

**M.R.C. REGISTER OF IMMIGRANTS FROM "LOW RISK"
COUNTRIES WITH MULTIPLE (DISSEMINATED) SCLEROSIS
OR RETROBULBAR NEURITIS**

Multiple (disseminated) sclerosis has a remarkable geographical distribution. There is now sufficient evidence to permit the classification of large parts of the world into high and low risk areas in respect of this disease. The "high risk" zone includes the British Isles, central and northern Europe, the northern United States, Canada (Kurland and Westlund, 1954) and probably New Zealand and Tasmania. The Mediterranean littoral, the southern United States, Israel (Alter *et al.*, 1962) and probably the whole of Africa (Dean, 1949) are low risk areas. Recently attention has been focused on the possible effect on risk of migration between zones. It seems that migration from high to low risk zones does not abolish risk so that immigrants to South Africa and Israel may develop symptoms years after arrival (Dean, 1961). It is possible that migration in the reverse direction (low to high risk areas) may confer risk. If this were so study of such persons might yield a clue to the aetiology of the disease.

The Medical Research Council has set up a register of cases of multiple sclerosis and retrobulbar neuritis in immigrants and invites the co-operation of practitioners to notify any cases of these conditions occurring in their practices in persons originating from the following countries:

Australia	Kenya, Tanganyika or Uganda
Bermuda	Malaya and Singapore
British West Indies (including British Guiana)	Malta
Cyprus	Pakistan, India and Ceylon
Hong Kong	Rhodesia
Israel	South Africa

The intention is to contact each patient and invite his co-operation in assisting a trained social worker in completing a questionnaire.

Members and associates of the College knowing of patients satisfying the above criteria are invited to get in touch with Dr E. D. Acheson, Nuffield Department of Clinical Medicine, The Radcliffe Infirmary, Oxford.

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