

## 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.*

**ILEP.** The Medical Commission of ILEP, under the presidency of Prof. Michel Lechat, met at Carville, Louisiana on November 20-23, 1978. The Commission paid tribute to the dynamic leadership of its president who relinquished his office after a three year term. Dr. K. F. Schaller was elected in his place, with Dr. J. A. Cap and Dr. A. C. McDougall as vice-chairmen.

One item of special interest from the ILEP meeting was the adoption of a very important resolution:

In the light of the fact that the United Nations had designated 1979 to be the International Year of the Child and that children with leprosy and children who are related to leprosy patients are still discriminated against, the following resolution is proposed for adoption by the ILEP General Assembly:

Every child with leprosy, and every child coming from a family with one or more members who have leprosy should have the same general rights as other children including the right:

- 1) to normal family life in his own community
- 2) to adequate nutrition
- 3) to free education in company with his contemporaries
- 4) to the same opportunities for play and recreation as other children
- 5) to appropriate medical care in general or specialized health facilities
- 6) to special care if handicapped without discrimination because of leprosy

Recognizing this:

The National Governments of countries where leprosy is endemic, if they have not already done so, are called on formally to accept and openly promulgate these basic rights throughout their Health, Social Welfare, and Education Departments.

The World Health Organization (WHO) and the other specialized Agencies of the United Nations which could be concerned are called on to incorporate them into their planning criteria and

All Non Governmental Organizations involved in any way with leprosy are urged to build them into their programs.

—(Adapted from S. G. Browne's report and ALM News Brief, Dec. 1978)

**Africa.** *The Leprosy Mission sponsors seminars in Africa.* True to its expanding role in "communicating"—to use an old word in a fashionable way—The Leprosy Mission (TLM) has been sponsoring seminars in various countries. Cooperating closely with government authorities, and frequently taking the initiative, TLM recently organized two seminars in Lesotho and Zambia during the months of June-August 1978. In all of these, government and TLM doctors (both Roman Catholic and Protestant) joined with provincial leprosy control officers, public health nurses, and key auxiliary workers of several kinds (physiotherapists, laboratory technologists, occupational therapists) engaged wholly or part-time in the leprosy service, to study leprosy intensively during seminars lasting a few days conducted by Dr. S. G. Browne. By means of lectures and clinical demonstrations, sometimes with the much appreciated collaboration of local staff, the participants were brought up to date on recent findings in leprosy research and modern views on treatment and control. In each case recommendations were made for submission to the governments concerned. Advantage was taken of opportunities for delivering lectures to doctors, medical students and others, to stimulate interest in this challenging disease.—(Adapted from S. G. Browne's report)

*The Tanzania Leprosy Association.* Due to the breaking up of many of the common services in East Africa, the East African Leprosy Association has ceased its operations, but the members of its Tanzanian branch refused to accept this *coup de grâce*. The happy suggestion that the branch should join forces with the National Leprosy Advisory and Coordinating Committee of Tanzania resulted in the creation of the Tanzania Leprosy Association.

His Excellency the Minister of Health of Tanzania, Dr. Leader Stirling, officially

inaugurated the new association at an enthusiastic and representative meeting at Arusha on July 25, 1978, and announced that President Julius Nyerere had consented to be the patron of the association.

The first activity of the newly formed association was to organize and sponsor a highly successful scientific meeting at Arusha. Participating in the meeting were Dr. H. Sansarricq, Chief of the Leprosy Section, Division of Communicable Diseases, World Health Organization, Dr. S. G. Browne, Secretary of the International Leprosy Association, and Dr. H. Wheate from Addis Ababa, who was formerly the leprosy advisor to the government of Tanzania. Under the leadership of Prof. G. D. Georgiev of the University of Dar-es-Salaam, and Dr. K. Balslev, the Tanzania Leprosy Association should fulfill a real need, and to judge from the highly successful scientific meeting at Arusha, it should exert a salutary influence on the whole policy and program of leprosy control in Tanzania and beyond.—(*Adapted from S. G. Browne's report*)

**Belgium.** *Basic health services in developing countries.* A well attended international colloquium on basic health services in developing countries was held at the Institute of Tropical Medicine in Antwerp on December 8-10, 1978. Although specific health hazards (such as leprosy) were not studied in the presentations or working groups, the implications for leprosy treatment and control of the broad principles discussed were never far from the minds of the two attending leprologists representing the International Leprosy Association, Prof. M. F. Lechat and Dr. S. G. Browne.

Following current trends and fashions in terminology and concepts, the colloquium considered such matters as coverage of the population concerned, rural or urban, and participation of the general public in making decisions about and taking responsibility for the health services they need. Participants were not deceived by the politically motivated slogans and catch-phrases that have recently achieved wide publicity, nor deluded by some current assumptions that intractable problems can be solved by repetition of a few emotive words or phrases. It was insisted that health professionals themselves should be open to the expressed needs of the

populations they serve, and that their responsibilities as team leaders are likely to increase rather than diminish as the "basic health workers" come to be recruited, trained, supervised, and linked with a central referring authority.

Leprosy is a chronic disease that may fail to obtain the attention it deserves and its share of resources and skilled man hours, since in many countries it still lacks a popular image that it is recognizable in the early stages and can be arrested before deformity has occurred. Without overemphasizing its importance in any given situation, leprosy calls for an increasing vigilance on the part of those who are mainly concerned with this disease.—(*Adapted from S. G. Browne's report*)

*Leprosy and tuberculosis.* At the 24th World Conference of the International Union Against Tuberculosis, held in Brussels on September 5-9, 1978, a two hour plenary session was devoted to leprosy. Although a regrettably small proportion of those attending appeared to find the subject of leprosy sufficiently attractive, many doctors from countries of the Third World who are faced today with the problems of both leprosy and tuberculosis were eager to avail themselves of the expertise provided by Drs. M. F. Lechat, H. Sansarricq, S. G. Browne, S. Pattyn, E. Freerksen and R. J. W. Rees.

The various contributions indicated the similarities and the differences between the two diseases. In leprosy the continued lack of a method of culture of the causative organisms on artificial media still hampers investigations, as does the apparent impossibility of matching the excellent controlled clinical trials in tuberculosis that have meant so much in the popularization of precise programs of multi-drug therapy.

With governments examining, or actually adopting policies of combined attack on both these "tropical" scourges, it behoves those concerned primarily with leprosy to renew their efforts to arrest the disease in patients suffering from multibacillary forms of leprosy and prevent the infection of susceptible contacts. The increasing menace of drug resistance, the investigation of which has owed much to the earlier work on tuberculosis, lends point to many of the views on this theme expressed during this interesting session at the conference.

Thanks are due to Dr. Annik Rouillon, the dynamic director of Scientific Activities of the World Conference of the International Union Against Tuberculosis, for her initiative in suggesting these sessions and for her contacts with the ILEP Medical Commission.—*(Adapted from S. G. Browne's report)*

**Canada.** *The 1980 World Congress of Rehabilitation International to be held in Winnipeg, Canada on June 22-27, 1980.* The Winnipeg Convention Center will be the site for the congress which is sponsored by the Canadian Rehabilitation Council for the Disabled. The theme of the congress is "Prevention—Integration. Priorities for the 80's." Simultaneous interpretation will be provided in English, French and Spanish in all plenary sessions. The congress will include: Pre-Congress Seminars on Education-Vancouver, Medical-Kingston, Social-Winnipeg, Organizational-Winnipeg, Technical Aids-Ottawa, Vocational-Toronto; Workshops on Disability and the Family, and Participation of Disabled in the Rehabilitation Process; Special Events which will include a film festival and competition, rehabilitation exhibition, and photograph display and competition. For further information please write to: The Canadian Rehabilitation Council for the Disabled, P.O. Box 1980, Winnipeg, Manitoba, Canada R3C 3R3.

**England.** *Dr. A. Colin McDougall is new editor of LEPROSY REVIEW.* Dr. McDougall has taken over the editorship of LEPROSY REVIEW beginning with Volume 50 of 1979, a post ably filled until recently by Dr. T. Frank Davey, CBE.

Dr. McDougall brings to his task a wide and varied experience as dermatologist and general physician in the Far East and elsewhere, clinician in charge of the leprosy program in Zambia, and research worker. His contacts with commercial organizations and governments overseas and with LEPROA have prepared him in other ways for his new responsibilities. He has shown himself to be a careful writer and a good communicator. If, in Bacon's well-known phrases, "reading maketh a full man, writing an exact man, and conference a ready man," then we can imagine few people better qualified than Dr. McDougall to occupy the editorial chair of LEPROSY REVIEW. We look forward to a con-

tinuation of the happy contacts the IJL has had with previous holders of the office.—S. G. Browne

*Leprosy—and water and sewage.* The International Symposium on Prevention and Control of Water-Related Diseases in the Tropics, held in London on December 11-14, 1978, under the joint auspices of the Royal Society of Tropical Medicine and Hygiene, the International Association on Water Pollution Research, and the Institution of Civil Engineers, brought together over 200 experts from more than 40 countries. As doctors, engineers, microbiologists, economists, etc., all were concerned in some way with the health of peoples living in developing countries, especially with the huge problems of health and hygiene in relation to water. As Dr. Browne (president of Royal Society of Tropical Medicine and Hygiene) said in welcoming John Tomlinson, Under Secretary in the Ministry of Overseas Development, who opened the symposium, "bringing good water to and taking soiled water from households in the tropics, is the greatest single benefit that Western science and technology could confer peoples of developing countries."

The symposium provided for leprosy workers a salutary reminder that leprosy is but one among many transmissible diseases common in tropical and subtropical countries, and that water-related diseases take a far greater toll in acute and chronic morbidity and mortality than leprosy. Our very preoccupation with a disease whose victims are still far too often neglected should not blind us to the risk that they too run of contracting intercurrently some water-related disease (e.g., intestinal infections and parasites, malaria, filariasis, hepatitis, schistosomiasis), nor to the principal killing, debilitating and maiming diseases that afflict chiefly the populations that are also exposed to leprosy infection.—*(Adapted from S. G. Browne's report)*

*WHO Regional Committee for Europe.* At the recent meeting of the committee held in London on September 19-23, 1978, Dr. Stanley Browne was given an opportunity to address the delegations from Member States on behalf of the International Leprosy Association. The following summary of his speech appeared in the report of the meeting.

"Dr. Browne (ILA) recalled that indige-

nous leprosy remained a sizeable and still virtually uncontrolled problem in a number of European countries, notably countries of Southern Europe and the USSR; that was quite apart from the problem of imported leprosy. Naturally, however, leprosy in Europe was only of very small relative importance when compared with the situation in countries of the Third World. He would accordingly, together with the Director-General of the World Health Organization, plead for greater recognition by the countries of Europe of their medical, social and moral obligations for the health problems of the developing countries. He urged closer links between existing expertise so that resources could be deployed for the benefit of leprosy sufferers, particularly in the realms of microbiology, immunology and therapeutics. As chairman of the WHO Expert Committee on Leprosy, he had warned governments of the gravity of the problems of drug resistance and persister organisms, and of the urgent need to give more serious attention to the problem of leprosy. He drew attention to the International Congress to be held in Mexico City in November of the present year."—S. G. Browne

**Germany.** *Report from the International Committee of Dermatology.* The members of the Committee met in Munich on September 6-9, 1978, together with Prof. L. Dominguez Soto, Secretary, XV International Congress of Dermatology in Mexico 1977, and members of the Organizing Committee of the XVI International Congress of Dermatology to be held in Tokyo in 1982. A final report of the XV Congress in Mexico was given by Prof. Dominguez Soto. Reports on the evaluation of the scientific program were given by the chairmen of the subcommittees for the different scientific sessions. These reports were intended as a guide for the arrangements of the program at the next congress which will be held in Tokyo on May 23-29, 1982.

The Japanese colleagues presented a detailed report of the planned organization of the XVI Congress. The main congress site will be the Hotel New Otani which has good facilities for the different scheduled scientific sessions. Accommodations could also be arranged in other hotels within walking distance from the congress hall. Special group flights with reduced prices can be arranged

from Africa, North and South America, Australia and Europe.

The chairman of the Japanese Program Committee, Prof. Shigeo Ofuji, was elected as a consulting member to the different subcommittees. The subcommittees will be responsible for the organization of the program. They should also clearly define the criteria for their sessions for the next meeting. The seminars for Asian dermatologists will be sponsored by the Japanese Dermatological Association and given in English with Japanese translation.

An offer from the European Society of Dermatological Research and the Society for Investigative Dermatology to cooperate on the scientific program was gratefully accepted. A committee consisting of Profs. Seiji (chairman), Dominguez Soto and Wilkinson will present a proposal regarding publication of abstracts and proceedings of the next and subsequent congresses at the next meeting of the ICD. The International Committee also decided to prepare a booklet with facts about the International League of Dermatological Societies for distribution among the members.

The Costarican Dermatological Association had made an application for membership which was unanimously accepted by the Committee.

The Secretary General-Treasurer was requested to make an inquiry among all the society members of the League about their opinion concerning the site of the XVII International Congress of Dermatology which will be held in 1987.

A committee for the revision of the rules and regulations of the International League of Dermatological Societies was elected consisting of Profs. Cabre, Civatte, Thyresson (chairman), Winkelmann and Wolff. For further information please address correspondence to: Nils Thyresson, M.D., Professor of Dermatology, Secretary General, International Committee of Dermatology, Department of Dermatology, Karolinska Sjukhuset, S-10401 Stockholm, Sweden.—(*Adapted from Report from Int. Comm. Dermatol.*)

**India.** *Hind Kusht Nivaran Sangh Annual Report for 1977.* The Sangh has 20 State Branches which, in turn, have district and local branches. Efforts are being made to organize branches in areas where the need is

evident and branches are not yet in existence. The governing body of the Sangh consists of officials, scientists, social workers, representatives of voluntary organizations and others, thus enabling the Sangh to provide a common platform for total coordination of efforts. The Sangh also collaborates with the government and other voluntary organizations.

Health education serves as the primary function of the Sangh to achieve its main objective of relief and control of leprosy. It is directed towards the enlightenment of the medical profession, the public at large, and the patients themselves. This three-pronged approach is handled through the use of posters, pamphlets, brochures and other publication materials which are all focused on the various aspects of leprosy. During the year a variety of new literature and posters was added to the already existing supply of publications. The Government of India was approached with a recommendation to include education on leprosy in the syllabuses of teachers and schoolchildren.

Every year on January 30th World Leprosy Day is observed in India as "Anti-leprosy Day." Functions are held throughout the country to focus public attention on the problem of leprosy. A Leprosy Seals Sales Campaign was organized with renewed vigor as a means of health education as well as for fund raising for the Sangh. A scientific quarterly journal, *LEPROSY IN INDIA*, is published by the Sangh. The journal has reached international standards and deals with research and general aspects of leprosy, and contains original articles, reviews, research reports, etc., by eminent leprologists, medical scientists and social workers.

Imparting training in leprosy physiotherapy has always been a proud privilege of the Sangh. Three types of training courses are conducted under the auspices of the association: Leprosy Physiotherapy Technicians Training Course at Purulia and Vellore, Refresher Course for Trained Physiotherapists, and an Orientation Course for Medical Officers Engaged in Leprosy Work at Vellore. So far, Vellore alone has trained 353 candidates of whom 13 are from abroad, and a good number sponsored by the government. Incentives in the form of scholarships and awards are provided for medical professionals and research workers so that they may contribute more towards leprosy research

work in India. The Sangh also awards travel fellowships to senior paramedical workers.

A home known as "Shanti Illam" for surgical and other treatment of indigent leprosy patients is maintained by the Sangh near the Christian Medical College & Hospital, Vellore. A total of 404 patients were accommodated during the year 1977 with 165 operations being performed.

There is clear evidence as this year comes to an end that there is an increased tempo in the activities of the State Branches, especially in the area of health education, and surveys and treatment. A number of the State Branches are printing and distributing health education material in the regional languages. Some have mobile publicity units equipped with projectors, films and slides. The branches in Orissa and Haryana are conducting leprosy colonies with the grant-in-aid from the State Governments. Some branches are conducting surveys, and education and treatment programs with aid from the Government of India. All branches are being encouraged to recognize the unmet needs of leprosy patients in order to call attention of the government and other voluntary agencies to their problems.—(*Adapted from report of Pyare Lall, Hon. Secretary*)

*The Foundation for Medical Research.* The three year report of this interesting research institution in Bombay, covering its first three years from January 1975 to March 1978, tells of its founding as a memorial to Dr. Kantilal J. Sheth by the combined charities of the Sheth and Godrej families.

The small but carefully selected staff, competent in several different disciplines and headed by Dr. N. H. Antia as research director, is engaged in carrying out research in various aspects of leprosy. Additionally, already in its short history the institute has attracted an unusual number of distinguished visitors and lecturers.

Research activities currently concentrate on several aspects of leprosy, on immunologic studies concentrated on two important constituents of cell-mediated immunity, the lymphocyte and the macrophage; and on efforts to cultivate *M. leprae* including detailed studies of the ICRC bacillus.

The report indicates that a well-organized active institute for leprosy is swinging into

full action and can be expected to make significant contributions to the understanding and control of this disease. The address of the institute is: The Foundation for Medical Research, 84A, R. G. Thadani Marg, Sea Face Corner, Worli, Bombay-400 018, India.—O. K. Skinsnes

**Korea.** *Dr. Stanley C. Topple awarded Korean prize.* American Leprosy Missions takes great pleasure in reporting that Dr. Topple of the Wilson Leprosy Center, Soonchun, Korea received the top Korean prize in the social welfare field in the May 16 National Awards for 1978.

The National Awards Foundation annually selects outstanding people in various fields for their contributions, "to the development of the Korean nation, as a way to promote the spirit of the May 16 Revolution."

Dr. Topple was cited for, "providing medical treatment for tens of thousands of needy Korean patients, especially leprosy patients, during his 18 years in Korea" and for "using all his energy to give physically handicapped people houses and jobs, and their children scholarships."

A graduate of Davidson College and Emory University School of Medicine, Dr. Topple went to Korea in 1959 and married Mia Amundsen, M.D. in 1962. They work together in the 40-bed hospital in Soonchun. Dr. Topple is an orthopedic surgeon; his wife, originally a pediatrician, studied ophthalmology in order to learn to treat the eye problems common among leprosy patients.—(From ALM Bulletin, Fall 1978, p 7)

**Portugal.** *CIOMS holds conference on medical experimentation and human rights.* An important Round Table Conference on "Medical Experimentation and the Protection of Human Rights" was held in Portugal on 30 November and 1 December under the auspices of the Council for International Organizations of Medical Sciences. Among the 46 members of the CIOMS represented was the ILA, in the person of its secretary, Dr. S. G. Browne who is a vice-president of CIOMS. Fifty-three countries sent delegates to the symposium along with representatives from WHO, Unesco, the United Nations, the Council of Europe and the Holy See.

The subject of the conference was of great

interest and importance, since the continued advance of medicine and research depends on the development of new investigative technics and new therapies. All these pose potential hazards and risks, and unless the ethical and moral implications of research are recognized and respected the ultimate gain to humanity might be achieved at too high a price. The general principles embodied in successive codes (Nuremberg, Helsinki, Tokyo) need to be applied in specific situations, through review committees that are usually hospital-based. The symposium recommended that the ethical issues in medicine be included in medical curricula and continued in the post-graduate education of the doctor who is during these formative years often confronted by the real problems of professional life and practice.

In leprosy the ethics of the controlled drug trial, the place of placebos, and the practical difficulties of obtaining true "informed consent" for investigations employing invasive technics (such as venipuncture, skin smears, biopsies, etc.) or mass treatment programs, would have to be considered in the establishment of general guidelines that could be modified to suit the needs of individual countries and situations.—(Adapted from S. G. Browne's report)

**Switzerland.** *Ciba-Geigy publishes booklet on "Lamprene in Leprosy. Basic Information."* The booklet, published in October 1978, was compiled by Dr. S. J. Yawalkar and Dr. W. Vischer of the Pharma Division, Ciba-Geigy, Ltd., Basle, Switzerland. It has 15 pages, a list of 45 references, and is comprised of the following chapters: Introduction, Composition, Presentation, Absorption, Serum Concentrations, Tissue Distribution, Excretion, Therapeutic Effect, Indications, Dose Schedules, Toxicity, General Tolerability, Precautions. Those persons interested in this booklet should write directly to Ciba-Geigy at the address mentioned above.—L. W. Peterson

**U.S.A.** *Carville, 19th Annual International Seminar on Leprosy held at the USPHS Hospital in April 1978.* Fifty delegates attended from 21 countries. They were exposed to a comprehensive series of lectures, ward rounds, discussions and demonstrations on clinical aspects of leprosy, principles of lep-

rosy control, and outlines of the research currently being carried out at the institution. Most of the teaching was undertaken by the staff of the USPHS Hospital itself. These were reinforced by some special lecturers. Many delegates had substantial experience with leprosy and made invaluable contributions to the seminar. The training branch of the USPHS Hospital is accumulating an outstanding collection of video tape presentations of topics in leprosy. Some of these were used during the seminar.

The seminar has proved to be of value to clinicians and research workers alike, an introduction to leprology for those without previous experience of dealing with leprosy patients and a refresher for those with a good background in leprosy. Clinicians who reside in the United States or who take their furloughs there are fortunate in having this opportunity to keep abreast of current developments. The 1979 seminar is planned for April and all inquiries should be addressed to American Leprosy Missions, 1262 Broad Street, Bloomfield, New Jersey 07003, USA.—ALM News Release

*Dr. Charles C. Shepard receives the Raoul Follereau Award for 1978, which was created by Le Secours aux Léproux (Canada) Inc.* Dr. Shepard, who is chief of the Rickettsial Diseases Unit, Virology Section, Center for Disease Control, Atlanta, Georgia, was presented the award at the XI International Leprosy Congress in Mexico City by Professor Michel Lechat, Medical Consultant, Le Secours aux Léproux. The inscription on the medal reads, "1978—Dr. Charles C. Shepard, Atlanta, Geo., in recognition of the unique importance and impact the mouse foot pad model has contributed to all the basic and applied advances made in the field of leprosy since 1960."—LSL News Release

*Dr. Paul Fasal retires from the United States Public Health Service, on January 10, 1979.* Dr. Fasal has had a long and distinguished career in the Public Health Service as a dermatologist and leprologist. For many years Dr. Fasal has served as the Chief of Hansen's Disease Service at the U.S. Public Health Service Hospital in San Francisco. He received the Outstanding Civilian Service Award of the U.S. Army in 1969 for his work

as consultant in leprology at San Francisco's Letterman General Hospital, and in 1972 he was presented the Distinguished Service Award, the highest accolade of the U.S. Government "in recognition of achievements in the study and treatment of leprosy."

*GSRI shuts down leprosy research program.* GSRI, whose scientists have reported finding leprosy-infested wild armadillos in South Louisiana, has shut down its leprosy research program for lack of funding. The program has been absorbed by the American Registry of Pathology, an entity which works with the AFIP in Washington, according to Roger Rowland, president of GSRI.

In January 1976, GSRI researchers reported they found leprosy in armadillos captured for experimental use near the swampy coast of Louisiana some 30 miles southwest of its New Iberia laboratories. The announcement startled the scientific world because GSRI was claiming a natural occurrence of leprosy in wildlife as opposed to the deliberate cultivation of the disease in laboratory animals.

Rowland said GSRI had applied for a multi-year grant from the National Institute of Allergy and Infectious Disease, a division of the NIH, to continue its leprosy research. The leprosy research program was approved, but the NIH considered it a low priority program, he said. Therefore, the program was not funded. He said leprosy is not considered a disease imminently dangerous to Americans as is heart disease and cancer. It has been estimated that only 3,000 to 4,000 persons in the U.S. have leprosy, compared to 10 million persons worldwide.

Ralph Wheeler, associate director of GSRI's life sciences research, said the previous NIH grant ran out in April 1977. That agency had been a funding source on and off for eight years, he said. The only funding source left was the WHO, Wheeler said. The WHO, however, would not allow any overhead costs, only salaries and supplies to be charged against its grant. Rowland said GSRI decided it could not underwrite the program to cover the loss of the NIH grant. Rowland said diseased armadillos and any specialized equipment used at the GSRI laboratory in New Iberia have been shipped to Washington.—(Adapted from article ap-

pearing in the BATON ROUGE MORNING ADVOCATE, January 18, 1979)

*Physical therapy in leprosy.* The value of physical therapy in the prevention and correction of the crippling effects of leprosy has long been underemphasized. Now, a new book by Ellen Davis Kelly, Ph.D. will bring this form of treatment to many more leprosy patients and American Leprosy Missions is proud to have taken part in the production of the manual. The book is entitled *Physical Therapy in Leprosy for Paramedicals*, with a total of 235 pages, published in paperback, and designed to train paramedical workers in the field of physical therapy as it applies to the leprosy patient.

At the present time, there are very few physical therapists in the countries where leprosy is endemic and of these, only a small number treat leprosy patients. Dr. W. Felton Ross, Medical Director at ALM, suggests that, "Access to appropriate physical

therapy should be an inalienable right for every leprosy patient who needs it. This may seem to be an unattainable goal, but it is a goal which this very practical handbook will bring closer to reality."

Eminently qualified to write this outstanding manual, Dr. Kelly has had over forty years of experience in teacher education in health and physical education. Since 1972, she has been deeply involved in leprosy work. She has visited leprosy programs throughout Asia and has taught paramedical personnel at the Africa Leprosy and Rehabilitation Training Center in Ethiopia and the Schieffelin Leprosy Research and Training Center in India. Furthermore, she has assisted resident staff members, developed teaching materials, and designed courses for doctors, nurses, and rural area supervisors. For those interested in this book please write directly to: American Leprosy Missions, 1262 Broad Street, Bloomfield, New Jersey 07003, USA. —(*Adapted from* ALM Bulletin, Fall 1978, p 8)