

NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

Argentina. *The 2nd Leprological Meeting of the Southern Cone of America was held in Buenos Aires on 15 July 1977.* The meeting, sponsored by the Sociedad Argentina de Leprología, was presided over by the president of the society, Dr. J. C. Gatti. The meeting was attended by leprologists from Brazil, Peru, Uruguay, Paraguay, Argentina and Spain. Among the 13 papers presented by leprologists from the various countries represented, was a paper by Dr. C. M. Brusco entitled "The Philosophic Concept That Has to be Applied to the Classification of Leprosy," and a paper by Dr. C. A. Consigli entitled "Place of the Indeterminate Group Between the Leprosy Types."—(Adapted from notice from L. M. Balina)

England. *Three new important appointments decided upon at The Leprosy Mission's International Council in May.* Dr. V. P. Das will be retiring from his position as secretary for Southern Asia this year, and his place will be taken by Dr. R. H. Thangaraj, Superintendent, Philadelphia Leprosy Hospital, at Salur. Dr. Thangaraj joined TLM in January 1955 after studying with the help of a Mission scholarship. He served first at Karigiri, then at Purulia, with periods of study overseas, finally moving to Salur where his father had been superintendent in 1965. Since that time a new hospital has been built at Salur, and with the invaluable help of Mrs. Thangaraj, who is also a doctor, Vizianagram and Kurupam have become "satellites." Most recently, Dr. Thangaraj has been serving as the Mission's medical consultant for Southern Asia and has taken a special interest in the new HEED development in Bangladesh.

Taking Dr. Thangaraj's place as medical consultant for Southern Asia is Prof. C. K. Job, presently professor of pathology and medical superintendent at the Christian Medical Center, Vellore. Dr. Job also studied with the help of a TLM scholarship, and has been doing important research with the help of the electron microscope donated by TLM

to Vellore to mark its 90th birthday. Mrs. Job is in charge of a major rehabilitation project which is run from Vellore.

In Southeast Asia, Mr. Richard McKeown is due to retire as field secretary at the end of this year, but has agreed to stay on for a further year to make possible a smooth transition between himself and his successor, the Rev. R. A. Alcorn, presently the secretary of the New Zealand Auxiliary. Mr. Alcorn joined the Mission in 1970 after training for the Baptist ministry and serving as a missionary in India and Pakistan. Mrs. Alcorn also was a missionary in Assam before her marriage.—(Adapted from NEW DAY, Summer 1977, p 12)

Germany. *German Leprosy Relief Association.* The German Leprosy Relief Association is one of the youngest voluntary organizations in the world which came into existence in 1957. It was founded for the purpose of collecting funds from the people of the Federal Republic of Germany to help the leprosy work being carried out by Dr. Feron under very trying conditions in Ethiopia. However, the encouraging results of the campaign gave an impetus to the founders of the Association to extend relief activities to other countries of the world where leprosy exists.

During the last 17 years the Association's activities extended to more than 47 countries of the world, assisting more than 200 leprosy projects. Statistics show that the aid given by the German Leprosy Relief Association has been an advantage to approximately 500,000 leprosy patients in Africa and Latin America. The activities consist of providing medicines, building hospitals and dispensaries, establishing schools, rehabilitation centers, agricultural projects and providing vehicles and personnel. All of these various activities of support have been made possible due to the generosity of hundreds of thousands of benefactors and by contributions of 90,000 friends and 24,000 members. Groups, federations and firms, communities and municipalities have supported the relief measures by orga-

nizing information and making it available. The press, radio and television communications have made many editions and broadcasts to help the Association in its endeavors. The members of the Federal Republic of Germany have consented eagerly to public collections, and on request the Ministry for Economic and Foreign Office has subsidized certain projects. The activities of the Association have been recognized and appreciated by the President of the Federal Republic of Germany as well as by many leaders of governments worldwide.

The Association is a co-promoter and member of ILEP which was organized with the main purpose of coordinating the activities of the member associations and also for technically guiding the modern approach to leprosy control programs.

In 1957, the Association joined the fight against leprosy in India by assisting the Leprosy Relief Rural Center, Chettipatty, Tamil Nadu. During the last 17 years the number of hospitals, rehabilitation centers and field control projects supported by the Association increased to 78. German doctors, nurses, technical personnel and agricultural specialists recruited by the Association are now working in many of these centers. The Association's aid to leprosy work in India has increased year by year, with 10% of total collections going to leprosy work in India. During the period 1957-1974, these centers have been helped with a total amount of approximately Rs. 36 million and now the yearly approximate budget to the Indian centers swings between 4 and 5 million rupees.

Tamil Nadu is the main concentration area of leprosy activities, with a total of 30 centers situated in this area supported by the Association. In 1966 a regional secretary for the Association was established in Madras to coordinate the increasing activities.—(Adapted from NLO Newsletter, Vol. 4, January-March 1976, p 107)

India. *Mother Teresa, of Calcutta, first recipient of the Raoul Follereau Award for 1977, which was created by Le Secours aux Lépreux (Canada) Inc.* The award, a 7.5 cm bronze medal, was presented to Mother Teresa in October of 1977, "in recognition of the total and unrelentless gift of herself to the poorest of the poor including thousands of leprosy victims."—LSL News Release

Japan. *The 28th Session of the WHO Regional Committee for the Western Pacific.* The 28th annual session of the WHO Western Pacific Regional Committee was held from 6 to 12 September 1977 at the Press Center Hall, Nippon Press Center, in Tokyo.

The Japanese Government was host to the 28th session. Sixty-four senior health officials from 18 WHO member countries: Australia, China, Fiji, France, Japan, Lao People's Democratic Republic, Malaysia, New Zealand, Papua New Guinea, Philippines, Portugal, Republic of Korea, Samoa, Singapore, Vietnam, Tonga, United Kingdom and United States of America, and more than 62 observers from the United Nations and agencies in the UN system and from inter-governmental and non-governmental organizations in official relation with WHO attended the week-long meeting.

Major items discussed and resolutions adopted in this session were as follows: reports on health activities in Western Pacific countries and the annual report of the WHO Regional Director, Dr. Francisco J. Dy, for 1976-1977, on health manpower development, prevention and control of communicable and noncommunicable diseases, regional center for environmental health sciences, prevention of road traffic accidents, drug policies and management (the topic of the technical presentation of the 28th Session 1977), WHO's role in the development and coordination of biomedical research, technical cooperation among developing countries, changing trend in training, and diarrheal diseases.

A Western Pacific Regional Center for the promotion of environmental planning and applied studies was decided to be established in Kuala Lumpur, Malaysia in compliance with the findings and recommendations on a feasibility study of the WHO which has been carried out taking into consideration the needs in environmental health, current regional and global policies, and programs of the Organization.

The objectives and functions of the Center are: 1) a) the development of national environmental policies and planning, b) the education and training of environmental manpower, c) the exchange of environmental information of appropriate technology in the field of environmental health and engineering; and 2) a) to promote and facilitate collaboration between environmental institu-

tions and personnel of member states within the region, and b) to support the development by member states of self-reliant institutions and capabilities in the field of environmental health.

Dr. F. J. Dy, Regional Director of WHO, said in his annual report to WHO member countries in the region that health workers have an essential role to play at the community level and auxiliary health workers are now assuming broader responsibilities and providing wider coverage in health care. He further called for more countries to make more efforts to train workers for primary health care and to develop simple, practical and easy-to-learn technics.

A six-year program for health manpower development in the Western Pacific was adopted by the Regional Committee. The program provides the targets to be reached at the end of the six-year period in 1983. Specific objectives of this program are a) manpower planning and management to meet the requirements of health services, b) promotion of training for all categories of health staff, and c) educational development and support. The program includes strategies which can be employed by individual governments to improve their own health manpower.

The Regional Advisory Committee Medical Research noted that four of the six groups of diseases (malaria, schistosomiasis, filariasis, trypanosomiasis, leprosy and leishmaniasis) to be considered initially under the special program for research and training in tropical diseases, were serious public health problems in the Western Pacific Region and had priority in proposed research activities. A subject of the WHO's role in the development and coordination of biomedical research was brought up for discussion. The recommendations are as follows: to strengthen the institute for medical research, Kuala Lumpur, as a multidisciplinary WHO regional center for research and training in tropical diseases; establishment of a regional multidisciplinary research program on schistosomiasis; and establishment of four groups of task force for study (for health services research, cardiovascular diseases, parasitic diseases and leprosy, and communicable diseases and other research areas).

The Regional Committee adopted a subject "Diarrheal Diseases Including Cholera, Typhoid and Paratyphoid" as a topic for the

technical presentation at its 29th session in 1978. Concerning the importance of the subject due to high mortality and morbidity caused and the interrelation between diarrheal disease and malnutrition, the Regional Committee further requested the regional director to intensify the WHO's efforts in the Western Pacific Region in the control of diarrheal diseases, particularly in childhood.

It was decided that the Government of the Republic of the Philippines will act as host to the 29th session and the dates of the session will be from 21 to 25 August 1978.

In the afternoon of 6 September 1977, Dr. Halfdan T. Mahler, Director General of WHO presented a citation to Mr. Ryoichi Sasakawa, President, Japan Shipbuilding Industry Foundation and of Sasakawa Memorial Health Foundation, in the presence of representatives and observers attending the 28th annual session of the WHO Regional Committee for the Western Pacific.

The citation reads: "With brilliant imagination, perceptiveness and sensitivity he has fostered and is fostering a multiplicity of activities directed towards the World Health Organization's paramount goal of the attainment by all peoples of the highest possible level of health, more particularly those activities concerned with Leprosy, Smallpox Eradication, the Expanded Programme on Immunization and the Special Programme for Research and Training in Tropical Diseases. His dedication to the cause of the World Health Organization and his extraordinary philanthropy must surely win for Mr. Sasakawa the lasting gratitude of the millions who stand to benefit from it throughout the world."—(Adapted from Dr. Y. Yoshie's report)

The 49th General Meeting of the Japanese Leprosy Association decided to change the name of its journal from LA LEPRO TO JAPANESE JOURNAL OF LEPROSY. Beginning with Volume 46, Number 1, 1977, the JAPANESE JOURNAL OF LEPROSY will be the official name of the Japanese Leprosy Association's publication.

Korea. *The Leprosy Mission field survey of Republic of South Korea.* South Korea has an area of 98,000 square kilometers, with a population of approximately 35 million. The Korean people are an ancient and homogeneous race with descendants from the no-

madic tribes of Mongolia. There is presently freedom of religion with 15 million Buddhists, 4 million Protestants, 200,000 Catholics, and several million followers of Confucian teaching.

The leprosy situation stands at a prevalence rate of approximately two per thousand—a total of 60,000 to 70,000 leprosy cases. Of these, some 35,000 have been registered. In 1963, changes in the law enabled and endorsed home treatment of patients, and the existing leprosy colonies gradually changed to resettlement villages, known as farm communities where many of the disease-arrested patients are now living. There are around 87 of these communities. From the year 1967, the Government launched its leprosy scheme of early case finding and control by means of mobile clinics, using paramedical workers attached to the Public Health Centers.

Twenty years ago The Leprosy Mission began outpatient clinics in Taegu for leprosy patients living in their own homes. Taegu is the third city of the Republic of Korea and the capital city of the North Kyungsang Province. The clinics expanded into nine "guns" or counties of the province. In 1967 when the Government Control Scheme was launched, TLM was invited to cooperate and be responsible for five "guns," with other Government and voluntary teams being responsible for the other areas. In April of 1975, two more "guns" were added. In 1962 a hospital was built in Taegu within the compound of the Kyungbuk University Hospital and is staffed by TLM with specialist medical assistance provided by the University Hospital. A weekly leprosy clinic is held in the hospital for patients from Taegu and surrounding areas. In 1976 a general skin clinic was opened in premises reconstructed from the previous TLM office and stores at Sung Dang Dong, Taegu.

Leprosy and health education, both in general village visits and in city churches or special groups are being carried out regularly and energetically. As of last year the paramedical workers have been encouraged to take responsibility for the visits in their own area but with support and assistance from Taegu when required. From 1977, with a further emphasis on leprosy education and making the work more widely known, a monthly pamphlet entitled *New Day* has been published and circulated in the province.—(Adapted from *NEW DAY*, Spring 1977, p 8)

Mexico. Dr. Waldemar Kirchheimer honored by *La Asociacion Mexicana de Accion Contra la Lepra in Mexico City*, 25 August 1977. At this extraordinary session in recognition of Dr. Kirchheimer and his outstanding work in the field of leprosy, he was presented with a certificate acknowledging him as an honorary member of the Association. At the invitation of the Association, Dr. Kirchheimer delivered a forty minute talk entitled "Leprosy and the Armadillo—Present Status."—(From program notes of session)

Switzerland. *Fifth Report of WHO Expert Committee on Leprosy.* The Reports of the WHO Expert Committee on Leprosy have been of the utmost importance to leprosy workers everywhere, offering an international consensus of expert experience and guidance on matters of current concern and practice. The fifth meeting of the WHO Expert Committee was held in Geneva on 19-25 October 1976. The Report is divided into four main sections: epidemiology, strategy of leprosy control, formation and management of a leprosy control program, and research. [The Report may be obtained from WHO, Geneva, Switzerland, WHO Tech. Rep. Ser. No. 607. Price Sw. fr. 6.00.]

The section on epidemiology emphasizes the scale both of the leprosy problem itself and social and economic effects of physical handicaps caused by leprosy. The new evidence on the transmission of leprosy is presented very clearly. The relevance and usefulness of information collected in leprosy control programs and prevalence and incidence rates leads to the conclusion that by present methods a significant impact can be made on the transmission of the disease.

Section 2 on leprosy control strategy presents the latest views on this subject and many useful points are brought out. The increasing occurrence of dapsone resistance leads to other important suggestions for combined therapy. Problems in the treatment of reactions also receive attention, as do relapses, prophylaxis by BCG and chemoprophylaxis.

Section 3 deals with leprosy control, and in particular with aims, objectives, integration of medical services and evaluation.

Section 4 gives an impressive list of recommendations for future research priorities.

Amid so much that is excellent, it is almost invidious to draw attention to one lack of emphasis in the Report. While there is reference to the need for health education in urban leprosy schemes, the significance of leprosy as a social as much as a medical problem in general situations is not explored as explicitly as could be wished. Leprosy control schemes may be models of medical planning and practice, but they stand or fall on the response of patients and the public, and this is a social not a medical issue, but one of great importance.—(Adapted from T. F. Davey's Editorial, *Lepr. Rev.* 48 [1977] 159)

The World Health Organization and the United Nations Development Program jointly sponsor a Special Program for Research and Training in Tropical Diseases. After two years of planning, the program is entering the phase of full scale implementation of a long-term effort which will possibly take 20 years.

The search for new tools to control disease in the tropical countries requires scientists of many disciplines. Molecular and cell biologists, biochemists, immunologists, parasitologists, and entomologists are among those whose contributions are needed.

The research areas covered by the Special Program are: malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy; epidemiology, biomedical sciences, biological control of vectors, and socio-economic research.

Specific fields within these research areas are developed by the Scientific Working Groups of the Special Program. Scientists from any country are welcome to submit proposals for research grants within the specific fields. All enquiries should be addressed to: The Special Program for Research and Training in Tropical Diseases, World Health Organization, 1211 Geneva 27, Switzerland.—WHO Announcement

U.S.A. Limited copies of the IJL Cumulative Author and Subject Index, Volumes 1-40, 1933-1972, still available. For those persons interested in purchasing a copy of this supplemental issue to Volume 44, the cost is US\$25.00 and may be obtained by writing to: International Journal of Leprosy, P.O. Box 1097, Bloomfield, New Jersey 07003.

The International Leprosy Association and American Leprosy Missions take active part in the International Year of the Child, 1979. On December 21, 1976, the General Assembly of the United Nations passed a resolution declaring 1979 the International Year of the Child. The hope is that by placing children in the center of world attention, the world community will renew and re-affirm concern for the present condition and for the future of its children.

One critical area of concern is stigma. Many millions of children are prevented from growing and developing in normal ways simply because stigmatizing differences have been ascribed to them. In some cases, children themselves are in some way different. In other instances, it is more a matter of "guilt by association"; parents, siblings, or other associates are the immediate victims.

The causes of stigmatization are many, but in as much as thousands of children are directly afflicted with leprosy and millions more suffer from its stigma, the International Federation of Anti-Leprosy Associations and the International Leprosy Association are taking active parts especially in this aspect of the International Year of the Child activities. And, both through these organizations and independently, American Leprosy Missions is extending support.

In order to take best advantage of the opportunity to highlight the plight of children affected by leprosy either directly or indirectly, help is needed in identifying the priorities which will serve children who suffer spiritually and physically from leprosy. Members of ILEP were requested to complete a questionnaire designed to assist in compiling data. Of special concern is the importance of determining what social injustices, if any, children suffer as a result of leprosy backgrounds. If any reader has information which might be valuable in developing a meaningful program for children of such backgrounds, or if you have a specific philosophy or goal for this special year which you would like to have made known at the United Nations, it would be most appreciated.

Within the framework of UNICEF, which is coordinating the United Nations efforts on behalf of the International Year of the Child, a special committee for coordination of worldwide activities was established and Mrs. Bernice Gottlieb, because of her well-known interest in children who have leprosy

or whose parents have leprosy, has been appointed by the ILA as a member of this committee. If you have information you would like to share, you may write to Mrs. Gottlieb in care of American Leprosy Missions, 1262 Broad Street, Bloomfield, New Jersey 07003.
—ALM News Release

U.S. Leprosy Panel. Dr. C. C. Shepard has

relinquished his chairmanship and position on the Leprosy Panel of the U.S.-Japan Cooperative Medical Science Program, positions he has held since the inception of the program. Dr. Barry Bloom is the new chairman of the panel. Other members are Drs. N. Morrison, A. H. Fieldsteel, R. C. Hastings and W. M. Meyers.