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## PERSONALS

**UTOPIAN SOCIETY** seeks intelligent, dedicated people to participate in experimental community. Information for casual inquirers also. Gerald Baker, Obert, Nebraska.

treatment in more than 300 cases.

The longest remission occurred with the first patient ever treated with the vaccine. Before the treatment, the patient, a woman, had been given nine months to live. She died last year of a brain hemorrhage unrelated to the cancer.

Out of the series of 300 cases, about 100 are still alive. The results were reported by one of the team members, Dr. Malcolm Lane-Brown, who is a senior research fellow in Sydney University's department of surgery.

Dr. Lane-Brown said that spectacular results to date did not mean that the vaccine was a cure for cancer. It was just one facet of a very perverse cancer. But the number of cases treated indicated that more was involved than spontaneous natural remission—which often happens with this cancer.

Why the vaccine should have had this effect is unknown. But it is probably connected with the fact that the cowpox virus from which it is made causes lesions on the skin.

Dr. Lane-Brown said the skin tumor cells may be somehow sealed off or mummified against the body's immunity or defence system. The vaccine might break the seal of the tumor cells releasing antigens, or bits, of the cells into the blood stream. These would provoke production of antibodies. The antibodies would then attack and control the cancer.

White Australians have the world's highest incidence of the cancer which is caused by excessive exposure to sunlight.

## FROM GENEVA

### International Cancer 'Atlas'

A lung cancer "map," the first of a series of lavishly illustrated cancer monographs, is ready for distribution. The sponsoring World Health Organization in Geneva considers it part of a monumental cancer "Atlas" to be distributed to researchers all over the world. Too many researchers, WHO believes, work in ignorance of the work of their colleagues.

The monograph contains 40 "typical" plates and 10 rarer lung tumor illustrations, along with paraffin blocks containing tissue and other samples. Packages will be distributed free to 1,400 pathology departments of institutions by the International Council of Pathological Societies.

Remaining sets will be sold at cost in Europe, the United States and Canada, but for 30 percent of cost in Latin America, Asia and Africa. WHO doctors feel that the materials will have great importance in those developing

regions, most often deprived of needed contact with the science being done in advanced centers.

The next series will be on breast cancer, probably in 1967, followed the same year by a series on soft tissue cancer by Dr. F. M. Enzinger of the Armed Forces Institute of Pathology in Washington, D.C. Following this package, will be one on leukemia by Dr. George Mathe, National Medical Research Institute, Villejuif, Paris, France.

**Dr. Humberto Torloni**, hard-working Argentinian pathologist of WHO's cancer unit, is coordinating the vast project. On the wall of his office overlooking Lake Geneva, he has a chart and map showing where every classification stands.

He has recently attended meeting of International Reference Centers and talked to colleagues in London, Agra, Paris, Tokyo, Buenos Aires and Teheran.

"There never seemed any possibility of world-mapping cancer in a scientific way," he says. "Now we hope each center will continue to serve with us as an international registry of pathologic tissue for its field, as diagnostic consultants and as educators for the training of younger scientists."

Almost 200 pathologists in 126 centers in 37 nations are participating in the project. Twenty-two teams are being organized, each with one International Reference Center, chosen by colleagues themselves because of excellent work in the particular field. The 22 will cover the various cancer sites—pelvic, bone, skin and so on—accounting for 95 percent of the world's cancer.

The lung cancer section was produced by a task force of 18 pathology units in 15 countries, headed by Prof. Leif Kreyborg, director of the Institute for General and Experimental Pathology of the University of Oslo.

In this first published volume on lung tumors, he pays tribute to two chief collaborators, Dr. A. A. Liebow of Yale Medical School (now in California), and Dr. E. A. Uehlinger of Zurich. Other collaborators were from Paris and Bonn.

## FROM MOSCOW

### Sonic Signal Makes Pix

Seeing by sound, a new technique that may well replace the X-ray in metallurgical applications, has recently been developed at the Institute of Acoustics of the U.S.S.R. Academy of Sciences.

It is an instrument which transforms a reflected sound signal into a picture. It is possible to see objects a few tenths of a millimeter in size in a mass of absolutely non-transparent substances.