

DIARY NOTES

Gorgas Memorial Institute

Meeting of Executive Committee with General Streit, John Parks, Maurice Thatcher, Louis Williams, and F. L. Soper, on 12 January 1965.

Discussion of dedication date for the Rand Insectory at Gorgas. Date proposed, about February 15. It is suggested that Champ Lyons might be the speaker. Champ Lyons, however, is to be in Panama during the first week of March, with the Defense group of consultants under the auspices of Shirley Fisk. The proposal was made that the date should be set to agree with the meeting of this committee in Panama.

I discuss the origins of the Gorgas Memorial Institute and the Gorgas Memorial Laboratory and point out that basically, from a legal point of view, the situation of the Gorgas Memorial Institute is ideal at the present time. It is in a position to do anything it wants to do, any place in the world, with any government, group of governments, or institutions, the only limitations being limitations of money and of adequately trained personnel.

Governor Thatcher has to be gently informed once more that he is the only individual member of the Committee anxious to have a metal plate with the names of the officers of the GMI on it on the laboratory building inaugurated two years ago.

Conversation with Robert Briggs Watson of the Rockefeller Foundation

Dr. Watson telephones to get any suggestions I may have as to some individual who could become his understudy on the problems of schistosomiasis. The Rockefeller Foundation, in making a decision to go into schistosomiasis on a serious scale over a period of years, asked Dr. Watson, with his international experience, to undertake the initial period of establishing a program. RBW has only one more year which he wants to give to active service, but is hard put to it for a properly qualified individual to carry on. (RBW is considering Pat Owens, engineer, but is not certain he can convince Owens of the desirability of this project. Other candidates are being sought.)

RBW calls particularly to ask regarding the hookworm techniques being used back in the early 1920's. It seems that the reports of hookworm programs in Santa Lucia for the period 1913 or 1914 to 1923 do not describe adequately the manner in which stool examinations were made. (Apparently the reports on file in the Rockefeller Foundation, which closed out its service in Santa Lucia in 1923, failed to give any indication of the existence of schistosomiasis on the island. The first infection found in Santa Lucia occurred very shortly afterwards, at a point which became known as a focal point of schistosomiasis infection before it spread over the entire island.)

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I point out to RBW that the flotation method which was devised by Willis was not available in 1920 and hence could not have been responsible for the failure to find schistosome eggs previous to that time. I indicate that by a straight smear method a 28 per cent infestation of schistosomiasis was found in certain areas of Pernambuco in 1920, with the period of examination limited to the time necessary to find the first hookworm egg in an area where the hookworm infestation rate was approximately 95 per cent. Considering the size and characteristic shape of the schistosome egg, it seems probable that the negative evidence contained in the RF reports rather definitely indicates that schistosomiasis was not present at that time, at least in the populations examined.

RBW says that the Foundation is establishing its headquarters for schistosomiasis work at Harvard (Thomas Weller) and is considering utilizing the island of Santa Lucia as its initial experimental demonstration field area.

RBW offers to send me certain diaries he brought back from Brazil for the Rockefeller Foundation which apparently are duplicates of diaries on file with the Foundation.

Learning that RBW is here for a library meeting with Cummings, Wegman, and others, to discuss the NLM collaboration in a regional library for Latin America, I give RBW a run-down of the present situation of the Gorgas Memorial Institute and the Gorgas Memorial Laboratory, and indicate to him that the GMI represents an opportunity to work through a private organization which was created to work throughout Latin America, with the added advantage of its geographical location at a central point with good transportation facilities in every direction.

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World Health Assembly--1969

Learning that Dr. Frechette is considering the possibility of getting the State of Massachusetts to invite the World Health Assembly to meet in Boston for its centenary celebration, JW gives all details of costs and methods of extending invitation and suggests as a substitute possibility the holding of the Pan American Health Organization's meeting in the fall with the APHA meeting.

U.S.-Japanese Health Cooperation in Asia

During the recent discussions here between the Prime Minister (Sato) and the President of the United States, various fields of collaboration have been discussed; apparently, health is one of these fields in which collaboration has been mentioned for the United States and Japan in the development of programs for the Western Pacific. I learned that two programs which have been mentioned to the representative of the White House (Moyers) are: (1) population control as a health measure, and (2) development of programs for finishing the tuberculosis problem.

In the past the medical and public health professions have dodged the issue of what to do about over-population. Part of this dodging has probably been due to the fact that there is no standard for under-population nor for over-population. The physician is able in many cases to determine when the individual mother and even the individual family has too many children, but no one yet has real experience in determining when the community has more individuals than it should have. How can the decision be made for a country or an area? Should the public health officer, on the basis of health considerations learned, be called upon to make a diagnosis for the community?

Also the physician can make recommendations for methods of birth control for the individual, but how can one make recommendations of methods for a community when many factors other than scientific values do come into play?

It is interesting that population should be one of the problems discussed since it is known that Japan has done a tremendous job in reducing the birth rate in that country between the late 1940's and 1960's by at least 50 per cent. Japan, in facing up to its population problems, may very well have an interest in knowing that other countries in the region are doing likewise.

The situation with regard to tuberculosis in Japan is an interesting one. The United States Army of Occupation is reported to have found a tuberculosis death rate of about 195 in 1946. General Sans is reported to have developed a considerable program for the application

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of BCG with notable results in the reduction of incidence of deaths from this disease. Whether this reduction in deaths was in fact due to BCG or was due to causes similar to that operating in countries where BCG was not used is uncertain, but in any case when I was in Japan about 1955 the death rate from tuberculosis had dropped to somewhere in the neighborhood of 60.

As the reduction in tuberculosis proceeds, we eventually come to the point where the problem must be faced by the entire nation, since at some point along the line eradication does become possible, at least as a long-term objective. It is obvious that eradication could become a short-term objective with the development of a drug capable of sterilizing the individual case and guaranteeing against future endogenous infection. But the speed with which transmission is being suppressed in the younger age groups in the United States is not generally realized even by workers in this field. JW reports that of 5,000 children with routine admissions into Children's Hospital in Washington, D.C. last year, only seven were found to have active tuberculosis and three of these were previously registered cases.

It is obvious that with the pressures building up from eradication programs in California, in Texas, in Tennessee, and in Minnesota, that within the foreseeable future there will be a national organization in this country.

It is obvious that we need to work for better methodology! As JW puts it, for weapon system development!

We must develop an eradicator capable of eradicating infection within the individual case.

There is also urgent need to study more fully the immunology of tuberculosis with the hope of developing a vaccine which will not make useless the tuberculin test for survey work in the identification of infected individuals.

(Further information indicates that the United States may not be presenting the population problem for discussion with the Japanese authorities.)

Tuberculosis is a disease of the underprivileged! The war on poverty will undoubtedly result in a considerable renewed interest in the solution of the tuberculosis problem. Research in tuberculosis--if it results in better therapy and better immunization--may very well lead to improvement of methodology for the eradication of leprosy.

It is obvious that Okinawa must have been a question of discussion between Sato and LBJ. Filariasis is one of the problems the Marines encountered in Okinawa; it was also an important problem in other Trust Territories where considerable advance had been made in its control when the handling of Trust Territories was taken from the Navy, with

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its easy transportation facilities from island to island, and turned over to the Department of the Interior. Filariasis eradication in the Pacific islands is of course a possible point of future programs, since among those who got this disease as members of the Armed Forces of the United States were certain individuals who are now in the United States Congress.

Eradication of Aedes aegypti

Alan Donaldson gave a paper this evening at the Washington Tropical Medicine Society on "The Impact of Aedes aegypti Eradication in the United States on Laboratory Studies With This Mosquito." AD gave a very clear presentation of the problem and the discussions which have been held up to the present time at the insistence of the laboratories concerned. He indicated that everybody is being given a chance to be heard and that many committee meetings are being held before the Surgeon General is being asked to make a decision.

From the discussion which followed Donaldson's presentation, it is obvious that there is a considerable amount of emotion tied up to the solution of this problem. The very factors which make the Aedes aegypti mosquito so difficult to eradicate, namely its easy adaptation to life in artificial containers, are the ones which have caused such a tremendous amount of laboratory research to be carried out on this one mosquito.

Although at certain times during the evening questions were raised as to why eradication is necessary, I felt no inclination to take part in the discussion; Donaldson was doing a beautiful job on his own behalf.

The very fact that this type of meeting was possible and was held this evening is a significant comment on the progress which has been made since 1947, when the Pan American Health Organization made its initial commitment to the eradication of aegypti in the Western Hemisphere.

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Gorgas Memorial Laboratory

In calling Clifford Pease to inquire about the program for David McKenzie's visit to Washington, I learned that CP is to be in Panama for two or three days beginning tomorrow. He has scheduled a visit to the Gorgas Memorial Laboratory as well as MARU. The object of his visit is to look into MARU as a place for the development of career officers for the Public Health Service.

During the conversation I learned that CP has been considered recently as a director of MARU, for the purpose of developing this as an international laboratory collaborating with a number of Latin American countries. (CP turned down this suggestion largely because of his lack of research experience, feeling that he could never be fully integrated as director without having a more technical background. CP also is not enthusiastic about becoming involved in a scientific program which would be operating for political purposes. CP turned down the proposal and is accepting a position with the International Population Council, working with Balfour.)

I also learned that Karl Johnson is a brilliant young man of about 30 who is not enchanted with the responsibilities of the directorship of MARU which he is exercising on a temporary basis. I tell CP that I have heard very excellent reports of KJ and that I believe it should be possible to develop more easily under the Gorgas banner the type of international epidemiological research work which Karl Johnson is eminently qualified to do.

During the conversation I learned that CP has a long-standing personal relationship with Jack Vaughn, the present Ambassador of the United States in Panama. I take advantage of the situation to point out to CP that the Gorgas Memorial is the one U.S. project in Panama which has not been in difficulties during the political crises of the past several years, and that the American Ambassador might be interested in further developing this mutually beneficial program.

During the discussion I go so far as to suggest that the MARU and Gorgas Memorial Laboratory activities should be fused, in the belief that the United States can get more mileage by developing Gorgas as an international institution than it can by proceeding to maintain a laboratory in the Canal Zone in the same way it maintains the laboratory in Hamilton, Montana.

The Cholera Research Laboratory, Pakistan

During the conversation CP, who himself was a very important factor in getting the Cholera Research Laboratory established and who was equally important in getting the change in administrative set-up approved by the State Department in 1961, gave me something of the background of the initiation of this project.

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It seems that a State Department officer by the name of Conroy was instrumental in helping Captain Phillips get approval for the development of NAMRU at Taipei. Some years later (1958), when Phillips went to Bangkok because of the outbreak of cholera, he found Conroy there. As a result of this second contact, plans were developed for a medical research laboratory to be established in Bangkok. After considerable discussion this plan came up for approval by AID, involving the spending of 200,000 dollars for the construction of a laboratory in Bangkok and 200,000 dollars for equipment. Pease, who was with AID at that time, in charge of activities for the Far East, could not get support for continued assistance to a medical research laboratory in Bangkok and rejected the proposal.

The diplomats in the State Department were not happy with this decision. Under their stimulation, Pease called Smadel and Edsall and asked what could be done with 400,000 dollars which was available from 1957 funds in developing a cholera program. This resulted in a special cholera committee meeting in January 1959 at which time only the financing of studies in the United States was recommended. This was rejected by AID, which was willing to consider the possibility of financing certain studies in this country in support of an overseas program, but was unwilling to support an independent program here. This resulted in further discussions and eventually the visit to the cholera infected areas by the cholera committee about August 1959, with the eventual recommendation of a laboratory for Dacca rather than for Bangkok.

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Discussions Regarding Gorgas Memorial Institute--
Participation in AEC Investigations, Sea Level Canal Route

On January 22nd I received a telephone call from Paul Streit, stating that a letter from Martin Young reported that Dr. R. S. Davidson of the Battelle Memorial Institute of Columbus, Ohio, had inquired if the GML is interested and willing to cooperate as sub-contractor in bio-medical work for the AEC. Martin Young had cabled back declaring the interest and desire of Gorgas to sub-contract biomedical studies in Panama.

It seems the Tulane group under Patterson is also being considered as the principal contractor for this investigation.

Streit had contacted Dr. Dunham of the AEC who is a member of the council of the GMI some weeks ago, and as a result had had Martin Young write to the Nevada operating office of the United States Atomic Energy Commission, P.O. Box 1676, Las Vegas, Nevada. This letter has now been answered, indicating that the AEC is selecting a contractor to manage the bio-environmental studies. This contractor will not participate in the field work but will administer the efforts of others who should.

In discussing this situation with JW, the question is raised as to whether the GML, which receives its major support from the U.S. Government, can legally operate under a contract to third parties from another U.S. Government agency.

The question is also raised as to whether Gorgas should become involved in this type of contract at this stage in its development.

We discuss the possibility of direct negotiation of contract with the AEC; advantageous points for Gorgas are:

1. The broad nature of the Charter of 1921.
2. The fact that this Charter is registered under Escritura No. 14 of December 2, 1921 in Panama.
3. Gorgas operates under an agreement with Panama which has become a law of the land by legislative action in 1953.
4. Gorgas has an adequate building and a new insectary in Panama itself.
5. Gorgas has an international staff, with some Panamanian representation.
6. Panama has Senator Hill on its Board of Directors.

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It may be too late to get Gorgas participation as direct contractor on this since the request from Davidson came for acquiescence by January 20, 1965.

Later in the day I get a copy of Martin Young's letter of January 19 and of Thalgot's letter from ABC in Nevada.

Gorgas 1966 Budget

General Streit asks me to get information from Mr. Simpson as to whom he (Streit) might call in the Bureau of the Budget to get approval forwarded to Senator Hill's committee for action on this Congress's Bill 511. (Simpson reports that his delay in acting in this matter had been due to a failure of Carl Brown to return the documents sent to him. Reports not having received Simpson's document. This has now been cleared up and Simpson has forwarded the documents which will be submitted through the regular channels together with the budget going forward for the Service. There is nothing more for Gorgas to do on this at this time.)

Gorgas Memorial Laboratory as a Plague Reference Center for the Western Hemisphere

In talking with Earl Chamberlayne today regarding the Gorgas Memorial Laboratory, he reports that there has been some discussion of a new location for the Plague Reference Laboratory which has been functioning for some years now at the Hooper Foundation Laboratory in California. K. F. Meyer has been able to get less and less support for this activity at Hooper and feels that it will be discarded so soon as he severs his connection with that organization.

K. F. and J. Watt have agreed that a central plague advisory committee should be established and that a new center should be created. Panama is well situated for this responsibility since plague is now known to exist in the United States, in Mexico (confirmed last year in rodents--sylvatic in nature), in Venezuela, in Ecuador, in Peru, in Bolivia, in Brazil, and in Argentina.

A plague reference center should be equipped for training, should be a long-term program, and should be ready to service countries needing it as outbreaks occur and as endemic problems are being tackled.

E.C. suggests that Dr. Chen might be willing to leave Hooper if and when plague is taken off of the Hooper program. At the moment E.C. has no suggestions regarding financing, but agrees that the Pan American Health Organization should be a source of funds on the grounds that it is responsible for this problem in Latin America. E.C. indicates that the operation should be under the sponsorship of a special plague committee rather than of the Pan American Sanitary Bureau itself.

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Relations Between Gorgas and MARU

E.C. reports that MARU and Gorgas are now holding joint monthly technical seminar meetings. I point out that there will surely be enough work to be done for the AEC to occupy all of the personnel and activities of the Tulane group, MARU, and Gorgas, but that I believe Gorgas is in the strongest position to make the arrangements with the Government and to give general supervision and coordination to the activities.

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November 1966

November 7

Arrived home after trip to San Francisco and Wichita.

November 8

Meeting of Gorgas Memorial Institute at which Admiral Galloway became President, succeeding General Paul Streit.

November 9, 10, 11

Attended meetings of International Conference of Virologists at PAHO.

November 14

Income tax. Visit to Public Health Service, with late visit to malaria conference at PAHO.

November 15, 16

Malaria conference at PAHO.

Learn from Dr. Natalia Nicolaevna Dukhanina of the Institute of Tropical Medicine and Parasitology of Martsinovskiy that the Institute has a copy of Anopheles gambiae in Brazil, 1930-1940 which they use extensively for teaching purposes. Dr. Dukhanina regrets more copies are not available. I gave her a copy of the Portuguese companion volume, which has many more detailed data than are to be found in the English volume.

Dr. F. de Tavel of the International Quarantine Division of WHO, Geneva, regrets the WHO has only one copy of The Organization of Permanent Nation-Wide Anti-Aedes Aegypti Measures in Brazil, since he finds it most useful but is unable to keep it out of the library more than a few days at a time. I tell him I gave additional copies to James Wright last year; finally I give Dr. de Tavel a personally inscribed copy.

November 16

Luncheon discussion with Dr. Blood regarding the future of the Pan American Foot and Mouth Disease Center. It seems the IA-ECOSOC is anxious to get permanent stable financing for the Center outside of the Technical Cooperation Program of the OAS.

Discussions have been held by OAS and PAHO, resulting in the proposal that PAHO become the governing body as well as the operating agency, but with budget and quota assessments separate from the regular PAHO budget.

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17 November 1966

Working relationships would be maintained with the Ministries of Agriculture by the Center itself working through the Zone and Country offices; additional agricultural influence would be stimulated by suggesting to governments that agricultural experts be included in the delegations to meetings of the PAHO governing bodies. An additional proposal is the convening of meetings of Ministries of Agriculture as appropriate to maintain an effective cooperative relationship on Aftosa as well as other health matters related to agriculture.

Rather definite recommendations for timing of the absorption of the Aftosa Center by PAHO provide for termination of OAS financing as of June 30, 1969.

During the malaria meetings, Dr. A. P. Ray, Director of the National Malaria Eradication Program of India, gave an interesting statement of the program for the development of world health services as a sequel to the malaria eradication program. The development in India has been just the reverse of the proposal of the Ninth Expert Committee on Malaria of WHO, which was still urging the development of rural health infrastructures as preliminary to malaria eradication.

During the discussion Ray points out that I would have no way of knowing it, but that the discussion of this matter in Rio at the International Congress on Tropical Diseases and Malaria in which I participated was in large part responsible for getting the support of the Minister of Health, Dr. Chedda, for this program.

Drs. Jeffery and Kaiser report on fluorescent antibody reaction in malaria. FA has become a useful tool; it is positive when parasitemia exists even without symptoms and for some time thereafter. This positive reaction eventually declines so that the individual who has previously had malaria may be difficult to identify positively. On the other hand, it has been established by testing the sera of ten girls who had malaria in the California outbreak of 1952, in parallel with the sera of ten girls who were not infected at that time, that definite group differences could still be found.

Dr. James Watt

February 23, 1965

Dr. Fred Soper

Dengue in the Caribbean Area.

I checked with Dr. Bica regarding dengue in Cartagena and/or Baranquia as related by Karl Johnson. Bica knows nothing and believes it to be a false alarm since these cities were supposed to have been checked following the reinfection of Sta. Marta last year. In the meantime, the Pan American Health Organization's weekly Epidemiological Report lists 8 States of Venezuela, Jamaica and Puerto Rico as having cases of Dengue in 1965.

The 8 infected States of Venezuela represent most of the eastern two-thirds of the northern part of the country. Obviously, the Aedes aegypti Eradication Service there is not receiving the attention needed for eradication.

Bica reports that Arreaza Gusman, while Minister of Health, was attempting to integrate the Aegypti Eradication Program with other environmental Sanitation activities. The new Minister is a surgeon who may not know very much about mosquitoes.

Herewith the Report of February 17, which, in addition to the dengue report on the first page, has the distribution of the number of cases of yellow fever in Brazil.

It is interesting to note that the yellow fever cases in Brazil are from the territory of Roraima, clear in the north of Brazil to the State of Mato Grosso and Minas Gerais well to the south. The cases in southern Brazil are all in the watershed of the Paraguay River which is an epizootic area, which is invaded from time to time by yellow fever following a pattern first observed in the 1930's. The report of a case in Ituiutaba, Minas Gerais is particularly interesting since it represents an eastward extension into more heavily populated areas.

With cases as far south as Aquidauana so early in the season, yellow fever might well invade Paraguay this year.

This invasion of southern Brazil, which is the fifth to be recognized since 1934, was predicted early last summer on the basis of 3 cases which occurred last year. These cases indicated yellow fever had left the endemic reservation of the Amazon Valley and was prepared to strike southward this year.

You will note all of Africa has reported no yellow fever this year.

FLS Notes on
TRIP TO ATLANTA
April 20-21, 1965

Left Washington at 9:10 a.m., on Delta flight 725, for Birmingham with change in Atlanta, arriving at destination about 1:15 p.m. At the Parliament House, General Streit and I find ourselves booked in a double room.

Lunch at the Faculty Luncheon Room with Dr. Joseph F. Volker, Vice-President for Health Affairs of the University of Alabama.

The prolonged afternoon session at the Reynolds Library was scheduled for the following persons:

Maj. Gen. Paul H. Streit, President, Gorgas Memorial Laboratory
Dr. Fred L. Soper, Secretary, Gorgas Memorial Laboratory
Dr. Martin Young, Director, Gorgas Memorial Laboratory
Dr. Joseph F. Volker, Vice-President for Health Affairs
Dr. Charles A. McCallum, Jr., Dean, School of Dentistry
Dr. S. Richardson Hill, Jr., Dean, Medical College of Alabama
Dr. Champ Lyons, Professor and Chairman, Department of Surgery
Dr. E. Edward Evans, Professor and Chairman, Department of Microbiology
Dr. Charles Winkler, Professor of Microbiology
Dr. Charles Lupton, Professor and Chairman, Department of Pathology
Dr. Paul Brenn, Assistant to the Vice-President for Health Affairs, and Chief Fiscal Officer
Dr. John Dunbar, Assistant to the Vice-President for Health Affairs

At the afternoon session, Dean S. Richardson Hill, Jr., was the Chairman. There was a great deal of informal discussion regarding the possibility of cooperation between the University of Alabama and the Gorgas Memorial Laboratory. Martin Young pointed out that the obvious thing to do was to begin working on an informal basis on certain points of common interest at the present time; Champ Lyons' reaction to this was immediate and brisk. CL believes the time is here when radical expansion of program should be planned and even speaks in passing of the possibility of a special building for the cooperative efforts of Alabama. At one point Volker speaks up and insists there should be no difficulty in getting funds for exchange fellowships with Gorgas and Alabama.

General Streit takes the stand that we have come to listen and learn and have no definite plans of our own at the present time. I mention our discussion of cardiac programs with the representatives of the Heart Institute, but confess to a complete lack, on the part of the Gorgas Institute, of personnel to prepare a cardiac project.

Towards the end of the discussion, Champ Lyons proposed a planning group to look into the present situation and come forward with a proposal.

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for a cooperative program of Alabama and Gorgas. He suggests that the Ford Foundation might be a useful place to apply for such a planning group and its financing.

Paul Streit suggests making an approach to James H. Rand and suggests a possibility of a visit to Rand by Streit and Hill.

CL denies any desire to dominate the Gorgas Laboratory and later I point out to him that any such domination would destroy the utility of Gorgas to the University.

After the Library meeting, we get a conducted tour of certain of the facilities, led by Dean Hill. This medical center has considerable emphasis on dentistry, a great deal of emphasis on research, particularly cardiovascular research. (Hess, clinical cardiovascular research and Lyons, surgical research.)

We visit a very elaborate research unit with 16 beds, which really constitutes a little NIH. A great deal of installation, equipment, and modification of quarters has been furnished here by the Heart Institute of the NIH.

In the evening we attend a dinner at the Parliament House, given by Dr. Joseph F. Volker, the Vice-President for Health Affairs. Paul Streit sat next to Volker and I sat between Dean Hill and Dr. Charles A. McCallum, the Dean of the School of Dentistry who had not been present at the afternoon meeting. The post-prandial discussion was very much in the hands of Dr. Volker with Dean Hill playing a silent hand.

Among those at the dinner was Mr. Rufus Beall, a lawyer who is involved, among other things, with the Gorgas Foundation, which seems to be quite active in the State of Alabama.

The consensus of opinion during the day and evening here has been that there is a great deal of interest and support for anything bearing the Gorgas name and that the University and the GMI can pretty well write their own ticket for collaboration.

It is apparent that considerable planning is required to permit a proper development of the type of long-term research program which can be most profitable to the cardiac interest (NHI and Alabama) without tending to cut off relationships with other universities and institutions.

In discussions with Streit and Young, various names were mentioned as possible candidates for a special research advisory group to visit the Institute at least once a year and keep in close touch with the entire research effort at the Institute. Names mentioned and discussed were Sabin N. Hammond, William Reeves, Colin McLeod, George Burch (Tulane), Tom Mattingly, Leslie Stauber (Rutgers), and Nevin Scrimshaw.

Items of expense: Parliament House, room, \$9.62; airport bus, \$2.50; baggage tips, \$1.00; breakfast, \$1.40; total \$14.52.

It was noted by Paul Streit that no one was present from Dr. Harris' Department of Medicine and Cardiological Investigation at either the dinner or library meeting.

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April 19, 1965

I called Ben Blood to tell him about the smallpox situation in Brazil as related by Manoel F. Ferreira. According to MF, there is little need for the large-scale operation with material and logistics support (100 vehicles) being proposed by CDC for the support of smallpox vaccination in Brazil. The CDC project also calls for three full-time epidemiologists to be located in Brazil. This may be advisable and may be necessary but essentially my suggestion was that BB call on Ferreira and get from him the situation as seen from the local standpoint before going along with the other proposal being processed last week through the Office of International Health.

Had a long session today with Dr. Stanhope Bayne-Jones regarding the International Cooperation Year health program. (SB-J says he is getting to be more of an eradicationist than Fred L. Soper.) After learning that B-J is proposing cooperation in the prevention (eradication) of tropical disease, I point out once more that we need somebody or some group which can speak for the United States on eradication programs and which can also speak to the United States Government from the standpoint of making recommendations. The difficulties of the United States position in this field are a multiplication of the difficulties which have been encountered in the case of malaria eradication.

I try to steer SB-J to the field of specific problems, pointing out that eradication efforts should be directed to specific biological entities rather than to abstract concepts such as, for example, hunger.

During the discussion SB-J said that Gorgas was always talking about making the tropics safe for the white man! (Now we should be ready to make the tropics safe for the native of the tropics no matter what the color of skin may be.)

In recent conversation with Kelly Calderwood, I learned there had been a misunderstanding between OIH and the State Department on the subject of WRAC. It seems Dr. Watt agreed to a version of the cancer agreement and initialed it for the representatives of other countries without having subjected it to the scrutiny of the State Department. When the showdown came Kelly feels he was made the goat in such a way as to undermine his standing with his own superiors in the State Department and now it seems that Watt is working more directly with the representatives of the State Department in the Finance Section rather than going to the Policy Section with which Kelly is connected. (In any case, Kelly anticipates early retirement and is looking for a suitable academic connection for his declining years.)

(6 June 1967)

Diary

Report on
IX INTERNATIONAL CONGRESS FOR MICROBIOLOGY
Moscow, 24-30 July 1966

- July 22: Leave D.C., Pan American Airways No. 106, at 1900 hours.
- July 23: Arrive London, about 0800, Saturday.
Spent some hours sleeping at Skyway Hotel at expense of Indian Airways.
Leave London, 1500.
Arrive Moscow, about 2030.
Get to Hotel Ukraine too late for dinner, about 2300 h.
- July 24: IX International Congress for Microbiology opens at hall for congresses in the Kremlin. This fantastic building seats some 6000 people; fills and empties rapidly; has fully adequate washroom facilities in marble and provision on upper floor for giving (selling) sandwiches and drinks to the numerous crowd without too much crowding and pushing.
- July 25: The opening program, which was marked by only one adverse remark on the international situation in the Far East, was followed by an interval for strolling about the building (saw Briceno Rossi and Enrique Teixeira) and for purchasing refreshments on the top floor before sitting down to a beautiful ballet and dance program. The program was good; it looked so easy that it must have been quite difficult.

(The first intimation I had of being invited to present a paper on Aedes aegypti eradication here came from Dr. Prof. V. M. Zhdanov, the Secretary General, some three years ago in Brazil at the Tropical Diseases Congress. The written invitation came from Dr. Raska of WHO. This was followed soon by a letter saying that regulations did not permit him to act as an officer in international meetings and that he was turning the responsibilities over to Dr. O. V. Baroyan (USSR). As a result of this change the program was probably somewhat different from what it might have otherwise been; in any case, we find the following program of seven papers, the Chairman being responsible for the lead-off discussion. (Note: The program is attached to Dr. Soper's paper, "The Eradication of Aedes aegypti: A World Problem," (FLS Publication 83.))

Unfortunately, it was impossible to have a previous meeting at which the speakers could exchange opinions and get ready to meet the challenges from the floor. (As it turned out, this made little difference since there was no opportunity for a free symposium at the time of discussion. This was due to excess time taken by speakers from the floor who went on interminable.)

Davenport's paper was not published among the Symposium papers, and the paper of Kots and Koprowski was represented by only a very sketchy summary. My paper was published in full.

The Symposium proved to be a reading of papers which took up all of the time allotted to the meeting. (Thirty minutes had been summarily cut in favor of other activities before the meeting started.)

The official closing time came at 1730 hours and the subject of eradication was open for discussion. The first three discussants took up fifteen minutes on the average more time than the members of the panel. After just a few minutes of comments by Raska and Koprowski, the meeting closed at 1900 hours.

(The last part of the program was not entertaining since the interpreters had walked off the job.)

Dr. Raska proposed that the panel should meet together on Wednesday for further discussion so as not to lose entirely the value of the consensus of this group.

(This was felt to be important because of a later session of the Congress devoted to the criteria for the eradication of an infectious disease.)

The meeting of the panel members on the 27th was held at the Gamaleya Institute (directed by Dr. Baroyan), getting off to a late start because of a lunch given by Dr. Chumakoff. At this meeting it was decided to recommend to the General Assembly of the International Association of Microbiological Societies a resolution asking the Director-General of WHO to call a special group to discuss the criteria of eradication and the means of selecting individual diseases as candidates for eradication.

DR. SEPER'S ITINERARY

13-24 August 1965

Date	Leave	Hour	Flight	Arrive	Hour
13 August	Washington	8:00 a.m.	TWA 702	New York	9:00 a.m.
13 "	New York	10:00 a.m.	TWA 802	Geneva	11:35 p.m.
21 "	Geneva	1:40 p.m.	Sabena 794	Brussels	2:45 p.m.
¹ 23 "	Brussels	3:30 p.m.	Sabena 547	New York	6:50 p.m.
23 "	New York	8:35 p.m.	NAL 387	Washington (Friendship)	10:25 p.m. 9:35 p.m.)

¹Return flight requested for 24 August.

Dr. Seper's address is:

Geneva: Hotel des Alpes

or

care of J. W. Wright
Chief, Vector Control
Division of Environmental Health
World Health Organization
Palais des Nations

Brussels: care of Dr. Gh. Courtois
Institut d'Hygiène et d'Epidémiologie
Ministère de la Santé Publique et de la Famille
Rue Juliette Wytsman, 14

(20 March 1967)

FIS DIARY NOTES ✓

Meeting on AEDES AEGYPTI, Jacksonville, Florida
August 7, 1964

This was an all day session of the Aedes aegypti eradication men from this area, with representation from Atlanta. Among those present are Schliessmann, Bogus, Stone, Britz, Baker, Olmstead, Fontaine, Don Johnson, George Bevier, and myself.

Don Schliessmann talks of the evidence of progress and the recognition of defects in the work up to the present time. He insists on limiting the work to areas which can be covered once every three months.

George Bradley brings up the question of insecticide and the possible trouble with Rachel Carson. (George is, I think, perturbed at the way in which the Aedes aegypti service is spreading insecticide in a high, wide, and handsome manner without limiting its application specifically to containers which may breed Aedes aegypti. One gets the impression it is being used in a shotgun campaign which will undoubtedly bring down the Aedes aegypti index but will never bring eradication.) My brief notes on this meeting include recognition of the greater importance of the problem than was originally believed, insistence on three months cycle, emphasis on tires as a threat to other states, and to other countries, the admission that the aegypti index of Miami is at least 15 to 20 per cent, cisterns are recognized as a real problem in places like Key West, undue attention is being given to inside breeding, adult captures are being neglected on the belief that outside resting is general, little enthusiasm has been shown for the checking on under the house resting. (This is disagreeable work but is essential under the conditions which exist in Florida.)

Memphis which was previously clean has recently been found re-infested, probably from the shipment of old tires.