K. Takeda contributes two papers on the endocrine-autonomic nervous system in leprosy and the hyaluronidase spreading reaction in relation to it. He finds an instability of the system in leprosy patients, and similarly the HSR is influenced by this system and in leprosy shows a characteristic distribution. Inhibition of the HSR was caused by injection and transplantation of ox hypophysis, by ACTH and cortisone, by operation, and by administration of ovarian hormone: insulin increased it.

K. Yanagisawa and M. Maeda, in conjunction with the workers of three national leprosaria, report on their studies on the diluted lepromin test. On 1,687 patients they tried various dilutions of lepromin, a half, a quarter, and an eighth dilution of the Mitsuda or Dharmendra antigen. The intensity of the reaction weakened with the increased dilutions, regardless of the type of antigen or the type of reaction (early or late).

K. Yanagisawa, N. Asami and S. Ishiwara give a first report on their work on BCG in leprosy prevention. They think it is effective. They studied 2 separate populations of school children, and found that BCG by scarification or intracutaneous vaccination could convert more than half of the total subjects to a positive lepromin carried out 8 to 11 weeks after the vaccination. For the first group it was 56.5% in 11 weeks, for the second group 77.4% in 8 weeks. They also found a high correlation in the size of the erythema in the reactions to lepromin and tuberculin.

S. Nishimura and T. Masuda report on the action of chemotherapeutic agents in murine leprosy. They use the screening method of Nishimura-Ishawa, which enables them to assess the action in 3 months. The agents studied were isonicotinyl hydrazones and a few antibiotics and the results were slightly better than INAH for the former and negative for the latter. Non-chemotherapeutic agents were also studied, without striking results.

K. Minami reports on his experiments in the serum reaction in leprosy. The agglutination method of Ogata using equal parts of cardiolipin and lecithin as antigen gave a high titre in his experience. Minami, however, finds low titres in all cases, and that 64% of all cases are positive, and among these lepromatous leprosy were positive in 75%. For other sera 12% were positive, and 9% of syphilitic sera. The author thinks there is enough positivity in the test to guide us in the diagnosis of leprosy, if we take account also of the clinical features. He also tried the slide agglutination method with antigen of cardiolipin-lecithin-cholesterol.
in proportions $1/34/30$ and $1/1/18$ and found strong reactions but not superior to the ordinary agglutination method.

K. Takigawa reports on statistics of leprosy patients in Japan. From the beginning of 1953 to the end of 1955 there were 1,232 leprosy patients reported in Japan. The ratio of males to females was $1.7-2.3:1$, with no difference for the lower ages. There was a higher age at which the disease showed itself, and the 30 to 44 year period was the most frequent. Most of the cases were of tuberculoid ("maculoneural") type, and most cases came from rural districts and the warmer districts. Most of the cases in the younger ages were admitted to the leprosaria, and a lesser proportion of those in the higher age groups, and the time between diagnosis and admission was very short for most patients.

East African Medical Journal, 34, 7, July 1957, is a Special Number containing the proceedings and papers of the Tuberculosis and Leprosy Conference held at Dar Es Salaam in January 1957, and organized by the East African Council for Medical Research. In default of the space to review this at the moment, attention is directed to this very valuable and stimulating number of the E.A.M.J., which devotes 118 pages to its report and the papers.