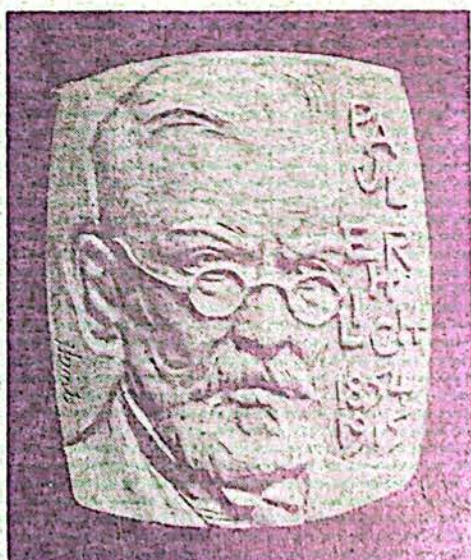


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June 1976

*of the Canadian Society*  
*for*  
**IMMUNOLOGY**



**BULLETIN**

*de la Société Canadienne*  
**d'IMMUNOLOGIE**

*vol. 9 no. 1*



## BULLETIN

OF THE CANADIAN SOCIETY  
FOR IMMUNOLOGYDE LA SOCIÉTÉ CANADIENNE  
D'IMMUNOLOGIE

Vol. 9, No. 1

June 1976

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\*\*\*\*\*

*Paul Ehrlich medal, on the cover, by Dora de Pédery Hunt.*

\*\*\*\*\*

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\*\*\*\*\*



## STOP PRESS

### TELEGRAM TO PRIME MINISTER AND PREMIERS

The 3000 members of The Canadian Federation of Biological Societies in annual meeting in Halifax, Nova Scotia, are deeply concerned that changes to the Fiscal Arrangements Act, being discussed between the Federal Government and the provinces, may seriously damage higher education and research in Canada. Higher educational institutions are complex and have evolved over a long period; they require a stable environment. Sudden changes in allocation of resources may endanger the quality and effectiveness of these institutions. Thus, any changes in cost-sharing arrangements must be gradual and must be carried out with full and continuous examination.

In any shift in these cost-sharing arrangements, it is crucial to avoid fractionating the integrated functioning of the universities into artificially separate components. For example, any proposal to separate undergraduate teaching, graduate teaching, research, and other academic work must ultimately be harmful. It is impossible to determine the dividing lines amongst these activities; the capable academic is probably doing more than one at almost any given instant, and almost all facilities have multiple purposes. Separating these, even if it were possible, would not only destroy the fundamental character of the universities, but would surely result in much less efficient operation of these institutions.

Furthermore, the provision of basic facilities for the various aspects of academic work is a clear responsibility of a university. Any attempt to re-adjust funding arrangements to use grants from the national granting bodies (MRC, NRC, Canada Council) for this would be a serious error. It would be tantamount to asking these specialized agencies to use their severely constrained resources to pay for the day-to-day operation of the universities, rather than to fulfill their proper mandate, which is to provide support and encouragement to individual scientists for valuable original research. To divert these funds to any other purpose would be a national disaster.

Thus, in revising the Fiscal Arrangements Act, the Federal Government must recognize that many options are open to it in modifying its relationship with the provinces. However, great care must be taken to guard against destroying the excellent integrated university system carefully built up over many years. It would be catastrophic if the particular efforts of the past 15 years, which have seen such striking development of excellence and accessibility in the universities, were to be precipitously halted or reversed as a result of government action.

J. Gordin Kaplan, Chairman  
Canadian Federation of  
Biological Societies



## FUNDING OF CANADIAN RESEARCH

### A message from the Secretary

As you know, the Prime Minister has recently announced that the 1976-77 budgets for the support of research by MRC and NRC are to be frozen at the 1975-76 level. This freeze can be expected to have further deleterious effects upon research activities whose level of support was already critically inadequate. For example, in the case of MRC, we were confident that the government intended to increase the budget by an amount at least equivalent to inflation. It is rumored that the large reduction in the anticipated budget will result in retrieval of funds from grants already allocated, cancellation of the spring competition for new grantees and for those seeking to renew support at that time, and reduction by approximately one-third in the awarding of new personnel support in the forms of Fellowships, Studentships and Scholarships.

You may be assured that your representatives on the Council of the Canadian Society for Immunology and on the Board of the Canadian Federation of Biological Societies are protesting these budget decisions in the strongest possible terms. It is clear, however, that large numbers of protests from individuals carry substantially more clout than do the expected responses from the officers of such organizations. Therefore, I urge you to write personally to your Member of Parliament, to the Prime Minister, and to your local newspaper, expressing your concern over the desperate plight now facing biomedical scientists. The Chairman of the CFBS, Dr. J. Gordon Kaplan, has issued a special plea for letters to the leading French dailies since few protests about Federal funding policy have appeared in these newspapers. Please act, now, in whatever way you think appropriate to make the public and the politicians aware of the crisis that faces us.

March 19, 1976.

Martin Jerry.

\*\*\*\*\*

### L'Aviso Du Secrétaire

Comme vous le savez, le premier ministre annonçait récemment que les budget de support pour la recherche du CMR et du CNR pour 1976-77 seraient gelés et demeureraient au niveau de 1975-76. On s'attend à ce que ce gel entrave sérieusement les activités en recherche, pour lesquelles le support financier est déjà à un niveau minimum.

Nouse espérons, par exemple, du gouvernement, une augmentation du budget du CRM équivalente à la hausse du taux d'inflation. Bien au contraire, la rumeur court actuellement que les coupures considérables au budget prévu résulteront en une diminution de fonds pour des octrois déjà existants, la cancellation de la compétition du printemps pour les nouvelles demandes et



les renouvellements d'octrois, de même que la réduction d'environ du tiers des budgets alloués aux bourses personnelles, soient les bourses de recherche (Fellowships), de stagiaires de recherche (Studentships), et de chercheurs indépendants (Scholarships).

Soyez assurés que vos représentants au Conseil de la Société Canadienne d'Immunologie et au Comité de la Fédération Canadienne des Sociétés de Biologie protestent violemment au sujet de ces décisions budgétaires. Il est toutefois évident qu'un tollé de protestations provenant d'une foule d'individus pèsera beaucoup plus, auprès des autorités gouvernementales, que les protestations venant d'officiers de telles organisations. Je vous exhorte donc à écrire au plus tôt à votre représentant parlementaire, au premier ministre et à votre journal local afin de sensibiliser l'autorité politique et éveiller l'intérêt public au sort désastreux qui attend les scientifiques biomédicaux, à la suite de ces coupes budgétaires.

Le docteur, J. Gordin Kaplan, président de la FCSB, insistait récemment sur la nécessité de faire parvenir de nombreuses lettres de protestation aux principaux quotidiens francophones, tout particulièrement, puisqu'on n'y retrouve, jusqu'à maintenant, que quelques protestations éparses venant du milieu scientifique, au sujet du programme fédéral de financement de la recherche. Agissez maintenant, de la façon que vous jugerez la plus adéquate, pour sensibiliser le public et les politiciens à la crise que nous traversons. Notre futur dépend de votre collaboration.

Bien à vous,

Martin Jerry,

Sécrétaire, S.C.I.

\*\*\*\*\*

Telegram

May 31, 1976.

The Right Honourable Pierre Trudeau,  
House of Commons.

Canadian Biomedical scientists are grateful to Marc Lalonde for infusion of two million dollars into MRC budget. Although there is still a shortfall of 4.6 million from what is required to maintain MRC position, it nevertheless will permit additional grants to be made to 100 deserving and highly competent researchers. Medical research reposes squarely on foundation provided by physics, chemistry and biology and cannot exist independently from these sciences which are funded through the National Research Council. This is the third time supplementary funds have been found for Medical Research Council whose needs are critical. Biomedical scientists are aware of their responsibility to the fundamental sciences and urge government to make supplementary funds available to the NRC at least proportional to those just granted to the MRC.

J.G. Kaplan, Chairman,  
Canadian Federation of  
Biological Societies,  
University of Ottawa.



### Scientists on Parliament Hill

*"Our neglect of science is something that sets us clearly apart from countries with which we might reasonably compare ourselves. In the United State, in France, in Germany, even in beleaguered Britain, the support of basic science has roughly kept pace with inflation. Only in Canada has inflation been used, year after year, as a device for diminishing the nation's investment in this fundamental activity."*

John Polanyi..Globe and Mail, Dept. of Chemistry, U. of T.

It's been an exciting and productive 3 months for University Science researchers, as they organize and lobby the government for additional funds, and a Science Policy for Canadians. Professors have, once again, had to put aside their research priorities, to haunt government offices and write letters to protect their government granting councils from further Federal strangulation.

After 7 years of continuing cut backs, the Federal Government froze the budgets in March. The MRC at \$48 million, the NRC at \$81 and Canada Council at \$27. This was the final blow to the Canadian Federation of Biological Societies and the Canadian Association of University Teachers, who mobilized the CSCI and the BCC and sent 50 representatives including some from Ottawa, to work together to conduct a one day lobby on the government. 50 MP's were visited, including 10 Liberal Cabinet Ministers. The members of parliament responsible for the 3 granting agencies, the Minister of Finance, the Leader of the Opposition and members of the Conservative, NDP and Social Credit caucuses were seen. A concerted effort was made to reach all MP's who represent University constituencies, and an agenda was drawn up for continued lobbying for as long as it takes to realize results.

The lobbyists were astonished at the MP's lack of information concerning educational research and funding.. and the MP's in turn were surprised to be approached in such a strong, organized way by "academics", usually such a low profile bunch.

Dr. Alex Schon, Winnipeg, and Dr. B. Cinader, Toronto, met with Defence Minister Mr. Richardson. Strong allies were discovered in David Orlikow, Harvey Andre and Frank Main, who helped organize the continuing lobby.

April 15th, a month after the first lobby, the CFBS hired a media relations officer to co-ordinate publicity for the groups' activities, and initiate a media campaign to inform the public of the needs of science researchers across Canada.

From this point, the issues have received almost daily coverage in the Ottawa media, often carried on national networks, Toronto, Montreal, including MacLeans Magazine, CBC's Cross Country Check-up, Radio Canada International, the London and New York Times.

April 29th, a Science Policy Meeting was arranged with the Science Council, BCC, CCUBC, CFBS with invited senior civil servants. The Meeting was opened for the new media where the CFBS presented a national policy statement.. "Tomorrow's Biology?", outlining the serious state of biology



in Canada. This meeting generated the article in MacLeans Magazine May 7th on science research in Canada, as we took the initiative of inviting the author, Mr. B. Dampier, to Ottawa to meet with representatives of the CFBS and BCC.

Meanwhile the lobbying continues.. Mr. Drury has been approached by many on different occasions, in an attempt to crack the skull of apathy toward science. Through the media, the public has become more aware of the problems of researchers and of science in Canada.. and actively participate in meetings before parliamentary committees.

Recently a productive meeting was arranged between Dr. Gordin Kaplan (CFBS), Dr. Donald Savage (CAUT) and Dr. Leclerc, Deputy Minister of MOSST.

May 18th was the date of the first of two events on the "Hill" involving testimony before the Parliamentary Committee on Health, Welfare and Social Problems. It was at this meeting, strongly supported by the public and members of the press, the CFBS and the CSCI, that Lalonde announced the additional \$2 million to the budget of the MRC. Dr. Kaplan stated in the press that this was fine evidence of growing support in the government but that it did not solve the basic problems of funding and the necessity for a long-range research policy for Canadians.

A "Rally for Science" and walk on parliament took place May 20th by the "Canadians for Health Research". It is a newly formed organization representing millions of Canadians from across Canada including service groups.. the Kiwanas and Kinsmen, and health organizations.. ie. the Canadian Heart Fund, the Multiple Sclerosis Society of Canada. A press conference was arranged by the CFBS enabling the event to be broadcast coast to coast. We scheduled radio and television appearances for the organizers of the rally. Dr. Rose Sheinin and Dr. Alex Sehon were two of five speakers including Dr. Gerhard Herzberg. 500 citizens attended the "Rally" at the Carleton Towers Hotel in Ottawa where they signed a petition for more funding for science and a science policy for Canadians and 2-300 marched on parliament to present the petition. Biology students from the University of Ottawa, wearing lab coats to distinguish them from the other demonstrators, represented the CFBS in the "Rally" and appeared on the CBC National news that evening.

On May 27th, there was a meeting with Lalonde & R. Kaplan, Michel Bergeron and Dr. Gordin Kaplan of the CFBS, Dr. Dirks and Dr. Sriver of the CSCI, where they discussed the implementation of long-range budgeting for MRC and necessary levels of funding.

On May 28th, the second and very successful testimony involved speakers from the CFBS.. Dr. Gordin Kaplan, and the CSCI.. Dr. John Dirks and Dr. Charlie Sriver before any representatives of the 3 major political parties, including Flora MacDonald. The meeting room was filled with interested people and the discussion following the excellent presentations by Dr. Kaplan and Dr. Sriver indicated that at last.. everyone is speaking the same language. "Scientific Research is important and should be a priority in the Canadian budget."



Now that it seems MRC is on its way out of the woods, our main thrust must be toward the budget of the NRC and basic research. A news conference is arranged for June 9th just before the annual meeting of the CFBS in Halifax, and prior to the 1'st Ministers' Meeting June 15th, where fiscal arrangements act, post secondary education and research funding will be discussed.

Sue Newman  
Media Relations Officer  
CFBS, CAUT.

June 8, 1976.

\*\*\*\*\*  
OBITUARIES

PROFESSOR J.F. HEREMANS

Dr. Heremans died a few months ago after a short and fulminating illness. Dr. Heremans is perhaps best known for his discovery of the beta 2 A molecule. He subsequently spent some time in the laboratory of Professor Henry Kunkel at the Rockefeller University where, through his efforts at obtaining further sample preparations of this new molecule from the sera of other workers in the laboratory, he discovered IgA deficiency.

Dr. Heremans' contributions to the field of immunology and science are immense. His scholarly and superbly referenced Volume I, authored with Professor Schultze, on the molecular Biology of Human Proteins, is standard reading for anybody involved in the study of human proteins. Dr. Heremans' talents in immunology and contributions in this and related areas really need no further emphasis. He was also a talented linguist. Few could have failed to be impressed by his fluent handling of 5 and sometimes more languages at the annual Protides meetings in Brugges. The world of lepidopterists will also miss his professional expertise and unfortunately the volume which he had in large part already prepared on lepidoptery will now probably never see the light of day. From all those who knew him and on behalf of those immunologists who admired and respected him through his writings, and on behalf of all of those who have never had the opportunity personally or in the literature to meet him and therefore are immensely poorer, I think the world of immunology will sorely miss his wit and his intellect.

John Bienenstock.

\*\*\*\*\*



DANIEL YVES EMILE PEREY

1936 1976

It is with much sadness and shock that the Society records the sudden death of its treasurer Dr. Daniel Y.E. Perey on May 9, 1976. Dr. Perey was born in Paris, France, where he received most of his early schooling. He came to Canada with his mother and four brothers to continue his education at McGill University where he received his B.Sc. and M.D. graduating in 1962. He took one year of internship and two years of surgical residency at the Royal Victoria Hospital in Montreal. In 1965 he received the Queen Elizabeth II Research Fellowship for further training in Immunology with Dr. Robert A. Good at the University of Minnesota. After four years in Minneapolis he returned to the Montreal Children's Hospital as Director of Surgical Research. In 1971 he moved to McMaster University where he was until his untimely death, an Associate Professor of Pathology and member of the Host Resistance Programme.

Dan Perey was a devoted scholar, scientist and teacher, possessing all the admirable qualities of an academic with none of the frailties or shortcomings. His numerous publications attest to the diversity of his scientific interest. His major contributions have been in the definition of the two components of the lymphoid system with particular emphasis on the delineation of the mammalian gut-associated lymphoid tissues. He has also worked extensively in the phylogeny of the immune response, mucosal immunity and host resistance to viruses.

He was a popular and effective teacher, demanding high standards at all times. He was a true bon vivant who drank deeply from the cup of life with an infectious enthusiasm free of the cynicism and complaining which is so common in today's world.

He is survived by his wife Carol and their two children, Jacqueline and Andre. His passing will leave a great void in their lives as he was as devoted a husband and father as he was a scientist and teacher.

A Fund has been established at McMaster University to collect donations with the hope of endowing an annual research lectureship as a memorial to Dan Perey. If members of the Society wish to contribute, cheques made out to the Daniel Perey Memorial Fund would be gratefully received by Dr. Peter B. Dent, Chairman, Daniel Perey Memorial Fund Committee, 4H17 McMaster University Medical Center, Hamilton, Ontario.

P. Dent

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## CANADIAN SOCIETY FOR IMMUNOLOGY

### Minutes of the Annual Business Meeting held in Winnipeg, Man. June 25, 1975.

The meeting was held at 5:00 p.m. immediately following the CSI half day symposium on the University of Manitoba campus. There were approximately 20 members present.

#### A. Opening Remarks by the President

Dr. S. Dubiski opened the meeting stating his appreciation that some French speaking members had attended the CFBS meeting despite a clash in dates with the St. Jean Baptiste Day celebrations. Since this clash frequently occurs, the Federation Board should be made aware of it and future CFBS meeting dates set accordingly. Because dates are set five years in advance, it is unlikely that future clashes can be avoided until after 1980.

Dr. Dubiski acknowledged the success of the "Suppressor Cells" symposium, organized by Drs. K. Singhal and N. Sinclair, which was held in London, Ontario, in May, 1975. He congratulated the organizers in the name of the CSI. He also thanked the local organizing committee for the current annual meeting.

#### B. Secretary's Report (Dr. J. Bienenstock)

This was presented by Dr. D. Perey in Dr. J. Bienenstock's name, since the latter was unable to remain in Winnipeg for the meeting.

##### 1. Election Results - The following officers were elected:

President	- P. Gold
Vice-President	- F. Paraskevas
Secretary	- M. Jerry
Treasurer	- D.Y.E. Perey
Councillors	- M. Richter
	- E. Potworowski.

2. New Members - The list of proposed new members whose applications had been reviewed by Council was read (Appendix 1). A motion to accept these members, moved by Dr. B. Underdown and seconded by Dr. R. Nelson, was unanimously approved.

3. European Immunology Meeting - The two recipients of bursaries to attend this meeting were announced as Dr. D.G. Romans and Dr. K.W. Pyke. These had been selected by the 1975 European Immunology Meeting organizing committee from five applications sponsored by the CSI.

4. Bursaries for the III International Congress of Immunology, Sydney, Australia, 1977 - Anticipating the need to provide as much financial assistance as possible for prospective applicants, the CSI Council is setting up an ad hoc group to: 1. Determine the availability of funds from the Congress organizing committee and 2. Raise money from industry and other sources to supplement any funds which the CSI may make available to a bursary fund.



Dr. A. Sehon, who was very successful in raising funds to support both this year's CSI half day symposium and the CSI social event, has accepted to be a leading member of this ad hoc group.

C. Treasurer's Report (Dr. D. Perey).

An interim financial statement, as of 31st May, 1975, was presented (Appendix 2). It is anticipated that the balance in the CSI account will increase considerably as both the 1975 and 1976 dues collections are received.

It is not possible to provide the exact number of CSI members in good standing since the 1975 dues are only now being collected. It is estimated, however, that current membership exceeds 300.

D. CSI Council Meeting (Dr. S. Dubiski)

1. 1976 Federation Symposium - Each year a different Society organizes the Federation Symposium, generally held on the morning of the last day. In 1976 the CSI was to have been the organizing Society and preliminary discussions had taken place regarding the topic, organization and potential speakers. At a subsequent meeting of the Federation Board, representatives from the Canadian Society of Microbiologists requested the privilege to organize this symposium as part of the events marking the 25th anniversary of its foundation. After assuring Dr. Dubiski that the CSI would retain the right to organize the symposium in 1977, the Federation Board unanimously approved a resolution giving the CSM the responsibility for organizing the Federation Symposium in 1976.

2. "Les Journées Francophones d'Immunologie" - The CSI and the French Society of Immunology have agreed to co-sponsor a meeting of francophone immunologists to be held in the Province of Quebec during the fall of 1976. Several CSI members (both French and English speaking) have agreed to serve on the Organizing and Programme Committee and Dr. Dubiski will continue to liaise between the two Societies.

E. CFBS Board Meeting (Dr. S. Dubiski)

1. Possible format change in CFBS meeting -

a) Half day symposia - The executive of the CFBS constituent Societies may be asked to stagger the respective Society-sponsored half day symposia held during the annual meeting so as to facilitate access to all registrants.

b) Paper selection - Some Societies are planning to select abstracts in an attempt to improve the quality of papers presented.

c) Poster sessions - These may be introduced at future meetings.

2. Increase in CFBS levy - A proposed immediate increase was discussed but not approved. Instead, the registration fee for



students attending the annual meeting will be set at \$10.00. It is very likely, however, that this matter will be reconsidered in 1976, in view of the increasing expenditures incurred by the CFBS.

#### F. Other Business

1. CFBS meeting - Several members expressed concern about the quality and quantity of papers presented or sponsored by CSI members. Similarly, the advisability of having sessions spread over 3-1/2 days was questioned. All these factors were thought to be important determinants reflecting the generally low attendance and quality. It was suggested that the CSI Executive and Council seriously consider the following:
  - a) institution of selection of papers presented at the annual meeting;
  - b) institution of workshops (in fact talk shops) about selected topics at the annual meeting. These should be of greater benefit if they occurred at the start of the meeting.
  - c) institution of poster sessions provided at 250 - 300 word summary of technical details, etc. could be made available to prospective visitors who so desired it, and thereby allow more time for useful discussion with the exhibitor;
  - d) reduction of the number of days during which CSI sponsored sessions would occur;
  - e) greater commitment by all CSI members to submit abstracts.
2. Corporate CSI membership - The suggestion to seek out financial support from corporations in return for CSI membership was made in the hope of improving the CSI's financial status and thereby increase the potential benefits to all members. Discussion ensued relating to the aggressiveness with which CSI dues were being collected and the limited benefits CSI membership provided. The Treasurer indicated that currently only \$6 out of the \$15 dues are available to the CSI (the remainder going to CFBS and IUIS levies). In the past year the cost of secretarial services, stationery and postage amounted to \$5 for each member and, consequently, left little to operate with.
3. Address of new President - Dr. Phil Gold thanked the membership for the trust it had placed in him. He thanked the incumbent officers for their work in the past year and addressed special thanks to Dr. Alex Sehon and the local organizing committee for their hospitality and success in raising funds for the half day symposium and social event.

Dr. Gold indicated his concern about the timing, quality and attendance at the annual meeting and the need to reassess the goals and objectives of the CSI and its continued membership in the CFBS. He had already taken steps to appoint individuals to specific tasks. The incoming Vice-President will in the future



play an active role in assisting the local organizing committee and in setting up a mechanism for selection of abstracts to be presented at the annual meeting.

Lately, he urged the membership to back up specific suggestions with a firm and specific commitment by respective authors of these suggestions to actively assist the CSI Executive in dealing with them.

The meeting adjourned at 6:00 p.m.

Daniel Y.E. Perey, M.D.

#### APPENDIX I

#### New Members Approved by the CSI Annual Business Meeting - June 23, 1975:

- |                           |                               |
|---------------------------|-------------------------------|
| 1. BARNES, G.W.           | Univ. Mississippi             |
| 2. BEAULIEU, R.           | Hotel-Dieu, Montreal.         |
| 3. BELL, D.A.             | London, Ontario.              |
| 4. BONAGURO, Eileen       | Vancouver Gen. Hospital.      |
| 5. CHANDRA, R.K.          | St. John's, Newfoundland.     |
| 6. *CHOU, B.              | Winnipeg, Manitoba.           |
| 7. COLQUHOUN, B.          | Sask., Sask.                  |
| 8. DAY, R.P.              | McMaster Univ. Hamilton, Ont. |
| 9. EKRAMODDOULLAH, A.K.M. | Univ. Man. Winnipeg.          |
| 10. ELIE, R.              | Montreal, P.Q.                |
| 11. HUANG, J.C.C.         | Winnipeg, Man.                |
| 12. LEVY, Julia           | Vancouver, B.C.               |
| 13. McCONNACHIE, P.R.     | Edmonton, Alberta.            |
| 14. MILLER, R.G.          | Ont. Cancer Inst., Toronto.   |
| 15. MINTA, J.O.           | Toronto, Ontario.             |
| 16. *MOSMANN, T.          | Toronto, Ontario.             |
| 17. NIELSEN, K.           | Univ. Guelph.                 |
| 18. PERCY, M.E.           | Toronto, Ontario.             |
| 19. *SERIO, C.S.          | University of Mississippi.    |
| 20. *SOCKEN, D.J.         | Toronto, Ontario.             |
| 21. *SONNENFELD, G.       | Pittsburgh, Pa.               |
| 22. WARRINGTON, R.J.      | Winnipeg, Man.                |
| 23. WEGMANN, T.           | Edmonton, Alberta.            |
| 24. WILKIE, B.N.          | Univ. Guelph.                 |

\* Associate member.



APPENDIX 2

Interim Financial Statement for the Year Ended May 31st, 1975:

Cash in Bank at the Beginning of the Year \$ 3,601.57

Income for the Year:

Membership Dues	\$ 3,517.66	
Bank Interest	84.51	
CSI Dinner Revenue	897.63	
		4,499.80
		<u>\$ 8,101.37</u>

Disbursements

Bulletins & Journals	\$ 1,043.95	
Secretarial Services	500.00	
Stationery & Postage	832.06	
C.F.B.S. 1974 Levy	1,763.00	
I.U.I.S. Levy	438.00	
Exchange & Service Costs	16.48	
Audit Fee	30.00	
CSI Symposium 1974	2,547.64	
		<u>7,171.13</u>

Balance in Bank at May 31, 1975 924.24

Notes: The above account has been prepared on a cash basis, and no account has been taken of any members whose dues are in arrears at the date of this statement.

Subject to the foregoing, the above is a true statement of financial activities of the Society for the year ended May 31, 1975.

D.Y.E. Perey, M.D.  
Treasurer.

June 12, 1975.

\*\*\*\*\*

APPOINTMENT OF DR. JEAN-MARIE DELAGE TO THE COUNCIL OF THE  
CANADIAN SOCIETY FOR IMMUNOLOGY

The recent election of Dr. F. Paraskevas to the post of Vice-President of the Society left a vacancy in the Council of the Society. The President of CSI, Dr. Phil Gold, filled this vacancy by appointing Dr. Jean-Marie Delage to the Council of the CSI.

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## NEWS

### Felix Milgrom receives Honorary Doctor Degree from The University of Vienna.

On May 5, 1976, the University of Vienna awarded Doctor Felix Milgrom an Honorary Doctor of Medicine Degree.

Professor Carl Steffen from the University of Vienna, who served as promotor of Doctor Milgrom's *honoris causa* degree stated that *"in the time of fragmentation of knowledge of immunology, only a very few immunologists remain who are specialists of the forest rather than of the trees. Milgrom is one of the few remaining classical immunologists without whom immunology could never penetrate so deeply and so broadly into the many clinical disciplines we observe today"*.

Dr. Milgrom's award coincides with the 30th Anniversary of his research and teaching activities and is the culmination of his activities of a creative scientist, educator and organizer of scientific communities. Felix Milgrom is a Professor and Chairman of the Department of Microbiology in the School of Medicine, State University of New York at Buffalo.

The Polish-born physician received his M.D. from the University of Wroclaw, Poland, in 1946. In the same year he joined the Department of Microbiology, School of Medicine in Wroclaw, chaired by the world famous Bacteriologist and Immunologist, Ludwik Hirszfeld. \*)

With Hirszfeld and some of Hirszfeld's associates, Milgrom created the Institute of Immunology and Experimental Therapy of the Polish Academy of Sciences in Wroclaw in 1954. After Hirszfeld's death that same year, Milgrom became acting chairman of the Department of Microbiology and acting director of the Institute of Immunology.

From 1954 to 1957 he was Professor and Chairman of the Department of Microbiology at the Silesia School of Medicine in Zabrze-Rokitnica, Poland. During that time he established a well-known group of young immunologists.

In 1958, he joined the Department of Bacteriology and Immunology, at the University of Buffalo on the invitation of the chairman, Ernest Witebsky, \*\*) and after Witebsky's retirement, in 1967, was named Chairman of the Department. Together with Witebsky and other senior members of the immunological community in Buffalo he was instrumental in organizing the well known Center for Immunology.

Milgrom's scientific achievements are well recognized nationally and worldwide. He enjoys a reputation as one of the world's leading immunologists, being the author of over 300 publications. He is also known as an outstanding teacher, having trained numerous physicians and postdoctoral trainees, who have come to him from all over the world. Milgrom is the Editor-in-Chief of International Archives of Allergy and Applied Immunology and a member of editorial boards of many other journals. He has also served on many national and international research committees. In whatever capacity he serves, he is an outstanding contributor.

Milgrom's students and colleagues all over the world join in congratulations, and wish him further success in his academic activities.

Konrad J. Wicher.

\*) See Bull. C.S.I. 1969, vol. 3 No. 1, p. 45.

\*\*) See Bull. C.S.I. 1969, vol. 3 No. 2, p. 1-2.



## INTERNATIONAL UNION OF IMMUNOLOGICAL SOCIETIES

### Council Meeting in Copenhagen

There was a burst of activity of the IUIS during the Second European Immunology Meeting, in Amsterdam, on September 17 - 20, 1975. Various Standing Committees had their meetings during the week and on Saturday, September 20th, the Council convened for its Ninth Meeting. On the agenda were reports of the President, Secretary, Treasurer and all Representatives of various committees, as well as discussion of plans for future IUIS activities.

1. IUIS Finances. The Treasurer's Report was submitted by Dr. P.A. Miescher. Dr. Miescher summarized the financial situation as follows:

"The present financial situation of IUIS is characterized by a hesitation to commit funds, in view of the relatively small income which amounts to about 14,000 \$ per year from membership dues. With this hesitation in mind, expenditures have been modest so that the total assets of IUIS have been steadily increasing, especially in view of the large balance of the second International Congress of Immunology. At the present time IUIS has bonds in a total value of 85,000 Sfr., of which 10,000 Sfr. are committed for the VIIth International Symposium on Immunopathology. The annual income from the remaining 75,000 Sfr. amounts to 5,787.50 Sfr. (about 2,000 \$). The overall annual income would thus amount to about 16,000 \$ (membership dues plus interests).

This budget is rather modest, however, it should now be possible for the council to decide in more precise terms about specific IUIS commitments other than IUIS symposia (about 3,000 \$ per year). It should be mentioned that relatively large contributions towards standardization activities are directly distributed to the respective organizations (WHO etc.)."

2. Standardization Committee (Chairman: R. Ritts). The Committee was concerned with the following activities:

- a) Fluorescent anti-Ig reagents. Out of three candidate anti-IgM preparations, one seems to be satisfactory and promising. Anti-IgG reagent, received from Sweden, is undergoing field trials.
- b) Candida. Proposed reference preparations will be available for collaborative testing within three to four months' time.
- c) Serum Proteins. Three batches, from two sources, are being prepared. They will be stored at four different temperatures and will be circulated for collaborative testing.



- d) Allergens. Extensive collections of nine allergens and their respective IgE antisera are being prepared. Standards may be available within the next two years.
- e) Standards for rabbit Ig allotypes are being prepared.
- f) T and B cell markers. Dr. Greaves has been nominated the Chairman of this new Sub-committee.
- g) HLA. A new nomenclature proposal has been received. Dr. Eyquem will organize a small ad hoc group to make recommendations as to whether HLA markers should be used in diagnoses of diseases, apart from transplantation usage

### 3. Education Committee.

- a) The Committee approved the motion to contact editors of different immunological journals with an appeal for standardization in the way references in immunological journals are presented. A system in which the titles are included in the references would be preferable.
- b) Teaching Courses. Dr. Gergely, on behalf of the Hungarian Society, made a proposal to organize a course on the present concepts of basic immunology. IUIS will contribute \$1,000.00 towards the cost of this course; WHO will be approached for another \$1,500.00.

Draft of a programme of basic immunology for science undergraduates was presented by Dr. R. Hamers. The Committee thought that this could be used as a basis to discuss the introduction of immunology in science faculties, national societies, and inform the Education Committee of the teaching existing in science and medical faculties in their respective countries.

- c) Collection of teaching slides. A suggestion was made that a series of slides and texts be prepared on selected topics and in a standard form. Each topic would be the responsibility of an expert group; the first topics selected were: the complement and HLA. Dr. Hamers will write to Dr. Lepow to obtain collaboration of the complement workshop and Dr. Pondman will raise this issue again during the November Complement Meeting. The help of Eurotransplant and Netherlands Central Laboratory of Blood Transfusion will be sought for the HLA text. Dr. Pondman will make the necessary contacts. A continually up-dated catalogue of the existing material could be produced at cost, if adequate administrative facilities became available. If financing for the secretariat can be obtained, such secretariat will be used in the Central Laboratory and will be jointly run by Doctors Pondman and Hamers.
- d) Immunology Forum. The Committee was asked by Dr. de Weck to discuss a proposal to sponsor an immunology magazine containing high level editorial articles and professional information for a multi-disciplinary scientific public. Existing models of this sort of magazine are: Scientific American, Physics Today, and Hospital Practice. This discussion was continued later, at the Council



Meeting, and it was decided to ask the Core Committee to look further into various aspects of this Journal. The Core Committee consists of Doctors M. Landy, A. de Weck (Convenor), J. Natvig, J. Humphrey and B. Cinader.

The Council has allotted \$ 750.00 for the Committee, which is going to look into the possibility of sponsoring the Immunology Forum by the I.U.I.S., especially into the prospective audience contained (refereeing, acceptance of the articles, editorial policy, and re-printing), advertising, role of IUIS and feeling for the attitude of Academic Press, which is apparently willing to assume the financial risk.

- e) Immunological Training Centre. For some years the creation of ITR has been under consideration. The ITR was thought to be a Training Centre designed to assist personnel from countries where training in modern immunology is unavailable. Originally, it was expected that the Centre would be located in Amsterdam and affiliated with the University of Amsterdam. However, the proposal has run into administrative difficulties. It is the intention of the Dutch Government that the Centre be located in one of the developing countries and, therefore, will have to be approved by bilateral agreement between the ITR and the authorities of the developing country. The Dutch Government may then support the Centre but on a limited scale only, through a contract. Dr. Pondman will explore this possibility over the next year, but at the moment the future of the proposed Centre is uncertain.

4. Committee on Clinical Immunology. J. Natvig, Chairman.

The Committee presented a comprehensive report. The main recommendation is the establishment of immunology departments in medical schools which embrace both clinical and basic aspects. Full text of this report is published in this issue of the Bulletin (see page 17).

The Manual on Clinical Immunology, co-sponsored by the American Society for Microbiology and the American Association of Immunologists, edited by Noel Rose and Herman Friedman, will be published some time in 1976 and will be made available with AAI assistance to the IUIS members throughout the world, at a reduced rate (cloth - \$12.00, plastic binding \$ 10.00).

5. Symposium Committee. K. Rajewsky, Chairman.

The Committee is organizing the following symposia: Immunological Tolerance, East Germany (1975), and Immunology of Infectious Diseases, Argentina (1975). There are tentative plans for 1976: Genetics of Cell Interactions, Kyoto, Japan; and Tumour Immunology, Puerto Rico. As in the past, IUIS symposia are expected to generate some of their own funds and assure the attendance by a substantial proportion of young workers. They also must be planned in close co-ordination with the symposium committee. Suggestions for future symposia are invited. The Council approved M. Raff as the new Committee Chairman.



6. Nomenclature Committee. Z. Trnka, Chairman.

Recommendations for a revised nomenclature for HLA factors have been drafted. This draft is now being circulated among the Committee members and will be published after its final approval. Due to differences of opinion among active workers, the Committee has not been able to come up with recommendations with regard to nomenclature for human allotypes and related immunoglobulin markers. Efforts to constitute a sub-committee to deal with the mouse H2 region nomenclature are in progress.

7. Committee on Immunology Research, Training and Development. F. Farah, Chairman.

This Committee was formed during the Brighton Congress, in July 1974, in recognition of the needs of immunologists working in isolation, in developing countries, where there is no national society in existence. The Committee considered a variety of steps which can be undertaken to help these individuals. One of the topics for discussion was the possibility of formation of "Chapter-at-large" within the IUIS. This proposal was not enthusiastically received by Council. No other specific proposals have been formulated.

8. Admission of IUIS to the International Council of Scientific Unions.

As has been indicated before, admission to ICSU needs recommendation from both union members and nation members. So far, such recommendations were secured from international unions of: Pharmacology, Pure and Applied Chemistry, Nutritional Sciences, Biological Sciences, Pure and Applied Biophysics, Biochemistry and Astronomy. The following Nations recommended IUIS admission to ICSU: Iran, Poland, Greece, Canada, Denmark, Finland, Japan, Israel, The Netherlands, Sweden and Yugoslavia. Australia and Hungary apparently made a similar recommendation but no confirmation in writing has been received. Recommendations from Germany, Switzerland and U.K. are expected. Some Nation members, including the U.S., did not make any move yet.

9. Proposal of Sponsorship of "Immunology Forum".

10. Third International Congress. See separate article in this issue (see p. 25).

11. Fourth International Congress, 1980. The future of this Congress remains uncertain since it is in potential conflict with the International Congress of Transplantation, in New York. Tentatively, Paris was mentioned as the possible site but the French Society has not made any commitments yet and mentioned the possibility of some restrictions in programme (to basic immunology). These suggested restrictions brought a general negative response from the Council. The necessary Government support also remains uncertain.

12. IUIS Commission for Europe. This Commission, formed in 1974 during the Second Congress, met, drafted a constitution and elected its officers. The Commission will sponsor various European-wide meetings under the supervision of the IUIS Council. The most important of these meetings are European Immunology Meetings, which with the meeting in Amsterdam have become a tradition. The next European Immunology Meeting is planned to be held in Copenhagen on August 25 - 27, 1976.



13. IUIS Constitution. There was some discussion whether our Society should have its representation on the Council. With the growing number of Societies, such a presentation may result in an unmanageable large size Council. It was, however, agreed that the Council members do not only represent their parent Societies but are supposed to consider what is best for the IUIS. Therefore, representation of each Society on the Council is not crucial. It was agreed that, to prevent over-representation, a by-law would be proposed limiting to two the number of representatives elected to the Council from any one National Society.

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## CLINICAL IMMUNOLOGY

### REPORT OF THE COMMITTEE ON CLINICAL IMMUNOLOGY OF THE INTERNATIONAL UNION OF IMMUNOLOGICAL SOCIETIES (IUIS)

#### Background and aims.

##### Development and significance of clinical immunology.

The decision to establish the Clinical Immunology Committee was influenced by the tremendous growth of immunology from a discipline involving primarily immunity to infectious diseases into a science concerned with all the characteristics and effects of the immune response in health and disease. Applied immunology has had a significant impact on all aspects of medical practice. This impact has taken several forms: modern immunology has defined entire areas of new medical practice (such as in the immunodeficiency diseases), has lent major strength to the development of other areas (such as transplantation), has provided new understanding of the etiology and pathogenesis of certain diseases or manifestations of diseases, has provided new investigative approaches and laboratory methods for the study of diseases and may play a major role in diagnosis and treatment of cancer. In some instances, immunology has helped to reshape other established disciplines. For example, radioimmuno assay, which depends on the exquisite sensitivity and specificity of antibodies, has contributed greatly to the development of allergy and endocrinology. Other immunological techniques have had a major role in the diagnosis of rheumatic diseases, and in histocompatibility typing.

Despite the rapid growth of the science of immunology and its recognized impact on other disciplines, many universities and medical schools have not accorded formal recognition to these developments through the creation of departments of immunology. The lack of departmental organization at the basic science level hampers the definition and organization of clinical immunology at the clinical level.

##### Aims for a committee on clinical immunology.

Against the background outlined above, it was decided to establish a Committee on Clinical Immunology with the following aims:

To work together with national societies for immunology, with other IUIS Committees and the WHO Immunology Unit.



- a) To establish and organize departments and centres for clinical immunology, including immunology of tropical diseases.
- b) To provide training opportunities in clinical immunology.
- c) To provide criteria by which national agencies may recognize clinical immunology as a specialty.
- d) To evaluate and standardize the immunological tests, and develop guidelines for immunological treatments necessary for the management of patients with immunological disorders.

It was accepted as fundamental that the work of the Committee should be guided by the WHO technical report on clinical immunology (No. 496, 1972), which outlines the basis for the application of immunology for the benefit of patients:

- a) By applying the expert knowledge of the immunologist to the various clinical specialities.
- b) By providing tests for diagnosis and for assessing disease activity in patients with immunological disorders.
- c) By establishing programmes of basic and clinical research that could lead to the better understanding of immune-mediated diseases, development of new approaches to the management of immunological disorders.
- d) By providing facilities for teaching and training at all levels.

It was also recognized that special circumstances might apply for developing countries imposed by the relative shortage of trained personnel, laboratory facilities and money. In addition, it was recognized that clinical departments in these countries are faced with special situations owing to the prevalence of infectious epidemic diseases, nutritional disorders and overpopulation. The specialized immunological knowledge and techniques which are more available in the developed countries are not yet sufficiently represented in the developing countries.

#### Contents of the present documents.

Against the above background, proposals were made as to the organization of clinical immunology, provision of training possibilities, and the recognition of clinical immunology as a specialty.

Further details on the evaluation of immunological tests and immunological treatment necessary for the diagnosis and treatment of patients with immunological disorders will follow in a subsequent document.

#### Organization of clinical immunology.

As mentioned above, there has been an explosive expansion of knowledge and techniques in immunology during the past decade. This has provided new opportunities to apply immunology to problems of human disease, and many immunological aspects of importance in the diagnosis, evaluation of disease activity, prognosis, prophylaxis and therapy can be outlined. However,



for achieving this organization of immunology, the establishment of departments of immunology is extremely important.

Immunology departments of medical schools and universities.

Despite the rapid growth of the science of immunology, many universities and medical schools have not yet given the necessary recognition to these developments by establishing departments of immunology. Such lack of organization at the basic science level is a serious problem for the further organization of immunology at the clinical level.

The Committee therefore proposes that medical schools and Universities create departments of immunology with units for basic science of immunology and for clinical immunology.

Within the framework of an established department of immunology, it became easier to define clinical immunology as the application of the science of immunology to problems of human disease. The teachers and practitioners of clinical immunology should constitute one part of a department of immunology, the other part to be responsible for the teaching of the basic science of immunology and for the conduct of research in basic immunology. The clinical immunologist may be defined as a scientist who applies immunological principles and techniques to the diagnosis, treatment, evaluation and investigation of disease. Although the area of clinical immunology is still undergoing rapid changes, a sufficient body of knowledge is now available to warrant the creation of clinical immunology units in universities and large community hospitals.

Functions of a clinical immunology unit of a department of immunology.

The following six main functions of a clinical immunology unit of a department of immunology have been identified:

- a) To direct and supervise special laboratories concerned with clinical immunology.
- b) To engage in direct patient care and/or consultative activities.
- c) To serve as a repository of knowledge on immunological concepts, principles and techniques related to human diseases.
- d) To create and maintain a community of interest in immunology within the hospital setting.
- e) To teach clinical immunology to medical students, house staff, fellows, attending staff and paramedical personnel.
- f) To conduct research and to develop new procedures and tests related to clinical immunology.

In the two major areas of laboratory procedures and patient care, clinical immunology should be concerned with the evaluation of the following:

- a) The immune status (cell mediated and humoral) of the patient.
- b) Immunodeficiency diseases.
- c) Autoimmune disorders and immune-complex diseases.
- d) Immunoproliferative disorders and immunoglobulin abnormalities.
- e) Allergic diseases including immunology of drug reactions.
- f) Immunohaematology, including iso-immunization in blood transfusion and pregnancy.



- g) Transplantation immunology.
- h) Immunology of infectious diseases.
- i) Tumour immunology.
- j) Immunotherapy.
- k) The application of immunology in other diseases and health matters, such as malnutrition and reproduction.
- l) Immunoprophylaxis.

In some institutions, some of the above-mentioned services are provided by existing departments. Where that is the case, the clinical immunology department should function in close collaboration with the existing facilities.

#### Service of the laboratory for clinical immunology.

These laboratories should have facilities for investigations in the different fields of immunology such as:

- a) Serology, including determinations of antibodies and antigens.
- b) Immunochemistry.
- c) Cellular immunology.
- d) Immunogenetics.  
To be applied in e.g. immunohaematology, histocompatibility testing, allergy and other disciplines.
- e) Immunopathology.
- f) In vivo testing of immune responses.

A further outline of these clinical immunological services is given in the Appendix.

The size of the laboratory performing immunological services will vary in different areas depending among other things on the pre-existing facilities for immunology. It is our belief that these laboratories should be organized as closely together as possible as an integral part of the immunology department.

#### The relation to patient care.

The extent of involvement in patient care will vary. However, it is extremely important that stress be placed on there being close links with patients either through direct patient care or through consultations. It is desirable to have the opportunity of patient care of some selected patient groups. If a patient-care facility exists, it should be centralized, staffed by members of the clinical immunology unit of the department of immunology close to the laboratory area, and to have inpatient and outpatient services.

#### Research.

All clinical immunologists should be actively involved in research both at the clinical level and in basic immunology. Clinical immunologists are urged to keep abreast of new techniques that could be applied to clinical investigations.

#### Training opportunities in clinical immunology.

It is extremely important that all immunology departments should provide



training in clinical immunology. The training should be provided at the following levels:

#### Scientific staff.

These candidates should all have a substantial background in basic immunology and in immunological laboratory services, and should be familiar with the problems of patients with immunological disorders.

For physicians, both those involved primarily in laboratory work and those whose emphasis is on clinical practice, the main part of the training should be at the clinical immunology unit where a sufficient number and diversity of patients with immunological disorders are available, and a representative spectrum of immunological tests is being performed.

The time required for training depends on the previous experience and future goals of the candidate; about 4 years of specialized training is recommended.

The education for specialists in clinical immunology should include systematic courses as well as laboratory and clinical experience.

Physicians and natural scientists (including Ph.D. and veterinarians), who will be responsible for laboratory work, should have a substantial background in basic sciences (e.g. immunology, biology, microbiology, pharmacology, pathology) as is normally signified by a doctoral degree. In addition about 4 years of specialized training in clinical immunology is recommended.

All trainees of the two categories above should be given the opportunity to participate in research within clinical immunology.

#### Medical students.

Teaching programs for medical students should not only include basic immunology but a much more fundamental understanding of immunology in the pathogenesis of human disease as well as diagnosis, evaluation of disease activity, immunoprophylaxis and immunotherapy.

#### Technical staff.

The extensive developments in immunological techniques and concepts have made it extremely important to obtain recognized training programs for laboratory technicians. These training programs may involve laboratory schools or shorter courses and should cover basic concepts of immunology as well as all the major immunological techniques.

#### Recognition of clinical immunology as a specialty.

The Committee requests that steps be taken to establish a recognized specialty in clinical immunology. This specialty should be an autonomous specialty independent of pre-existing boards. This has previously been pointed out by the WHO scientific group in clinical immunology stating: "An important improvement in the status of clinical immunology would result from certification by naturally recognized agencies. The requirements for certification in the laboratory and clinical aspects of immunology are likely to vary from country to country". It is, however, important that the requirements established by the national agencies for a specialty in clinical immunology adhere to the basic points outlined in this report.



### General comments.

The histocompatibility typing laboratory and the blood bank would preferably be located in the clinical immunology unit of the department of immunology, particularly as histocompatibility typing may come to be important for studies other than transplantation. It is already evident that work in the histocompatibility laboratory on HL-A, and LD typing, is becoming relevant to susceptibility to various diseases.

The relationship to patient care may take one of two major forms: 1. Limited to consultations only. 2. Direct care of patients plus consultations. The former does not require an unique patient base, whereas the latter requires that certain patients be identified for short or long-term care by the clinical immunologist. The direct care of patients by clinical immunology units has constituted a major problem because in established medical centres, patients are already cared for on the basis of their organ disorders. Nevertheless, it is possible to identify patients in whom immunologic principles and techniques provide major contributions to an understanding of the pathogenesis, treatment and evaluation of their disease. Major segments of the patient population presently cared for by allergy and rheumatology units, patients with immunodeficiency diseases, patients with organ or tissue transplants, and some oncology patients might be considered as an appropriate patient base for a clinical immunology unit.

Many central departments will serve as reference centres for one or another aspect of diagnostic immunology. These departments will hold and make available standard reagents for laboratories in their particular region.

The promotion of clinical immunology in developing countries will be a matter of further concern to this IUIS committee. In addition to training in developed countries in their own country by experienced clinical immunologists from the developed countries. Clinical immunologists from developed centres should be made available, and should be prepared to go to developing countries and help in the setting up of a working laboratory in these places. Alternatively, departments in developed countries could "adopt" a laboratory in a developing country, e.g. by providing resources, reagents and equipment, exchanging personnel or making available expert help.

### Summary of proposal.

#### Organization of immunology departments.

Medical schools and universities should aim at creating unified departments for basic and clinical immunology for training and for new scientific development and technical advances related to clinical immunology. Within this framework of integrating basic and clinical immunology, departments of immunology should be established in university hospitals and large community hospitals, to supervise clinical immunology laboratory services and to conduct research in clinical immunology, be engaged in direct patient care and/or consultative activities, service as a repository of knowledge on immunological concepts, principles and techniques, create and maintain a community of interest in immunology within the hospital setting, and teach clinical immunology.



## Provision of training opportunities.

A unified department of immunology should provide training programs and training possibilities in clinical immunology for the scientific staff, medical students, and for technical personnel.

## Recognition of clinical immunology as a specialty.

The committee requests that steps be taken to establish a recognized specialty in clinical immunology by the relevant national agencies.

## Further information.

Further information about the organization of clinical immunology, establishment of training programs and matters concerning the recognition of clinical immunology as a specialty can be obtained from the chairman or other members of this committee.

## Appendix

### Laboratory services utilized in clinical immunology

#### Serology laboratory tests.

- a) Complement fixation tests, e.g. with autoantigens.
- b) Various agglutination tests for detection of blood group antigens and antibodies, thyroglobulin antibody, rheumatoid factor.
- c) Autoantibodies to nuclei, thyroid, stomach, mitochondria, and other immunofluorescence antibody tests.

#### Immunochemical laboratory tests.

- a) Immuno-electrophoresis.
- b) Immunoglobulin levels, IgG, IgM, IgA, IgD, by immunodiffusion, IgE by radioimmunoassay and/or functional assays.
- c) Total complement titration and quantitation of complement components by immunodiffusion and functional assays.
- d) Immunoassays for antigens in blood, e.g. hepatitis B antigen, carcino-embryonic antigen, alpha fetoprotein, and for other antigens according to local requirements, e.g. gastrin, digoxin, addicting drugs - or alternatively advice on the setting up of these assays in other laboratory areas of the hospital.

#### Laboratory tests for assessing the numbers and functional capacity of various classes of lymphocytes and related cells.

- a) Lymphocyte transformation assessed by incorporation of tritiated thymidine using specific antigens, including extrinsic antigens, e.g. Candida, tumour antigens, and intrinsic (auto) antigens.
- b) Lymphocyte transformation by mitogens.
- c) Lymphocyte transformation by allogeneic lymphocytes.
- d) "New migration inhibition tests".
- e) Characterization of T- and B-, and other lymphoid cells by immunological methods.
- f) Detection of T-, B- and other lymphoid cells by rosetting and immunofluorescence methods.



- g) Phagocytic and chemotactic functions of neutrophils and macrophages.

Immunohistology tests.

- a) Processing and interpretation of frozen sections of biopsies, such as kidneys and skin, for deposits of antigens, immunoglobulins and complement using immunofluorescence or other immunologic procedures.
- b) Expert assessment of standard histological preparations of biopsies relevant to immunopathological diseases, e.g. lymph nodes in immunodeficiency, thyroid gland and thyroiditis.

Histocompatibility typing laboratory tests.

Blood group serology and other tests of immunohaematology.

In vivo tests for immune response.

- a) Immediate hypersensitivity tests, by prick or scratch tests, for atopic diseases such as hay fever, asthma and dermatoses, using standard allergens.
- b) Delayed type hypersensitivity (DTH) testing by patch tests for contact sensitivities and intradermal tests for microbial antigens.
- c) Testing T cell competence by DTH reactions to standard ubiquitous antigens such as Candida, mumps, trichophyton, tuberculin and Varidase.
- d) Testing T cell competence by induction of DTH to "new" antigens, e.g. - dinitrochlorobenzene (DNCB) or haemocyanin.

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### THIRD INTERNATIONAL CONGRESS OF IMMUNOLOGY, SYDNEY, AUSTRALIA

#### General Information

A member of the Australian Organizing Committee gave an account of the preparations for this Congress and revealed some interesting details. The Congress will be held at the University of New South Wales. Facilities will include four to six auditoria and 26 to 30 small rooms, all located within walking distance. These rooms will be provided free by the University. The University is located four miles from the City; shuttle bus service to and from Sydney will be provided. Accommodations can be found in the luxury hotels in Sydney (up to \$35.00 per day) in the cheaper motels near the campus, or in the campus dormitories where the cost will be approximately \$15.00 per day, with board. Luncheons for the participants will be available on the campus, dinners for campus residents only.

A comprehensive coverage of all areas of immunology will probably not be possible, because of the expected smaller turnout. Selection of topics for symposia, and workshops, will be made in the near future. A list of prospective chairmen will be compiled, and invitations will be sent to them early next year. It is expected that the participants of the workshops will be asked for summaries in advance but, at the same time, nobody will be expected to adhere strictly to these summaries and a free-wheeling discussion will be encouraged. A workshop will consist of the chairman and approximately 20 active participants. The chairman may invite certain people if he considers it beneficial for the discussion. The organizers plan to hold some workshops on ferries, cruising around the harbour.

The official sponsor of the Congress will be the Australian Academy of Sciences. Its regulations do not permit that the Congress have any profit. On the other hand, I.U.I.S. will not be asked for money. A lower than usual turnout is expected because of psychological (too far), and financial (too expensive) barriers. For previous congresses, the I.U.I.S. tried to bring your immunologists (graduate students and post-doctoral fellows), assuming that the established investigators could come on their own. For the Congress in Sydney, the main target should be established investigators and they should be assisted as much as possible in their efforts to come to the Congress. In general, the cost would be too high for young immunologists and it is expected that only few of them will be able to come. The Canadian Society for Immunology, in co-operation with the American Association for Immunologists, will investigate the possibilities of economy group fares from various cities in North America.



The Australian Organizing Committee is also working on the social programme. It is planned to have two events take place in the famous Sydney Opera during the opening ceremony. Joan Sutherland, the world famous Australian soprano is expected to sing at one of these events.

A second circular has been sent to most of those interested. Final circular and registration forms will be sent only to those who returned the card distributed with the second circular. Those interested, who did not return the card should, therefore, contact Professor G.N. Cooper, Secretary-General Third International Congress of Immunology, P.O. Box 3091, Darlinghurst, N.S.W. 2010 Australia.

Organizers of the Congress recently sent out preliminary workshop submission notices, a copy of such notice is reproduced below in order to assure the widest distribution possible.

#### WORKSHOP PROGRAM

Resulting from a number of inquiries, the Organizing Committee believes there may be some misunderstanding concerning the workshops, abstracts and the form in which they should be presented. This notice is intended to clarify these points and should be read in conjunction with the Second Circular issued earlier this year.

#### NATURE OF WORKSHOPS

In contrast to previous congresses, the programme is not intended to cover all areas of immunology. Rather, it is felt that delegates should have the opportunity to discuss areas in which a great deal of research activity is evident within the general fields of molecular biology, immunobiology, lymphocyte physiology, infection-immunity, allergy, clinical immunology and methodology.

Approximately 40 topics (themes) which cover these fields have been listed in the Second Circular. These topics do not necessarily represent workshop titles and should be regarded only as a guide to the areas that are to be covered. It is also recognized that, at this moment, new areas may be developing and should be discussed in 1977; therefore additional topics will be included provided sufficient numbers of abstracts are received to warrant it, and also on the advice of the Scientific Programme Committee.

Each workshop will have a maximum of 20 active participants who will, as informally as possible, discuss current developments and ideas rather than present detailed results. Other persons attending the workshops will act as an audience; they will have adequate opportunity to ask questions of the workshop panel. Detailed reports of each workshop will be prepared by the chairman and co-chairman for publications in the proceedings.

Specific titles for workshops and participants will be determined late in 1976. These decisions will be based on abstracts received from persons who wish to actively participate in one or more workshops covering areas listed in the Second Circular.



## SUBMISSION OF ABSTRACTS

\*The new deadline for receipt of abstracts is MAY 31, 1976.

It is stressed that workshops should not consist of a series of formal research papers. The success of each workshop will depend entirely upon the willingness and capacity of participants to promote and discuss challenging ideas and to predict subsequent developments. Clearly, selection of participants cannot be based solely on the criterion of specific research results. Rather, we require evidence that there is deep involvement in an on-going research programme that is likely, by mid-1977, to prove fruitful in results and ideas. Abstracts should therefore be prepared with these points in mind.

Abstracts should be typed on not more than two sheets of A4 (or approximately equivalent size e.g. quarto) paper. They should be submitted in duplicate and contain the following information.

1. WORKSHOP TOPIC (THEME) for which abstract is submitted.
2. NAME AND ADDRESS of investigator wishing to participate in Workshop.
3. NAMES OF COLLABORATORS (if any).
4. STATEMENT OF WORK OVER PAST 3-5 YEARS. This should briefly summarize the key findings and ideas of the investigator and/or his group during this period.
5. STATEMENT OF CURRENT WORK of investigator and his group. Special emphasis should be given to the general approach, current hypotheses and predictions as to the directions this work might take.
6. Suggestions for three special areas relating to workshop topics which should be discussed in depth.

ABSTRACTS SHOULD BE FORWARDED TO:

DR. DAVID S. NELSON  
THIRD INTERNATIONAL CONGRESS OF IMMUNOLOGY  
P.O. BOX 391  
DARLINGHURST  
N.S.W. 2010 AUSTRALIA

\* SPECIAL NOTE - NEW DEADLINE FOR RECEIPT OF ABSTRACTS IS MAY 31, 1976."

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## NEW JOURNALS

It became almost a routine to announce in each issue of the Bulletin the formation of several new journals. This time we have only one such new journal, namely LIFE SCIENCES, The International Medium for Rapid Publication of Communication in the Life Sciences. Founder and the Chairman of the Editorial Board is B.B. Brodie, the Executive Editor R. Bressler. The journal invites, for rapid editorial consideration, the submission of manuscripts of the following types:

- 1) New scientific information meriting rapid publication; both complete and preliminary reports are invited.
- 2) Minireviews of selected aspects of a scientific field undergoing rapid change. Suggestions of topics and contributions are welcome.
- 3) Brief conceptual papers based on original and/or literature data.
- 4) The clinical relevance of findings in the basic sciences.

The Journal is prepared to accept papers in biochemistry, bio-organic chemistry, botany cell biology, ecology, endocrinology, enzymology, genetics, hematology, immunology, medical sciences, microbiology, nutrition, oncology, pathological physiology, pharmacology, physiology, radio-biology, reproduction, tissue culture, zoology and virology.

The journal is published by Pergamon Press, it will appear twice monthly, the annual subscription rates are \$100. for libraries, \$25. for private individuals. Publishing and Advertising Offices: Maxwell House, Fairview Park, Elmsford, N.Y., 10523, U.S.A. and Headington Hill Hall, Oxford, OX 3 OBW England. Manuscripts for publication should be submitted to Dr. R. Bressler, College of Medicine, Department of Pharmacology, University of Arizona, Tucson, Arizona 85724, U.S.A.

Instructions for the authors wishing to submit manuscripts to Life Sciences can be obtained from the Editor of this Bulletin. We also have complete instructions for preparation of manuscripts for approximately 30 different journals and can send a copy of instructions for a given journal upon request. The statistics of the Editorial Board of Life Sciences is quite interesting. The list contains 73 names. None of them seems to belong to a known immunologist. Whether this is good or bad for those wishing to submit papers is hard to tell. Canadian representation is only 1.37% of all the advisory editors (U.S.A. - 50; United Kingdom - and Sweden 3 each; Germany, Czechoslovakia and Italy 2 each; Denmark, U.S.S.R., Belgium, Yugoslavia, Argentina, Poland, Switzerland, Finland and Canada 1 each).

One must, however, add in all fairness that the above list is, according to Dr. Brodie, a preliminary one. We hope that immunology in general, and Canadian immunology in particular, will be taken into consideration when the final list of associate editors is arrived at.

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## MEETINGS

1976

June 7 - 10 Grand Island, N.Y. 5th International Convocation on Immunology.

Organized by the Center for Immunology, State University of New York, at Buffalo, and will be devoted to human blood groups. Among the topics to be presented are:

Red cell antigen antibody interactions, Chemistry of blood group antigens, Blood group soluble antigens ABH, Sub-groups and variants, Ii, Expansion of the Lutheran and Kell blood group systems, Blood group antigens affecting the erythrocyte membrane, Red cell antigens and other cells.

Information from Dr. James F. Mohn, Director, the Center for Immunology, Room 210 Sheridan Hall, State University at Buffalo, Buffalo, N.Y. 14,214.

June 21 - 24 East Brunswick, New Jersey. Fundamentals of Immunochemistry and Immunobiology.

A four-day intensive course organized by the Center for Professional Advancement.

The course will provide a comprehensive introduction to immunology and up-to-date assessment of recent developments in the area. The programme of the course includes:

Physical-chemical and biological properties of antigens, Structure and immunological properties of antibodies, Current methodologies for the isolation and characterization of immunoglobulins, In vitro manifestations of antigen antibody and complement interactions, Humoral versus cellular immunity, Cellular mechanisms and dynamics of the immune response, Effects of immunological reactions on living systems (hypersensitivity, transplantation and tumour immunology, auto-immunity and immunological tolerance), and Demonstration of current methodology in clinical immunodiagnosis.

Course Director is Dr. Dieter H. Sussdorf, Social Professor of Microbiology, Cornell University, Medical College and Cornell University, Graduate School of Medical Sciences. The tuition and supplementary fee comes to a total of \$ 445.00 per person. Applications must be received ten days before the course begins and should be sent to: Mrs. Edith Webb, Registrar, The Center of Professional Advancement, P.O. Box 997, Somerville, New Jersey 08876. Telephone (201) 249-1400.

June 23 - 25 Paris, France. First International Symposium on HLA and Disease.

Physicians and biologists will, for the first time, meet together to discuss the biological significance and practical implications of the associations between HLA antigens and disease in nosology diagnosis and preventive therapy.

Discussion at the meeting will involve association between HLA and ankylosing spondylarthritis, Reiter's Syndrome, Psoriasis, dermatitis herpatiform, Behçet's disease, multiple sclerosis, myasthenia gravis, diabetes, Addison's Disease, Grave's Disease, Coeliac diseases, chronic hepatitis, haemachromatosis, systemic lupus erythamatosi, immunodeficiencies and malignant diseases.



Plenary sessions and several workshops will be held during the Symposium.

Chairmen of the Symposium are: J. Dausset and A. Svejgaard.  
The Secretaries are: L. Degos and J. Hors.

Proceedings of the Symposium will be published in a book by Munksgaard (Copenhagen). Further information can be obtained from: Congress Services, 1 Rue Jules Lefebvre F-75009, Paris, France.

July 5 - 6 Bucharest. Second International Symposium on Cancer Immunotherapy.  
"Non-specific immune stimulation in Cancer and auto-immune disease".

Several round table discussions and related free communications will be held. The official language of the symposium is Romanian with simultaneous translation into English.

The registration fee is \$ 30.00. Proceedings of the Symposium will be published by Plenum Press Publishers. The meeting is sponsored by the European Association on Cancer Research. Further information may be obtained from The Second International Symposium on Cancer Immunotherapy, Oncological Institute, P.O. Box 5916, Bucharest 12, Romania. The Travel Agency of the Symposium is Romanian National Tourist Office, Carpatia Symposium Agency, Bucharest 7 Bd. Magheru, Romania.

July 12 - 23 Frederick, Maryland. The Annual Survey Course in Immunology.  
Sponsored by the American Association of Immunologists.

The Course will be held at the Frederick Cancer Research Center and Hood College, in Frederick, Maryland. As in previous years, the course will cover the broad spectrum of present knowledge in immunochemistry and immunobiology. The lectures will stress basic fundamental concepts, although the subjects will be discussed in considerable detail. The course is held under the auspices of the AAI Education Committee (T.J. Linna, Chairman) and is organized by Dr. M.G. Canna, M.D. Cooper and F.P. Inman. The Faculty is composed of distinguished members of AAI who are top specialists in their respective field. More details may be obtained from: Dr. M.G. Hann Jr., Director of Basic Research, Frederick Cancer Research Center, P.O. Box B, Frederick, Maryland 21701.

August 19 - 20 Buffalo, N.Y. A Symposium on HLA and Malignancy will be held at the Roswell Park Memorial Institute Research Studies Center, Buffalo, N.Y.

The goals of this Symposium are: A critical appraisal of the relationship of HLA antigens, or haplotypes, with malignancy, bio-medical application of the knowledge of HLA, other phenotypes, or genotypes, to diagnosis, prognosis or treatment of malignant disease.

During the Symposium free papers will be presented. At the conclusion of the Symposium, Professor Jean Dausset will present a special lecture entitled HLA and malignancy -- A Critical View. More details may be obtained from Dr. Elias Cohen, Associate Chief, Department of Laboratory Medicine, Roswell Park Memorial Institute, 666 Elm Street, Buffalo, N.Y. 14263.



August 25 - 27 Copenhagen. Third European Immunology Meeting. The meeting is organized by the Scandinavian Society for Immunology, under the auspices of the European Federation of Immunological Societies.

The Secretary-General of the meeting is J.V. Spärck and States Serum Institut, DK-2300 Copenhagen S. The meeting will cover a broad spectrum of nearly all areas of immunology. Nine Symposia: Suppressor Cells, Structure of Immunoglobulins, Partial and Combined Immune Deficiency States, Idiotypes and V-genes, lymphocyte markers, immune reactions in tumours, immune response genes, Humoral and Cellular Response to Transplantation Antigen, and Immunology of reproduction.

Dr. C. Milstein will give the invited lecture, entitled "Fusion of immunocytes - A New Opening in Immunology".

20 workshops are being planned.

June 15th is the deadline for sending contributions to the Workshop Chairman, registration, payment of fee, and hotel reservations.

August 29 - September 4. Dohogoko, Hungary. Present Concepts in Basic Immunology.

This course is organized under the auspices of the International Union of Immunological Societies and the World Health Organization. It is designed for persons currently involved in Immunology Teaching. Participation is limited to 40. It is organized by the Hungarian Society for Immunology, c/o Dr. G.A. Medgyesi, National Institute of Haematology and Blood Transfusions, 1502 Budapest, P.O. Box 44, Hungary.

October 11 - 15 Quebec, Canada. Congres Francophone International D'Immunologie.

The Congres is organized jointly by the French and Canadian Societies of Immunology.

Two main topics of the meeting are: Regulation of immune response and immunopathology. It will consist of symposia, free communications, poster sessions, and round table discussion on "Synthesis and Heterogeneity of Antibodies". Special lectures will be given by Dr. Jacques Oudin (allotopy), J. Dausset (biology of the HL-complex), and G. Mathe (manipulation of immune responses in man). Dr. D. Dufour is the Chairman of the Organizing Committee and can supply any additional information, as well as registration forms.

Congres Francophone International D'Immunologie, a/s Pr Didier Durour, Universite Laval Quebec, Province de Quebec, G1K 7P4 CANADA.

## 1977

February 14 - 17 San Diego, California. International Symposium on the molecular basis of cell-cell interaction.

The meeting is organized by Scripps Clinic and Research Foundation. The programme is designed to focus on the nature of cell-cell recognition and the structure of molecules involved in cell-cell interaction. Topics have been deliberately selected to cover diverse disciplines. Some topics that will be covered are:



The structure of molecules involved in cell-cell recognition, nature of cell-cell recognition code, organization of plasma membrane, immunogenetic dissection of the cell surface, biochemical dissection of the cell surface, biophysical dissection of the cell surface, relationship of cell surface alterations to gene expression and recognition during embryogenesis.

In morning sessions, lectures will cover the above topics. At the evening sessions, there will be short discussions of specific recognition phenomena and specialized mechanisms of a few organisms. The latter will include sexual agglutination in yeast and chlamydomonas, spore cell reaggregation, histocompatibility restriction in cell mediated cytotoxicity, recognition of foreign cells and organisms by macrophages, and sperm-egg recognition. The goal of the evening sessions is to select biological generalities and put them into perspective with the molecular mechanisms discussed in the morning sessions. Speakers for evening meetings will be selected from those attending the Symposium.

The registration fee is \$ 75.00 (USA). For more details, contact:  
Nomi Feldman, Conference Coordinator, P.O. Box 705, La Jolla, California 92038.

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