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. *Further details on the IV Reunión Leprológica* (Hansenológica) del Cono Sud. Se llevó a cabo en Buenos Aires el 2 de mayo de 1980 como adhesión al VRADLA (Reunión Anual de Dermatólogos Latino Americanos) del Cono Sud, en los salones del Plaza Hotel.

Fue auspiciada por la Sociedad Argentina de Leprología y la Associacao Brasileira de Hansenología y presidida por sus respectivos presidentes Dr. Ricardo Cusanelli y Dr. Walter Belda, así como el Dr. Juan C. Gatti, Presidente de la V RADLA, y el Dr. Jaime Ganopol, Director del Instituto Nacional de Dermatología Sanitaria. Sus Presidentes honorarios fueron el Dr. Luis Argüello Pitt, que presidió personalmente las reuniones y los Doctores Joao de Aguiar Pupo y Francisco Rabello, que enviaron sendos mensajes cordiales de adhesión desde el Brasil, que leyó el Prof. R. Azulay de Río de Janeiro. Fueron coordinadores de área los Dres. Sebastián González del Cerro y Claudio B. Charosky. El 1° en trabajo social y el 2° en rehabilitación. Como Secretarios actuaron los Dres. Raúl P. Valdez y Horacio Costa Córdova.

SESIÓN CONJUNTA PARA ADHERIR AL 50° ANIVERSARIO DEL PATRONATO DE ENFERMOS DE LEPRA DE LA RÉPÚBLICA ARGENTINA

Se inició con las palabras del Presidente de la Sociedad Argentina de Leprología, Dr. Ricardo Cusanelli, quien hizo una ajustada síntesis de lo que significó para la comunidad argentina la labor que iniciara hace 50 años la Sra. Hersilia Casares de Blaquier y que continuaran con la misma generosidad y eficacia todas las señoras que integran las filiales del Patronato del Enfermo de Lepra, muchas de las cuales se habían hecho presentes en la reunión.

El Presidente de la Associacao Brasileira de Hansenología Dr. Walter Belda se adhirió a la celebración con sentidas palabras destacando el papel irreemplazable del voluntariado en la lucha contra una afección que necesita integración. La Presidenta de la Federación de Patronatos del Enfermo de Lepra de la República Argentina, Sra. Amalia B. de Sustaita Seeber agradeció el homenaje y señaló cuales fueron los principales hitos recorridos en el camino iniciado por la Sra. de Blaquier Y luego continuados por sus sucesoras hasta la actualidad: colaboración en los aspectos sociales, humanos, científicos y de educación sanitaria tanto al servicio del paciente, como de su familia y de la comunidad toda, para dominar la enfermedad y prevenirla.

A continuación el Dr. Ricardo Manzi se refirió al Hospital de lepra hoy y destacó como se van transformando los hospitales monovalentes en instituciones dedicadas a la rehabilitación y puso de relieve etapas logradas en el Sanatorio Sommer.

Los Dres. A. Castro Coto y H. Hidalgo de Costa Rica se refirieron a "Hogares Sustitutos en pacientes que requieren internación" y explicaron cómo resulta 8 veces más barato que el estado dé una suma equivalente a un sueldo básico y medio por cada persona y por mes a los familiares que lo albergan o en el caso de que no los tenga a alguna familia de pacientes curados que suelen albergarlo gustosamente. Dicho sistema ha determinado ventajas en concurrencia de nuevos pacientes y en el seguimiento de los antiguos.

El Licenciado en Sociología Thomas Frist, de Baurú, Brasil, demostró que las realidades y las prospectivas de la experiencia del Hospital Lauro de Souza Lima son altamente prometedoras. El hecho de haber convertido una mitad del hospital en institución social donde se presta una asistencia social con miras a la integración en la comunidad a cargo de especialistas en esa área y la otra mitad del hospital en institución médica con internación tan breve como sea posible con miras a la rehabili-

tación ha logrado resultados insospechosos.

Mesa para Trabajadores Sociales, Asistentes Sociales, Psicólogos y Médicos sobre el tema: "Prevención psicosocial en Lepra"

Coordinador: Dr. Sebastián González del Cerro

Dado lo extenso del tema y lo limitado del tiempo nos limitamos a dos subtemas:

1) Evitar el paternalismo.
2) Considerar como sumamente importante el momento en que se da el diagnóstico.

1) Paternalismo. El paternalismo es uno de los vicios que perturban la prevención de las incapacidades psicosociales.

Definición: paternalismo es cuando la autoridad sanitaria asume funciones que el enfermo está en condiciones de asumir por sí mismo y que le pertenecen.

Cuando el médico asume funciones que corresponden a trabajadores paramédicos está haciendo gala de omnipotencia. Esta omnipotencia puede llevarlo al paternalismo.

El enfermo debe conservar en lo posible, su trabajo. No deben otorgarse graciosamente jubilaciones injustificadas por incapacidad.

Se debe considerar con mucho criterio cuándo un paciente necesita ayuda económica.

Debe hacerse científica a la benevolencia.

Es necesario un cambio de las estructuras sanitarias existentes para tratamiento del enfermo de lepra y su familia:

Deben abolirse los preventorios.

Internar sólo en caso de excepción y en lo posible en hospitales generales.

El médico y su equipo de salud deben tener la preocupación permanente de dar de alta lo antes posible al enfermo para evitar discapacidades psicológicas, familiares, laborales y socioculturales las cuales suelen ser irreversibles.

Debemos tender a constituir equipos de salud, donde ningún experto debe constituirse en auxiliar de otro experto, sino todos deben ser auxiliares del paciente y quien determina quien lidera el equipo de salud es el enfermo, a partir de sus necesidades. Ejemplo: en el momento en que es vital la obtención de información y su manejo sobre aspectos ambientales el líder del equipo de salud será, por ese momento el Asistente Social.

2) Diagnóstico. Al no dar el diagnóstico o darlo mal incide en el pronóstico de la enfermedad.

Debe darse el diagnóstico, salvo excepción, teniendo en cuenta la psicología del enfermo y sus condiciones socioeconómicas y culturales.

El equipo de salud que da el diagnóstico no debe tener temor pues de ser así lo trasmitirá al paciente.

Es fundamental la ayuda del Trabajador Social en el momento de dar el diagnóstico.

En cuanto a la forma de dar el diagnóstico deben tenerse en cuenta los conocimientos, creencias, emociones y actitudes del enfermo en relación a su enfermedad y enfrentarlo con la realidad de la enfermedad en 1980.

Muchas veces el paciente sospecha su diagnóstico. El médico lo confirma.

Conviene dar el diagnóstico luego de que los exámenes complementarios lo hayan confirmado.

Procediendo de esta forma el paciente se hace responsable de su enfermedad y se establece una relación médico-enfermo de lepra directa y franca y se evitan abandono de tratamiento.

Es necesario educar sanitariamente a la población de acuerdo a las particularidades y medios existentes en cada región, para evitar el rechazo del enfermo.

Debe hacerse rehabilitación preventiva e integral a partir del momento del diagnóstico.

Actualizaciones en lepra

Inmunología. El Dr. Rubem Azulay, de Río de Janeiro, planteó cómo la lepra es la mas autoinmune de las enfermedades y aseveró que puede en su espectro dar las más variadas manifestaciones inmunológicas tanto celulares como séricas.

El Dr. Alois Bachmann explicó como se afecta la inmunidad mediada por células en la lepra lepromatosa y esbozó la afectación macrofágica y la posible participación de los linfocitos T supresores en el episodio reaccional.

El Dr. Julio Morini explicó sus trabajos

en pos de la estandarización de la lepromina y los resultados estadísticos en pacientes y convivientes que evidencian la necesidad de utilizar en todo el país lepromina estandarizada.

Genética. El Dr. Abraham Rotberg presentó muchos elementos de juicio que avalan su teoría de factor N en los pacientes no lepromatosos que disponen verosímilmente de una capacidad genética de defensa inmunológica. El Dr. Enrique Fliess se refirió a estudios enzimáticos que permiten también ser interpretados como apoyos de dicha tería genética.

Histopatología. El Dr. R. Garrido Neves del Brasil mostró un excelente material histopatológico de lepra con el que destacó la utilidad de algunas coloraciones especiales como las grasas, en el diagnóstico de las formas lepromatosas y dimorfas especialmente. El Dr. Oscar Bianchi hizo también una exposición didáctica de las diversas lesiones clínicas de la lepra en la piel y destacó la importancia de las lesiones precoces de los nervios cutáneos.

Farmacología. El Dr. Sinesio Tlahari del Brasil presentó sus experiencias positivas con el D.A.D.D.S., como recurso terapéutico en la labor de campo. El Dr. R. O. Miranda de Corrientes (Argentina) explicó el mecanismo a acción que verosímilmente juega la talidomida en su acción terapéutica en el episodio reaccional a través de un proceso inmunológico. El Dr. E. Freerksen de Borstel (Alemania) explicó su programa de lucha antileprosa en la isla de Malta donde han tratado a todos los pacientes de lepra con una asociación medicamentosa y tras un período de hasta dos años suspenden el tratamiento de todos los pacientes.

Lepra Visceral. El Dr. Diltor Opromolla de Baurú (Brasil) mostró imágenes clínicas y anatomopatológicas de lesiones hepáticas, testiculares, así como de diversas manifestaciones viscerales de pacientes lepromatosos notablemente bien estudiados durante su eritema nudoso.

El Dr. Enrique Jonquieres presentó también una valiosa documentación clínica y anátomopatologica sobre lesiones viscerales en el lepromatoso capítulo poco estudiado hasta ahora en los grupos de trabajo leprológico.

Formas Clínicas. Los Dres. A. Castro Coto y H. Hidalgo Hidalgo mostraron manifestaciones clínicas típicas de lepra difusa de Lucio y Latapí en pacientes costarricenses, así como con el fenómeno de Lucío que a veces se da en esos pacientes.

Otorrinolaringología. El Dr. Ricardo Sacheri presentó las lesiones más importantes que da la lepra en las vías aéreas superiores y medias especialmente y señaló la importancia de su diagnóstico y terapéuticas precoces.

Epidemiología. El Dr. Walter Belda de San Pablo, se definió como epidemiólogo por vocación y analizó agudamente los factores de la interrelación hospedero-bacilo.

El Dr. Zuño Burstein Alva del Perú se refirió a la quiebra del programa de control de la lepra en el Perú por la descentralización e integración a los programas generales de salud señalando que es indispensable poner en vigencia un Programa de Control bien articulado ya que es un problema sanitario de particular gravedad.

El Dr. Manuel M. Giménez analizó la interrelación entre el antroposistema y el ecosistema y sugirió que las investigaciones epidemiológica de la lepra deben orientarse con una mejor adecuación administrativa y operacional de los programas de control de lepra.

Lepra Experimental. El Dr. Seiji Innami del Paraguay explicó la exitosa labor que desarrolla en el Paraguay con la colaboración japonesa en relación con la inoculación de lepra a *Dasypus novemcinctus*, así como a los intentos de reproducción en cautiverio.

Los Dres. L. M. Baliña y R. P. Valdez expusieron las etapas realizadas en el Hospital Muñiz sobre inoculación de lepra a cuatro especies argentinas y la reproducción obtenida en cautiverio por este grupo de trabajo así como también comentaron las etapas cumplidas por el Dr. Convit en Venezuela en torno a la vacuna.—(*Prepared by* Prof. Dr. J. E. Cardama)

Austria. *Third European Conference of Rehabilitation International planned.* The Third European Conference of Rehabilitation International, entitled "The Handicapped Person in Society," will take place on 6–10 April 1981 in the congress center of the Vienna Imperial Hofburg Palace. The Conference, a major event of the Interna-

tional Year of Disabled Persons, will be opened by the Austrian Federal President.

The Conference Program is as follows:

Monday, April 6: Opening plenary session; opening of arts and commercial exhibitions.

Tuesday, April 7: Topic of the Day—"Prevention and Medical Rehabilitation as a Task of Social Medicine"; including perinatal prevention and rehabilitation of the mentally disabled, rehabilitation post-accidents, prevention in old age and after cardiovascular diseases and strokes, prevention of and rehabilitation during and after psychiatric and addiction disorders, and prevention and rehabilitation of sensory defects.

Wednesday, April 8: Topic of the Day—"Disabled Persons in Educational and Vocational Training Systems"; including preschool measures, education of disabled adults, the position of disabled persons in occupations, technical aids, disabled persons as a factor in the economy, and education of rehabilitation personnel.

Thursday, April 9: Topic of the Day—"Social Rehabilitation—Integration"; including the environment, disabled persons and the arts, self-help organizations, means of integration, problems of disabled persons in relation to legislation and administration, and information and research dissemination.

Simultaneous translation into German and English will be available during the plenary sessions; English will be the official language for workshops.

Further information is available from: Allgemeine Unfallversicherungsansalt, Adalbert-Stifter-Strasse 65, A-1200 Vienna, Austria.—(*Adapted from* International Rehabilitation Review [2] [1980] 1)

Ethiopia. *Immunology conference held at AHRI.* The most recent in the series of conferences on the "Immunology of Communicable Diseases in Africa," entitled "Immunological Aspects of Leprosy, Tuberculosis, and Leishmaniasis," sponsored by the Armauer Hansen Research Institute (AHRI), was held in Addis Ababa on 27–30 October 1980. Previous conferences dealing with the major concern of communicable diseases in Africa have been held in 1972, 1974, 1975, and 1979 at various locations in Africa.

This year's conference had the following objectives:

1) To provide up to date information on the immunology and immunopathology of leprosy, tuberculosis, and leishmaniasis.

2) To exchange views and concepts as well as discuss the current projects between participants and invited lecturers.

3) To attract participants into further research in leprosy, tuberculosis, and leishmaniasis.

4) To help establish collaborative projects between laboratories, especially between established and developing laboratories.

Sessions of the Conference dealt with: basic immunology, antigenic structure of mycobacteria, mycobacteria and leishmania—clinical and immunological aspects, experimental aspects of leprosy, tuberculosis, and leishmaniasis, effector and escape mechanisms, mechanisms of tissue damage, immunogenetics and epidemiology, and vaccines—present and future. Fifteen internationally renowned invited lecturers spoke at these sessions.—(*Adapted from* conference program)

France. *Société Française de Dermatologie meeting held.* The Société Française de Dermatologie sponsored a "Journées Nationales de Dermatologie" in Strasbourg on 19–20 September 1980. The topic of this meeting was "Imported Dermatosis" (skin diseases of travellers in foreign countries, dermatosis imported from other countries, and xenodermatosis of all types, whether or not from the tropics). Diseases considered were leprosy, leishmaniasis, filariasis, mycosis, and diseases sexually transmitted.—(*Adapted from* correspondence from Dr. L. M. Bechelli)

India. *Schieffelin Leprosy Research & Training Centre opens new facility.* Marking its Silver Jubilee year, the Schieffelin Leprosy Research & Training Centre, Karigiri, dedicated a new Training Unit on 7 March 1980. The new unit consists of a modern, well ventilated hostel for technical trainees, including separate recreation rooms for male and female trainees; two

Schieffelin Leprosy Research & Training Centre lists 1981 training course schedule.

Courses	Qualification	Duration	Commencing date	No. of seats	Fees in Rs.
FOR DOCTORS					
a) Condensed course on leprosy	Doctors & senior medical personnel	1 week	January 19 *April September 7	20	25
b) Medical students course	Undergraduates	1 week	Pooja Holidays	20	—
c) Medical officers course	Medical personnel engaged in leprosy work	6 weeks	February 2 July 13	16	75
d) Ophthalmic aspects in leprosy	Qualified medical personnel (included in 6 weeks course)	3 days	February 9–11 July 20–22	12	10
FOR NON-MEDICAL PERSONNEL					
a) Non-medical supervisors course	Fully qualified paramedical workers with a minimum of 3 years experience	4 months	June 8	12	200
b) Orientation Course in leprosy	For paramedical personnel (Nurses, Physios, OT, and administrators) 1 week condensed course + 3 weeks in-service training	1 month	January 19 September 7	6	—
c) Paramedical Workers Course	SSLC passed, graduates preferred	6 months	September (2 or 7)	20	200
d) PMW Refresher Course	Qualified PMWs	3 weeks	June 8	20	50
e) Leprosy for General Health Workers	Persons now working or trained as general health workers	1 week	March 31 November 17	20	30
f) Physiotherapy Technicians' Course	SSLC passed, graduates preferred	9 months	June 15	8	200
g) Laboratory Technicians' Course	SSLC passed, PUC preferred	12 months	July 1	4	150
IN-SERVICE TRAINING					
a) In-service training in medicine, surgery, pathology, control & laboratory technology	For qualified medical personnel	9 months	by arrangement	—	—
b) Prosthetic technicians	SSLC passed, PUC preferred	18 months	January & July	3	—
c) Shoemakers' course	V standard with knowledge of English preferred	6 months	by arrangement		
d) Smear technicians	SSLC passed Qualified lab technicians.	3 months	by arrangement		50
e) Medical record-keepers	SSLC with proficiency in typing and good English	1 month 2 months	by arrangement	—	50

Note: These courses are recognized both by the Government of Tamil Nadu and the Government of India. Candidates will be awarded Government recognized certificates.

In-service training for doctors: In the case of in-service training, medical personnel are expected to carry out routine regular duties in the concerned departments like any other member of staff in that particular department.

ALL COURSES FOR NON-MEDICAL PERSONNEL ARE OPEN ONLY FOR SPONSORED CANDIDATES. PRIVATE CANDIDATES WILL NOT BE ACCEPTED FOR ANY OF THEM. Food and accommodation will be provided either in the Guest House, in the case of medical and overseas personnel, or in the Hostel for non-medical personnel. Family accommodation WILL NOT BE provided unless previously arranged,

classrooms and a seminar room; a spacious library-study laboratory; an auditorium capable of seating up to 200 persons; and an office with a store. Among the dignitaries present at the dedication ceremony were Dr. Paul W. Brand, Chairman of the Governing Body, and Mr. A. D. Askew, International General Secretary of the Leprosy Mission. The first graduation ceremony for medical officers, physiotherapy technicians, and paramedical workers was held the same day in the new building.—(*Adapted from* correspondence from Dr. M. Christian)

WHO Short Term Consultants in South India. Dr. M. Christian, Chief, Department of Epidemiology and Leprosy Control, Schieffelin Leprosy Research & Training Centre, Karigiri, was appointed a WHO Short Term Consultant from 1 January to 31 July 1980 to assess and evaluate the National Leprosy Control Programme in India. He visited important institutions engaged in leprosy control and will make an in depth report concerning the leprosy problem in the country. Additionally, he visited Thailand during March–April 1980 as a WHO Temporary Advisor to assess and evaluate the leprosy control program in that country.

Dr. A. J. Selvapandian, Professor of Orthopedics and Reconstructive Surgery, Christian Medical College, Vellore, served as a WHO Short Term Consultant to assess and evaluate the reconstructive surgical component of the National Leprosy Control Programme in India from October 1979 to March 1980.—(*Adapted from* correspondence from Dr. M. Christian)

Norway. *Medical researcher position available at AHRI.* A medical research position is available 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 African 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 (of whom one is the Institute Director), two research fellows, two laboratory engineers, two laboratory technicians, four laboratory assistants, an administrator, two secretaries and other personnel—altogether 24 people.

Applicants should have a background in microbiological and/or immunological research, preferably a medical degree, although this is not an absolute requirement. The normal contract period is at least two years.

Further information concerning this position can be obtained from Professor Morten Harboe, Institute for Experimental Medical Research, Ullevål 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 within three weeks after the appearance of this announcement to REDD BARNA (Norwegian Save the Children), Lilletorget 1, Oslo 1, Norway.—REDD BARNA Advertisement

Pakistan. *Dr. Ruth Pfau honored by Pakistani government.* Dr. Ruth Pfau, D.H.M., has been decorated with the Hilal-e-Imtiaz, the highest Pakistani Civilian Award, and been appointed Federal Advisor for Leprosy to the Ministry of Health, Government of Pakistan. Dr. Pfau started the first leprosy technicians' course in 1965, at the Marie Adelaide "hut" Leprosy Clinic, run by her congregation, the Order of the Daughters of the Heart of Mary, a facility with 70 hospital beds, large O. P. D. facilities, six subcenters, and a home for crip-

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subject to availability. For prescribed application forms and other details, please contact: The Training Officer, S.L.R.&T. Centre, S.L.R.S.P.O., via KATPADI 632 106, North Arcot Dist., S. India.—Submitted by Dr. E. P. Fritschi

pled patients in Karachi. To date, the institute has completed 11 training courses, and 125 technicians have completed the curriculum. In search of index cases, Dr. Pfau has travelled to every section of the country and additionally has established leprosy services in nearly every province of Pakistan.—(*Adapted from* Lepr. Rev. **51** [1980] 189)

United Kingdom. *The Leprosy Study Centre ceases operations.* The independent Committee responsible for administration of The Leprosy Study Centre regretfully announces that the Centre has closed. With the approach of retirement age for Dr. Douglas Harman, histopathologist for the Centre, and Dr. Stanley G. Browne, Director, the Committee was only able to find a replacement for Dr. Browne but not Dr. Harman and therefore decided that it would be necessary to cease operations.

In 1951, Dr. R. G. Cochrane set up the "Leprosy Research Fund" with the object of bringing leprosy into the mainstream of clinical medicine and medical research. In 1965, this became The Leprosy Study Centre, which had the following tasks: 1) to keep in touch with research workers in other disciplines; 2) to be a clearing center for advice and information; 3) to serve as a registry of histopathology and location of a reference library; and 4) to help train medical personnel intending to work overseas in leprosy.

Over the years, Dr. Harman accumulated a unique set of about 16,000 sections from skin and nerve biopsies from all over the world. That collection of sections and accompanying reports has been transferred to the Hospital for Tropical Diseases, 4 St. Pancras Way, London NW1, where it is available for study. Key books from the library have been relocated at The Leprosy Mission and at the Hospital for Tropical Diseases, and arrangements are being made for some of the histopathology service to be continued at other centers.—(*Adapted from* news release from The Leprosy Mission)

Details provided on C.I.O.M.S. The C.I.O.M.S. (Council for International Organizations of Medical Sciences) serves to bring together international specialist organizations (like the International Leprosy Association), national medical research councils, medical academies, and other representative medical bodies. It may be regarded as the ethical counterpart of the World Health Organization and concerns itself in a flexible and nonofficial way with broad matters of medical policy and direction, research and training, ethics, and moral responsibility in medicine.

The Council was formed shortly after World War II, the International Leprosy Association being a founder-member. When the embryo WHO was feeling its way and developing into a structured and officially representative body, subject to political pressures and restraints, the C.I.O.M.S. was developing more modestly and more professionally; it has come to be regarded as a kind of ethical watchdog in medical matters.

Loosely-knit but strong, informal yet influential, working in close association with WHO and UNESCO yet remaining vigorously independent of these "governmental" bodies, the Council provides a forum for serious discussion and debate. It encourages the holding of international meetings to study controversial questions arising in areas where medicine and ethics meet and has organized round table discussions on themes such as "Biomedical Science and the Dilemma of Human Experimentation," "Heart Transplantation," "Evaluation of Drugs—Whose Responsibility?" and "Medical Ethics and Medical Education." The proceedings of such round table discussions, led as they are by leading authorities in their fields, are taken seriously by governments and medical research councils.

Since the inception of the C.I.O.M.S., the International Leprosy Association has been a member. For six years (1973–1979), the Association was represented on its Executive Committee by its Secretary, who held the office of Vice-President for three of those six years.

The Council is at present conducting a comprehensive study on the nomenclature of disease at the request of WHO. It is hoped that the classification of leprosy and the precise meanings to be attached to the terms used in this speciality will be clarified and delimited for the benefit of those who

read in English, French, Spanish, or Russian as well as those who write.

Another matter of common concern to both the C.I.O.M.S. and leprosy is the rapid and accurate dissemination of advances in the biomedical sciences. It is not enough to discover and record; despite the enormous and inescapable difficulties resulting from the accumulation of knowledge and the fragmentation of science, the really important advances must be made available, in understandable language, to wider audiences. The C.I.O.M.S. encourages member-organizations to forge links with similar bodies and stimulates awareness of mutual dependence and collective concern. In the medical education of both auxillaries as well as doctors, now as never before subject to change and experimentation, the C.I.O.M.S. will be undertaking an invaluable role in coordinating national and international groups currently studying aspects of this important subject.

In the past, the C.I.O.M.S. has assisted the International Leprosy Association with advice and a financial grant to assist with the organizational expenses of the International Leprosy Congress and is at this moment exploring the possibility of creating a revolving fund to be drawn upon by member-organizations to meet the heavy preliminary overhead of Congresses such as ours.—S. G. Browne

U.S.A. *The Heiser Program for Research in Leprosy announces research possibilities for 1981.* The Heiser Program for Research in Leprosy provides three types of support to research persons in leprosy: 1) postdoctoral research fellowships for persons with an M.D., Ph.D., or equivalent degree for young biomedical scientists; 2) small research grants for senior investigators experienced in leprosy research; 3) visiting research awards for established investigators in leprosy who wish to carry out specific research objectives in distant or foreign institutions to promote collaborative research in studies of leprosy in centers in which clinical manifestations of the disease are being correlated with laboratory findings. The deadline for applications is 1 February 1981. Full details concerning the program are available from the Heiser Program for Research in Leprosy, 450 East 63rd Street, New York, New York 10021, U.S.A.—(*Adapted from* Heiser Program brochure)

Position available as regional advisor in leprosy. The Pan American Health Organization, regional office of the World Health Organization, is seeking candidates for the position of Medical Officer, Regional Advisor in Leprosy, with duty station in Caracas, Venezuela. The candidate selected will serve at the Pan American Center for Training and Research in Leprosy and Tropical Diseases (CEPIALET), collaborating with national health authorities in leprosy control activities and operational research projects. A medical degree with advanced training in sanitary dermatology or tropical diseases and leprosy is required as well as a minimum of five-years' experience in leprosy control with broad and responsible experience in public health. Interested candidates should forward curriculum vitae to: Pan American Health Organization, Department of Personnel, 525 Twenty-third Street N.W., Washington, D.C. 20037—PAHO advertisement

ALM administrative position announced. As the President of the American Leprosy Missions nears the end of his term of office, nominations, or suggestions for his successor are invited.

Information concerning the responsibilities of the office and terms of appointment may be obtained from:

Ernest L. Fogg
Chairman, Board of Directors
American Leprosy Missions
1262 Broad Street
Bloomfield, New Jersey 07003, U.S.A.

Applications or nominations should reach the above on or before 16 February 1981.—M. B. Brand

West Africa. *Des médicins aux pieds nus pour vaincre la lèpre en Afrique.* Des équipes légères travaillant en zone rurale de manière un peu analogue à celle des "Médecins aux pieds nus" chinois constituent le premier instrument à mettre en oeuvre si l'on veut espérer vaincre la lèpre en Afrique.

Des repésentants de onze pays d'Afrique de l'Ouest étaient présents à cette manifes-

tation à laquelle assistaient également des observateurs tanzaniens, britanniques, américains et italiens. Si les congressistes s'étaient donnés pour but de débattre de leurs réalisations, des difficultés qu'ils rencontrent, et des nouveaux moyens de combattre la lèpre, ils ont en fait eu surtout l'occasion de mesurer, une fois de plus, l'ampleur de la tâche qui leur reste à assumer, malgré les progrès réalisés depuis quelques années dans ce domaine.

L'Organisation Mondiale de la Santé estime à 12 millions le nombre des lépreux dans le monde. Plus de 4 millions d'entre eux vivent en Afrique. Aucun des pays représentés au Congrès de Monrovia n'a pu affirmer avoir réussi à recenser et traiter plus de 50 pour 100 du nombre estimé de ses ressortissants touchés par cette maladie.

Le premier programme national de lutte contre la lèpre en Afrique de l'Ouest a été mis en place en 1973 par la Sierra-Leone. Ce pays, siège du Secrétariat d'Afrique de l'Ouest pour la Lèpre, est actuellement l'un des plus avancés dans ce domaine.

Selon ses responsables, un centre de dépistage et de traitement était ouvert dès la fin de 1977 "à une distance raisonnable de marche" de 95% des villages du pays. En 1978, 14,742 cas recensés étaient en cours de traitement.—(*Adapted from* Afr. Méd. **19** [1980] 279)