

News and Notes

30TH WORLD HEALTH ASSEMBLY, APRIL 1977

The Address by Dr H. Mahler, Director-General of the World Health Organization to the 30th World Health Assembly, included the following:

“A year ago, when I last addressed this assembly, I advocated a social revolution in community health. I did so because of my conviction that health policy should be determined by social goals, whereas all too often it is dictated by disease technology, applied without sufficient thought to its social purpose and consequences. . . .

“ . . . The attainment of health is not only an individual human aspiration; it is also a social goal that in turn complements other social and economic goals. We must therefore choose health technology in the light of its ability to help attain these goals. We must constantly look for better ways of applying existing and new health knowledge for the benefit of all the world’s populations and not merely for a privileged few. A more just distribution of health resources within and among countries is a social imperative for this last quarter of the 20th century.”

MEXICO CITY—CONGRESS ILEP INTEREST

At the 17th Working Session of ILEP (the International Federation of Anti-Leprosy Associations), held in Amsterdam in June 1977, the Member-Organizations expressed their continuing interest in the forthcoming 11th International Leprosy Congress, to be held in Mexico City, 13 to 18 November 1978. They were particularly concerned that the social aspects of leprosy should receive adequate emphasis at the Congress, and welcomed the renewed interest in problems being faced by field workers.

As in previous Congresses, these voluntary agencies will sponsor the attendance of as many participants as possible from countries of the Third World, not confining their help to doctors and others actually working in one or other of the programmes sponsored in whole or in part by a Member-Organization of ILEP. The hope was expressed that certain international agencies might make matching grants and that governments also might be persuaded to make generous financial contributions towards the overheads of such a Congress.

The preliminary announcement should be available shortly. The Local Secretary is Dr A Saúl (XI Congreso Internacional de la Lepra, Centro Dermatológico Pascua, Dr Vértiz 464, Mexico 7 DF, Mexico).

Leprologists and others wishing to take advantage of the limited number of bursaries that may be available, and who are not being sponsored by a

Member-Organization of ILEP or other body, are invited to write in the first instance to: Dr S. G. Browne (The Leprosy Study Centre, 57a Wimpole Street, London W1M 7DF), giving full particulars in support of their application. As already intimated, the number of proffered papers that will be accepted for reading at the Congress will be small.

1981 INTERNATIONAL YEAR FOR DISABLED PERSONS

At an Interagency Consultation on Rehabilitation of the Disabled, held in Paris on 11 and 12 July 1977, discussions were held between representatives of The United Nations, the World Health Organization, UNESCO, the International Labour Office, and 3 members of the Executive Committee of the Council of World Organizations Interested in the Handicapped. The International Leprosy Association is represented on this Committee through its Secretary-Treasurer.

The most important subject studied, as far as leprosy is concerned, was the decision of The United Nations to make 1981 the "International Year for Disabled Persons". Non-governmental agencies will be organizing regional Congresses, a special stamp will probably be issued, and a world programme outlining suggested activities in the field of rehabilitation will be published.

This preliminary announcement is given so that workers in leprosy may be alerted in time to enable them to ensure that the needs of the disabled victims of leprosy are not forgotten in the preparations for the special year. Their co-operation will be enlisted in the compilation of brochures dealing with technical assistance and resources available. There are plans afoot for an international rally of disabled persons to be held in Geneva in March 1981.

BASIC KNOWLEDGE ABOUT LEPROSY

The West African Secretariat of ILEP have produced a booklet entitled, "*Basic Knowledge about Leprosy*", to assist leprosy patients, and thus helping the control of this disease. This guide for non-medical personnel, is aimed at patients and members of the general public who are able to read basic English. It is well illustrated with photographs and diagrams and presents the facts of leprosy clearly. The booklet is orientated towards Africa, where it should serve a useful purpose. It is obtainable from The West African Leprosy Secretariat, P.O. Box 673, Freetown, Sierra Leone (West Africa).

LEPROSY IN MEDIEVAL ENGLAND

The Gazette of the Institute of Medical Laboratory Science, Vol. 21, No. 6 of June 1977 includes an interesting article by J. H. Bayliss on Leprosy in Medieval England. The author quotes contemporary sources which suggest that leprosy attained importance in the British Isles before the time of the Crusades. A map of England shows the location of the numerous "leper homes", 190 of which have been recorded. Their distribution closely follows the population density pattern of the period. A histogram illustrates that the foundation of such homes reached a peak during the latter half of the 12th century, fading to insignificance by the 15th, and follows quite strikingly the incidence pattern that would be expected in a leprosy epidemic.

Where prevalence is concerned, the cases of Exeter and Oxford are quoted. In

1163 a leper house was built at Exeter to accomodate 13 infected people, at a time when the population of the city was estimated at 1,438. A similar house at Oxford held 12 leprosy sufferers when the estimated population of Oxford was 1,411, suggesting at least the possibility in these areas of a leprosy prevalence of around 1%. The city of London made regulations regarding begging by leprosy sufferers in 1346, 1348, 1367, 1372 and 1375, and the very frequency of these suggests both the significance of the leprosy problem and some degree of humanity in relation to it, a less rigorous repression than applied on the continent of Europe. A discussion on the decline of leprosy leads to the conclusion that after 200 years the development of resistance in much of the population was important. There is a useful bibliography.

DAMIEN-DUTTON AWARD TO DR AND MRS (DR) BRAND

It is a pleasure to congratulate Paul and Margaret Brand on the joint award to them of the Damien-Dutton Award for 1977. Their service to leprosy sufferers in the sphere of orthopaedics, rehabilitation and ophthalmology is known throughout the world, and millions of patients are indebted to them. The Award has never been more richly deserved.

THE VICTOR HEISER AWARDS FOR RESEARCH IN LEPROSY

These awards are funded by a bequest from Dr Victor Heiser, a well-known doctor with a world-wide experience in public health medicine and a life-long interest in leprosy and leprosy research. The primary purpose of the awards is to foster training in basic biomedical research in fields related to leprosy and to encourage national and international cooperation and research exchange in the scientific investigation of this disease.

The following awards are available:

1. POSTDOCTORAL RESEARCH FELLOWSHIPS

Candidates should have the Ph.D. or M.D. degree and be at the beginning or early stage of postdoctoral training in a field of basic biomedical science directly related to leprosy. Applications will be accepted either from individuals directly, or from heads of laboratories active in leprosy research, for authorization to appoint a fellow. Up to two years of support will be provided at stipend levels between \$10,000 and \$14,000 per annum.

2. VISITING RESEARCH AWARDS

Applicants should be established investigators in leprosy who wish to carry out a specific project at a distant institution. Per diem and travel support will be provided for up to six months of collaborative research with an appropriate laboratory or clinical facility. Preference will be given to proposals that plan field/clinical experience with leprosy.

3. RESEARCH GRANTS

A few, small research grants may be awarded to support proposals which are both of high scientific calibre and clearly related to leprosy if funds remain available after the review of applications in the above two categories. These grants will be

awarded to laboratories involved in leprosy research—especially those providing training opportunities in this field. The grants will not exceed \$10,000, they will not be awarded for clinical trials, and they may not be used for salaries of personnel. Use of the grants for institutional overhead is limited to 10% of the total awarded.

The deadline for receipt of all applications is February 1, 1978.

Decisions of the Scientific Advisory Committee will be announced by May 1, 1978 and all awards must be activated by December 31, 1978.

Further information and instructions for making application may be requested from Ms. Caroline R. Stanwood, Director, Heiser Fellowship Program for Research in Leprosy, 1230 York Avenue, New York, New York 10021, U.S.A.

**SCHIEFFELIN LEPROSY RESEARCH & TRAINING CENTRE, KARIGIRI
SOUTH INDIA,
SCHEDULE OF COURSES FOR THE YEAR (TRAINING) 1978**

Courses	Qualifications	Duration	Date
I. For doctors			
(a) Condensed course for doctors	MBBS, or equivalent from any recognised University	1 week	Jan. 16-21
(b) Medical students' course	Undergraduates	1 week	*Apr. September*
(c) Medical officers' training course	Medical personnel engaged in leprosy work	6 weeks	Jan. 30-15 Mar Jul. 17-26 Aug
(d) Ophthalmic aspects in Lep.	Qualified Medical personnel (to follow Jan. condensed course)	1 week	Jan. 23-28
II. For non-medical personnel			
(a) Non-medical supervisors' course	Fully qualified Para-medical Workers with a minimum of 5 years experience—PUCs, graduates preferred	4 months	June 5th
(b) Orientation Course in Leprosy (personnel not requiring a Government recognized certificate)	For paramedical personnel (nurses, physios, O.T., & Administrators) (1 week Doctors course & 3 weeks in service training)	1 month	Jan. 16-Sep. (Med. Stu.)
(c) Paramedical Workers'	PUCs, graduates preferred	6 months	April 3rd Oct. 2nd
(d) Medical Record-keepers'	2 months inservice by previous arrangement—SSLC with proficiency in typing & good English	2 months	April October

(e) Physiotherapy Technicians'	SSLC passed	9 months June 14
(f) Social workers', & Medical Administrators	Any other category wishing an orientation are invited to correspond for a period of in service training	1 month
III. Inservice training		
(a) Inservice training in Medicine, Surgery, Pathology, Control & Lab. technology	For qualified personnel— on previous arrangement	9 months
(b) Prosthetic Technicians	SSLC passed, PUC preferred	18 months July 4th
(c) Shoe-makers' Course	V standard with knowledge in English preferred	by prev. arrangement. 6 months
(d) Smear Technicians'	SSLC passed	3 months by prev. arrangement.

Note. These Courses are recognized both by the Government of Tamil Nadu and the Government of India. Candidates will be awarded a Government recognized certificate.

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 *wili not* be provided unless previously arranged, subject to availability.

Application forms will not be considered, if they are not accompanied by a Postal Order for Rs. 10/- towards registration fee in the case of doctors.

*These courses will be conducted only on request either from the Government or other Voluntary Agencies.

For prescribed forms and other details, please contact the Training Officer, SLRT Post Karigiri, via Katpadi, N. Arcot, Tamil Nadu, S. India.