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.

Mr. Howard Crouch (l) presents Damien-Dutton Award to Mr. Samuel Butcher.

Samuel J. Butcher 1986 Damien-Dutton Award Winner

The 1986 Damien-Dutton Award winner is Mr. Samuel J. Butcher of Carthage, Missouri.

Samuel Butcher is the 34th recipient of the Damien-Dutton Award which was established in 1953 to recognize a person or group of persons who have made an outstanding contribution toward the conquest of leprosy, either through direct patient care, research, education, rehabilitation, or philanthropy and public awareness.

Mr. Butcher is being singled out for the award because of his interest in leprosy. He has created a special figurine and a special edition of his best-selling Bible exclusively for the benefit of the work of the Damien-Dutton Society. This figurine and Bible have sold in the thousands and can only be obtained through the Damien-Dutton Society. Hundreds of thousands of people across the United States have become aware of the work of the Society through Mr. Butcher's letters to collectors of the "Precious Moments" figurines, resulting in an increased awareness of the needs of the victims of leprosy around the world.

The Award was presented by Howard E. Crouch, President of the Damien-Dutton Society for Leprosy Aid, at a luncheon on 11 October 1986.

Previous Recipients of the Damien-Dutton Award

1953 Stanley Stein, U.S.A.
1954 Rev. Joseph Sweeney, KOREA
1955 Sister Marie Suzanne, FRANCE
1956 Perry Burgess, U.S.A.
1957 John Farrow, U.S.A.
1958 Sister Hilary Ross, U.S.A.
1959 Dr. H. Windsor Wade, PHILIPPINES
1960 Mgr. Louis Joseph Mendelis, U.S.A.
1961 Dr. Kensuke Mitsuda, JAPAN
1962 Rev. Pierre de Orgeval, FRANCE
1963 Eunice Weaver, BRAZIL
1964 Dr. Robert G. Cochrane, U.K.
1965 John F. Kennedy, U.S.A. (Posthumous)
1966 Peace Corps, U.S.A.
1967 Dr. Howard A. Rusk, U.S.A.
1968 Dr. Franz Hemerijckx, BELGIUM
1969 Dr. Victor George Heiser, U.S.A.
1970 Dr. Dharmendra, INDIA
1971 Dr. Chapman H. Binford, U.S.A.
1972 Dr. Patricia Smith, VIETNAM
1973 Dr. Jacinto Convit, VENEZUELA
1974 Dr. José N. Rodriguez, PHILIPPINES
1975 Dr. Oliver Hasselblad, U.S.A.
1976 Dr. Yoshio Yoshie, JAPAN
1977 Drs. Paul and Margaret Brand, U.S.A.
1978 Dr. Fernando Latapi, MEXICO
1979 Dr. Stanley G. Browne, U.K.
1980 Robert Watelet, ZAIRE
1981 American Leprosy Missions, U.S.A.
1982 Dr. Ma Haide, PEOPLE'S REPUBLIC OF CHINA
1983 Murlidhar Devidas Amte (Baba Amte), INDIA
1984 Mother Teresa, INDIA
1985 Dr. John H. Hanks, U.S.A.

Germany. *XVII World Congress of Dermatology, 1987.* Berlin will be the site of the XVII World Congress of Dermatology to be held 20–25 September 1987. The program includes special lectures, advances in dermatology, symposia, workshops, courses, free communication, case presentations, informal discussion groups, poster communications, scientific exhibits, audiovisual communications, scientific film sessions, update educational sessions, question-and-answer sessions. For details contact: Prof. Dr. C. E. Orfanos, General Secretary, Department of Dermatology, University Medical Centre, Steglitz, Hindenburgdamm 30, D-1000 Berlin 45, Germany.

Symposium on Multidrug Therapy in Leprosy. An international Symposium on Multidrug Therapy (MDT) in Leprosy was held in Würzburg, Germany, from 24 to 26 April 1986. It was organized by ILEP member Deutsches Aussätzigen-Hilfswerk (DAHW) in cooperation with the Institute for Experimental Biology and Medicine, Borstel, and the University of Würzburg.

The Symposium was convened as a tribute to Professor Dr. Enno Freerkson for his innovative achievements in the sphere of leprosy treatment. Professor Freerkson has pioneered the use of MDT for leprosy patients by developing and promoting drug regimens based on isoprodian (a combination capsule of dapsone, prothionamide and isozianide) and isoprodian-rifampin. Participants at the Symposium were informed that recent independent assessments of the leprosy eradication project on the island of Malta have confirmed that no clinical relapses have been recorded 10 years after leprosy patients have completed treatment with isoprodian-rifampin.

Clinicians and scientists came from around the world to present the results of MDT treatment campaigns and to outline recent advances in the development of new drugs for treating leprosy. Significant progress was reported in the development of new *in vitro* test systems for the rapid screening of antileprosy drugs. New knowledge on the cultivation of the leprosy bacillus was also presented.

During the Symposium, Dr. Harold Wheate, former ILEP Medical Secretary, was presented with a citation by Count Von Ballestrem, President of DAHW, to mark the association's appreciation for the years of service Dr. Wheate has given in the field of leprosy and the warm friendship that has characterized his relationship with DAHW.—(*From* ILEP FLASH)

India. *Prof. Ramalingaswami elected a Fellow of the Royal Society of London.* Prof. V. Ramalingaswami, Director-General, Indian Council of Medical Research, has been elected a Fellow of the Royal Society (F.R.S.) of London. The citation of the award refers to his distinguished studies in the pathology of nutritional diseases, notably those associated with protein-energy malnutrition, his contributions to the prevention of human malnutrition, and his leadership in medical research in the developing world. Dr. Ra-

malingaswami is the second Indian medical scientist to be honored with the F.R.S. We congratulate him.—RCH

Dr. R. B. Narayanan awarded prize. The Indian Council of Medical Research has awarded one of the Shakuntala Amir Chand Prizes, 1985, to Dr. R. B. Narayanan, Research Officer of the Central JALMA Institute for Leprosy in Agra, for his work in the immunopathology of dermal lesions of leprosy. We congratulate Dr. Narayanan.—RCH

New Officers of the Indian Association of Leprologists. At the biennial General Body Meeting of the Indian Association of Leprologists (IAL) on 24 January 1986, the following office bearers of the IAL were elected for the years 1985–1987: Dr. R. H. Thangaraj, President; Dr. C. J. G. Chacko and Dr. D. S. Chaudhury, Vice Presidents; Dr. B. K. Girdhar, Honorary Secretary; Dr. S. B. Roy Chaudhury, Honorary Treasurer. General Council Members elected were: Dr. R. Ganapati, Dr. P. N. Neelan, Dr. C. K. Rao, Dr. I. Nath, Dr. U. Sengupta, Dr. M. V. Yellapurkar, Dr. M. Christian, Dr. G. Sigh, and Dr. A. Thomas.

At the IAL Central Council Meeting on 25 January 1986, the following six members were co-opted to the General Council: Col. S. K. Chatopadhyay, Prof. D. K. Gupta, Dr. V. P. Bharadwaj, Prof. B. K. Hareendran Nair, Dr. V. P. Macaden, and Dr. R. P. Okhandiar.

The address of the new Honorary Secretary is: Dr. B. K. Girdhar, Honorary Secretary, Indian Association of Leprologists, Central JALMA Institute for Leprosy, Taj Ganj, Agra 282001 (U.P.), India.

Gandhi Memorial Leprosy Foundation Master Plan report. As part of its commitment in the fight against leprosy in India, the GMLF has created a Master Plan. *Eradication of Leprosy Through Mass Awareness, Health Education, Community Education; a Master Plan,* a 75-page, softbound booklet published by the GMLF details the Master Plan, identifying problem areas, analyzing the shortcomings of the present system, and suggesting a more dynamic and results-oriented action plan.

". . . New social science research approaches provide insight into how best to involve people and to enable them to realize a) that leprosy is an infectious disease, not a moral or religious chastisement, b) that it can be prevented or cured without the development of deformity, and c) that patients with this, like other infectious diseases, when appropriately treated can be productive members of their community.

". . . Without the right cooperation and the correct willingness and participation from the people themselves, eradication is not possible. What is required is an intensive educational approach to change the attitudes which are negative into responses and participation that are totally positive and encouraging.

"After exhaustive studies and analyses in these lines, social science experts and behavioral pattern observers have come to the conclusion that such massive change of attitude can be brought about only through a systematic and strategic application of a series of promotional stimuli . . . mass awareness, health education, and community participation."

The report illustrates these three factors and also elaborates on related activities which would help obtain greater results for the National Leprosy Program of India. The plan is available from the Gandhi Memorial Leprosy Foundation, Hindi Nagar, Wardha 442102, India, for 50 rupees (US$5). Postage via air mail cost is 100 rupees (US$10).—(*From* the report)

Italy. *1987 Aging and Skin Cancer Symposium to be held.* The European Society for Dermatological Research, Department of Dermatology, Catholic University Sacred Heart, Rome, Italy, will hold a clinically oriented symposium on Aging and Skin Cancer at the Hotel Midas Palace in Rome, 15–17 February 1987. Enquiries should be addressed to: Organizing Secretariat, E.S.D.R. Symposium, % P.T.S. s.r.l., Viale Bruno Buozzi 61, 00197 Rome, Italy.

Pope's message for World Leprosy Day. On Sunday, 27 January 1986, His Holiness Pope John Paul II addressed the crowds gathered in St. Peter's Square with the following words:

"We are today celebrating World Leprosy Day and my compassion and solidarity are most especially with our brothers and sisters who are afflicted by Hansen's disease and who await our care and assistance, that they may return to a normal life.

"I feel, moreover, satisfaction and gratitude towards all those associations who, for many years, have worked with generosity and dedication to rid the world of the scourge of leprosy. I am thinking in particular of the Italian association 'Amici dei Lebbrosi' who this year celebrates 25 years of service in this cause, a noble cause from both social and Christian viewpoints.

"I encourage especially all those who believe in Christ, all the men of good faith, all the doctors, researchers, politicians, those in the mass media, to direct their efforts, each according to his ability, to support the work of those who, in the field, are involved in the campaign against leprosy."—(*From* ILEP FLASH)

Santa Margherita Ligure (Genoa) European Leprosy Symposium held. The IV European Leprosy Symposium, sponsored by the Associazione Italiana "Amici di R. Follereau," was held in Santa Margherita Ligure 1–5 October 1986. The Symposium was designed to update leprosy workers on the status of leprosy research midway between the New Delhi and The Hague International Congresses of Leprosy. The Symposium was attended by approximately 130 participants from approximately 20 countries, including representatives from India, the People's Republic of China, the Americas, as well as most countries of Europe. State-of-the-art reviews were presented followed by shorter research communications in sessions dealing with the culture of *Mycobacterium leprae,* experimental animal models, immunology, recombinant DNA, the biochemistry of *M. leprae,* and the chemotherapy of leprosy. The proceedings of the Symposium will be published shortly in *Health Cooperation Papers.*—RCH

Special Mass for "Amici dei Lebbrosi" and ILEP. Amici dei Lebbrosi (Via Borselli 4, 40135 Bologna) is pleased to announce that, to mark the 25th anniversary of their association and the 20th anniversary of ILEP, Pope John Paul II has agreed to celebrate a special mass in Rome on 21 September 1986.—(*From* ILEP FLASH)

Japan. *1985 SWG meeting on Development of Rapid Diagnostic Methods for* M. leprae *Infection.* Sponsored by the World Health Organization Regional Office for the Western Pacific, a meeting of the Scientific Working Group on the Development of Rapid Diagnostic Methods for *M. leprae* Infection was held 18–21 June 1985 in Tokyo. We quote from the report:

Leprosy is a public health problem of increasing concern in many countries of the Western Pacific Region. The establishment of simple, sensitive and rapid diagnostic methods for the detection of inapparent forms of *Mycobacterium leprae* infection and for monitoring the effects of chemotherapy application is very important and should be urgently explored.

The successful isolation of phenolic glycolipids antigen from *M. leprae*-infected armadillo tissues specific to *M. leprae* has opened the door to the development of rapid diagnostic methods for *M. leprae* infection. Research on the development of rapid diagnostic methods for *M. leprae* infection using natural phenolic glycolipids antigen and the synthetic oligosaccharide antigen is currently ongoing in Japan and the United States of America.

In the light of this recent development, a meeting of the Working Group on the development of the Rapid Diagnostic Methods for *M. leprae* infections was held in Tokyo from 18 to 21 June 1985 to strengthen cooperation in the development of rapid diagnostic methods for early *M. leprae* infection and to discuss and formulate a strategy for application of the methods for the control of leprosy in the Region.

The meeting, the first of its kind to examine the progress of the studies in the Region, was attended by 15 experts/researchers from China, Japan, Samoa, and the U.S.A.

[A summary of recommendation is as follows:]

1) WHO should collaborate in implementing and disseminating within the Region a standardized ELISA protocol, similar

to the protocol being recommended by the Scientific Working Group on Immunology of Leprosy (IMMLEP). It should provide for purposes of field application the newly synthesized disaccharide-containing antigens. A comparison should be carried out within the collaborative laboratories of the serological activity of such antigens, and information on this should be provided to the ongoing IMMLEP Workshop to permit further evaluation.

2) WHO should collaborate in the training of manpower to be utilized in conducting and promoting the development of ELISA capability among laboratories in the Region.

3) WHO should promote the technology, at least in some laboratories, for glycolipid antigen detection and quantitation, and evaluate it as a sensitive parameter of clinical progress in the patient, in collaboration with the Scientific Working Group on Immunology of Leprosy and the Scientific Working Group on Chemotherapy of Leprosy (IMMLEP and THELEP).

4) Research in the development of simplified field tests for subclinical infection should be encouraged.

5) Further research in the Region leading to novel antigens which may be more useful in the investigation of paucibacillary disease and in the evaluation of cellular immunity in leprosy should be promoted in collaboration with IMMLEP.

6) The serological tests should be evaluated through adequately designed longitudinal studies so that they can be developed as epidemiological tools.

7) Multicentric seroepidemiological studies should be promoted using standardized protocols and reagents.

8) WHO should promote the development of central reference and referral laboratories at the regional and national level which will play a pivotal role in these collaborative studies.

Nepal. *1984–1985 Annual Report—Leprosy Control Project.* The 1984–1985 Annual Report of the Joint Programme of His Majesty's Government of Nepal and the International Nepal Fellowship/Germany Leprosy Relief Association in the West, Mid-West and Far West Regions of Nepal (a 58-page booklet edited by Dr. Paul Kist, the Program Coordinator) covers the 10th year of the Leprosy Control Project (LCP).

In the past 5 years, the LCP has increased its services from 37% to 81% of the population of the three western regions of Nepal. The control area was extended by three new districts to 26, or 65% of the total number of districts in the three western regions. The number of basic health service facilities increased from 120 to 219; the number of referral facilities remained the same.

Multidrug therapy (MDT) has continued to be available in all seven referral centers and in 20 of the total 26 districts. At the end of the year, just over 2200 patients were on MDT. During the past year 1500 patients were released from treatment. MDT coverage is 41% of all patients in MDT areas and 28% of all registered patients. The number of patients released from treatment was 36% of all patients on MDT and 6% of all registered patients. Six relapses were reported after MDT.

Case finding is done by voluntary presentation fostered by health education and quality care of patients. The case detection rate has decreased sharply over the past 5 years, from 0.92% to 0.29%. The child rate went down from 7% to 5.2%, although in the Far West it remained more or less the same (11%), and in the field in the West it went up (2.1% to 5.1%). The lepromatous rate showed a slight decrease (36% to 35%); the disabled patient's rate was 21%.

Over the past 5 years, the regularity of patients in the field has increased by 6%, from 69% to 75%. In the West and Far West regions, this increase was 14% and 13%, respectively. In the referral centers, the regularity remained the same. Regularity of MDT patients in MDT areas was 80%, 6% higher than the average regularity in monotherapy areas. The regularity was lower in two districts in the Mid-West, 59% and 66%. However, for the first time in the 10-year history of the LCP, the WHO standard of 75% regularity was met for the whole program (both field and referral centers).

The training program has continued to train a wide range of personnel, and health education material was produced and expanded. Socioeconomic services continued to assist patients in various forms of social

need. Voluntary agencies giving assistance to the LCP were mainly the German Leprosy Relief Association (DAHW) and The Netherlands Leprosy Relief Association (NSL), and many others.—(*From* the Report)

The Netherlands. *13th International Leprosy Congress.* The 13th International Leprosy Association (ILA) Congress, cosponsored by the World Health Organization, will be held in The Netherlands Congress Centre, The Hague, The Netherlands, from 11–17 September 1988.

The Congress organization includes ILA officials Prof. M. F. Lechat, President of the Congress; Dr. R. H. Thangaraj, Secretary General of the Congress; Dr. W. F. Ross, ILA Treasurer; and Dr. R. C. Hastings, Editor. The Organizing Board on behalf of The Netherlands Leprosy Relief Association (NSL) are: Dr. H. H. Cohen, Chairman; H. E. M. de Bok, Secretary; F. A. J. van Leuven, Treasurer; and F. A. R. Barge and Prof. D. L. Leiker, Members. Address of the Organizing Secretary is: NSL, Wibautstraat 135, 1097 DN Amsterdam, The Netherlands.

Twelve Congress subjects are planned: immunology, clinical aspects, experimental leprosy, microbiology, epidemiology and control, treatment, nerve damage, surgery and rehabilitation, ophthalmology, social aspects, experimental therapy, and pathology.

Special attention will be given to poster presentations, in connection with and completing the 12 Congress themes, in order to maximize the personal discussions and explanations of the research. The Organizing Committee will provide professional graphical assistance to participants for the preparation of their posters.

A one-hour "state of the art" session will be presented every morning during the Congress to cover recent progress in the main fields of research by five experts on immunological tools for leprosy control, recent developments in molecular biology, operational aspects of multidrug chemotherapy, nerve damage, and social aspects in primary health care.

Teaching and training sessions will be held continuously during the Congress. Video films, continuous slide presentations and films will cover the subjects of immunology, pathology of early leprosy, reactive phenomena, epidemiology, case taking, information systems, deformity, disability assessment, vocational rehabilitation and health education. A question-and-answer period is planned following each presentation.

Congress workshops on immunology, epidemiology, chemotherapy, control, information systems, diagnosis and clinical aspects, training, prevention and management of impairment rehabilitation, vaccine trials, social aspects, and health education will be held the week preceding the Congress. Summaries will be made available by the end of the Congress.

Tentative Time Schedule for 1988 Congress

Monday, 11 September	
09:00–10:00	Registration
10:00–13:00	Inauguration State of the Art Session
Lunch	
14:00–17:00	Congress Sessions (3)
Tuesday, 12 September	
09:00–10:00	State of the Art Session
10:00–13:00	Congress Sessions (3)
Lunch	
14:00–17:00	Free time

Wednesday, 13 September	
09:00–10:00	State of the Art Session
10:00–13:00	Congress Sessions (3) Poster Presentations (3)
Lunch	
14:00–17:00	Congress Sessions (3) Poster Presentations (3)
Thursday, 14 September	
09:00–10:00	State of the Art Session
10:00–13:00	Congress Sessions (3) Poster Presentations (3)
Lunch	
14:00–17:00	Congress Sessions (3) Poster Presentations (3)
Friday, 15 September	
09:00–10:00	State of the Art Session
10:00–13:00	Congress Sessions (3)
Lunch	
14:00–17:00	Congress Sessions (3)
Saturday, 16 September	
09:00–10:00	ILA Meeting
10:00–13:00	Closing Session

The International Leprosy Association is particularly grateful to the ILA Congress 1988 Federation from The Netherlands and to The Netherlands Leprosy Relief Association, a member of ILEP, for having accepted the responsibility for organizing this Congress. We hope that all those concerned with leprosy and leprosy patients from every part of the world will find this Congress a great opportunity to learn about scientific advances and to renew their activities in the fight against this old, yet enduring disease.

A First Announcement brochure on the Congress and additional information is available from: Congress Bureau, QLT Convention Services, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands. Hotel accommodations will be provided in several price categories. Full information on registration fees and procedures will be forthcoming.

Switzerland. *New Director for TDR.* TDR will have a new director this summer. For most of its ten-year history, the Programme has been headed by Nigerian-born physician, epidemiologist and public health expert Dr. Adetokunbo O. Lucas. His successor, the Norwegian immunologist Dr. Tore Godal, takes up his new post on 9 June.

TDR's director-designate is very much a scientist's scientist. Born in the valley of Rauland in Telemark, Norway, Dr. Godal graduated with a medical degree from the University of Oslo Medical School in 1966, and in the following year became, at the age of 28, one of the youngest Norwegian physicians to be awarded a Ph.D. in a medical discipline.

Immunology has always been his chief professional interest, and very early in his career he chose leprosy as a field in which to apply it. From 1970 to 1973, as director of the Armauer Hansen Research Institute in Addis Ababa, Ethiopia, Dr. Godal and his colleagues studied host defenses against leprosy. They discovered, among other things, that some of the damage caused by the disease results from the patient's own immune defenses.

Such research findings suggested to Dr. Godal and his colleagues that a vaccine against leprosy could be developed and new hope given to the one-and-a-half billion people living in leprosy-endemic countries. Dr. Godal was convinced, though, that a

vaccine could only result from collaboration among many research centers working toward a common goal.

With support from the Norwegian Development Agency, such a network came into being in 1975 in the form of the "Steering Committee on the Immunology of Leprosy" (IMMLEP). A kind of "laboratory without walls," IMMLEP, under the guidance of Dr. Godal as its first chairman, enlisted the expertise of research groups from many countries of the world, including India, Japan, the United Kingdom, the United States, Venezuela and, of course, Norway.

Retrospectively, IMMLEP was a kind of prototype for TDR as a whole. Now, ten years later, Dr. Godal is being given the reins of a much larger "laboratory without walls," one that extends to over 130 countries through a worldwide network of scientists—from molecular biologists to epidemiologists, from laboratory workers in industry to social scientists in the field—who are working together effectively to advance understanding of the six major tropical diseases and to contribute to the development of the vaccines, new drugs, diagnostic kits, and other practical tools needed to bring these devastating diseases under control.—(*From* TDR Newsletter No. 23, May 1986)

Phenolic glycolipid-I epitope synthesized. Phenolic glycolipid-I (PGL-I), a specific antigen of *Mycobacterium leprae,* has now been well characterized and the di- and trisaccharide portions synthesized, making possible the production of large quantities of semi-synthetic antigens needed for research on serodiagnosis of leprosy. A semi-synthetic disaccharide-protein conjugate [3,6-di-*O*-methyl-β-D-glucopyranosyl(1→4)-2,3-di-*O*-methyl-L-rhamnopyranoside with bovine serum albumin (D-BSA)] is now available from IMMLEP in ampoules of 200 μg, each sufficient for more than 500 serodiagnostic tests by ELISA. Natural PGL-I, in quantities of 1 to 2 mg per investigator, is also available from the IMMLEP Bank in London. Scientists interested in obtaining these materials should send their request, together with a brief outline of the proposed research, to Dr. S. K. Noordeen, Secretary, Steering Committee on the Immunology of Leprosy (IMMLEP), World Health Organization, 1211 Geneva 27, Switzerland.—(*From* TDR Newsletter No. 23, May 1986)

THELEP Ad Hoc Drug Development Subgroup meeting. The report of the Fifth Meeting of the Ad Hoc Drug Development Subgroup of the Scientific Working Group on the Chemotherapy of Leprosy (THELEP), held in Geneva on 23–24 April 1985, contains the following summary:

The *Ad hoc* Drug Development Subgroup of the Scientific Working Group on the Chemotherapy of Leprosy (THELEP), a Component of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), met to identify the most promising areas of drug development. The Subgroup considered the most important limitations to the effective treatment of leprosy and suggested how chemotherapy might be strengthened: by improving the method of administration of the established drugs (dapsone and clofazimine); by using new drugs, such as the quinolones or ansamycins, recently developed by the pharmaceutical industry; and by developing more potent dihydrofolate reductase inhibitors. The importance of securing the manufacture of a very promising slow-release dapsone formulation was recognized. The ansamycins also show considerable promise in the treatment of tuberculosis and *Mycobacterium avium*-complex infections. Their mechanisms of action and pharmacology in the mouse model and in human subjects were reviewed in order to assess which compounds should be given priority in investigations of their antileprosy activity in the mouse foot pad system. Consideration was also given to the importance of devising rapid *in vitro* screening systems for detecting antileprosy activity and of evaluating the performance of such procedures.

U.K. *International Federation of Anti-Leprosy Associations (ILEP).* For those who are perhaps not yet aware of the continuing activities of this organization in so many different parts of the world, we record the following information:

The International Federation of Anti-Leprosy Associations (ILEP) was founded

in Berne in 1966 and groups together 25 national leprosy relief associations belonging to 20 industrialized countries. These associations are active in some 80 endemic countries where their work covers more than 800 centers/projects, caring for more than a million leprosy patients. The total annual support given is in the order of U.S. $35 million. The main administrative bodies of the Federation are the General Assembly, which has ultimate authority and power and meets every 2 years, and the Standing Committee headed by the ILEP President (who is elected for a 2-year period) which deals with matters referred to it by the General Assembly.

ILEP is essentially a coordinating body whose Member-Associations are members of a *working* community. It is the Member-Associations who, in their respective countries, raise the funds which allow them to undertake antileprosy projects in the field. Relationships between Members, whether inside or outside the Federation, are governed by one basic principle: each Member-Association is an autonomous organization in its own right, free to make its own decisions and carry out its own leprosy work.

It is the function of ILEP to set up a coordination system (Coordinating Bureau, Working Sessions, advisory bodies) which will allow the Federation to derive maximum benefit from the combined efforts of the whole community, while at the same time respecting the independence of each Member-Association. At the heart of ILEP is the Coordinating Bureau, consisting of a few staff working under the General Secretary. This office, though not operational itself, runs a computerized information network which provides operational data, i.e., data which results in some sort of action. This information is supplied by the Member-Associations and by the projects they are supporting. In return, the network produces a number of documents which have two basic functions: to let each Member know what his fellow Members are doing, and to allow each Association to participate as efficiently as possible in the work of the other Members, as far as they are willing and able.

The Medical Commission is an advisory body which regularly makes recommendations on the projects being supported by Member-Associations, especially in the area of scientific research. The Commission also draws up the ILEP Guidelines. These are a collection of broad principles which advise Member-Associations on ways in which they can apply ILEP strategy to their own projects. Each Association is free to choose in what area they wish to work and has the right to decide what projects to support. As regards the work itself, however, the Member-Associations all refer to the ILEP Guidelines for advice.

In order to facilitate the implementation of the Guidelines in the field, Working Groups have been formed—task forces which work towards promoting certain aspects of the campaign against leprosy, such as training, publicity, health education, as well as encouraging socio-economic programs, combined leprosy/TB programs or primary health care programs.

Address: 234 Blythe Road, London W14 0HJ.—(*From* Leprosy Review)

Abstracts on publications on health and disease relevant to Australasia and the Far East. The abstracts are mostly of papers published in late 1985 or 1986 which were selected on the basis of importance and general relevance. They are contained in the August issue of the *Tropical Diseases Bulletin* which is available for £5 (surface mail) from the Bureau of Hygiene and Tropical Diseases, Keppel Street, London WC1E 7HT.—(*From* announcement by Carolyn A. Brown)

U.S.A. *Collection of IJL back issues available.* Dr. Felton Ross advises that there is a collection (unbound) of back issues of the INTERNATIONAL JOURNAL OF LEPROSY from 1967 through 1985 which has been sent to him. Anyone interested in obtaining this collection should contact Dr. W. F. Ross, American Leprosy Missions, One Broadway, Elmwood Park, New Jersey 07407, U.S.A.

Dates for 1987 seminars at Carville. Dates for the major 1987 medical seminars to be held at the Gillis W. Long Hansen's Disease Center (GWLHDC), Carville, Louisiana, are:

Medical Seminar on Hansen's Disease
February 24–25
May 19–20
November 3–4

International Seminar on Hansen's Disease
(in cooperation with American Leprosy Missions)
April 26–May 2
Workshop on Supervision—May 3–8
and
September 13–19
Workshop on Training—September 20–25

Seminar on Hansen's Disease for Pathologists
October 6–7

Management of Insensitive Feet:
Medical & Therapeutic Approaches
January 27–29
October 20–22

Management of the Insensitive Hand:
Biomechanics of Deformity & Correction
April 14–16

For further information contact: Director of Education and Training, Gillis W. Long Hansen's Disease Center, Carville, Louisiana 70721, U.S.A.

In order not to delay publication of this issue, the Board of Directors of the JOURNAL has given its permission for the Index to Volume 54 to be published in the March 1987 issue of the JOURNAL. We hope this will not unduly inconvenience readers who wish to bind their volumes promptly.—RCH