, Emmäus Suisse, and Deutsches Hilfswerk für Aussätzige, which have made substantial financial grants to help cover the salaries of the additional auxiliary workers needed for the extension of the program. (*From* WHO Chronicle **21** (1967)

South Vietnam. *Statistics on leprosy.* The Annual Report of the Pasteur Institute of Saigon for 1964 gives the following figures for the antileprosy dispensary: total cases registered in the dispensary, 9,316; old patients registered up to 31 December 1963, 8,955; new cases found during 1964, 389; disappeared for more than 3 years, 4,415; consultations by patients, old and new, during the year, 2,524.

Malaysia. *Open Day at Sungei Buloh Leprosarium.* When the annual "Open Day" was first instituted at Sungei Buloh

Leprosarium, Malaysia, some eight years ago, only 50 people came. On 3 September 1967, following radio, newspaper, and cinema publicity, more than 5,000 visitors made the 14 mile journey from Kuala Lumpur to the Leprosarium. The 600-acre grounds were opened to the public, there was a fun-fair, and there were exhibitions of physiotherapy, occupational therapy and research work. Many stalls sold eggs, flowers, carpentry and metal work, and other goods. At the opening ceremony the Deputy Director of Medical Services, Dr. Ten Yun Fong, stated that the purpose of the Open Day was to fight prejudice against leprosy and enable the public to understand the life of the inmates. He continued, "The cured patients find it difficult to earn their living. They are being treated as out-casts. This is because of baseless fear and ignorance. A cured patient is no longer a source of danger to the community and he can safely be employed in any occupation." This theme was continued in the souvenir program handed to each visitor. The Consultant Leprologist, Dr. K. M. Bhojwani, wrote that there were about 30,000 cases of leprosy in West Malaysia and that about half of them suffered from some form of disability as a result of the disease. He stated that it was now possible to cure any case of leprosy, and that if treatment was started early enough disfigurement and deformity could be prevented or corrected by modern orthopedic and plastic surgery. The Open Day was well covered by the National Press, and the following morning the Straits Times headlined an article "Don't Shut Out Cured Leprosy Patients, Please."—M. F. R. WATERS

Islamic Republic of Pakistan. *Leprosy program.* Leprosy is widespread throughout East Pakistan and is found also in certain areas of West Pakistan. Estimates of its prevalence vary widely and are not reliable. There are said to be between 100,000 and 150,000 cases in the country as a whole, and 80% of these are in the eastern wing. Cases are seen in all parts of East Pakistan, but there appears to be a tendency for localization in West Pakistan. The disease occurs most frequently in and around Karachi, Peshawar, Rawalpindi, Quetta and Multan. Most of the cases are lepromatous. There are said to be 11 leprosaria in East Pakistan and five in West Pakistan. These are really asylums for advanced cases and have little or no equipment for treatment, and most lack medical supervision. Many of the leprosy patients are treated on an outpatient status, and there are leprosy drug dispensaries located in the Regional Health Centers. There are also a number of mobile treatment units. The report from which these data are taken notes that there are 2 government hospitals, with 190 beds, and 2 nongovernment hospitals with 195 beds, in West Pakistan, and 1 government hospital with 80 beds, and 3 nongovernment hospitals, with 301 beds, in East Pakistan. The WHO budget for leprosy control projects in Pakistan for 1966 was recorded as US $16,830. (*From* Health Data Publications No. 40, Islamic Republic of Pakistan, published by Walter Reed Army Institute of Research, Washington, D.C., July 1967)

India. *Proposed leprosy unit in endemic area.* At the invitation of the European Coordinating Committee of the Antileprosy Associations (ELEP), T. N. Jagadisan, Secretary of the Madras State Branch of the Hind Kusht Nivaran Sangh visited Belgium, Germany and Switzerland to discuss the establishment of one large leprosy unit in a highly endemic area in India. (*From* The Star, Carville, **26** (1967) 15)

Leprosy in school children. A recent survey of school children in South India has revealed a high prevalence of leprosy. The survey, based in Muttathor, India, covered 30 schools, with an enrollment of 3,656 pupils between six and 12 years of age, in the South Arcot district of Madras State. More than 400 cases of leprosy were discovered, i.e., an incidence of 11%. No cases, however, were found of the lepromatous form of the disease. Treatment by drug therapy and other measures was started at once. (*From* News from ALM, October 1967)

Guyana. *Leprosy rehabilitation.* A leprosy rehabilitation program has been started at the Mahaica Hospital, which includes

reconstructive surgery, physical and occupational therapy, centralized clinic treatment for ulcers, staff training, and patient education. Some 350 patients in and around the Mahaica Hospital will benefit, as well as leprosy patients in a number of general hospitals and clinics in other cities. The program has been given special impetus by a 6 week consultation visit by Miss Judith Croot, physical therapy consultant for American Leprosy Missions. (*From* News from ALM, November 1967)

Brazil. *Leprosy Department of the State of São Paulo.* Dr. A Rotberg, Professor of Dermatology of the Escola Paulista de Medicina, expert on leprosy of the WHO and long a member of the ILA, was appointed director of the Leprosy Department of the State of São Paulo in February 1967. Drastic changes have been made since then. A consultant working group was formed, consisting of Drs. L. Souza Lima, N. Souza Campos and J. M. Barros. The recommendations of the Seminar on Leprosy Prophylaxis (1958) and of the last international leprosy congresses (Tokyo, 1958, and Rio de Janeiro, 1963) were adopted and compulsory indiscriminate isolation was abolished. Isolation was restricted to exceptional circumstances and emphasis was laid on dispensarial work. Committees of doctors, social workers and health educators were organized in the four large leprosaria to provide for transfer to ambulatory facilities which received 576 out of the 4,298 inmates in a few weeks up to July 1967. The number is now declining gradually. Inmates who are expected to remain longer are being interchanged between the leprosaria, which will have different functions in the near future, restricted to therapeutic or to social activities respectively. Other tropical dermatologic cases will be admitted in the former and different types of disability in the latter. One of the leprosaria is expected to be handed over to the Secretary of Health for other purposes by mid-1968. This integration with various health and social activities is already being followed in the dispensaries. Agreements have been signed with three medical schools of São Paulo city, according to which leprosy cases will be treated together with all other dermatologic and neurologic cases. A polyclinic unit for leprosy patients and leprosy research laboratories has been installed in the São Paulo medical center. A Council on Rehabilitation has been instituted. These changes have been noted sympathetically by the press. To clear the way, almost 30 lectures on modern aspects of leprosy have been given by Dr. Rotberg himself. The "Lions" (international service organization, with local clubs of business men) have been particularly interested in the lectures. When this notice was being written, Dr. Rotberg was substituting "Hanseniasis" for "Leprosy" in all official papers, and changing the "Departamento de Profilaxia da Lepra" to "Departamento de Dermatologia Sanitária."—N. Souza Campos

Argentina. *Seminar on leprosy.* From 8 to 22 October 1967, the Oficina Sanitaria Panamericana sponsored a travel seminar on leprosy in Caracas, Venezuela, with the participation of the following experts: *Argentina*: C. M. Brusco, Director, Leprosy Control, E. T. Caburro, Vice-Director, Leprosy Control and L. M. Baliña, Professor of Dermatology, University of El Salvador (Buenos Aires); *Ecuador*: E. Blum Gutierrez, Director, National Leprosy Service and Dr. Paredes Litardo, Vice Director, National Leprosy Service; *Venezuela*: J. Convit, Director, Sanitary Dermatological Division, and R. Albornoz, Vice Director of this division. Representatives of the *Oficina Sanitaria Panamericana* included: R. Huerta, M. Itoh, C. M. Paula Motta and T. Pompeu Rossas. The purpose was to observe and review opinions on the respective leprosy control programs. During the meeting all participants in the seminar studied the problem in Caracas. After that they traveled to Quito, and finally to Buenos Aires, where a Seminar was held for discussion of the leprosy control program in Argentina. Visits were made in leprosy-endemic areas, including Tucumán, Entre Rios and Corrientes.—E. D. L. Jonquières

Ecuador. *Leprosy control.* The UNICEF/WHO-assisted leprosy control program in Ecuador started in 1964. By the end of 1965 case-finding had been extended to the whole country, and the number of cases

recorded was 1,174, including 1,125 subject to periodic follow-up examinations. Children under 14 years of age accounted for 7.2% of all cases. The distribution by clinical type was as follows: lepromatous, 47.9%; tuberculoid, 18.1%; indeterminate, 32.2%; dimorphous, 1.7%. Of all cases registered, 52% showed some form of disability. The total number of contacts registered by the end of December 1965 was 4,116, of whom 3152 were being regularly followed up. Of the 333 new cases discovered in 1965, 51% were contacts of patients, and 32.1% were detected as a result of reports or notifications. By the end of June 1966, 2,592 examinations of contacts had been made. In the first half of 1966, 109 new cases were found. From the outset it was decided that leprosy control should be integrated into other health activities as soon as possible. At the beginning of 1966 the personnel and equipment for leprosy control in the Manabi province were incorporated into the general health services of the area, while the leprosy service continued to be responsible for technical supervision, the evaluation of control activities, and personnel training. (*From* WHO Chronicle **21** (1967) 398-399)

Australia. *Leprosy in Queensland.* The annual report of the Director-General of Health and Medical Services, Queensland, 1966-1967 (section by M. H. Gabriel on Hansen's Disease), as in previous years, reports on leprosy in the white and colored populations separately. About 80 white and 110 colored persons who are ex-patients are known to be still living in Queensland. Only 6 white leprosy patients were in isolation in 1966 and 1967. On 31 December 1966 there were 6 colored patients in isolation; on 30 June 1967 there were 7. There is an active follow-up program for outpatients. No new cases have been found in whites during the last year; the patients in isolation were hospitalized for relapse or other medical reasons. There is a weekly clinic for outpatients at the Princess Alexandra Hospital in Brisbane. Colored patients in isolation are on Fantome Island in the Palm Group 40 miles north of Townsville.

New Zealand. *New leprosy cases.* The *New Zealand Medical Journal* for July and October 1967 notes the discovery of three cases of leprosy in Auckland and one in Napier.

United Kingdom. *International seminar on rehabilitation.* The British Council for Rehabilitation of the Disabled announces that the Third International Seminar and Exhibition, with the central theme of World Problems in Rehabilitation of the Disabled, will be held at the Hotel Metropole Conference Centre in Brighton from 30 June to 6 July 1968, under the chairmanship of Major Norman Kark. Among the subjects for discussion is "Leprosy, an international problem." Dr. S. G. Browne of the Leprosy Centre in London is listed among the speakers. Further information may be obtained from the General Secretary, Rehab, Tavistock House (South), Tavistock Square, London, W.C. 1, England.

United States. *Prophylaxis against tuberculosis.* In the public health campaign against tuberculosis in the United States, more stress is currently laid on chemoprophylaxis than on BCG vaccination or other immunologic measures. The Public Health Service has steadily lowered its one-time emphasis on the use of BCG in special situations, while raising its recommendations for chemoprophylaxis. This trend away from BCG vaccination, however, has been protested by a number of prominent phthisiologists. (*American Rev. Resp. Dis.* **96** (1967) 830-832, Correspondence). The National Tuberculosis Association, which has cooperated closely with the Public Health Service, has recently published a strong endorsement, by a special committee, of programs of chemoprophylaxis (Chemoprophylaxis for the Prevention of Tuberculosis. A Statement by an Ad Hoc Committee. *American Rev. Resp Dis.* **96** (1967) 558-560). The committee's report states that all persons with a positive tuberculin reaction should be considered for chemoprophylaxis, but adds that, since it is not possible to test and treat the entire population of positive reactors (25 million in the United States, according to some

estimates), in practice certain priorities must be set up for public health programs. The American Thoracic Society, the medical section of the National Tuberculosis Association, recommends chemoprophylaxis for persons with x-ray-diagnosed inactive tuberculosis, for contacts of active cases of tuberculosis, for recent tuberculin converters of any age, and for certain positive tuberculin reactors under the age of 20, particularly teenagers in school groups. For practical purposes a single drug, isoniazid, is recommended, in a dosage of 300 mgm. per day for adults and 10 mgm./kgm. body weight per day for children, not to exceed 300 mgm. per day, to be administered in a single daily dose for 12 months.

ALM-USPHS seminar at Carville, Louisiana. The ninth annual American Leprosy Missions-U.S. Public Health Service Seminar on Leprosy is scheduled for 18-24 April 1968, in Carville. The participants will include fulltime leprosy workers and others engaged in medical work in leprosy-endemic areas. Specialists with wide overseas experience will be guest lecturers.

Leprosy in Texas. A recent report on leprosy in Texas by M. S. Dickerson, Director of the state leprosy control program, reviews past legislation with respect to leprosy, and notes the ethnic origins of leprosy patients in the state. Spanish, German, Czech, Negro and other immigrations have been concerned in the leprosy problem in Texas. The number of cases reported since 1920, when specific reporting began, has fluctuated, being accelerated regularly when case-finding programs were in operation. There is some evidence, however, that the prevalence of leprosy is actually increasing. A total of 704 cases were recognized between 1921 and 1966. The present active case load is 411 patients. Leprosy is especially prevalent in a belt of counties extending inland from the gulf coast and Rio Grande Valley, but scattered cases have been found throughout the state. Three well defined foci traceable to Spanish importation are recognized. Cases among persons of Anglo-Saxon descent are increasing, about one case out of four being of that stock. No secondary cases have developed from cases outside the endemic area. In Texas cases there is a preponderance of lepromatous, borderline and indeterminate forms of the disease. Approximately a quarter of cases are of tuberculoid type. Nearly 90% of the cases are bacillus-positive. Although in the past leprosy has been associated with poverty, unhygienic conditions and overcrowding, the disease in Texas is now moving into the middle and upper socio-economic levels. Little success has attended attempts to trace these cases to original contacts; the source is unknown in two-thirds of cases. An intensive epidemiologic program for the state is planned for the next 5-10 years.

PERSONALS

Dr. Paul W. Brand, Chief of the Rehabilitation Branch of the U.S. Public Health Service Hospital at Carville, Louisiana, received the Faulkes Award of the National Rehabilitation Association at its annual convention in Cleveland, Ohio, in October 1967. The award, named for its founder, is given annually for technical and progressive contributions in rehabilitation.

Dr. Ernesto Tomás Capurro has been designated as a member of the Panel of Experts in Leprosy of the World Health Organization. **Dr. Carlos Maria Brusco,** who is in charge of the Leprosy Control Program in Argentina, has been a member of this panel since 1964.

Miss Judith Croot of Basking Ridge, New Jersey, U.S.A., former physiotherapy director at the Central Luzon Sanatorium in Tala, the Philippines, and recently on a six week assignment for ALM in Guyana, where she set up a physiotherapy training

program in the government leprosy treatment center at the Mahaica Hospital, has been appointed physiotherapy consultant to American Leprosy Missions, Inc. In her new position Miss Croot will assist in the recruitment of physiotherapists and other medical personnel and set up training programs in various parts of the world. A graduate of Tufts University in Boston, Miss Croot had special training at the Bonue School of Physiotherapy in that city, and at the ALM-supported Schieffelin Leprosy Research and Training Centre at Karigiri, India.

Dr. Herbert M. Gass, formerly of the Department of Dermatology, Washington University School of Medicine, St. Louis, Missouri, U.S.A., who served as a medical missionary in India for 33 years, as a member of the staff of the Christian Medical College in Vellore from 1950 to 1964, and as first medical superintendent of the Wm. J. Schieffelin Leprosy Research and Training Center in Karagiri, has joined the medical staff of the U.S. Public Health Service Hospital at Carville, Louisiana. Dr. Gass, a member of American Leprosy Missions' Board of Directors, will have primary responsibility for conducting teaching seminars during the forthcoming year, including two major joint ALM and USPHS sessions, one devoted to orientation for overseas workers and the other for military dermatologists.

Mrs. Arthur J. Goldberg, wife of the United States Ambassador to the United Nations, has accepted the honorary chairmanship of World Leprosy Day, 28 January, 1968, in the United States.

Dr. and Mrs. C. S. Goodwin will leave England to join the staff of the All Africa Leprosy and Rehabilitation Training Center (ALERT) at Addis Ababa, Ethiopia. Dr. Goodwin has been assigned to The Leprosy Mission, for two years, from the Portsmouth Public Health Laboratory Service, after previous service with the Mission on the Isle of Happy Healing, Hong Kong. (*From* Without the Camp, Oct.–Dec. 1967, p. 75)

Dr. Oliver W. Hasselblad, President of American Leprosy Missions, Inc., and **Dr. James Selvapandian,** head of the Orthopedics Department of the Christian Medical College, Vellore, India, have recently participated in a medical survey program in India under the auspices of the Specialized Assistance to Social Projects of the World Council of Churches. These two and others have been engaged in a study of 23 hospitals in Madras State and Andhra Pradesh. (*From* News from ALM, October 1967)

Dr. Masayoshi Itoh, Consultant on Leprosy Programs for the International Society for Rehabilitation of the Disabled, and **Dr. Ruperto Huerta,** Director of the Communicable Disease Branch of the Pan American Health Organization, (PAHO) have made a survey, under the sponsorship of PAHO, of leprosy programs in Venezuela, Ecuador and Argentina, in preparation for a seminar on rehabilitation in leprosy, to be held in Caracas, Venezuela, in 1968.

Dr. Leon H. Schmidt of the University of California, Davis, California, noted for his investigations of experimental mycobacterial infection of simians, and a member of the Advisory Medical Board of the Leonard Wood Memorial, 1957-1961, was awarded the Trudeau Medal of the National Tuberculosis Association in May 1967.