

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.

ILEP. At the recent meetings of the Medical Commission and General Assembly of ILEP held in Wurzburg, W. Germany on 13-16 April 1978, the representatives of the Member-Organizations studied with interest and satisfaction the reports by the Chairman of the Medical Commission, Professor M. F. Lechat, and the Secretary General, Monsieur Pierre van den Wijngaert.

ILEP is now a well-established coordinating body for a score of national and international voluntary agencies concerned with leprosy. Its members are responsible for disbursing the considerable sum of nearly \$17 million U.S., which they raised in 1977, and using this money to the greatest benefit of leprosy sufferers worldwide. Over 6% of the total grants made is spent on various research projects. Some disquiet was expressed at these meetings that in spite of tremendous efforts, ILEP members are still reaching only one in ten leprosy sufferers in the world, and that the virtually static situation is now complicated by the twin problems of dapsone resistance and persisting leprosy organisms.

The participants, representing the various Member-Organizations of ILEP, were urged to study the pros and cons of integrating their leprosy activities into government programs for comprehensive primary health care, and to encourage joint schemes wherever possible, cooperative efforts for tackling diseases other than leprosy, and joint efforts between various voluntary agencies. The membership of the Medical Commission for the next three years was determined by the election of 12 doctors. Four former members were with acclamation accorded the title of honorary members in recognition of their outstanding service over the years: Drs. Gilbert and Wegener, Professor Janssens and General Richet.

Professor Lechat emphasized in his annual report the increasing importance that should be given to the medical components of leprosy programs sponsored by voluntary

agencies. He stressed in particular the training of medical auxiliaries, the need to take advantage of the best advice, and to combine medical competence with compassionate care. The Medical Commission has been very active in encouraging and participating in joint meetings with other bodies in various countries, and striving to raise the standards of patient care in the diverse projects aided by Member-Organizations of ILEP.—*(Adapted from S. G. Browne's report)*

Argentina. *Jose M. Fernandez Prize inaugurated.* In honor of one of Argentina's most highly respected leprologists, Jose M. Fernandez (1902-1965), the institute "La Federación del Patronato del Enfermo de Lepra" of the Argentine Republic has established a prize to be awarded every two years beginning with 1977-1978. The prize is available to individuals or to a group working in the field of leprosy, who are Argentine citizens or foreigners residing in the country. Information on rules and regulations may be obtained by writing to: La Federación del Patronato del Enfermo de Lepra, Beruti 2373, Buenos Aires, Argentina.—*(From LA NACION, Buenos Aires, 6 Aug. 1978)*

England. *Dr. S. G. Browne awarded fellowship.* The authorities of King's College Hospital Medical School recently decided to inaugurate a fellowship, with not more than three awarded in any one year. Among the first three is Dr. S. G. Browne, Secretary-Treasurer, International Leprosy Association.—S. G. Browne

The Leprosy Mission budget tops two million pounds. The year 1978 will be another record-breaking year in the life of TLM. Planned expenditure on leprosy work passed the two million pound mark for the first time in the Mission's history. Total outgoings for the year are estimated to be £2,289,142—some £244,742 more than the estimated income. The Mission was encouraged to take

this step of faith in the knowledge that the figures for 1977 show that a planned deficit of £177,143 was likely to become, instead, a surplus of £212,039. In view of the growingly serious problems of leprosy control and care, and the increasing costliness of effective work in this field, the Executive Committee and the Planning and Development Committee at their joint meeting expressed deep gratitude to God for the way in which resources are being found to enable the Mission to carry on its worldwide ministry.—(NEW DAY, Spring [1978] 12)

Ethiopia. *ALERT publishes three teaching booklets on leprosy.* The first booklet, now in its third edition, is designed for doctors, medical students and senior leprosy workers: *ESSENTIALS OF LEPROSY*, J. M. H. Pearson and H. W. Wheate, editors (pp 1-54). The other two booklets are a necessity for leprosy programs involved in footwear production: *A FOOTWEAR MANUAL FOR LEPROSY CONTROL PROGRAMMES, PARTS 1 and 2*, edited by Jane Neville (Part 1, pp 1-45; Part 2, pp 1-117). All three booklets are published by ALERT, P.O. Box 165, Addis Ababa, Ethiopia; and printed by the German Leprosy Relief Association (Deutsches Aussätzigen-Hilfswerk e.V.), 8700 Würzburg, Postfach 348, W. Germany. The booklets are being distributed free of charge and are available either from American Leprosy Missions, Inc., 1262 Broad Street, Bloomfield, New Jersey 07003; or direct from the German Leprosy Relief Association.—(ALM Notice)

Medical Researcher position available at AHRI. A medical research position will be available from 1 January 1979 at the Armauer Hansen Research Institute (AHRI) in Addis Ababa, Ethiopia. AHRI undertakes basic research on the etiology, pathogenesis and immunology of leprosy. The Institute was founded in 1969 and is operated by the Save the Children organizations of Norway and Sweden.

The Institute is well-equipped for research within the areas of microbiology and immunology, and is located at the All Africa Leprosy Rehabilitation and Training Centre (ALERT) which makes it possible to do clinically oriented studies on patients in ALERT's hospital. The Institute staff consists of three senior researchers, a research assistant, two African research fellows, a

laboratory engineer, a lab technician, four lab assistants, an administrative director, two secretaries and other personnel—altogether 24 people.

Applicants should have a well-documented background in microbiological and/or immunological research, preferably a medical degree, although this is not an absolute requirement. Applicants normally must agree to a contract of at least two years. Further information concerning this position can be obtained from Professor Morten Harboe, Institute for Experimental Medical Research, Ulleval Hospital, Oslo 1, Norway. Telephone: 2/60 03 90. Applications accompanied by a curriculum vitae, a list of publications and personal references should be sent to REDD BARNA (Norwegian Save the Children), Lilletorget 1, Oslo 1, Norway.—REDD BARNA Advertisement

India. *Community Aid Sponsorship Program (CASP).* The program, which began its activities just two years ago, was initially run jointly by the Indian Council of Social Welfare, Hind Kusht Nivaran Sangh, and the Indian Society for the Rehabilitation of the Handicapped. In October 1976, CASP was established as an independent national organization. Today, CASP is affiliated to Rehabilitation International which maintains official relations with UNICEF, WHO, ILO, UNESCO, etc. Its headquarters are located at 175 D. N. Road, Bombay 400 001, India.

At this time the program, which previously included only healthy or noninfectious children of leprosy-affected parents, has been extended to cover the mentally deficient and socially and physically handicapped children. Community aid means financial and technical assistance to help rural communities develop their own resources. CASP's area of activity, has spread from Maharashtra, where it originated, to Gujarat, Rajasthan, Bihar, Madhya Pradesh, Andhra Pradesh, Karnataka, Tamil Nadu and Kerala. The year 1977 has been very successful thanks to generous aid received from sponsors in India and abroad, combined with the ceaseless efforts of the working team.

CASP was formed primarily to look after the needs of handicapped children from the weaker sections of society; children with physical handicaps, low educational levels,

economic dependency, mental incapacity, children of leprosy affected parents, destitutes, children mostly within the 3-16 age group. CASP provides developmental aid and support for their treatment or education, or both. It is believed that a child's most important need is the love of a home, thus CASP attempts to provide the child with a sense of belonging through foster care, and to satisfy the child's birthright to family and love.

While the policies of CASP are shaped by an executive committee, the program is operated by a team of social workers, project officer, and a technical committee, which handles a child's case from referral to placement and then follow-up. Through generous sponsorships and support CASP was able to assist 585 children in 1977. These 585 sponsorships support children in the key areas of child welfare, education, medical aid, nutritional and rehabilitation assistance.

The year 1979 has been designated as the International Year of the Child and CASP's goal is to take all destitute children—those found begging on the streets as well as others in need of assistance—off the streets. CASP plans to achieve this by actively participating in the programs started by the government, thus enabling more children to receive sponsorships in the years to come.

At a macro level, CASP hopes to create a common platform for all organizations concerned with sponsorship, community aid and rehabilitation, so that experiences can be pooled and a common cause made with government and other national and international organizations. It is also hoped that community aid projects will be developed with popular participation and an emphasis placed on rural growth.—(*Adapted from NLO Newsletter, April-June 1978, pp 25-27*)

Gandhi Memorial Leprosy Foundation Report 1975-1976. The Foundation has now completed 25 years of antileprosy work in India. The Foundation has made many contributions, as a private organization, to the development of leprosy control programs, rehabilitation, public health education, and various other leprosy-related programs throughout India. The report is divided into ten chapters describing the major activities of the Foundation in addition to two appendices presenting its accounts for the year and list of health education material. The re-

port is published by the Director, Gandhi Memorial Leprosy Foundation, Post-Hindinagar, Wardha 442103, Maharashtra, India.—L. W. Peterson

Hind Kusht Nivaran Sangh Annual Report for 1976. The Sangh, which has a long and distinguished record of service to the people of India, has as its president the President of India along with many distinguished leprologists and men of public affairs on its governing body. The Sangh is able to play a very important role in bringing together in close relationship the governmental and voluntary agencies engaged in leprosy control, especially in organizing and sponsoring conferences and seminars, and through publications, training programs, scholarships and research. These diverse interests all figure in the report which not only reports the direct activities of the Sangh, but includes summary reports on the work of important leprosy centers in different parts of India and on the State Branches of the Sangh, all together comprising an interesting picture of antileprosy activity in India today. The following are points of international interest.

The National Leprosy Control Program in India is gaining strength. Enhanced government funds for implementing it have allowed the introduction of zonal leprosy officers in the States, the establishment of temporary 20-bed leprosy hospitalization wards in district hospitals, and reconstructive surgery units in various parts of the country. About 372 million people live in endemic zones of leprosy in India. Out of 3.2 million estimated leprosy cases, about 25% are infectious and 20% suffer from deformities. About 400,000 patients have suffered socio-economic dislocation and about 200,000 have become itinerant beggars. There are presently 361 leprosy control units, 4,460 S.E.T. centers, 279 urban leprosy centers, 54 reconstructive surgery units, 120 temporary hospitalization wards, 28 government and 9 voluntary agency training centers. Every one of these totals represents a substantial increase over 1975. A syllabus for leprosy teaching has now been prepared for inclusion in the standard MB.BS. at medical colleges throughout India.—(*Adapted from Lepr. Rev. 49 [1978] 79*)

The Leprosy Mission's growing outreach in North India. Bishop A. W. Luther, Regional

Secretary, visited and reported on TLM centers in North India. At Naini there is a very busy outpatient clinic with approximately 1,660 patients a month and 214 new patients a month in addition. The hospital treats on the average, 174 nonleprosy skin cases a month. At Muzaffarpur the total population of the "blocks" for which The Leprosy Mission has responsibility in its S.E.T. program is now 499,122, i.e., four blocks altogether. At Faizabad S.E.T. responsibility has now been given for a population of 270,000 spread over an area of three blocks. Ten paramedical workers have been posted to their various bases, and three clinics are being run in three blocks with more being planned; however, more transport is needed. The population covered by the outreach from Barabanki is 222,713.—(Adapted from NEW DAY, Spring [1978] 12)

Italy. *International Workshop on Leprosy in Europe.* Under the auspices of the Amici dei Lebbrosi, an *ad hoc* group of leprosy specialists met in Rome on 9-10 June 1978 to review the leprosy situation in European countries and to make recommendations for the control of the disease.

It is noteworthy that the widespread medieval endemic in Europe was on the wane in the west and northwest countries long before specific chemotherapy became available: only three patients remain in Norway, for instance, as a relic of the considerable endemic of the mid-19th century. However, leprosy has persisted in the countries bordering the Mediterranean and in the USSR. The estimated total numbers of leprosy sufferers in Europe is about 50,000. More recently, leprosy has been imported into the industrialized countries of Western Europe by guest-workers and students from southern Europe, and particularly from countries of the Third World where leprosy constitutes a disease of public health importance. Despite this recent accession, leprosy has failed to reestablish itself in any of these countries.

The group studied up-to-date reports from various European countries, and reviewed the social services available to leprosy patients as well as the legislation in force concerning leprosy. Although not empowered to offer advice officially, this group of experienced leprologists possessing valuable local knowledge drew up a report and made

recommendations that should carry weight with the governments of the various European countries still faced with an endemic leprosy problem.—S. G. Browne

New Guinea. *National Seminar on Leprosy Control held in Madang, July 24-28.* The seminar, under the joint sponsorship of the Government of Papua New Guinea and the Damien Foundation (Brussels), and with the cooperation of TLM (Australia), was attended by some 30 participants, most of them provincial medical officers and health extension officers in charge of leprosy. Dr. Alan Tarutia, First Secretary General for Health, opened the seminar. The following topics were covered: diagnosis, bacteriologic examination, treatment, organization of control, rehabilitation, the eyes; a number of clinical sessions were also organized. Resource persons included personnel from the Ministry of Health, WHO, University of Papua New Guinea, Training College in Madang, and two oversea consultants, Dr. M. F. Lechat from Belgium and Dr. D. Russell from Australia.—M. F. Lechat

U.S.A. *Carville, 20th Annual International Seminar on Leprosy to be held April 22-28, 1979.* The seminar, co-sponsored by American Leprosy Missions, Inc. and the United States Public Health Service, will provide an up-to-date review of clinical leprology and leprosy control. It is open to physicians, nurses and other paramedicals planning to work or already at work or already in countries where leprosy is endemic.

The only cost is transportation to New Orleans and return. Room and meals are provided without charge. There are no registration or other fees. Participants will be met at the New Orleans International Airport at 4:30 p.m. on Sunday, April 22, and will be returned to the airport on Saturday, April 28, by 3 p.m.

The programming for specific objectives will be developed as soon as participants register, focusing on their particular requirements. If necessary, participants will be grouped to facilitate learning, but ample opportunities for mixed professional groups and exchanges will be given.

Write for application forms and return no later than February 15, 1979. You will be notified of acceptance by March 2. Please

address all correspondence and requests to: Dr. Felton Ross, American Leprosy Missions, Inc., 1262 Broad Street, Bloomfield, New Jersey 07003.—ALM Announcement

The Victor Heiser Awards for Research in Leprosy. The following awards have been established and are available, the deadline for receipt of all applications is February 1, 1979: Postdoctoral Research Fellowships with up to two years of support to be pro-

vided at stipend levels between \$10,000 and \$14,000 per annum; Small Research Grants not exceeding \$10,000; Visiting Research Awards with up to six months of support for travel and subsistence costs to be awarded. Please address applications and inquires to: Heiser Fellowship Program for Research in Leprosy, 1230 York Avenue, New York, New York 10021, USA.—C. R. Stanwood, Director