I request that this letter please be published to avoid any possibility of the confusion referred to in item 3 above.

—Dr. Dharmendra
6/8 Shanti Niketan
New Delhi-21, India 110021

[The bit of folklore history to which Dr. Dharmendra takes some exception, though published in our editorial pages for want of a better section to put it in, was not an editorial in the sense of an attempt at some judgemental or stimulative scientific discussion. It was a footnote to our previous account of the folklore history of chaulmoogra oil (IJJ. 38 [1970] 435-438), for which we had received more reprint requests than we usually get for efforts relating to the editorial pages. We subsequently found the variant account by Dr. Huizenga, which the Chinese Medical Journal some years ago deemed of sufficient interest to warrant publication, albeit not in their editorial pages. Thinking that this might be of supplemental interest to those who had expressed an interest, we published it as a relatively brief quotation from Dr. Huizenga. We read this account in the context of the area it was reportedly derived from and, perhaps from ignorance, never did think of it as being related to the Rama of India referred to by Dr. Dharmendra. We are, of course, pleased that Dr. Dharmendra has settled any misunderstanding that there might be in this respect. We have found it of interest that this general account apparently has many versions throughout the Burma, Thailand, Indochina, Malaysia area with different rulers playing the “hero” role. Thus, on a recent visit to South Vietnam we were subtly chided for not having recognized that the “true” account related to King Po Klong Garai, who is venerated for his advanced concepts and contributions to public health and in honor of whom a temple still stands in Vietnam.

Whether or not the present distribution, or at the time of Buddha, of the Taraktogenos kurzii (“chaulmoogra tree”) or even of Hydnocarpus anthelmintica is consonant with the geographical setting of the folktale as attributed to J. F. Rock by Dr. Huizenga, commands no analysis on our part. We hold no brief for the general historic or geographic accuracy of folklore tales. We do, however, find them revealing of social thought and reaction and we find them of practical importance in that familiarity with them enhances the effectiveness and the acceptance of educative efforts regarding leprosy at the village level—at least as far as our experience goes in the South China area.

Whether or not this brief note warranted inclusion in the pages of this JOURNAL is, of course, a matter of judgement. We have on several occasions been told that this JOURNAL is “too scientific.” Without agreeing with this thesis, we have, particularly in the editorial pages, attempted to provide some responsive variation in the fare. The presentation under discussion was one such minor effort. —EDITOR]

Monotony Mitigated a Mite: or, A Superior Skin Smear Slide

TO THE EDITOR:

Innumerable laboratory technicians, medical assistants, nurses and physicians in leprosy endemic areas can vouch for the tedium of taking and examining multiple and repeated smears from large numbers of leprosy patients. Any small measure that will facilitate this task is worth a trial. We offer the Kivuvu modification for making the ordinary skin smear slides.

Standard clean 1" x 3" glass microscope slides were coated with paraffin wax by dipping the slides into a can of melted, ordinary wax-bath type paraffin, and then allowed to cool. The paraffin should be only slightly above melting temperature to insure a thick enough coat on the slide. After cooling, the slide is placed over an eight-square pattern, previously drawn on heavy cardboard, corresponding to that shown in Figure I. This design gives eight 12 mm square areas for smears and allows about 25 mm on the left for labeling and 5 mm on the right to avoid interference by the microscope slide holder. Furrows reaching the glass surface are then traced in the wax over the pattern with a straightedge and the sharp tip of a scalpel blade turned slightly sidewise as a stylus.
These slides provide a uniform area for the smear and the location of each smear is readily identifiable. The smear is placed on the obverse side of the slide from the etched squares. We routinely take specimens from eight sites by the slit and scrape method—the right and left ears are always represented on the two left squares and apparently healthy skin and nasal mucosal swab are on the far right squares. The remaining four squares are for four other affected areas. Advantages of the etched lines are that they do not materially weaken the glass as do scratched lines, and they are permanent. Two people can easily produce up to 200 of these slides in a day.

[Note: This creation was made possible by a surprise shipment of hydrofluoric acid through a relief agency.]

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