

Leprosy and the Community

INTERNATIONAL YEAR OF DISABLED PERSONS, 1981

The following is an extract from WHO Press Release of 5 January 1981:

In the world today, there are about 450 million disabled persons despite the fact that 50% of disabilities can be prevented.

This sad situation becomes even more dramatic when we realize that at present nearly 90% of all the resources to help the disabled are expended in the industrialized countries, while 80% of the world's disabled live in the developing countries.

The International Year of Disabled Persons, 1981, will be a year of hope for millions of the disabled. They look to the coming year as the beginning of a period in which there will be a true awakening to the need for their full participation and integration within society, and to a further development of rehabilitation care, especially for those who now have little or no access to the help they require. For the one person in ten in our world who suffers from a physical or mental impairment, this is an occasion on which to expect that society will adopt new and more positive attitudes towards its disabled citizens.

But 1981 can also be a year of great significance for those untouched by disablement – as we all live in the shadow of a temporary or permanent disability. We have within our grasp the technical and financial means to prevent many of the situations which daily add to the heavy toll of impairment. This is particularly true for children. The number of disabled children now totals about 140 million, 80% living in developing countries. Let 1981 be the year for aggressive international and national actions to reduce the magnitude of preventable disabilities.

Emphasis on prevention will be placed on actions by and within the community, through the process of primary health care. Programmes to reduce the impact of existing disabilities also must be fully integrated within existing services. Many rehabilitation procedures for the physically and mentally disabled can be carried out by families and others in the community. WHO and UNICEF will strongly support such 'health by the people' approaches. Family and community-centred support and assistance is equally important in those industrialized societies where many specialized services are available.

PRIMARY HEALTH CARE SYMPOSIUM No. 3, THERAPEUTIC ASPECTS: THE DEPARTMENT OF INTERNATIONAL COMMUNITY HEALTH, LIVERPOOL SCHOOL OF TROPICAL MEDICINE, PEMBROKE PLACE, LIVERPOOL, L3 5QA: 13–16 April 1982

Dr David Stevenson of the above department has kindly submitted the following information on this symposium, originally planned for this year but now to be held in 1982:

This international symposium, to cover therapeutic aspects of primary health care, was planned for 27 September to 1 October 1981. A number of prospective sponsors

for participants have regretted that their funds are fully committed for 1981. One international organization has indicated that support would be likely if the symposium could be held in 1982.

In view of this, it has been agreed to hold the symposium in April 1982. It is expected that participants will arrive on Tuesday 13 April 1982 (Easter Sunday is 11 April 1982). Accommodation has been booked in a well-appointed University Residence, for the expected number of participants from outside Liverpool, for the nights of 13, 14 and 15 April. Meetings will be held on 14, 15 and 16 of April with departure on the afternoon or evening of Friday 16 April. Meals and meetings will be either in the Halls of Residence or in the School of Tropical Medicine, and provision will be made for drug company displays.

The cost of accommodation and meals for each participant for the duration of the symposium is estimated at about £60.00.

It is expected that proceedings will be published. Speakers will be asked to provide texts of their contributions.

Subjects which it is hoped to cover include:

How appropriate lists of drugs to cover the principal needs of health care units and practitioners in developing (and developed) countries may be devised.

How supplies of listed drugs can be maintained at prices which can be afforded by the countries and communities concerned.

The places of imported and locally made drugs, intravenous fluids, dressings and medical equipment, under varying circumstances.

The benefits and dangers of improvisation and local initiative.

Co-operation and conflict between different systems of therapy in one community or health care system – Allopathic (Western), Ayurvedic, Homeopathic, Traditional.

Many expressions of interest and of intention to attend the symposium have been received. It is hoped that the later date will not deter these, and that more offers of papers and suggestions of speakers or participants will be received.

Any inconvenience from the change of date is deeply regretted – the intention is to provide a better symposium.

David Stevenson, MD
*Department of International Community Health
Liverpool School of Tropical Medicine
Pembroke Place, Liverpool L3 5QA England*

January 1981

GERMAN LEPROSY RELIEF ASSOCIATION: REPORT FOR THE YEAR 1979

We congratulate DAHW and Dr Horst Frank on the production of this excellent report (it is in German), outlining the extensive work of this organization during 1979. On page 7 it is remarkable to note the sustained increase in spending from 1957 to 1979; from a tiny figure at the outset, it is now in the region of 27 million DM. Pages 20, 21 and 22 give maps of the extent of the work in Africa, Latin America and Asia. We congratulate our colleagues in Germany on achievements during 1979 and look forward to receiving further news of activities in the report for 1980.

SALUBRITAS: THE AMERICAN PUBLIC HEALTH ASSOCIATION, WASHINGTON, DC

David Morley in TALC, London, has also kindly directed information on this newsletter for health information exchange to our office. To quote from volume 4, July 1980:

SALUBRITAS is published quarterly in English, French and Spanish by the International Health Programs of the American Public Health Association (APHA) and the World Federation of Public Health Associations (WFPHA). SALUBRITAS is funded by the United States Agency for International Development (USAID) and distributed free upon request to individuals and organizations delivering public health services in developing countries.

APHA is a non-governmental, professional society. Through its International Health Programs, it provides professional and technical assistance. WFPHA, a federation of national public health associations, works closely with the World Health Organization (WHO).

The views and interpretations in SALUBRITAS should not be attributed to the United States Agency for International Development (USAID), APHA, WFPHA, or to any individual action on their behalf.

Articles from SALUBRITAS may be quoted or reprinted without permission, provided that credit is given to SALUBRITAS and that a copy of the publication is sent to the editor.

Editor: Ina Lee Selden
*American Public Health Association
International Health Programs
Director: Susi Kessler, MD
1015 Fifteenth Street, NW
Washington, DC 20005, USA
(202) 789-5679*

This issue also contains an article of particular interest concerning the use of simple flip charts for use at village level, based on black and white photographs 40 × 46 cm, together with lesson books, all based on observations made in the area of work. The article ends with a note that a small booklet is being produced by TALC in London (30 Guilford Street, London WC1N 1EH) on the construction of flip charts for this type of work. Contributions to SALUBRITAS are welcomed; the sum of \$25 is paid for an article and \$10 for suggestions on appropriate technology, or other material.

**WORLD NEIGHBORS; OVERSEAS DEVELOPMENT MATERIALS; 5116 NORTH
PORTLAND AVENUE, OKLAHOMA CITY, OKLA 73112, USA**

TALC in London have drawn our attention to yet another organization which is obviously very active in the field of 'Materials for Person-to-Person Education in Health, Family Planning, Agriculture and Community Development'. Their price list and order form (address above) gives detailed information on filmstrips, booklets, books, flipcharts and newsletters. The slant is perhaps mainly community and village development together with agriculture, but it is apparent, if only from the illustrations, that this agency has expertise in the field of communication which may be of considerable value to those attempting to produce similar health learning materials for diseases, including leprosy. Sharon Dowell, the Publications Correspondent of World Neighbors, also included a copy of their quarterly newsletter *Soundings from Around the World* which gives up-to-date information on more recent publications in the field of basic health and community services. Two of these, both training manuals for village health promoters, will be reviewed in detail in a subsequent

number of *Leprosy Review*, dealing with leprosy and primary health care; they have been produced by Project Concern International, PO Box 81122, San Diego, California 92138, USA. (The extent and quality of the material described in this one communication, from one agency, unknown to many people in the UK and elsewhere, prompts one to ask if a much more determined and systematic effort should not be made by those working in leprosy to centralize and sift all such publications, for use by appropriate personnel in the field.)

EUROPEAN SOCIETY OF MYCOBACTERIOLOGISTS. NEWSLETTER No. 1, July 1980

Dr P A Jenkins of the Public Health Laboratory, Mycobacterium Reference Unit, University Hospital of South Wales, Heath Park, Cardiff CF4 4XW, has kindly written with news of the inaugural meeting of the Society, in June 1980. The ESM has so far been more concerned with laboratories which offer a clinical service, but those whose interest is research orientated are more than welcome to participate. A recent publicity statement ran as follows:

The inaugural meeting of the European Society of Mycobacteriologists (ESM) was held at the Forschungsinstitut, Borstel on 5 June 1980. Representatives from Belgium, Denmark, Finland, France, Germany, Italy, The Netherlands, Sweden and the United Kingdom were present. Papers were presented by Dr Herman Kolbel on 'Potential growth cycles in mycobacteria – a new concept' and Dr John Grange on 'Research activities in mycobacteriology in progress'. The afternoon session was devoted to a round table discussion of the primary objectives of the Society. Suggestions for a variety of co-operative studies were made including one on drug sensitivity tests; the evaluation of culture media; storage of culture collection data; documentation of unusual mycobacterial infections; and, most important, an attempt to produce a manual of public health diagnostic methods for mycobacterial infections. The latter would incorporate the wide variety of techniques in use for the primary culture and subsequent identification and sensitivity testing of mycobacteria.

The next meeting of the Society will be in Florence in June 1981 and is open to anyone interested in problems associated with mycobacteria. Details are available from Dr H David, Chef de Laboratoire, Institut Pasteur de Paris, 25 rue du Docteur Roux, 75015 Paris, France. A newsletter will be produced at intervals and is available from Dr P A Jenkins at the above address. A list of reference facilities was produced by Dr J E M Whitehead, Public Health Laboratory Service, 61 Colindale Avenue, London NW9 5EQ., following the first meeting of the Heads of European Public Health Microbiology Services, and the following appear under the heading 'Tuberculosis: other mycobacteria':

Professor V Bonifas, Université de Lausanne, Institut de Microbiologie, 44 rue du Bugnon, CH-1000 Lausanne, Switzerland. (Tel. 021 22 33 91.)

K Bunch-Christensen and A Ladefoged, BCG Department, Statens Seruminstitut, Amager Boulevard 80, DK2300 – Copenhagen S, Denmark. (Tel. 01 952817.)

Dr Hugo David, Chef de Laboratoire, Institut Pasteur de Paris, 25 rue du Docteur Roux, 75015 Paris, France. (Tel. Paris 541 5266, Ext. 799.)

Dr H W B Engel, National Institute of Public Health, PO Box 1, Bilthoven, The Netherlands. (Tel. 030 789111.)

Dr P A Jenkins, Mycobacterium Reference Unit, Public Health Laboratory, University Hospital of Wales, Heath Park, Cardiff CF4 4XW, United Kingdom. (Tel. 0222 755944, Ext. 2049.)

Dr M Laidlaw, Director, Mycobacteria Reference Laboratory, Mearns Kirk Hospital, Newton Mearns, Glasgow, United Kingdom. (Tel. 041 639 2251.)

Mogens Magnusson, Tuberculin Department, Statens Serum Institut, Amager Boulevard 80, DK 2300 Copenhagen S, Denmark. (Tel. 01 952817, Ext. 2388.)

Additions to the list or comments about it should be addressed to Dr J Chr Siim, Statens Serum Institut, Amager Boulevard 80, DK2300 Copenhagen S, Denmark.

LEPRA PRIZE ESSAY COMPETITION FOR REGISTERED MEDICAL STUDENTS IN THE UNITED KINGDOM, 1981: either 'THE IN VITRO CULTURE OF THE LEPROSY BACILLUS' or 'LEPROSY AND PRIMARY HEALTH CARE'

Since 1972, first in Oxford, then in Birmingham and Edinburgh, LEPROSA, the British Leprosy Relief Association, has annually offered prize money of £100 for essays on various aspects of the leprosy problem. In 1977, it was decided to extend the offer to all universities with a medical faculty in the United Kingdom. The response has been encouraging, and the competition is therefore being continued in 1981 with the above alternative titles.

Entry requires neither clinical experience nor original work; essays will be most welcome from students in the junior years of medical study.

Candidates will be expected to summarise published work on either of the above subjects and to review it critically, recording their own comments in the form of a discussion or summary. No credit will be given for the mere reproduction of material which has already been published in books or journals; students should concentrate more on constructive comments and critical appraisal of what has so far been accomplished in the study of these two aspects of leprosy. Each candidate should choose only one of the above subjects.

References should be included as in scientific journals.

Entries should be typed on A4 paper, double-spaced with good margins, and should be of not more than 10,000 words. However length is not important and in previous years prizes have been awarded for essays of only 3,000 words.

The closing date is 31st December 1981. Entries should be submitted to Dr Colin McDougall, MD., F.R.C.P., Briscoe 1 Ward, The Slade Hospital, Headington, Oxford OX3 7JH, and must include the candidate's full name, home address, college (if relevant), university and year of study.

The sum of up to £100 will be awarded at the sole discretion of the judges, either to one candidate, or divided amongst several. If entries are not of sufficient merit, no prize will be awarded, but if there are several of high standard, LEPROSA may extend the available prize money accordingly.

LEPRA PRIZE ESSAY COMPETITION, 1980

The winner of the 1980 LEPROSA prize essay competition was Miss Janet Price of the Sheffield Medical School, who received a prize of £100 for her entry on '*BCG vaccination in tuberculosis and leprosy*'. We congratulate this medical student on a manuscript of exceptional quality, which is soon to be submitted for possible publication in the medical press.

LEPRA PRIZE ESSAY COMPETITION FOR REGISTERED MEDICAL STUDENTS IN ST JOHN'S MEDICAL COLLEGE, BANGALORE, INDIA, 1981: 'LEPROSY CONTROL IN SOUTH INDIA'

The conditions of this competition are similar to those for the United Kingdom given above but with its own subject '*Leprosy Control in South India*'.

For complete details please write to The Dean, St John's Medical College, Bangalore, India.