

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.

England. *The Leprosy Mission publishes short history of its century-old service.* An outline of the history of The Leprosy Mission, which will celebrate its hundredth anniversary in 1974, has just been published by the organization. Its general secretary, G. Newberry Fox, is the author of the 38-page, illustrated booklet, entitled "God the Builder."

From its formation in Dublin, Ireland, as The Mission to Lepers in India, to the end of 1970, Mr. Fox traces the development of a small group raising money for 40 leprosy patients to an international agency, with auxiliaries and overseas headquarters in 12 countries, serving upwards of 200,000 leprosy sufferers.

American Leprosy Missions, organized in 1906, functioned as a committee of the London body until 1917, when it became an independent agency.—ALM

Ethiopia. *AHRI seminar.* AHRI is conducting a week's seminar on "Cellular Immunity and Resistance to Leshmaniasis, Leprosy and Tuberculosis in the Tropics," from 25-30 September. Consultants who will help Dr. Godal and other AHRI staff in this program will include: Dr. D. C. Dumonde, from the Mathilda and Terence Kennedy Institute of Rheumatology, England; Professor M. Harboe from the Institute of Experimental Medicine, Norway; Dr. C. B. Mackanese from the Trudeau Institute, U.S.A.; Dr. R. J. W. Rees from the National Institute for Medical Research, England; and Professor J. L. Turk from the Royal College of Surgeons, England.—(ALERT NEWS, Vol. II, No. 9, 1972)

ALERT to offer post-graduate courses for doctors.

1. Leprosy Control (19 February to 17 March, 1973)

This will be an advanced course in leprosy control. The principle instruc-

tors will be Dr. D. L. Leiker of the Institute of Tropical Hygiene, Amsterdam, and Dr. J. Cap of ALERT. It will include two weeks of studies at the Princess Zenebework Hospital and two weeks of field work.

2. Surgery of the Hand in Leprosy
During April, May and June, 1973, Mr. R. Guy Pulvertaft, F.R.C.S., and Dr. Ernest Fritsch will be conducting an intensive course in the surgery of the hand in leprosy for surgeons and doctors working in the field of leprosy who have had considerable surgical experience.

Following each of these courses there will be opportunities for participants to stay on in ALERT for further experiences in different clinical departments, including the leprosy control unit and in AHRI.

No charge is made for tuition. Those attending the courses are advised to stay in the ALERT hostel where the charge for full board and lodging is Eth. \$10 per day. Further inquiries about these courses should be made to Dr. Felton Ross, Director of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia.—W. Felton Ross

France. *The First Technical Conference of the Ministers of Health* and their professional advisors from French-speaking African countries including Madagascar, Mauritius and Zaire, was held in Paris May 2-6, 1972. The Conference, sponsored by the French Government, included in its agenda discussions on endemic diseases common to the above countries such as leprosy, tuberculosis and trypanosomiasis; and reviews on the results of vaccination campaigns against cholera, yellow fever, smallpox, tuberculosis and measles. Important matters raised at the Conference were the temporary inpatient treatment of patients with lepromatous leprosy and the most practical methods for controlling the disease; the

control of leprosy as an ideal of the future, and that several goals must first be achieved: culture of *M. leprae* on artificial media, better drugs, a specific vaccine, and more detailed epidemiological data. A Technical Commission on Leprosy was held concurrently studying such subject matter as genetics in relation to leprosy, clofazimine, an immuno-suppressive agent (chlorambucil), and rifampicin. The health ministers of the French-speaking countries of Africa are frequently being confronted by various demands on their time and budgets and will continue to be subjected to socioeconomic pressures to do little more than is already being done at the present about leprosy. It is to be hoped that this Conference will provide them with the aid they will need in realizing and keeping the importance of leprosy and its victims in the forefront of their thinking and planning.—S. G. Browne

Germany. *The program of the 25th Congress of the German Society for Tuberculosis and Chest Diseases*, held in Hamburg from 19-23 September, 1972, reflected not only the great progress registered in the Western world in the control of tuberculosis, but also the growing importance of pulmonary diseases other than tuberculosis, and the interest to phthisiologists of nontuberculous mycobacterial diseases.

About 600 participants gathered from all over Germany, with guests from Great Britain, Switzerland, Holland, U.S.A., and Uganda. Under the dynamic presidency of Professor E. Freerksen of the Borstel Institute for Experimental Biology, and at his suggestion, leprosy was included in the program with papers by Drs. S. G. Browne, and a joint contribution by Professor Freerksen and M. Rosenfeld, W. Blenska and E. Kalakowska, M. Chambers, D. L. Leiker, and R. Rhode, on their recent experiences with Rifampicine, either alone or in combination with other drugs. Dr. A. B. Verhagen added a paper on his experiences with a small series of patients on Rifampicine and other drugs.

Other contributions of interest to those working in the field of leprosy were made

by Professor S. R. Pattyn, Drs. R. J. W. Rees, D. N. Mitchell, and J. L. Stanford.

Some matters touched on in other papers brought to leprologists reminders that *erythema nodosum* occurs in various fungal infections, both cutaneous and systemic, and that opportunist mycotic infections might develop in patients under prolonged treatment with antibiotics and corticosteroids.

This interchange of experiences and insights between leprologist and those working in related fields can bring about a mutual exchange of learning from both sides as they discuss common problems.

Dr. Eleanor E. Storrs gave a report to the Congress on her research in Louisiana on the production of leprosy in the armadillo.

Dr. Storrs projected some very convincing histopathological slides showing highly bacilliferous tissue, and giant globi filled with acid-fast organisms. In certain respects, notwithstanding these resemblances to human disease, the pathological picture showed some interesting divergencies. For instance, cellular infiltration in the nerve tissue was less dense, and the concentration of bacilli less intense than in human disease. In the liver, on the other hand, bacilli were present in great numbers and massive destruction of liver cells was obvious; the meninges were heavily infected; and in the lungs, consolidation of the tissues with a pneumonia-like exudate was a feature.

Perhaps the most important immediate dividend of this research has been the availability of some 243 grams of highly bacilliferous lepromatous material (containing 10×10^{10} organisms per gram) from two animals. This vast quantity will allow biochemical and other analyses of *M. leprae*—a procedure hitherto impossible.—S. G. Browne

Lambarene. *More news from Lambarene.* Following the news item entitled "Lambarene—a new look," in a recent issue of *LEPROSY REVIEW* (1972), and the *INTERNATIONAL JOURNAL OF LEPROSY* (1972), the Executive Committee of the International Association for the Albert Schweitzer Hospital at Lambarene, met for the first

time in Libreville, capital of the Gabonese Republic, in August of this year. The Committee decided to establish a foundation with headquarters in Gabon and with full participation of Gabonese interests.

A delegation of the Executive Committee was received by His Excellency President Albert Bongo, who expressed his deep appreciation of and wholehearted support for the project as presented to him for the creation of a Rehabilitation Center at Lambarene. Madame Rehena Schweitzer-Miller (daughter of the late Dr. Schweitzer), introduced to the President the members of the delegation; Mr. Larry Gussman, the president of the International Association, Dr. Walter Munz and Dr. S. G. Browne.

Dr. Browne, in his statements about the need for such a Center and its functions, emphasized that the Rehabilitation Center would attempt to deal with the problem of the handicapped by providing the specialist or referral services necessary—reconstructive (orthopedic, and plastic) surgery, physiotherapy, occupational therapy, and shoe and splint prosthesis-making. The whole would be geared to the needs of a people primarily agricultural, and the object would be not only to restore human dignity and economic usefulness to those who are handicapped, but also to prevent deformity by teaching and training at all levels. The influence of the Center, thus, would extend throughout Gabon and to the neighboring French-speaking countries.

Dr. Browne also referred to the necessary links to be forged with the *Service Contre les Grandes Endémies* and other government medical services, so that the Center could function to capacity. He could see a gradual Gabonization of the staff, and the eventual complete integration of the Center into the developing health program of the government.

The President stressed his appreciation of what Lambarene had contributed to the welfare of the country in the past and welcomed wholeheartedly the present proposals.—S. G. Browne

Louisiana. *Carville therapist honored for research in leprosy rehabilitation.* James D.

Ebner, senior therapist in the Rehabilitation Branch of the U.S. Public Health Service Hospital, was honored by the Surgeon General for outstanding service and achievement.

On July 13, he was awarded the Public Health Service Meritorious Service Medal for "leadership in leprosy research which has resulted in the development of unique and innovative methods designed to better evaluate, treat and, in many instances, prevent damage to anesthetic skin caused by leprosy."—ALM

Malaysia. *On 6 November Dr. John Pearson left the Leprosy Research Unit, Sungei Buloh, for London.* As of 1 January 1973, he will be seconded as Research Physician to the Armauer Hansen Research Institute, P.O. Box 1002, Addis Ababa, although he remains on the Senior Scientific Staff of the British Medical Research Council.—M. F. R. Waters

Netherlands. *Leprosy in the Netherlands.* Though in the Netherlands, in the last decade, the number of immigrants with symptoms of leprosy, or in the incubation period of the disease has not decreased (about 700 registered patients in the last 25 years, 60 new registrations in 1971); a further step was taken on the road from segregation to integration. For several years already no new patients have been admitted to the only existing sanitarium for leprosy in the country. It has been the policy to encourage the patients to leave the home and to settle in the community. Only a small number of patients were unable to face independent living, after so many years of voluntary segregation. A few others, old and disabled, were unable to care for themselves. These patients have been transferred to a general home for the aged and the sanitarium has now been closed.

Leprosy patients are treated in the dermatological outpatient departments of all university hospitals by experienced physicians, and for the treatment of complications they are admitted to general hospitals. This policy was implemented after it became obvious that leprosy in the Netherlands behaves itself as a most feebly con-

tagious disease. In the last 40 years only one autochthonous case of leprosy has been discovered.—D. L. Leiker

A case of "cat leprosy" was diagnosed by a veterinary surgeon in Utrecht, Netherlands. A strain of mycobacteria, isolated from an ulcer of the cat, grew abundantly in normal mice. The investigations carried out so far strongly suggest that the strain is closely related and probably identical to *M. lepraemurium*. Some attempts to transmit the strain to other cats failed, suggesting that most cats are resistant to the disease.—D. L. Leiker

Norway. *Leprosy Congress to meet in Norway.* The Tenth International Leprosy Congress will be held August 13-18, 1973, in Bergen, the birthplace of Gerhard Henrik Armauer Hansen, who in 1873 first detected the rod-like bacilli that cause leprosy, sometimes called Hansen's disease.

Some five to six hundred specialists in all aspects of the disease are expected to attend the Congress, which is sponsored by the International Leprosy Association.

The first international conference on leprosy was held in 1897 in Berlin, where Hansen's controversial theory—that leprosy is not hereditary and is caused by a bacillus—was finally accepted. After the formation of the International Leprosy Association in Manila in 1931, the international congresses were formalized and scheduled to meet every five years.

The president of the International Leprosy Association is Dr. Jacinto Convit, Chief, Division of Dermatology of the Venezuelan Ministry of Health.—ALM

Okinawa. *Japanese government approves leprosy outpatient care for Okinawa.* Leprosy control in Okinawa has been given a decided boost by the Japanese government's recent approval for an outpatient program.

According to Dr. Kazuo Saikawa, director of the Airaku-en Leprosarium and leprosy consultant to the government, this is the first official approval of the Japanese government for outpatient care. Though compulsory segregation has been recently

abolished in Japan, over 90% of its patients are treated in institutions.

Dr. Saikawa, former medical director of the Taiwan Leprosy Relief Association and WHO consultant, has started training courses in Okinawa for all public health nurses and primary school nurses. The courses stress case-finding, follow-up care and contact tracing.

There are now some 1,000 leprosy cases in Okinawa under treatment in outpatient skin clinics. An equal number are patients in the two leprosaria in the Ryukyu Islands.—ALM

Switzerland. *Dr. H. Sansarricq-Métérié,* of France, as of April 1972, has been appointed Chief of the Leprosy Unit at WHO Headquarters, succeeding Dr. L. M. Bechelli.

Dr. Sansarricq studied medicine at the University of Bordeaux. He holds qualifications in parasitology, in leprosy (School of Public Health, Caracas), and in bacteriology and immunology (Pasteur Institute, Paris). He is also qualified as a specialist in bacteriology of the French military hospital services.

Between 1954 and 1968, Dr. Sansarricq participated, at different levels of responsibility, in mass campaigns against communicable diseases in West Africa. From 1960 to 1963, while working at the Marchoux Institute in Bamako, Mali, he was leprosy consultant for seven West African countries. He directed the service for the control of major endemic diseases in Upper Volta from 1964 to 1966 and was director of rural health in the same country in 1967-1968.

Dr. Sansarricq has also held teaching posts at the Marchoux Institute, Bamako, and the Military Health Services School, Marseilles, and has carried out a number of studies on the epidemiology of leprosy and the organization of mass campaigns. At the Eighth International Congress of Leprology, he served on the Epidemiology and Control Panel.

Since 1970 he has been Chief of the Microbiological Service, Central Army Teaching Hospital, Algiers, and also Assistant Lecturer, Chair of Public Health, Faculty of Medicine, Algiers.

Dr. L. M. Bechelli retires from WHO service. Dr. Luiz Marino Bechelli, at the end of April 1972, retired as chief of the Leprosy Unit, WHO: a position he has held since December 30, 1961. Dr. Bechelli, a most prominent and active figure in leprosy work, has returned to his former position as Professor of Dermatology and Head, Department of Dermatology, Faculty of Medicine Ribeirão Preto, University of São Paulo, Brazil.

Since his graduation from medical school in Brazil in 1934, Dr. Bechelli has held many positions and participated in many congresses and meetings relating to leprosy. From 1934-1957, he served in the Department of Leprosy Control in São Paulo until his appointment at the university. As of 1959, he has been a member of the panel of Experts on Leprosy for WHO, and in 1965, he briefly interrupted his WHO position to serve as the director of the Manila Regional Seminar on Leprosy, WHO, West Pacific Regional Office. Dr. Bechelli is the author of over 200 papers, the majority concerning research on leprosy (epidemiology, clinical aspects, therapy, control, immunology), and of several textbooks on leprosy and dermatology.

The World Health Organization and Research on Leprosy.

Since the inception of its leprosy program, WHO has endeavored, according to its budgetary possibilities, to assist and coordinate investigations on a world-wide scale. WHO recognized more than ten years ago that, with the shortcomings of the drugs available and the prevailing conditions in endemic areas, a satisfactory result in the control of leprosy would be delayed for decades in most countries. Only research could furnish the elements capable of controlling leprosy even in unfavorable local conditions, as is possible in yaws. Priority has been given to research which can bring immediate improvement to leprosy control:

1. *M. leprae*: cultivation, study of metabolism requirements for its growth *in vitro*, and other microbiological investigations; experimental transmission of *M. leprae*.
2. Antileprosy drug trials and chemoprophylaxis.
3. Immunology and study of immunizing agents (BCG or other vaccines in the prevention of leprosy). Study of methods for standardization of lepromin and chemical study of the antigen; investigation of protein patterns, leprosy antibodies, circulating antigen/antibody complexes, and cell-mediated immune response mechanisms.
4. Epidemiology, including genetic aspects and mathematical models.
5. Diagnosis of leprosy: study of methods for the diagnosis of leprosy, including the detection of infection or of the disease in its preclinical phase.
6. Pathology of leprosy: studies of neural lesions—especially the behavior of Schwann cells in relation to *M. leprae*—and of other lesions.
7. System analysis approach to leprosy control; operational research on the feasibility of control methods under different socio-economic and cultural conditions, including a system of priorities for the treatment and follow-up of lepromatous and indeterminate cases, and for the surveillance of contacts; investigation of the best ways of integrating specialized leprosy control services into the general health services, and determination of the cost/effectiveness of the various approaches; establishment of the level of effectiveness below which a campaign ceases to represent a good use of resources; and development of epidemiological models to provide an objective basis for planning and forecasting the results of leprosy control programs.

Assistance to research was started in a few research centers in 1960, and in the course of years, their number gradually increased and now covers a large range of laboratories and centers in various parts of the world. This assistance was discontinued in several centers owing to different circumstances, such as the termination of a particular research project, or for the purpose of increasing the turnover among laboratories by inviting other centers to cooperate.

WHO Reference Centers have been designated to study *M. leprae*, standardiza-

tion of lepromin, serology, and histological identification and classification of leprosy; in 1973, a Reference Center for investigation on cell-mediated immune responses in leprosy will be designated. Some WHO collaborating institutions or laboratories have also been nominated.

Centers and specialists who are cooperating with WHO and receiving some financial support from WHO for their investigations, and the WHO collaborating institutions or laboratories, are listed in the annex.

Together with those investigators who have cooperated in previous years, a total of 76 research projects are being or have been assisted by WHO up to the end of 1971.

The bulk of the financial contributions given by WHO are made from its regular budget. Additional voluntary contributions have been received and WHO most gratefully acknowledges valuable donations for research by the Order of Malta (Comité international de l'Ordre de Malte pour l'Assistance aux Lépreux), the Emmaüs-Suisse (Aide aux Lépreux), the Foundations Raoul Follerau (Luxembourg) and the Junta a Favor de los Leptosos de Venezuela.

WHO is also attending to requests from

countries for the training of young specialists. The WHO Exchange of Research Workers Grants represent an effort to link up laboratories and to facilitate exchange of ideas.

From WHO activities in leprosy research and from laboratories cooperating in its program, 193 papers have been published or are in press in the BULLETIN OF THE WORLD HEALTH ORGANIZATION and authoritative scientific journals.

It should be added that the leprosy research program, like other fields of WHO activity, is guided by the WHO Advisory Committee on Medical Research and is founded on the advice given by expert committees or scientific groups.

As an international organization, WHO is in a special position to develop such activity in association with the valuable cooperation of specialists, institutes, the International Leprosy Association, and other organizations.

It is hoped that with the present note, leprologists will have an overall idea of the WHO program, and this may favor further contacts, exchange of ideas, and, as an ultimate result, the expansion and improvement of research on leprosy.

Centers Cooperating in the WHO Leprosy Research Program 1971

M. leprae

1. *Regional Reference Centers for M. leprae*

National Institute for Medical Research, Mill Hill, London, UK
(Dr. R. J. W. Rees).

Leprosy & Rickettsial Disease Unit, Virology Section, Center for Disease Control, Atlanta, USA (Dr. C. C. Shepard).

2. *WHO Collaborating Institutions for studies on M. leprae*

Laboratory of Bacteriology & Virology, Institut de Médecine Tropical Prince Léopold, Anvers, Belgium (Dr. S. R. Pattyn).

Service de Bactériologie et de Virologie Alimentaire, Ecole de Santé Publique, Faculté de Médecine, Université Catholique de Louvain, Brussels, Belgium (Dr. J. P. Delville).

Institut de Microbiologie et d'Hygiène de l'Université de Montréal, Laval-des-Rapides, P. Qué., Canada (Dr. L. Kato).

Armauer Hansen Research Institute (AHRI), Addis Ababa, Ethiopia
(Dr. T. Godal).

3. *Centers working on cultivation*

Institute of Hygiene and Epidemiology, Prague, Czechoslovakia (Dr. L. Sula).

Tata Dept. of Plastic Surgery, J. J. Group of Hospitals, Bombay, India
(Dr. N. H. Antia and Dr. K. Ranadive).

Dept. of Bacteriology, Hebrew University, Hadassah Medical School, Jerusalem, Israel (Dr. A. L. Olitzki).

Research Institute for Microbial Diseases, Osaka, Japan (Dr. T. Ito).

Department of Tuberculosis, National Institute of Health, Tokyo, Japan
(Dr. T. Murohashi).

National Institute for Leprosy Research, Tokyo, Japan (Dr. Y. Yoshie).

National Institute for Leprosy Research, Tokyo, Japan (Dr. T. Nakayama).

Research Institute for Tuberculosis and Leprosy, Tohoku University, Sendai, Japan (Dr. A. Mayama).

Institute of Microbiology, Parasitology & Epidemiology, Bucarest, Romania
(Dr. V. Bilbie).

Laboratoire de Microbiologie, Université de Dakar, Senegal (Dr. L. Pares).

Johns Hopkins University-Leonard Wood Memorial Leprosy Research Laboratory, Baltimore, USA (Dr. J. H. Hanks).

National Institutes of Health, Bethesda, USA (Dr. Y. T. Chang).

Dept. of Microbiology, New York University School of Medicine, New York, USA (Dr. L. Barksdale).

Leprosy Department, Central Institute for Research on Skin & Venereal Diseases, Moscow, USSR (Dr. Zajcev).

4. *Centers working on transmission*

Instituto de Investigaciones Leprológicas, Rosario, Argentina
(Dr. M. Bergel).

Institute of Leprology, Rio de Janeiro, Brazil (Dr. C. O. de Silva).

Research Institute for Microbial Diseases, Osaka, Japan (Dr. T. Ito).

Department of Bacteriology, Hiroshima University, Japan (Dr. K. Urabe).

Aomori Hospital, Aomori, Japan (Dr. S. Sato).

Leonard Wood Memorial, Eversley Childs Sanitarium, Cebu, Philippines
(Dr. C. Reich).

Leonard Wood Memorial, Washington, USA (Dr. C. H. Binford).

Central Institute for Research on Skin & Venereal Diseases, Moscow, USSR
(Dr. Juscenko).

Institute for Leprosy Studies of the Ministry of Health of the USSR, Astrakhan, USSR (Dr. J. V. Pervuhkin).

ANTILEPROSY DRUG TRIALS

Faculdade de Medicina, Ribeirao Preto, Est. de Sao Paulo, Brazil
(Dr. R. Quagliato).

Central Leprosy Teaching & Research Institute, Chingleput, India
(Dr. C. G. S. Iyer).

Institut Marchoux, Bamako, Mali (Dr. J. Languillon).

Sanatorio Villaggio Isola Alessandra, Gelib Giuba, Somalia (Dr. G. Tarabini).

Division de Dermatologia Santara, Caracas, Venezuela (Dr. J. Convit).

CHEMOPROPHYLAXIS

Central Leprosy Teaching & Research Institute, Chingleput, India
(Dr. C. G. S. Iyer).

Culion Sanitarium, Palawan, Philippines (Dr. C. B. Lara).

IMMUNOLOGY

1. *International Reference Center for Serology of Leprosy*
Dept. of Microbiology and Immunology, Faculdade de Medicina, Ribeirao Preto, Brazil (Dr. J. O. Almeida).
2. *Regional Reference Centers for Standardization of Lepromin*
National Institute for Leprosy Research, Tokyo, Japan (Dr. Y. Yoshie).
Johns Hopkins University—Leonard Wood Memorial Leprosy, Research Laboratory, Baltimore, USA (Dr. J. H. Hanks).
3. *WHO Collaborating Laboratory for Immunology of Leprosy*
Municipal Bacteriological Laboratory, Helsinki, Finland (Dr. O. Wager).
4. *Centers working on immunology*
Institute of Leprology, Rio de Janeiro, Brazil (Dr. M. Tuma).
Institute of Leprology, Rio de Janeiro, Brazil (Dr. Candido Silva).
All India Institute of Medical Sciences, New Delhi, India (Dr. G. P. Talwar).
Istituto de Clinica Medica II, Bari, Italy (Dr. L. Bonomo).
Dept. of Dermatology, Seoul University, Korea (Dr. Soo Duk Lim).
Escuela Nacional de Ciencias Biologicas, Mexico (Dr. S. Estrada-Parra).
Immunology Laboratory, Kohlberg Research Laboratory, Veterans General Hospital, Taipei, Taiwan (Dr. S. Han).
Department of Dermatology, Division de Dermatologia Sanitaria, Caracas, Venezuela (Dr. M. Goihman-Yahr).

EPIDEMIOLOGY OF LEPROSY INCLUDING GENETICS

- Departamento de Genetica Medica, Universidade de Campinas, Brazil
(Dr. B. Beiguelman).
Institute of Cancer Research, Philadelphia, USA (Dr. B. Blumberg).

PATHOLOGY OF LEPROSY

1. *WHO International Reference Centre for Histological Identification and Classification of Leprosy*
Division de Dermatologia Sanitaria, Caracas, Venezuela (Dr. J. Convit).
2. *Centers working on pathology*
Scientific Research Institute for the Study of Leprosy, Astrakhan, USSR
(Dr. V. Loginov).
Department of Leprosy, Central Institute for Research on Skin and Venereal Diseases, Moscow, USSR (Dr. Cvetkova).

DIAGNOSIS OF LEPROSY

- Institute of Leprology, Rio de Janeiro, Brazil (Dr. Inalio de Castro).

WHO LEPROSY BCG TRIAL, BURMA

- WHO Leprosy BCG Trial Team, Mandalay, Burma.

OPERATIONAL RESEARCH

- Directorate of Health Services, Rangoon, Burma.

Centers and specialists who have cooperated with WHO in previous years

M. leprae

- Department of Dermatology, Rosario, Argentina (Dr. J. M. Fernandez).
Dept. of Microbiology, Buenos Aires, Argentina (Dr. F. Wilkinson).

Institute of Leprology, Rio de Janeiro, Brazil (Dr. M. Tuma).

Instituto Nacional de Salud, Bogota, Colombia (Dr. G. Munoz Rivas).

Leprosy Research Laboratory, Kyoto University, Japan (Dr. M. Nishiura).

Reesearch Institute for Microbial Diseases, Osaka, Japan (Dr. S. Nishimura).

Department of Dermatology, University of Madrid, Spain (Dr. J. Gay Prieto).

Scientific Research Institute for the Study of Leprosy, Astrakhan, USSR
(Dr. N. Kalabukhov).

Division de Dermatologia Sanitaria, Caracas, Venezuela (Dr. J. Convit).

ANTILEPROSY DRUG TRIALS

Lucha Dermatologica, Buenos Aires, Argentina (Dr. C. M. Brusco).

Institute of Leprology, Drug Trials Unit, Rio de Janeiro, Brazil
(Dr. L. Souza Lima).

Leprosy Research Unit, Uzuakoli, Nigeria (Dr. S. G. Browne).

Sanatorio Fontilles, Alicante, Spain (Dr. F. Contreras-Duenas).

CHEMOPROPHYLAXIS

Acworth Leprosy Home, Bombay, India (Dr. N. Figueredo).

IMMUNOLOGY

Department of Dermatology, Rosario, Argentina (Dr. J. M. Fernandez).

Faculdade de Ciencias Medicas, Botucatu, Brazil (Dr. T. Barbieri).

Hôpital St. Louis, Paris, France (Dr. F. Merklen).

Central Leprosy Teaching & Research Institute, Chingleput, India
(Dr. Dharmendra).

Culion Sanitarium, Palawan, Philippines (Dr. H. Wade).

EPIDEMIOLOGY OF LEPROSY INCLUDING GENETICS

Cambridge University, UK (Dr. S. Spickett).

Leonard Wood Memorial, Baltimore, USA (Dr. C. H. Binford).

PATHOLOGY OF LEPROSY

Institute of Leprosy, Rio de Janeiro, Brazil.

Department of Dermatology, Madrid, Spain (Dr. J. Gay Prieto).

Central Institute for Research on Skin & Venereal Diseases, Moscow, USSR
(Dr. A. Ivanova).

—L. M. BECHELLI

Chief Medical Officer, Leprosy
Division of Communicable
Diseases, WHO
(Dr. Bechelli retired from this
position shortly after providing
this information.—Editor)

U.S.A. *Chapman H. Binford, M.D.*, announced that on 1 July 1972 he left the office of the Medical Director, Leonard Wood Memorial, Washington, D.C., but will continue his research work at the Armed Forces Institute of Pathology

which, for several years, he has been conducting on a part time basis. His address is: Special Mycobacterial Diseases Branch, Geographic Pathology Division, Armed Forces Institute of Pathology, Washington, D.C. 20305.