

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.

India. Dr. Ganapati honored. The Eighth Annual Fr. Maschio Humanitarian Award was presented to Dr. R. Ganapati on 12 February 1991 at Don Bosco, Matunga. Comprising a cash gift of Rs 10,000 and a citation conferring the title of Humanitarian, the award was personally presented by the Very Rev. Fr. Aurelius Mashchio on the occasion of his 82nd birthday. Fr. Maschio, a well-known Italian missionary, has dedicated his entire life to the service of the poor and downtrodden people of India ever since his arrival in 1924. Paying rich tribute to Padma Shri Dr. Ganapati for his selfless service toward the eradication of leprosy and the rehabilitation of leprosy patients, Rev. Fr. Maschio recalled his long years of active association with the Acworth Leprosy Hospital at Wadala, where Dr. Ganapati has done commendable work during his 12 years of service. The function was well attended by a large gathering of missionaries and leprosy detection and eradication program workers.

Dr. V. M. Katoch gives 8th (1991) Erwin Stindl Memorial Oration. The oration, entitled "Progress in understanding the leprosy bacillus with special reference to patient care in leprosy," was presented by V. M. Katoch, M.D., Head, Department of Microbiology, Central JALMA Institute for Leprosy (ICMR), Agra, on 30 January 1991. The Greater Calcutta Leprosy Treatment and Health Education Scheme hosted the 1919 oration at the GRECALTES Training Center in Calcutta.—Invitation from Dr. D. S. Chaudhury, Director.

Gandhi Memorial Leprosy Foundation 39th (1989–90) Annual Report. "One more year, the thirty ninth, in the life of the

GMLF has elapsed. Next year, we reach the maturity of the forty's.

"Each year brings out something new and something worth remembering the year by. This year too has left some pleasant memories:

- The most important event of the year has been presenting the International Gandhi Award to two eminent and deserving workers, Dr. M. F. Lechat and Dr. R. V. Wardekar, at the hands of the President of India on 29 January. This is the third award function since it was instituted in 1985.
- The development of CSSRL has been quite satisfactory. It is now a well-established and well-recognized center, in the country as well as globally. A project on 'Evaluation of health education in NLEP,' is complete with the final report receiving approval of ICMR who financed it. Another completed project is on 'Rehabilitation of Leprosy Afflicted persons in Wardha District.' Two new projects were launched in the year: one on acceptance level of leprosy patients in the family and the other on psycho-social counselling of leprosy patients; the latter project was inaugurated by Dr. M. F. Lechat, President of the International Leprosy Union. The center organized a workshop on 'Social Research Methods for Study of Tropical Diseases (including Leprosy)' at the Administrative Staff College in Hyderabad in October. The center also brought out a unique publication 'Leprosy in India—a Statistical Compendium,' with 28 tables on health in general and 84 on leprosy problems and leprosy work in particular. This publication has been widely welcomed in India and abroad.
- The new Urban Leprosy Project at Calcutta could be launched from December. The area allotted to us in North Calcutta being a mix of middle class and slums is challenging in every respect: right from the stage of enumeration of population; examination of persons in the open as the house has no space (and light enough) for two people to stand. It is indeed heartening to see how generous hearted people can be in spite of stifling living conditions. It is proposed to introduce two special inputs: measures for public participation in case-detection, case-holding, health education and rehabilitation; and social science research.
- The oldest unit of GMLF at Sevagram, which also happens to be the first unit under SET pattern in India, will complete next year four decades of its

work. Work has been started to bring out a very detailed and exhaustive report of 40 years of leprosy control work. A small expert group of leprologists and epidemiologists met together to advise GMLF on the parameters to be used and the analysis to be done. Work on transferring all data from 1951 to computer has been started.

- The officers of DGHS have been suggesting that the GMLF should start a training course for smear technicians for which there are inadequate training facilities in India to meet the national requirement. The government gave its sanction in August, and it was decided to admit candidates from next year.
- The much needed hospital with 10 beds could be constructed and inaugurated on 28 September at the Leprosy Control Unit Balarampur. There was encouraging support from local people and the inaugural function was well attended.
- The GMLF introduced the Late Shri Prabhakarji Award this year for best leprosy worker in Andhra Pradesh. The first recipient of the award was Shri D. Kondala Rao, a veteran worker with 35 years work to his credit. The award was presented by the Vice Chancellor of Andhra University in Visakhapatnam on 5 February.

“In spite of best efforts, everything does not always go well. This often happens in areas where decision from the Government is expected.

- Grants for SET work from Government of India continue to be erratic. At state levels also, application for grant for two control units are lying with state health ministries for over 2 years without being forwarded to Government of India.
- It is now 5 years that a research proposal to identify a suitable sampling technique for estimation of prevalence of leprosy is still under consideration of ICMR.
- The handing over of the Mararikulam Control Unit to the Government of Kerala could not be completed during the year as the state health ministry has not yet taken a firm decision.
- One of the continuing problems concerns recruitment of two categories: medical officers and health education officers. The difficulty in recruiting and retaining services of medical officers is a problem faced by all voluntary agencies. Inadequate payment is surely a disincentive but, even in agencies which offer attractive salaries, the problem is acute. Similar is the experience in recruiting post-graduates of mature age (over 30 years) to work as health educators.

“One poignantly sad event during the year was the passing away on 15 January of Shri R. R. Diwakar, member of GMLF. He had the longest association with the GMLF, extending over 32 years, during which he was chairman for 15 years. He had a very soft corner for leprosy and his speeches even in

gatherings of leprosy workers were greatly applauded for the depth of insight in the issues involved. During many occasions of crisis, his advice was readily available and respectfully accepted by others, helping the boat of GMLF to steer clear of troubled waters. Even when he crossed the age of 90, he did not miss a meeting. We in GMLF are poorer for losing his fatherly protective umbrella and wise constructive counsel.

“Another sudden loss, keenly felt by his patients and colleagues, was the unexpected passing away of Shri Madhukar Akaji Ingale. A man of deep sensibilities, he had an uncanny knack of endearing himself to every leprosy patient in a bond akin to kinship. He was troubled by social problems of every patient and never rested until he could bring about a reconciliation with the spouse, the family, the neighbor or the employer. The steady visits, lasting over weeks, of leprosy patients from near and far to express condolences to Mr. Ingale was their best tribute to the man who cared for every one of them.

“The GMLF has been a recipient of benevolent assistance from a number of agencies who deserve our thanks. The German Leprosy Relief Association has been supporting GMLF for over 25 years; the present support being for our leprosy control unit in Balarampur. The Damien Foundation has been helping with the work at the Leprosy Control Unit at Chilakalapalli, besides extending a grant for one research project in social science. The Leprosy Relief Organization, Munich, extends help for a leprosy awareness program among youths, doctors and other selected groups and also to some extent for CSSRL. LEPRO-India has come forward with help for new Urban Leprosy Project at Calcutta. The WHO has been immensely helpful and supportive for the CSSRL on a continuing basis and has made grants for higher professional training abroad. The Government of India is supporting the Balarampur Control Unit and the Government of Maharashtra, the Leprosy Training Center at Wardha. The Union Ministry of Welfare has supported one research project so also the ICMR. We are beholden to all these agencies.

“There have been many groups in NCC, NSS, and Scouts and Guides as also hundreds of educational institutions who have

come forward to collect local funds for GMLF. Numerous kind-hearted individuals and charities, too, chose to contribute. We remember them with a sense of thankfulness.

"Any institution is what its workers make it. This applies to GMLF. It is our over 170 workers who strive hard to keep the torch burning. They are our pillars: understanding and dependable. They deserve all appreciation and accolades coming the GMLF's way."—Preface by S. P. Tare, Director

Spain. *Fontilles 1991 International Courses.* XXXIV Curso Internacional de Leprologia para Misioneros y Auxiliares Sanitarios y XXVIII Curso Internacional de Leprologia para Medicos tendra lugar en el Sanatorio de Fontilles desde el dia 7 al 19 de Octubre de 1991 y dia 4 al 9 de Noviembre de 1991, respectivo. Además de estos temas, se daran lecciones practicas sobre las siguientes materias: Diagnóstico precoz, examen clinico, examen dermatológico, examen nuerológico, técnica para la obtención de productos destinados a laboratorio, baciloscopia, técnica para la coloración y diferenciación del bacilo, biopsias, exámenes histopatológicos, lepromino reacción y lectura de resultados, pruebas de la histamina y la pilocarpina, tratamiento de enfermos ambulatorios, sesiones quirúrgicas, presentación de casos clinicos.

Los aspirantes a estos cursos deberan dirigir sus instancias al Comité Ejecutivo Internacional, 3 Place Claparede, Ginebra, Suiza, antes del 30 de Junio de 1991 y al mismotiempo al Dr. Jose Terencio de las Aguas, Sanatorio San Francisco de Borja, 03791 Fontilles, Alicante, Espana.—Course announcements

Switzerland. *Industry and WHO collaborate in tropical disease research.* Malaria and many other tropical diseases are increasing annually, and governments have been pressing researchers to find new answers to save lives, treat the sick, and stem the spread of these scourges. But industry has been pulling back from tropical disease research—as most of the 500 million people affected with malaria, schistosomiasis, leishmaniasis, elephantiasis, river blindness, sleeping sickness, and Chagas disease

cannot pay the costs of developing expensive new drugs or control tools.

The beginnings of a solution may be at hand, however, with the establishment of a product development unit in the UNDP/World Bank/WHO Special Programme of Research and Training in Tropical Diseases (TDR), which supports or coordinates much of the world's research on tropical disease. This unit will help to turn selected products of research into deliverable disease treatment and control tools. Staffed by scientists and managers with strong industrial experience, and drawing on existing TDR expertise and funds, the new unit will assist TDR:

- to focus its limited resources most efficiently on a few strategic products;
- to manage and speed up the progress of a promising research result from the laboratory to the patients, through preclinical, clinical and field testing followed by registration as a safe and effective product;
- to make use of the many existing links with industry—and forge new ones—in order to ensure that industrial knowledge and research on thousands of potential new pharmaceutical compounds and other agents can be brought into play against tropical diseases.

Already industry is showing increased willingness to cooperate. "I've been amazed at how industry has been coming forward—I've not seen such an interest in working with WHO in my 27 years of involvement with the Organization," said Professor Barry Bloom of the Albert Einstein College of Medicine in the U.S.A., who is Chairman of TDR's independent Scientific and Technical Advisory Committee.

"We should be able to make use of the best of industry and avoid the pitfalls," said Dr. Peter Reeve (former Executive Vice-President of a biotechnology company based in California, U.S.A.) who has advised TDR on the establishment of the unit. "Companies are no longer willing to manage or fund the whole process of development of tools for tropical diseases," said Dr. Reeve, "but cooperation with TDR will mean they can ensure that their research results and compounds that might have an impact on tropical disease will not be wasted."

According to Dr. Tore Godal, Director of TDR, "Companies involved would benefit from the association with a humanitarian product, and the sick will benefit from a cure

or new preventive measures."—World Health For. 11 (1990) 339.

TDR: Call for applications for support of research training (1991). The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), established in 1976, has two objectives. 1) research and development of new tools to control the TDR target diseases: malaria, filariasis, trypanosomiasis, leishmaniasis, schistosomiasis and leprosy, and 2) strengthening of research capabilities in countries where these diseases are endemic. As an important way to achieve its second objective, TDR provides funding to train research workers from disease-endemic countries. TDR support enables research workers to acquire research skills related to one or more of the TDR target diseases or in a discipline related to these diseases, such as molecular and cell biology, immunology, entomology, parasitology, epidemiology, clinical pharmacology, and the social sciences. Funding is available for opportunities in established training programs for studies leading to a doctoral level degree, or for an individualized post-graduate program in a center which conducts research in tropical diseases. Support for master's level courses will be considered in exceptional cases.

The maximum duration of TDR support for research and training is 3 years. Those eligible to apply for research training include: a) staff members of (i) institutions currently receiving one of the TDR institution-strengthening grants and (ii) other institutions where TDR support for such grants ended 2 to 3 years ago; b) scientists from other institutions who are already engaged in research or committed to doing research on one or more of TDR's target diseases, and whose home institution is equipped with required research facilities; c) staff members of ministry of health disease control services who are involved in planning, executing and evaluating disease control programs related to TDR's target diseases; d) scientists who have had appropriate postgraduate training in epidemiology, social sciences, and other field-oriented subjects and who require practical, hands-on (postdoctoral) training in a research proj-

ect or suitable institution doing field research in one of TDR's target diseases; and e) scientists with postgraduate research training who have been actively involved in clinical, field or laboratory research in one of TDR's target diseases for a minimum of 5 years and who now want to spend a period of time in a suitable research center or laboratory to upgrade their skills or to carry out specialized experiments or data analyses.

Further enquiries: Dr. J. A. Hashmi, Special Programme for Research and Training in Tropical Diseases, WHO, 1211 Geneva 27, Switzerland.

Thailand. *13th International Congress for Tropical Medicine and Malaria.* The 13th International Congress for Tropical Medicine and Malaria will be held 29 November–4 December 1992 in Choburi, Thailand. For further details contact: Congress Secretariat, Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Rd., Bangkok 10400, Thailand.

U.K. "*Implementing Multiple Drug Therapy for Leprosy*" to be reprinted. OXFAM Practical Guide Number 3 *Implementing Multiple Drug Therapy for Leprosy*, originally published in 1984 as "Questions and Answers on the Implementation of Multiple Drug Therapy (MDT) for Leprosy," has now sold out in its fourth edition (1988), but will be reprinted as soon as possible. Since 1984, the English language edition has sold over 5000 copies. The OXFAM translation in Portuguese is no longer available, but the book has been translated into this language by CERPHA (Comissão Evangelica de Reabilitação de Pacientes de Hanseníase), Rua Guapeni 54/101, Caixa Postal 24046, Rio de Janeiro, Brasil, and copies are available on application to the Director. The book has been translated into Bengali by D. S. Chaudhury, Greater Calcutta Leprosy Treatment and Health Education Scheme, 35/1/A, Old Ballygunge 1st Lane, Calcutta 700 019, India, and many copies distributed to Bangladesh. A translation in Spanish (typed A4 size paper format) is available from Professor Roberto Estrada, Centro de Investigacion de Enfermedades Tropicales, Apdo. 25-A, Acapulco, Guerrero, Mexico,

and one in French has just been completed by Dr. G. Le Gonidec, Association Française Raoul Follereau, 31 Rue de Dantzig, B.P. 79-75722, Paris 15, France and will soon be printed for distribution, mainly to Francophone countries in Africa. Further enquiries: Publications, OXFAM, 274 Banbury Road, Oxford OX2 7DZ, England.

specified times for discussion of the posted material. Abstracts must be submitted on the official congress abstract reproduction form and must be received before August 1, 1991. Forms and submission guidelines are available from: 18th World Congress Secretariat, 875 Kings Hwy, West Deptford, N. J. 08096, U.S.A.—Arch. Dermatol. 127 (1991) 13.

TAMILEP—Catalogue of teaching and learning materials. Health workers in leprosy-endemic countries are faced with a shortage of suitable teaching and learning materials. Printed materials do exist, but often do not reach the people who need them. In order to overcome this problem, The Leprosy Mission International operates a distribution service, and is in contact with health staff in 112 countries. This service is carried out in cooperation with other member associations of ILEP (International Federation of Anti-Leprosy Associations).

A revised catalogue is now available, and contains information about 31 titles in English, selected for those involved in leprosy control, patient care and training activities. Copies of the catalogue may be obtained from: Teaching and Learning Materials, The Leprosy Mission International, 80 Windmill Road, Brentford, Middlesex, TW8 0QH, United Kingdom.

U.S.A. *18th World Congress of Dermatology call for abstracts.* The 18th World Congress of Dermatology Organizing Committee and the International League of Dermatological Societies invite the submission of abstracts for short communications to be presented at the 18th World Congress, June 12 through 18, 1992, in New York, N.Y., U.S.A. Selected abstracts will be presented in the following sessions: *Case Presentations*, 4-minute presentations of clinical cases of exceptional scientific and/or educational interest; and *Contributions to Clinical and Experimental Dermatology*, oral presentations of original contributions of clinical, therapeutic, or laboratory investigations, and poster presentations of original contributions to clinical and laboratory investigation that can be effectively displayed by illustrative material (graphs, charts, and tables). Authors are to be present during

18th World Congress of Dermatology scholarships available. The 18th World Congress of Dermatology will take place in New York, N. Y., U.S.A., from June 12 through 18, 1992. In an effort to encourage the participation of young dermatologists, the congress will award a *limited* number of scholarships as follows: *Dermatologists from Developing Countries:* Applicants must be older than 38 years of age at the time of the congress. The scholarship will provide complimentary registration and hotel accommodations (two awardees to a room) and a moderate subsistence allowance. Awards are competitive and are contingent on sponsorship by one's national society. Abstract submission is mandatory. Obtain further information and application forms from your national society before June 1, 1991. *Dermatologists from Developed Countries:* Applicant must be a resident or fellow in a full-time training program. The scholarship will provide complimentary registration and a small subsistence allowance. A letter from the educational or training institution validating the applicant's status must be submitted with the application form. Abstract submission is mandatory. Forms are available from: 18th World Congress Secretariat, 875 Kings Hwy, West Deptford, N.J. 08096, U.S.A.—Arch. Dermatol. 127 (1991) 13.

Leprosy poster from ALM International and Wellcome. There are available 150 sets of Wellcome Tropical Institute posters on leprosy consisting of nine main themes, which cover all aspects of the disease, in color together with text. ALM is prepared to send a set free of charge to any *bona fide* applicant but they reserve the right to exercise judgment with regard to appropriate

recipients. A covering letter from ALM will accompany each set, together with a questionnaire which should be completed by each recipient and which will greatly aid assessment of the value of these posters for teach-

ing and other purposes. The language is English only. Apply to: Medical Consultant, American Leprosy Missions International, 1 ALM Way, Greenville, South Carolina 29601, U.S.A.