

Biological and Antigenic Characteristics of an A2 Influenza Virus Isolated in 1965

RAUL WALDER, M.P.H., and G. D. HSIUNG, Ph.D.

IN THE WINTER of 1964 to 1965, localized outbreaks of upper respiratory illness in the Eastern United States were reported, and type A influenza infections were diagnosed by serologic means (1). An epidemic of influenza-like illness was observed among the staff of the Yale Medical School in January and February 1965. The presence of the A2 strain of influenza virus was confirmed by virus isolation and antibody studies. Our report is concerned with some of the biological properties of the 1965 influenza A2 virus and an analysis of the antigenic properties of the newly isolated A2 virus strain.

For more than a decade, various investigators have noted differences in antigenic properties among strains of the influenza virus group. Recent reports indicate that antigenic changes have been observed within the A2 virus type, especially among the 1963 isolates (2-4). Since different animal species have shown variations in the specificity of antibody response to infection by members of the parainfluenza virus group (5), we decided to characterize the antigenic properties of the new A2 virus strain,

using antisera produced in different animal species, and to compare these data with those of two older A2 strains isolated in 1957 and 1961.

Materials and Methods

Virus isolation and virus strains. During the epidemic in New Haven in January and February 1965, we attempted to isolate influenza virus from throat swabs of selected patients. All isolations were made in primary cultures of rhesus monkey kidney cells by the hemadsorption technique (6). Two A2 virus strains, prototype Jap/305/57 and Conn/1/61 virus, were used for comparison. The Conn/1/61 virus was also isolated in cultures of rhesus monkey kidney cells, but it was subsequently adapted to embryonated eggs (7).

Tissue culture. Rhesus monkey kidney cells were grown in roller tubes or in 3-ounce prescription bottles. All cultures were maintained in Earle's balanced salt solution containing 0.5 percent lactalbumin hydrolysate, 2 percent calf serum, and 0.2 percent hyperimmune SV5 antiserum. The methods for kidney tissue trypsinization and for preparation of cultures have been described previously (8).

Virus assay. Virus infectivity was determined by the amount of hemadsorption of guinea pig erythrocytes in tube cultures and by the plaque formation in bottle cultures. The use of 0.5 percent freshly obtained guinea pig erythrocytes helped to avoid nonspecific hemadsorption (9, 10). The constituents of the agar

At the time of the study, the authors were with the department of epidemiology and public health, Yale University School of Medicine, New Haven, Conn. Mr. Walder is now with the respiratory unit of the Instituto Venezolano de Investigaciones Cientificas, Ministerio de Sanidad y Asistencia Social, Caracas, Venezuela. Dr. Hsiung is now an associate professor of medicine (microbiology) at the New York University School of Medicine, New York City.

overlay medium and the technique for plaque assay were the same as previously described (8). Viral agglutinins were assayed with 0.5 percent human type O erythrocytes in plastic panels.

Preparation of antisera. Roosters, ferrets, Syrian hamsters, and rhesus monkeys were used in preparing the antisera. Both infectious tissue culture fluids and egg-adapted virus stocks were employed as immunizing antigens. Each animal or bird was given two doses of infectious virus 9 days apart in two sites. Blood samples were collected before the inoculation and 21 days after the first dose. Ferrets and hamsters were inoculated intramuscularly and intraperitoneally; monkeys, intranasally and intramuscularly; and roosters, intramuscularly and intravenously. All sera were kept frozen until tested.

Collection of human serum. On February 8, 1965, at the time of the suspected outbreak, 93 single blood samples were collected from staff members of the department of epidemiology and public health, Yale Medical School. An additional 75 blood specimens were obtained in March 1965 from the second-year Yale Medical School students for whom pre-epidemic serum specimens collected in October 1964 were available. All sera were stored at -20°C . until tested. All persons from whom blood specimens were obtained were asked whether they had been ill or evidenced symptoms suggestive of influenza during the study period.

Antibody determination. Three serologic methods were used for the determination of antibody titers. The group-specific antibody titers were assayed by the complement-fixation (CF) test, and the type-specific antibody titers were determined by the hemagglutination-inhibition (HI) test and the neutralization test, or by both.

The CF test was conducted in disposable plastic panels (8), basically following the technique introduced by Fulton and Dumbell (11). Influenza virus type A soluble antigen was purchased commercially. All sera were inactivated at 56°C . for 30 minutes before being tested.

In the HI test, titrations were performed according to standard methods (12). A 0.2 ml. portion of serum in serial twofold dilutions (initial dilution 1 to 8) was placed into each well of plastic panels. Then 0.2 ml. of virus-infected pooled egg fluid was added to each serum

dilution, and mixtures were shaken in the panels. To remove nonspecific serum inhibitors, the sera were kept at a temperature of 56°C . for 30 minutes, then treated with potassium periodate, and subsequently inactivated by the addition of 1 percent glycerine-saline (13). Naturally occurring agglutinins for human O red blood cells in animal sera were absorbed by mixing diluted test serum with 0.1 ml. of washed and packed human O erythrocytes.

Neutralization tests were performed on rhesus monkey kidney tissue cultures, either in tube cultures by the hemadsorption-inhibition method or in bottle cultures by the plaque-reduction method. Sera were inactivated at 56°C . for 30 minutes for both tests. To serial twofold dilutions of sera, an equal volume of approximately 150 TCD₅₀ per 0.1 ml. of the virus suspension was added. This mixture was left at room temperature for 60 minutes. Then, 0.2 ml. of each virus-serum mixture was inoculated into each of three tubes of monkey kidney cell cultures and incubated at 37°C . for 5 days before being examined for hemadsorption. The neutralizing antibodies were expressed as the reciprocal of the highest dilution of serum which completely inhibited the growth of influenza virus.

For determining the rate of neutralization of the virus by the specific antiserum, an initial master dilution was made by adding 2.0 ml. of antiserum (titer 1 to 1,024), diluted to 1 to 1,000, to 2.0 ml. of virus suspension containing either 100 plaque-forming units or 100 TCD₅₀ per 0.1 ml. From this master dilution, further tenfold dilutions of the virus-serum mixture were made at 0, 15, 30, and 90 minutes after the virus and serum were mixed. Each mixture was inoculated into bottle or tube cultures and adsorbed for 1 hour; the cultures were then overlaid with nutrient agar medium or fluid medium. The end point was considered the highest serum dilution resulting in an 80 percent or greater reduction of plaques or in inhibition of hemadsorption.

Results

Virus isolation and characterization. During the epidemic, three virus isolations were made from throat swabs of 10 selected persons who were in the acute stage of illness. Final identification of these isolates was confirmed by the

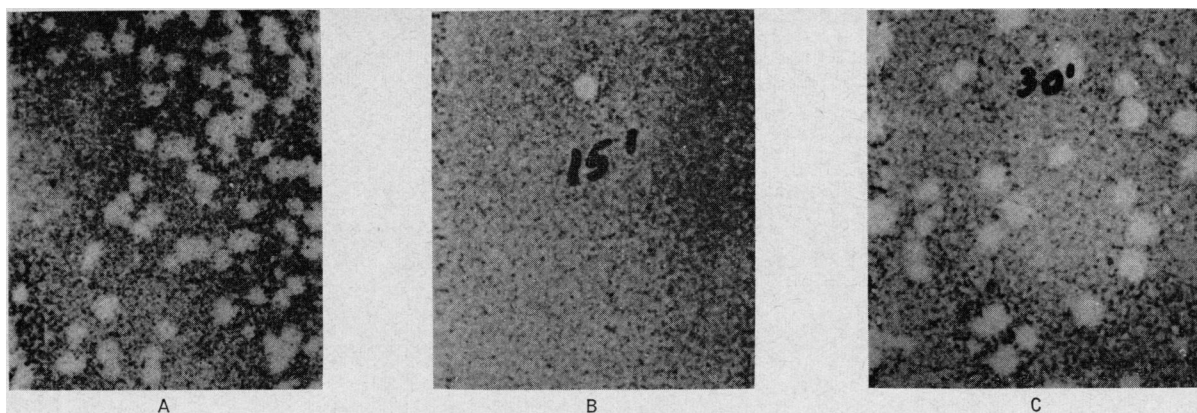


Figure 1. Plaque-formation and plaque-reduction neutralization of A2/Conn/1/65 virus in rhesus monkey kidney cell monolayer 10 days after inoculation: *A.* A2/65 virus control without antiserum; *B.* A2/65 virus antiserum (serum-virus mixtures incubated 15 minutes at room temperature before inoculation); *C.* A2/61 virus antiserum (serum-virus mixtures incubated 30 minutes at room temperature before inoculation).

International Influenza Center for the Americas at the Communicable Disease Center, Atlanta, Ga., which is a World Health Organization Virus Reference Center. One of the new isolates, the JRH strain, was designated as A2/Conn/1/65 influenza virus. This strain, isolated in a primary culture of monkey tissue, was subsequently adapted to the allantoic sac after one passage in the amniotic cavity of 10-day-old embryonated eggs. Infected egg fluid harvests titered $10^{6.4}$ embryo infectious dose₅₀ per milliliter with a hemagglutinin titer of 1 to 512. No hemagglutinin titers were measurable from the infected tissue culture fluid although the infected cultures showed hemadsorption. The JRH virus strain produced plaques in cultures of monkey kidney cells under agar overlay medium. Distinct plaques could be counted from the 6th through the 8th day after inoculation with the virus strain (fig. 1A). The ease with which the A2/65 virus produced plaques in cell cultures facilitated the characterization of the A2 virus strains in the neutralization tests.

Antibody response in humans. Serums collected from 168 persons immediately after the epidemic were assayed for antibody titers group-specific for influenza A; 63, or 58 percent, showed positive titers ranging from 1 to 16 to 1 to 256 as determined by the CF test. Only 34, or 20 percent, of the 168 persons were reported as having clinical influenza-like syndromes, and paired serums were available from 14 of them

(table 1). The first serums were taken during the pre-epidemic period, and the second serums were obtained after the epidemic. As shown in table 1, all but two persons showed high CF titers in their second serums, and none showed significant CF titers in their first serums. All 14 persons with confirmed cases showed fourfold or greater increases in HI antibody titers to the new A2/Conn/1/65 JRH virus strain; 11 showed fourfold or greater antibody titer rises to prototype Jap/305/57; only 6 showed rises to A2/Conn/1/61 strain. Patients I.L. and M.L. had each received a dose of multivalent influenza vaccine before the epidemic and showed greater than fourfold antibody rise only to the A2/Conn/1/65 virus strain.

Antibody response in experimental animals. Five hamsters, four ferrets, four roosters, and four monkeys were immunized with the A2/Conn/1/65 virus strain. Two of each kind of animal or bird received infected tissue culture fluid; the remaining nine each received infected egg fluid. Representative antibody responses of the individual animals are shown in table 2. Neither HI nor neutralizing antibody could be demonstrated in any of the preserums. Regardless of the source of the immunizing virus A2/65—whether obtained from infected egg fluid or from infected tissue culture fluid—all subjects showed substantial antibody titer rises to the immunizing viruses (table 2). It was noted that serums of monkeys immunized with A2/65

showed no HI antibody titer when tested against A2/57 and A2/61 strains. In general, hamsters and ferrets showed lower levels of homologous antibody than roosters and monkeys. The non-specific inhibitors occurring in ferret serums could not be removed by treatment with heat, receptor-destroying enzyme, or potassium periodate, and consequently hemagglutination-inhibition test data were not obtainable.

Antibody responses in roosters and monkeys following inoculation of A2/61 or A2/65 virus were compared (table 3). Serums of roosters immunized with A2/61 virus showed little difference in HI titers or neutralizing antibody titers to the three antigens used. On the other hand, serums of roosters immunized with A2/65 virus showed high-level homotypic antibody titers, but the same serums showed low levels of inhibition or neutralization against the A2/61

strain. When serums of monkeys inoculated with the A2/61 virus were tested by the HI or neutralization test against the A2/57, A2/61, and A2/65 antigens, slight differences in antibody titers to these viruses were noted. Serums of monkeys immunized with A2/65 virus, however, showed no detectable HI titers against A2/57 or A2/61 antigens, although significant HI antibody titers were obtained in the homologous system. The same serum sample showed a lesser degree of antigenic specificity when the neutralization test was used.

Differences in A2/61 and A2/65 strains. Antigenic differences between the A2/61 and A2/65 influenza virus strains were determined quantitatively by the rate of neutralization. The distinct plaques produced by A2/65 virus (fig. 1A) were reduced completely after 15 minutes of reaction at room temperature with monkey

Table 1. Antibody responses of 14 persons reported ill with influenza

Date patients' serums were taken ¹	Antibody titers to antigens				Date patients' serums were taken ¹	Antibody titers to antigens			
	Comple- ment fixation test	Hemagglutination- inhibition test				Comple- ment fixation test	Hemagglutination- inhibition test		
		Jap/ 305/57	Conn/ 61	Conn/ 65			Jap/ 305/57	Conn/ 61	Conn/ 65
<i>A. L.</i>					<i>M. K.</i>				
1964-----	4	128	128	64	1964-----	4	128	64	32
1965-----	16	1, 024	1, 024	1, 024	1965-----	64	512	256	1, 024
<i>B. W.</i>					<i>M. L.²</i>				
1964-----	8	8	16	8	1964-----	4	64	16	32
1965-----	32	8	16	64	1965-----	32	256	64	256
<i>B. W. E.</i>					<i>R. J.</i>				
1964-----	4	64	64	16	1964-----	4	64	32	16
1965-----	16	512	256	128	1965-----	8	256	64	256
<i>D. M.</i>					<i>S. R.</i>				
1964-----	4	32	16	16	1964-----	8	32	32	8
1965-----	64	128	64	256	1965-----	8	256	128	512
<i>I. L.²</i>					<i>P. J.</i>				
1964-----	16	256	128	128	1964-----	4	32	(³)	16
1965-----	32	512	128	1, 024	1965-----	64	512	(³)	1, 024
<i>L. S.</i>					<i>N. J.</i>				
1964-----	8	128	64	64	1964-----	4	128	(³)	16
1965-----	16	256	64	256	1965-----	64	512	(³)	1, 024
<i>L. P.</i>					<i>F. R.</i>				
1964-----	4	64	32	32	1964-----	4	8	(³)	8
1965-----	64	256	64	256	1965-----	256	512	(³)	1, 024

¹ The 1964 serums were taken in October, during the pre-epidemic period; the 1965 serums were taken in March, immediately after the epidemic.

² Patient had received 1 dose of multivalent influenza vaccine in October 1964.

³ Not done.

homologous immune serum (fig. 1B). On the other hand, only a 50 percent reduction in plaques occurred after 30 minutes of reaction when the same A2/65 virus suspension was Conn/1/65 virus strain. Two of each kind mixed with A2/61 monkey antiserum (fig. 1C); even after 90 minutes of reaction, only 80 percent of the plaques were reduced.

The results of one representative experiment on the rate of neutralization of the A2/61 and A2/65 virus strains and their type-specific antisera are shown in figure 2. The A2/61 virus did not produce plaques; therefore, the hemadsorption-inhibition method was used for neutralization of this virus strain. With the homologous system, complete neutralization oc-

Table 2. Representative antibody responses in animals immunized with A2/65 virus

Animal and assigned number	Virus suspension inoculation ¹	Antibody titers to antigens after inoculation ²				
		Hemagglutination-inhibition test			Neutralization test	
		A2/57	A2/61	A2/65	A2/61	A2/65
Hamster:						
3-----	MKTC	64	32	128	(³)	(³)
10-----	AA	32	16	128	16	256
Ferret:						
1-----	MKTC	(⁴)	(⁴)	(⁴)	0	16
4-----	AA	(⁴)	(⁴)	(⁴)	16	256
Rooster:						
1-----	MKTC	32	0	128	16	1, 024
4-----	AA	512	256	1, 024	64	4, 096
Monkey:						
600-----	MKTC	0	0	256	64	1, 024
611-----	AA	0	0	512	64	1, 024

¹ Monkey kidney tissue culture containing infectious virus, $10^{5.5}$ plaque-forming units per milliliter, or amniotic-allantoic fluid from infected embryonated eggs containing $10^{6.4}$ embryo infectious doses per milliliter.

² All preinoculation serum samples showed hemagglutination-inhibition titers of ≤ 8 and neutralization titers of ≤ 4 ; these titers were the lowest serum dilutions tested.

³ Not done.

⁴ Nonspecific inhibitor, which could not be removed by heat, potassium periodate, or treatment with receptor-destroying enzyme.

Table 3. Antibody responses in roosters and monkeys after immunization with 1961 and 1965 A2 influenza virus strains

Assigned number of rooster or monkey	Virus suspension inoculation (amniotic-allantoic fluid) ¹	Antibody titers to antigens after inoculation ²				
		Hemagglutination-inhibition test			Neutralization test	
		A2/57	A2/61	A2/65	A2/61	A2/65
Rooster:						
7-----	A2/61	256	512	256	64	64
9-----	A2/61	128	256	128	64	64
4-----	A2/65	512	256	1, 024	64	4, 096
6-----	A2/65	256	64	1, 024	16	1, 024
Monkey:						
659-----	A2/61	1, 024	1, 024	256	1, 024	64
660-----	A2/61	512	512	256	256	256
609-----	A2/65	0	0	256	64	1, 024
611-----	A2/65	0	0	512	64	1, 024

¹ Amniotic-allantoic fluid from infected embryonated eggs containing $10^{6.4}$ infectious dose per milliliter.

² All preinoculation serum samples showed hemagglutination-inhibition titers of ≤ 8 and neutralization titers of ≤ 4 ; these titers were the lowest serum dilutions tested.

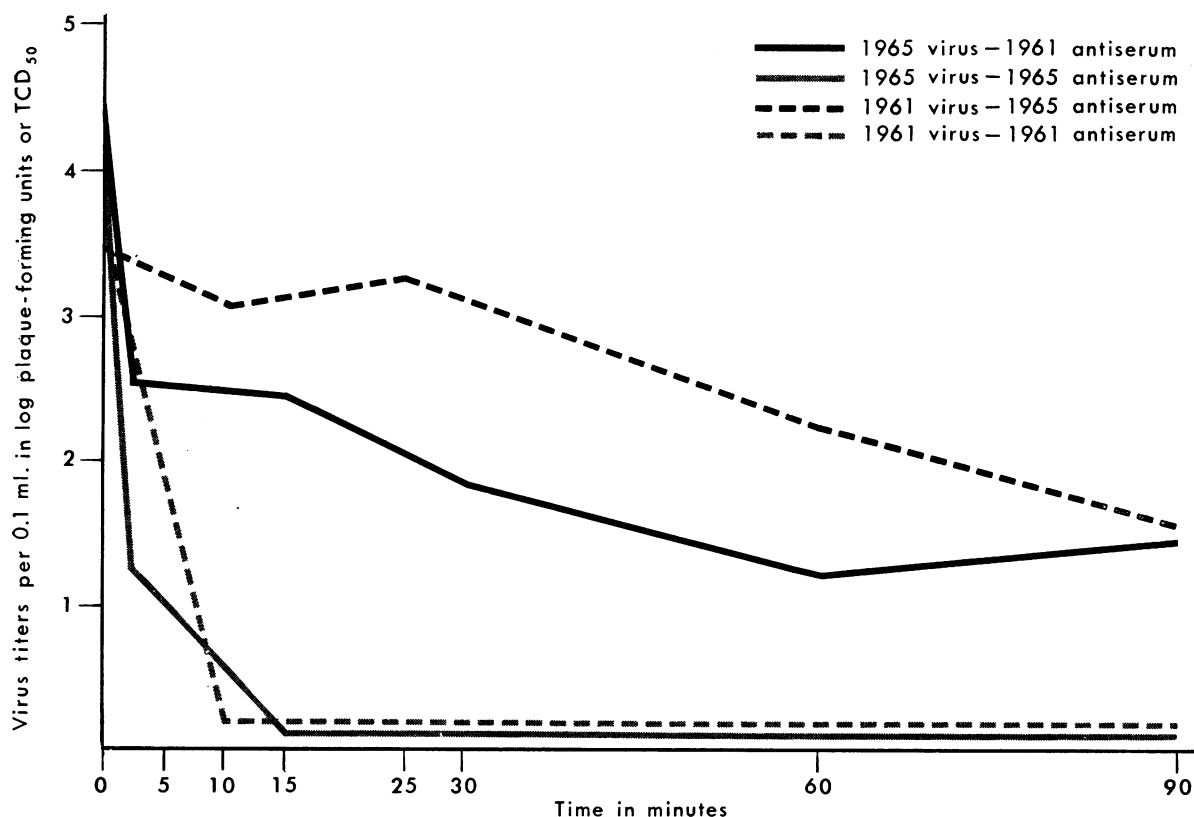
curred 10 to 15 minutes after the 100 plaque-forming units of A2/65 or 100 TCD₅₀ of A2/61 virus suspension were mixed with antiserum. Nevertheless, as was apparent from the heterologous system, the A2/65 virus was neutralized by the A2/61 antiserum somewhat faster than was the heterologous A2/61 virus by the A2/65 antiserum. The latter observation may be due, at least partially, to the sensitivity of the plaque method. Furthermore, significant numbers of infectious virus remained detectable in the heterologous systems when the mixtures were kept at room temperature for as long as 90 minutes (fig. 2).

Discussion

The data in our study indicate that the influenza epidemic that occurred in a particular segment of the population of New Haven, Conn., from January to March 1965 was caused by the

A2/65 influenza virus. The biological properties of the newly isolated A2/65 virus are similar to those which have been reported earlier for A2 strains. The newly isolated A2/65 strain appears to be relatively resistant to any non-specific inhibitors in the agar medium; distinct plaques were easily obtained with this virus in monkey kidney cultures under agar overlay medium. Although plaque-reduction neutralization tests have been used extensively by many investigators for various viruses, such techniques have not been generally applied to the study of the influenza virus group. Most of the influenza virus strains were not plaque-producers, especially those isolates obtained from embryonated eggs. Previous investigators (2, 3) have stressed the advantage of tissue-culture neutralization tests conducted by the hemadsorption-inhibition method. Results obtained in our study by the plaque-reduction test show

Figure 2. Antigenic differences between A2/61 and A2/65 influenza viruses as revealed by rate of neutralization



NOTE: Time in minutes indicates incubation period of mixtures before inoculation into test cultures. Plaque-reduction neutralization method was used for 1965 virus; hemadsorption-inhibition test used for 1961 virus.

that a more quantitative method is available for the A2/65 virus. As the kinetics of the viral neutralization test revealed, significant antigenic differences between the influenza strains may be detectable if the plaque technique can be applied more generally.

Antigenic drift among the influenza viruses has been noted ever since the early work of Magill and Francis (14), but the consequence of minor antigenic variation within a subtype may be significant in a rapidly spreading influenza epidemic (15). As shown in our study, an attack rate of symptomatic influenza infection of 20 percent (34 of the 168 persons studied) was produced by the A2/65 virus. In past studies, antigenic variations of influenza virus were recognized primarily because the new isolates were not inhibited, or were poorly inhibited, by antisera to older strains. In our study, a different situation was noted. The newly isolated A2/65, JRH strain, was inhibited by antiserum to older A2 strains, including those of 1957 and 1961, at a titer comparable to the homologous system. Antisera prepared against the A2/65 virus strain, however, were poor inhibitors of older A2 viruses. Weinberger and co-workers have reported similar results with their 1963 isolates (3, 4). The significance of minor antigenic differences between the A2 strains is uncertain, but it is worthwhile to note the distinctiveness of the A2/65 virus.

In previous studies, antisera to influenza viruses were usually prepared in roosters. Ferrets and mice were also frequently used, but monkeys were not commonly used. In our study, the antigenic distinctiveness of the 1965 virus was clearly demonstrated in monkey serum. Apparently, the monkeys were highly selective to influenza virus infection and were satisfactory for the production of antibodies to the influenza virus strains used.

Summary

During the winter months of 1964 to 1965, an epidemic of influenza occurred in the area of New Haven, Conn. A total of 93 single and 75 paired blood specimens were collected from 168 members of the Yale Medical School staff and students. The virus responsible for the outbreak belonged to the A2 type of influenza virus but

was found to differ antigenically from the A2 strains isolated in earlier years.

Roosters, ferrets, hamsters, and monkeys were used for immunization. Antisera produced by older A2 strains inhibited the new isolate in both hemagglutination-inhibition and neutralization tests, but sera produced in animals with the A2/65 virus proved to be poor inhibitors of the older virus strains. This observation was demonstrated most clearly in sera obtained from monkeys immunized with the A2/65 virus. The A2/65 virus produced distinct plaques under agar medium, and the plaque-reduction neutralization method was found to be useful for the study of the antigenic properties of A2 influenza viruses.

REFERENCES

- (1) Influenza and influenza-like illness. Morbidity and Mortality Weekly Report (Communicable Disease Center, Public Health Service) 14: 25-26, Jan. 23, 1965.
- (2) Morris, J. A., et al.: Antigenic relationship of 1961-1963 A2 influenza viruses to prototype A2 1957 strain. *Proc Soc Exp Biol Med* 114: 406-413 (1963).
- (3) Weinberger, H. L., Buescher, E. L., McCown, J., and Gauld, J. R.: Antigenic variation of recently isolated A2 influenza viruses. *Proc Soc Exp Biol Med* 114: 413-420 (1963).
- (4) Weinberger, H. L., Buescher, E. L., and Edwards, V. M.: Extent of antigenic variation of A2 influenza viruses from prototype strains. *J Immunol* 94: 47-54 (1965).
- (5) Hsiung, G. D., Chang, P. W., Cuadrado, R. R., and Isacson, P.: Studies of parainfluenza viruses. III. Antibody responses of different animal species after immunization. *J Immunol* 94: 67-73 (1965).
- (6) Shelokov, A., Vogel, J. E., and Chi, L.: Hemadsorption (adsorption-hemagglutination) test for viral agents in tissue culture with special references to influenza. *Proc Soc Exp Biol Med* 97: 802-809 (1958).
- (7) Influenza Surveillance Report No. 60. Communicable Disease Center, U.S. Public Health Service, Atlanta, Ga., May 5, 1961, p. 3.
- (8) Hsiung, G. D.: Diagnostic virology. Yale University Press, New Haven, Conn., 1965, pp. 4-6, 29-34, 84-89.
- (9) Chang, P. W., and Hsiung, G. D.: Experimental infection of parainfluenza virus type 5 in mice, hamsters, and monkeys. *J Immunol* 95: 591-601 (1965).
- (10) Dowdle, W. R., and Robinson, R. Q.: Non-specific hemadsorption by rhesus monkey kidney cells. *Proc Soc Exp Biol Med* 121: 193-198 (1966).

- (11) Fulton, F., and Dumbell, K. R.: The serological comparison of strains of influenza virus. *J Gen Microbiol* 3: 97-111 (1949).
- (12) Lennette, E. H., and Schmidt, N. J.: Diagnostic procedures for viral and rickettsial diseases. Ed. 3. American Public Health Association, New York City, 1964, pp. 462-467.
- (13) Burnet, F. M., and Lind, P. E.: Recombination of influenza viruses in the de-embryonated eggs. I. The use of the periodate-treated sera for in vitro characterization of influenza virus strains. *Aust J. Exp Biol Med Sci* 32:145-151 (1954).
- (14) Magill, T. P., and Francis, T., Jr.: Antigenic differences in strains of human influenza virus. *Proc Soc Exp Biol Med* 35: 463-466 (1936).
- (15) Robinson, R. Q.: Natural history of influenza since the introduction of the A2 strain. *Progr Med Virol* 6: 82-110 (1964).

PUBLICATION ANNOUNCEMENTS

Address inquiries to publisher or sponsoring agency.

Report of the Commission on Research. 1967; 160 pages. American Medical Association, 535 North Dearborn Street, Chicago, Ill. 60610.

Programmed Instruction and the Hospital. A report on the use of programmed instruction in health care institutions. 1967; 155 pages; \$6. Hospital Research and Educational Trust, 840 North Lake Shore Drive, Chicago, Ill. 60611.

Mental Illness. Progress and prospects. By Robert H. Felix. May 1967; 110 pages; \$4.75. Columbia University Press, 440 West 110th Street, N.Y. 10025.

The Recruitment and Training of the Research Psychiatrist. GAP Report No. 65. April 1967; 40 pages; 75 cents. Group for the Advancement of Psychiatry, Inc., 104 East 25th Street, New York, N.Y. 10010.

Salaries and Related Personnel Practices in Voluntary Social and Health Agencies in New York City: September 1966. 1967; 57 pages; \$2.50. Community Council of Greater New York, 225 Park Avenue South, New York, N.Y. 10003.

The Doctor, the Hospital, and the Patient in England. Rights and responsibilities under National Health Service. Michigan International Business Studies No. 6. By Arthur F. Southwick, Jr. 1967; 376 pages; \$7.50. Bureau of Business Research,

Graduate School of Business Administration, University of Michigan, Ann Arbor, Mich. 48104.

Cancer in Puerto Rico 1950-1964. Incidence, probability, mortality and survival. By Isidro Martinez, M.D., 1967; 550 pages. Central Cancer Registry, Cancer Control Program, Department of Health, Santurce, P.R. 00908.

First International Conference on Vaccines Against Viral and Rickettsial Diseases of Man. Scientific Publication No. 147. May 1967; 695 pages; \$7. Pan American Health Organization, Pan American Sanitary Bureau, Regional Office of the World Health Organization. 525 23d Street NW., Washington, D.C. 20037.

Poverty and Mental Health. By Milton Greenblatt, M.D., Paul E. Emery, M.D., and Bernard C. Glueck, Jr., M.D. January 1967; 175 pages. American Psychiatric Association, 1700 18th Street NW., Washington, D.C. 20009.

World Health Organization

WHO publications may be obtained from the Columbia University Press, International Documents Service, 2960 Broadway, New York, N.Y. 10027.

Safe Use of Pesticides in Public Health. Report of the WHO Expert Committee on Insecticides. WHO

Technical Report Series No. 356. Sixteenth report. 1967; 69 pages; \$1.25; Geneva.

WHO Expert Committee on Malaria. WHO Technical Report Series No. 357. Thirteenth report. 1967; 61 pages; \$1; Geneva.

Teaching of Immunology in the Medical Curriculum. Report of a WHO Expert Committee. WHO Technical Report Series No. 358. 1967; 49 pages; \$1; Geneva.

Biology of Fertility Control by Periodic Abstinence. Report of a WHO Scientific Group. WHO Technical Report Series No. 360. 1967; 21 pages; 60 cents; Geneva.

Control of Water Pollution. A survey of existing legislation. 1967; 210 pages; \$4; Geneva.

National Health Planning in Developing Countries. Report of a WHO Expert Committee. WHO Technical Report Series No. 350. 1967; 40 pages; \$1; Geneva.

Conference on Directors of Schools of Public Health. Report of a WHO Inter-Regional Conference. WHO Technical Report Series No. 351. 1967; 24 pages; 60 cents; Geneva.

Appraisal of the Hygienic Quality of Housing and its Environment. Report of a WHO Expert Committee. WHO Technical Report Series No. 353. 1967; 54 pages; \$1; Geneva.