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News and Notes

Application for research grants, LEPRA, UK

Purpose of LEPRA research grants

The eradication of leprosy is LEPRA's ultimate goal. Towards that end, LEPRA's main policy is to extend the WHO recommended multidrug therapy to as many leprosy patients as possible by means of domicillary control programmes and to encourage and support research which is directly relevant to the understanding, prevention, and cure of leprosy.

LEPRA is therefore prepared to make grants for single projects which are designed to answer a single question or a small group of related questions in these areas. Such support will usually be limited to a maximum period of 3 years. Continuation of a grant within that period will be subject to annual review after receipt of a progress report, required at the end of each calendar year. Proposals for the support for a programme of research, rather than a finite project, will also be considered but not normally for an initial period of more than 3 years. In both cases an application for an extension of the grant beyond the normal 3-year period will be considered on its merits.

Personal direction of projects

It is expected that the grant holder will be actively engaged in his/her own project.

Applications

Applications may be submitted at any time, and will be considered at the earliest possible meeting of LEPRA's Research Grants Committee, which normally meets in late January, May, and early October. Applications are required 6 weeks in advance of each meeting.

For full application protocol and forms please write to: Projects and Research Officer, LEPRA, Fairfax House, Causton Road, Colchester, Essex CO1 1PU, and *not* to ILEP.

TDR: a new type of grant for scientists

The UNDP/WORLD BANK/WHO Special Programme for Research and Training in Tropical Diseases (TDR) announces the establishment of a TDR Project Development Grant which will be used to enhance the involvement of scientists from developing countries in research targeted at the development of new and better tools to control major tropical diseases.

This grant is open only to national scientists of developing countries who are interested in pursuing research on one or more of the TDR target diseases—malaria, schistosomiasis, filariasis (including onchocerciasis), African trypanosomiases, Chagas' disease, the leishmaniases and leprosy. It is designed to assist scientists in formulating technically sound proposals suitable for consideration for financial support by the various TDR Steering Committees.

The maximum amount allowable per investigator under this non-renewable grant is US $10,000. These funds may be used to seek the advice of recognized experts in the preparation of a research proposal on a subject area of interest to TDR; to gather baseline or other preparatory data; and/or to initiate preliminary research.

How to apply: Interested scientists are invited to submit a proposal on the official TDR 'Director's Initiative Fund' Application Form,* Completed application forms should be sent to the Office of the Director, TDR, World Health Organization, 1211 Geneva 27, Switzerland.

All requests for further information should be addressed directly to the Secretary of the Steering Committee that corresponds to the applicant's proposed topic of research, as listed below.

Chemotherapy of Malaria: Dr E B Doberstyn
Immunology of Malaria: Dr L Martinez
Applied Field Research in Malaria: Dr S Goriup
Schistosomiasis: Dr N R Bergquist
Filariasis: Dr C P Ramachandran
African Trypanosomiases: Mr F A S Kuzoe
Leishmaniases: Dr F Modabber
Chemotherapy of Leprosy: Dr Ji Baohong
Immunology of Leprosy: Dr H Engers
Biological Control of Vectors: Dr B Dobrokotov
Epidemiology: Dr R H Morrow Jr.
Social and Economic Research: Dr C Vlassoff

* Available from the Communications Officer, TDR, at the address given below.

Send all requests, addressed as specified above to: World Health Organization, 1211 Geneva 27, Switzerland.

Medical electives bursaries: Association of Commonwealth Universities, UK

The Commonwealth Foundation invites applications for Medical Electives Bursaries from senior medical students of approved medical schools in the Commonwealth, who are nationals of a Commonwealth country and are planning to spend an elective period elsewhere within the Commonwealth between 1 June 1988 and 31 May 1989 (UK students: 1 May).

The Lennox-Boyd Memorial Trust is offering Medical Electives Bursaries for senior medical students in Commonwealth medical faculties/schools, to assist them to spend their elective period in a Commonwealth (normally a Third World) country other than their own. These are separate from the bursaries offered by the Commonwealth Foundation.

Five bursaries, each of up to £1000, are offered with tenure at any time between 1 June 1988 and 31 May 1989. Their purpose is to enable Commonwealth medical students to gain, during their elective period, practical experience elsewhere within the Commonwealth—normally, although not exclusively, in a tropical Commonwealth country.

For further details contact: The Association of Commonwealth Universities, John Foster House, 36 Gordon Square, London WC1H OPF, UK. Tel: 01-387 8572.

(Our understanding is that the offers will be renewed every year. These bursaries are by no means well known and could obviously be valuable to students in the Commonwealth, including the UK. *Editor*).

Wellesley Bailey Scholarship

The Leprosy Mission (International) has funded a training and research scholarship named after the Mission's founder, Wellesley Bailey. The Scholarship(s) will be awarded annually up to a maximum value of £5000 to enable a leprosy worker to engage in an approved research project or in training in one of The Leprosy Mission's centres. Application forms and further details are available from the International Director, The Leprosy Mission (International), 80 Windmill Road, Brentford, Middlesex TW8 0QH.

Robert Cochrane Fund for Leprosy

The Fund, in memory of the great leprologist Robert Cochrane, is administered by the Royal Society of Tropical Medicine and Hygiene. It is to be used to finance up to 3 travel fellowships each year to a maximum value of £1200 each.

The Fund will support travel for:

1 Leprosy workers who need to obtain practical training in field work or in research.

2 Experienced leprologists to provide practical clinical training in a developing country.

There is no restriction on the country of origin or destination providing the above requirements are fulfilled.

Application forms are available from the Society and completed forms must be received by the Society at least 6 months ahead of the proposed trip. All applications must be sponsored by a suitable representative of the applicant's employer or study centre, and agreed by the host organization. A two-page report on the travel/study should be submitted to the Society within 1 month of the recipient's return.

Apply: Robert Cochrane Fund for Leprosy, Royal Society of Tropical Medicine and Hygiene, Manson House, 26 Portland Place, London W1N 4EY.

Brazilian Annals of Dermatology

This medical journal is the official organ of the Brazilian Society of Dermatology, Caixa Postal 389, 20000, Rio de Janeiro, RJ, Brazil. Partly because of the relatively few medical publications in Portuguese which are circulated, but also because it frequently carries articles on leprosy, it is worth watching. The latest issue has a particularly interesting contribution on the geographic distribution of dermatologists in Brazil, of which there are currently 2109. In the main areas of the country (Norte, Nordeste, Sudeste, Centro-oeste and Sul) the number of inhabitants per dermatologist varies between 75,051 and an amazing 166,487. It would be interesting to have information on their actual or potential role in the recognition, treatment and management of patients with leprosy.

AMREF: East Africa

From *Africa Today*, Spring 1988:

AMREF, the African Medical and Research Foundation works for better health for people in East Africa; mainly in Kenya, Somalia, Southern Sudan, Tanzania and Uganda.

For the last 30 years AMREF has created and organized health care projects that are relevant and useful in the rural communities. Its Flying Doctor Service takes health care to isolated regions; the immunization programmes protect the young against preventable diseases; the training of Community Health Workers means practical health care is a part of everyday life; and the medical research work saves lives and develops techniques of fighting ill-health that are cheap and appropriate in a rural situation.

AMREF is a charity. We make no profits and depend on funds from government and non-government aid agencies in Africa, Europe and North America, as well as from private donors. AMREF has 8 international offices in Canada, Denmark, France, Germany, the Netherlands, North America, Sweden and the United Kingdom, the headquarters are in Nairobi, Kenya.

For further information please contact: African Medical and Research Foundation, London House, 68 Upper Richmond Road, London SW15 2RP.
Tel: 01-874 0098.

You can also contact AMREF at its Nairobi Headquarters: AMREF, Wilson Airport, PO Box 30125, Nairobi, Kenya. Tel: Nairobi 501301/2/3. Telex: 23254 AMREF.

People's Republic of China: role of doctors in medical colleges and general hospitals in the continuing fight against leprosy

The latest edition of the *China Leprosy Journal*, Volume 4, Number 2, June 1988, has an editorial entitled *All the Doctors in Medical Colleges and General Hospitals must be Fresh Activists in the Struggle for Eradicating Leprosy*. The author is Qin Shide, from the Dermatology Department of the Hospital attached to Qingdao Medical College. The article opens as follows:

'Qingdao is located in the half island of Shandong province where leprosy is a frequently-occurring disease. For several decades doctors in the Dermatological Department of the hospital attached to Qingdao Medical College have been treating patients from the coastal areas of Shandong province and also some Shandong patients who now live in the Northeast, Northwest and Jiangsu province. In recent years, the number of patients has sharply dropped. This is a good omen for eradicating leprosy in our country in a short period of time. However, we must not lower our guard in preventing leprosy in practice. In our Out-patient Department, we still meet some misdiagnosed leprous patients.

'According to our statistics, the majority of patients go to their local general hospital for the first treatment. Most of them have experience of being misdiagnosed. Since most of the doctors at this level have never seen a case of leprosy.' In order to improve this situation, the article goes on to explain: 'We have closely cooperated with the Qingdao Dermatological Association and Hospital to organize one academic activity every 2 weeks. Seminars are often held to exchange developments on the prevention and treatment of Leprosy. We also arrange for visiting doctors, medical students and doctors in other general hospitals to visit the leprosy hospital with the aim of increasing awareness of diagnosis and treatment among health workers.'

It was said in 'The Strategies of War Kingdoms' that 'Ninety Li is only half of a hundred Li journey'. This means that the going is the toughest towards the end of a journey'. (One must sustain one's effort when a task is nearing completion.) 'When a country enters a phase in which there are fewer and fewer patients with leprosy, more and more effort is required to maintain vigilance, so that the last remaining patients are detected early and treated properly. In this task, medical students and all doctors must be the principal force contributing to the eradication of leprosy in this country.'

[See also final paragraph of '*Problems of tuberculosis in decline*'; by N W Horne; editorial in *British Medical Journal*, Volume 288, 28 April 1984; '. . . the first country to eliminate tuberculosis will be that country which regards it as a serious problem right to the end.' *Editor*].

TDR: support for telefax equipment

In an effort to support and encourage better communication among TDR-supported institutions, TDR will consider requests for telefax equipment in research project proposals submitted to TDR in future.

This support is available only to investigators and institutions in developing countries.

TDR will approve up to US$4000 for purchase of a telefax machine. Institutions will be encouraged to purchase this equipment locally.

In most countries, telefax equipment is regulated by national postal authorities. Principal Investigators should ensure that the make and model of the telefax equipment requested has received the necessary local authorizations. The availability of maintenance and repair services should also be verified.

Apply: TDR, WHO, 1211 Geneva 27, Switzerland.

Erwin Stindl Memorial Orations, India: 1984–88

We are grateful to Dr D S Chaudhury, Director, GRECALTES, 35/1/A, Old Ballygunge, 1st Lane, Calcutta 700 019, India, for sending copies of orations delivered in India under the above title from 1984 to 1988. The subjects were: 'An overview of immunological aspects of human leprosy'; 'Recent ideas and progress in the treatment of leprosy'; 'Biochemical aspects of leprosy'; 'Immunodiagnosis in leprosy'; 'Nerves and veins in leprosy'.

Action in International Medicine (AIM), UK

We have received the following information on this newly-formed charity from The Assistant Librarian, The Royal College of Physicians, 11 St Andrews Place, London NW1 4LE.

1 What is AIM?
AIM is established by Colleges and Academies (and equivalent institutions and associations) of medicine, nursing and allied health professions as a private, non-profit, wholly professional organization with the objective of cooperating in measures to reduce, prevent and alleviate diseases and disabilities in the poor and deprived regions of the world.
2 What is the purpose of AIM?
In general, any activity which effectively reduces the burden of ill health in the South or Third World would justify AIM's existence.

In legal words, the objectives have to be widely defined in terms of education and relief of suffering.

In practice, AIM must seize the first opportunity to demonstrate its usefulness. WHO, which is strongly supportive of the potential value of AIM, proposes that the best immediate task for AIM would be to collaborate with WHO in developing systems of intermediate health care, which coordinate hospital and primary health care.
3 Why is AIM needed?
Despite great efforts by WHO and other private and intergovernmental agencies concerned with health, treatable and preventable diseases and disabilities continue to cripple many millions of the world's poorest people. WHO identifies 33 countries where, to give just one example, the deaths of women in childbirth are between 50 and 400 times the maternal mortality in the developed countries. Fourteen million children under 5 years die each year from diarrhoea, malaria, measles, acute respiratory infections, tetanus and other conditions of which many could be avoided by pre-natal care, breast-feeding and education in nutrition. Mass diseases and parasitic infestations drain the economic viability of large populations, from generation to generation.
4 What is the attitude of AIM to the health problems of the Third World?
AIM's hope is to promote among all relevant professions an international climate favourable to the rapid improvement of health in the least developed countries.

The overall goal is to raise health status; to increase knowledge of how the health of communities and populations can be improved.

AIM fully recognizes that countries are responsible for their own development, and whatever support AIM can provide will be based on this principle.

All who serve AIM in any capacity will have to respect the sensitivities, cultural characteristics and psychosocial background of the people among and with whom they work.

AIM is confident that active cooperation between members of the health professions of the developed and less developed countries will be of benefit to both sides—and conceivably will help to create a network of greater mutual respect and understanding.

AIM will supplement and in no way attempt to supersede the many efforts being made to improve Third World health.
5 What can members of the medical, nursing and allied health professions in the developed world do for the Third World?
Most medical professionals have difficulty in meeting the needs of people in their own countries and communities. They may deplore the avoidable miseries of unknown millions but have no time, few opportunities and little relevant training to intervene.

They can, however, commit themselves to a mass expression of concern and a determination that an intolerable human situation cannot be allowed to continue.

AIM is attempting to mobilize this concern and determination. It is practical to start by enrolling those colleges, academies and similar institutions which are primarily involved in the standards of medical education and training. Their involvement in the health problems of the Third World may be expanded through AIM. Their leadership is essential.

(This almost astonishingly wide-ranging and ambitious project is headed by a group of eminent medical figures in the UK. Its relationship to somewhat similar objective and activities within WHO and other agencies is as yet unclear, but its potential contribution to the improvement of Third World health appears to be considerable. *Editor*.)

The Leprosy Mission International, London: change of address

TLMS have moved from Portland Place and their new address is: The Leprosy Mission (International), 80 Windmill Road, Brentford, Middlesex TW8 0QH, UK.

Essays on Leprosy by Oxford Medical Students

This book of 184 pages has just been published for the St Francis Leprosy Guild (21 The Boltons, London SW10 9SU) by the Department of Dermatology, The Slade Hospital, Headington, Oxford OX3 7JH, England. Copies are available from Dr T J Ryan at this address: price £10.00 each, including postage.

The Preface reads as follows:

'One of the rewards of being associated with leprosy research in Oxford, including the better strategies for

control programmes, has been the interest of successive generations of students in the Oxford Medical School. Several have chosen the subject for dissertations in their Final Honours School or for participation in competitions, such as LEPRA's Annual Essay Prize or the Renwick Vickers Prize for Dermatology. Often such essays have been rich sources of information and ideas as well as usefully comprehensive reviews. For that reason, we have selected some recent essays for publication in association with the Conference of 'Dermatology in the developing World' sponsored by the International Society of Dermatology and the International Society of Dermatopathology, September 1988, to be held in Oxford. We are grateful to the students themselves, to the journals which have already published a selection of their essays and to the St Francis Leprosy Guild and Squibb–ConvaTec for their support.'

The essays selected are the following:

The mode of transmission of human leprosy. Mark Machin; The *in vitro* cultivation of *Mycobacterium leprae*. James Hutchinson; Aetiological factors in delayed-type hypersensitivity reactions in leprosy. Paul Klenerman; The influence of immunosuppression and immunodeficiency on infections with leprosy and tuberculosis. Nicola H. Strickland; The mechanism of nerve damage in leprosy. Miles Parkes; Hypopigmentation in leprosy: its mechanism and significance. Melanie Parker; Are lymphatics important in the pathogenesis of leprosy? Tania Mathias; The mode of action of dapsone in leprosy and other disorders. Benjamin Mancey-Jones; A study of the efficacy of Duoderm dressings applied to chronic ulcers on patients at a rural south Indian hospital. James Mumford and Susan Mumford; and 'Naaman's dilemma'—factors influencing the compliance of patients to prescribed drugs in chronic diseases, with particular reference to leprosy. Rodney Macrorie.

Leprosy and women: seminar in India, February 1988

Dr K V Desikan, Leprosy Histopathology Centre, Mahatma Gandhi Institute of Medical Sciences, Sevagram 442 102, via Wardha (Maharashtra), India, has kindly supplied the following information of a seminar in India:

A seminar on 'Women and Leprosy' was held at Manohardham Dattapur, Wardha on 15 February 1988 to coincide with the anniversary of the death of its founder Shri Manoharji Diwan. It was inaugurated by Mr Neil Winship, Director of LEPRA and presided over by Shri S P Tare, Director, Gandhi Memorial Leprosy Foundation, Wardha. Mrs Kamala Desikan, Secretary of Tsubosaka Dera Kushtha Sewa Pratishthan described the problems of women leprosy patients and explained the objectives of a seminar on an important problem demanding a high priority in socio-economic rehabilitation. The papers included the special scientific problems of leprosy in women, sociological aspects of leprosy in women, special rehabilitative measures for women, and the important role of women in community participation for antileprosy work.

Leprosy control in Spain

The Third National Meeting on Hansen's Disease (Leprosy) was held in Tortosa, Catalunya, Spain 5–7 May 1988. This meeting, convened by Ciba-Geigy, Barcelona, had the main object of discussing multiple drug therapy on a national scale in Spain, possibly using blister calendar packs for both pauci- and multi-bacillary patients. It was attended by about 60 people including representatives from the Ministry of Health and Central Pharmacy in Madrid, the Department of Health in Barcelona and all the provinces with a significant leprosy problem. It is important to note that responsibility for leprosy control in Spain has now been devolved to communities ('communidades'), of which there are 17; Catalunya, Valencia, Murcia, Andalucia, Canary Islands, Balearic Islands, Estramadura, Galicia, Navarra, Madrid, Pais Vasco, Castillo La Mancha, Castilla Leon, Aragon, Asturias, Cantabria and Rioja. There is no 'central' leprosy 'department' in Madrid; the work of individual patient management and control must now be organized at 'communidad' level.

Invited speakers at the two-day meeting covered; 1, the present situation with regard to leprosy in Spain; 2, multiple drug therapy for leprosy; 3, the use of blister calendar packs, with specific reference to the controlled trial which is currently under way in Thailand; and 4, the possibility of using the OMSLEP system for the recording of basic data on individual patients and epidemiological trends.

Spain has approximately 5000 patients registered, but there is doubt about this figure; it is thought that a detailed and systemic analysis would reveal that the true total (prevalence) is in the order of 3000. The yearly incidence of new cases is about 80. The most seriously affected areas are those where socio-economic conditions are poor. The lepromatous rate was recorded as 66% by WHO in 1979. Many cases presenting for the first time have considerable disability. BCG was stopped some years ago (on the grounds that it was of no practical value and confused the interpretation of tuberculin testing in infants suspected of clinical TB). Multiple drug therapy is used in some areas, but patchily and on a small scale. The incidence of dapsone resistance is not well documented, but many cases in Spain have been on dapsone monotherapy for 10–20 years; irregularity and inadequate dosage are both more than likely.

Conclusions are still to be drafted and circulated for discussion, but it can be recorded that the consensus view of the participants, with backing from Madrid and Barcelona, was that MDT according to WHO recommendations should be used on a national scale in the form of blister-calendar packs, with implementation as soon as reasonably possible. All active multibacillary cases will receive a minimum of 2 year's treatment.

A manual of procedures is to be written and circulated in the near future.