

## 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.*

**France.** *Université Paris VII. Faculté de Médecine Lariboisière—Saint-Louis Certificat de léprologie.*

Un enseignement théorique et pratique de Léprologie sera organisé à la Faculté de Médecine Lariboisière—Saint-Louis au cours de l'année universitaire 1981–1982 sous la direction du professeur F. Cottenot, avec le concours des professeurs A. Basset, L. J. Courbil, J. Grosset, J. Languillon, G. Said, du docteur H. Sansarricq, directeur du Service de la lèpre à l'Oms, et des docteurs A. de la Panouse, G. Kouchner, A. Palangie, J. Pennec, J. Sohier et D. Wallach.

Cet enseignement théorique, clinique et de laboratoire aura lieu en janvier, février et mars 1982 au Pavillon Darier et au Pavillon de Malte de L'Hôpital Saint-Louis et à la Faculté de Médecine Saint-Louis—Lariboisière (10, avenue de Verdun, 75010 Paris).

L'enseignement théorique portera sur:

1. L'épidémiologie, la physiopathologie, l'immunologie, l'anatomopathologie, de la lèpre.
2. La clinique des différentes variétés de lèpre et des états réactionnels.
3. Les thérapeutiques de la lèpre.

L'enseignement pratique comportera des présentations de malades et l'apprentissage des techniques de prélèvements histologiques et bactériologiques, de coloration, et de lecture des coupes.

Seront admis à suivre l'enseignement:

1. Les docteurs en médecine français et les étrangers pourvus du diplôme français du doctorat d'université, mention médicale.
2. Les étrangers possédant un diplôme médical permettant l'exercice de la médecine dans leur pays d'origine.
3. Pourront être admis également les internes en médecine des C.H.R., et les étudiants des U.E.R. médicales ayant

validé leur stage pratique, mais le certificat ne pourra leur être délivré que lorsqu'ils auront le diplôme de docteur en médecine.

Inscriptions: au Bureau des spécialités médicales, Université Paris VII, C.H.U. Villemin, 10, avenue de Verdun, 75010 Paris (203.94.26, poste 417).

Pour tous renseignements complémentaires: s'adresser au secrétariat du cours: Pavillon de Malte, Hôpital Saint-Louis, 2, place du Dr Alfred-Fournier, 75475 Paris Cedex 10. Téléphone: 203.96.02, poste 427.—(From materials provided by Professor Michel L. Lechat)

**India.** *Leprosy control: renewed effort by the government of India.* The Working Group on Leprosy Control, established last year by the Prime Minister to eradicate the disease by the year 2000, has recently submitted its report. Besides pointing out the known shortcomings in existing treatment, programs, care facilities, and the prevailing negative social attitude of the people towards individuals afflicted with this disease, the following recommendations were highlighted:

1. Leprosy should be specifically included as a subject in undergraduate medical curricula;
2. Research to develop more effective drugs and a vaccine should be accelerated, in view of the developing resistance of leprosy to sulfone drugs.
3. The public should be better educated about leprosy and the fact that only one fourth of cases are infectious and that the disease can be cured.
4. Production and distribution of sulfone drugs should be increased.

Although the Government of India's National Leprosy Control Program (NLCP) started in 1955, it has not had much national

impact. The prevalence of leprosy has continued to increase. Reportedly one third of the world's leprosy patients live in India, and estimates suggest that 4 million or more people suffer from the disease. Fifteen percent of these are children under the age of 14, and approximately 372 million people live in areas where the disease is endemic.

About 400,000 new cases are officially reported every year while case dispositions, either through clinical cures or death, number approximately 300,000 annually.

The Prime Minister has given a high priority to the struggle against leprosy and has expressed her concern about the ineffectiveness of the NLCP. She has urged renewed effort to eradicate the disease in the next 20 years.

In response to the Prime Minister's call, a series of programs are being developed to provide extensive training to state leprosy control officers and other medical and paramedical personnel working in leprosy control and treatment units. Both personnel and equipment of existing control units, and treatment facilities in government and voluntary institutions, are to be augmented.

The social stigma and superstitions associated with the disease represent major impediments to achieving the objective of eradication. Also, the allocation and distribution of drugs and other resources has not been very effective. Perhaps because comprehensive surveys of the disease have not been made in endemic areas, it has been difficult to come to grips with the magnitude of the problem and to obtain support for a comprehensive program to deal with it. Many doctors also lack training in the diagnosis and treatment of leprosy and find it difficult to detect the disease in its early stage when the effects of treatment are optimal.

With this background, it is reassuring that research on leprosy has not been ignored. Several promising projects dealing with chemotherapy and microbiology are underway and at least two serious immunological approaches to the control and prevention of the disease are being studied. More than half a dozen institutions are involved in these efforts. Two of them, the Indian Cancer Research Institute, Bombay, and the Department of Biochemistry at the All India Institute of Medical Sciences, New Del-

hi, have claimed that good progress has been demonstrated in limited clinical and field studies.—M. L. Saxena and D. O. Johnsen

**Japan.** *Fiftieth renewal of membership in the ILA.* Dr. Felton Ross reported in May 1982 that Dr. S. Takashima (Aisel-En 1-3-2, Yuriagoko, Ninomiya, Kanagawa—Ken. 259-01 Japan) had just sent in his check for the 50th renewal of his membership in the International Leprosy Association. The business office records do not go back that far, but Dr. Takashima must surely be among the few remaining from the first group of the Association. The JOURNAL is honored to recognize Dr. Takashima and would like to invite any other 50-year members to let us know so that they also may be recognized.—RCH

**Korea.** *Miss Grace Bennett retires.* Miss Grace Bennett, O.B.E., has just retired from service with The Leprosy Mission in Korea. In 1956 Grace Bennett first began service with The Leprosy Mission in Korea, following employment with the Civil Service in London, and later nursing training. In the early years of the development of Korean leprosy work, Grace Bennett's dedication was instrumental in building the confidence and cooperation of the patients and the local community at Daegu, where the Mission established its work. Always conscious of the need to develop capable national staff, her work was a very strategic part of the progress and accomplishment which we see in Korea today, and for nine years she was the official Mission representative in Korea. The Korean government recognized her contribution to the community by awarding her the Dong Baeg Medal (Order of Civil Merit) in 1975.—(From New Day [Magazine of The Leprosy Mission] Spring [1982] 14)

**Malaysia.** *Kuala Lumpur meeting on Social and Economic Aspects of Leprosy* (UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases). An Interregional meeting on the Social and Economic Aspects of Leprosy was held at the Institute for Medical Research, Kuala Lumpur, Malaysia, 1-4 December 1981. For the first time program managers engaged in the control of leprosy

and social scientists came face to face in an international forum to discuss the problems of leprosy control. The 25 participants from the medical and social science professions presented country profiles on leprosy control programs, and discussed both medical and behavioral aspects of the disease. Two working papers, by Drs. Mutatkar and Louhenapessey, were made available in advance of the meeting, both based on the theme that leprosy is highly stigmatized. The most specific problems affecting the success of the control program were indicated to be case finding and case holding.

It was unanimously agreed by the participants that effective leprosy control programs in endemic countries depend greatly on the accomplishments of the following tasks in the area of social science research:

- 1) Organization of interdisciplinary research to examine the social and economic aspects of leprosy.
- 2) Establishment of linkages between research output and control programs.
- 3) Studies on the specific problems posed by stigma and the stigmatization process which could lead to designing of more effective delivery of control measures. Fear and stigma are related behavioral expressions of society towards people afflicted with the disease and the ability to deal with these human tendencies should be part of the control programs.

Future activities suggested for promotion of research on social and economic aspects included:

- 1) a more focussed meeting to ascertain the feasibility of cross-cultural collaborative studies on stigma;
- 2) regional and national interdisciplinary workshops on development of site-specific research frameworks and tools appropriate to the understanding of social and economic factors in transmission and control of leprosy; and
- 3) dissemination of research output from social and economic studies on leprosy: a) through publication in scientific journals to stimulate and enable interested workers for further research, and b) through popular publications which reach control program

managers and other health workers to increase their awareness of the relevant problems and possibilities for dealing with them in their specific situations.—(From the report summary)

**The Netherlands.** *Mr. Robert Watelet is presented with the 1980 Damien-Dutton Award.* On 27 June 1982, in the city of Amsterdam, Mr. Robert Watelet was presented with the Damien-Dutton Award for 1980 during the 14th General Assembly of ILEP.

After an introduction of Mr. Watelet and his wife Marjorie by the current ILEP President Mr. W. Thomassen of The Netherlands, personal reminiscences formed the background for an outline of Mr. Watelet's contribution to leprosy work given by Professor Michel Lechat. Professor Lechat said that he first met Mr. Watelet in the early 1950s when, as a medical student, he was given a fellowship to study leprosy in Zaire (then the Belgian Congo), and found himself at Pawa in the northeast part of the country. He described Pawa as an isolated station far from the comforts and conveniences of civilization and, living there practically in the forest in what was not much more than a hut with a grass-thatched roof, he acted as Mr. Watelet's substitute for one week. He described how he was deeply impressed at the time by the quality of work Mr. Watelet was doing, and the difficulties of the circumstances in which he was doing it.

Mr. Watelet was born in Farciennes, a small coal-mining town in the southern part of Belgium, in 1926. He went to high school in the city of Mons, which is one of the many cities in Belgium virtually destroyed in World War I. Mr. Watelet graduated as Health Officer (Agent Sanitaire) in 1948, and Medical Auxiliary (Auxilaire Medical) in 1957. He joined the Red Cross of the Congo in 1950. Posted to Pawa, he spent the next ten years with the Belgian Red Cross in the northeastern part of the country. There he personally trained and supervised dozens of leprosy workers, and diagnosed and placed on treatment thousands of leprosy patients in the face of very great personal hardships.

In 1960–1961, he spent a year at the Christian Medical College, Vellore, India,

studying physical therapy and rehabilitation under Professor P. W. Brand and his team. While there, he met the lady who was to become his wife and companion in the work—Marjorie Van Vranken—a second-generation missionary and, at the time, teacher of physiology in the medical school. In November of 1962, accompanied by his wife, Mr. Watelet returned to Zaire to work in leprosy at the Hôpital de la Rive, Kinshasha, and to become the representative of a number of Belgian and other international antileprosy agencies. From that time on he was the main channel of communication between the government of Zaire and international leprosy agencies, and the main route through which funds for leprosy work found their way into Zaire from overseas. In addition, he developed physical rehabilitation programs, and was responsible for the construction and staff training of the first unit specifically for the manufacture of effective footwear for leprosy patients in Zaire. He also set up several light industrial projects on a commercial basis to provide employment opportunities for patients in and around Kinshasha. He organized local and national involvement in World Leprosy Day, and has been a constant personal advocate of the needs of leprosy patients at all levels of government and society and through public education.

In his brief acceptance speech, Mr. Watelet paid tribute to the support of his wife, to the many dedicated Zaireian paramedics with whom he had the privilege of working, and to the constant support of nongovernment agencies, particularly the Damien Foundation and other members of ILEP.

Through this award, Mr. Watelet has joined the 27 other distinguished contributors to the battle against leprosy who have been honored in this way since the Award was instituted in 1953. Mr. Watelet's selection as the recipient of the 1980 Damien-Dutton Award was announced earlier [Int. J. Lepr. 49 (1981) 260–261].—W. Felton Ross

**Spain.** *International courses on leprosy at Fontilles.* XV Curso Internacional de Leprología para Misioneros y Auxiliares Sanitarios y XVIII Curso Internacional de Leprología para Médicos organizado por el

Sanatorio San Francisco de Borja de Fontilles y Patrocinado por la Soberana Orden Militar de Malta con la colaboración de la Escuela Profesional de Dermatología de la Universidad de Valencia, Ministerio de Sanidad y Seguridad Social y Profesores de Dermatología de las Facultades de Medicina.

El XXV Curso tendrá lugar en el Sanatorio de Fontilles desde el 25 October through 13 November 1982. El XVIII Curso tendrá lugar en el Sanatorio de Fontilles desde el día 13–20 October 1982. Dirigido por el Dr. J. Terencio de las Aguas, Director Médico del Sanatorio.

Los aspirantes a este Curso deberán dirigir sus instancias al Comité Ejecutivo Internacional. 3 Place Claparede, Ginebra (Suiza) antes del 30 de Junio de 1.982 y al mismo tiempo al Dr. José Terencio de las Aguas, Sanatorio de San Francisco de Borja, Fontilles (Alicante, España). Se dará preferencia a los que trabajan en misiones. En segundo lugar a los que tengan el proyecto inmediato de trabajar en ellas y en centros leprológicos, siendo necesario presentar certificación del superior en este sentido.

La asistencia a este Curso es gratuita, ya que los gastos de organización son costeados por la Orden de Malta. Los cursillistas deberán permanecer en régimen de internado en el Sanatorio de San Francisco de Borja.

Los Candidatos que obtuvieren la Beca y no pudieren asistir al Curso, no podrán cederla a otros, sin previa consulta con el Director del Curso.—(From the announcement)

**Switzerland.** *Testing of purified armadillo-derived Mycobacterium leprae in man.* The development of an effective vaccine against leprosy is the major goal of the Scientific Working Group on Immunology of Leprosy (IMMLEP). Progress has been made in the separation of the bacilli from armadillo-infected tissue and in the testing of the purified preparation for immunogenicity in animal experiments. This preparation can be standardized and is likely to be safe in man. IMMSEP's plans require that, in the near future, preliminary small-scale studies of purified killed *Mycobacterium leprae* in man be undertaken. In order



to facilitate these studies, the IMMLEP Steering Committee has prepared a detailed document (The Testing of Purified Armadillo-derived *M. leprae* in Man).

This document, in its outline of anticipated experiments for the testing of the purified bacilli in man, deals with the following subjects:

- 1) the purity and safety of armadillo-derived purified *M. leprae*;
- 2) methods for standardization of *M. leprae* suspensions;
- 3) experience with killed purified *M. leprae* in man;
- 4) ethical aspects of testing purified *M. leprae* in man; and
- 5) where the testing of purified *M. leprae* in man fits into the strategic plan of the IMMLEP program.

The document summarizes the present knowledge on the purified bacilli's biological activity, composition, and contamination. It also includes information on relevant studies, done outside the IMMLEP program, which suggest that such a preparation is likely to be both safe and immunologically effective.

IMMLEP expects this document to serve as a guideline for research proposals on the use of purified *M. leprae* for trials in man.

Copies of the document (TDR/IMMLEP/SC-TEST/81.1) are available on request from the Office of the Director of the Special Programme.—(From the report)

*THELEP reviews progress of field trials.* The third meeting of the Scientific Working Group on the Chemotherapy of Leprosy (THELEP) convened in October 1980 to consider progress in field studies (largely surveys of the prevalence of dapsone resistance), controlled clinical trials, laboratory studies on chemotherapy, and studies in drug development.

Following the meeting's recommendation, THELEP is now conducting field trials of combined drug regimens designed to prevent drug resistance. The SWG decided to promote the establishment of mouse foot pad laboratories around the world and to encourage them to monitor primary resistance within leprosy control programs. However, the Group agreed that THELEP's formal surveys of the prevalence of

secondary dapsone resistance should be discontinued, having already demonstrated the widespread nature of this problem.

The SWG felt it was important to prevent the emergence of strains of *Mycobacterium leprae* resistant to rifampin and the thioamides, as well as to dapsone. Therefore, every newly discovered patient with multibacillary leprosy should be treated with combined chemotherapy, and additional drugs should be employed in the cases of patients already receiving dapsone as monotherapy.

The SWG also recommended that efforts be continued to examine existing drugs in terms of their potency, selectivity, supervisability, and cost. Furthermore, THELEP should press forward in its attempts to develop screening systems other than that of the mouse foot pad. *M. lufu* has proved very useful as a model of *M. leprae* for studies of drugs acting on folate-synthesizing enzymes. This suggests that it would be beneficial to develop other model organisms to be employed similarly in studies of different classes of drugs.

The Group agreed that it was now urgent to develop a protocol for chemotherapy trials of non-lepromatous leprosy.

Copies of the full report (Document TDR/THELEP-SWG(3)80.3) are available on request from the Office of the Director of the Special Programme.—(From the report)

*THELEP seeks trial sites.* At its meeting in Geneva, 30–31 March 1982, the Chemotherapy of Leprosy (THELEP) Steering Committee completed preparation of a standard protocol for the conduct of field trials of chemotherapy among patients with non-lepromatous leprosy. In order to receive a copy of the protocol and to have a leprosy center considered as a possible site for a THELEP-sponsored field trial, further information is available from: UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, Attention: Secretary, THELEP Steering Committee, World Health Organization, CH 1211, Geneva 27, Switzerland.—(Adapted from materials provided by Mrs. E. A. Gregory)

*U.S.A. The Heiser Program—the first five years.* Since The Heiser Program for Re-

search in Leprosy was initiated in 1974 numerous awards have been made in each of three categories: 23 postdoctoral fellowships, 21 small research grants, and 7 visiting research awards. The type of progress that has been reported from the recipients of Heiser support includes: University of Colorado, laboratory of Patrick J. Brennan has isolated and determined the structure of a glycolipid antigen that appears to be produced in large amounts by *Mycobacterium leprae* as it grows in armadillo tissue; University of Washington, laboratory of Thomas J. Buchanan, using the recently developed technique of monoclonal antibody production against surface antigens of organisms from the armadillo, has obtained two such antibodies which appear to be specific for *M. leprae*; Albert Einstein College of Medicine, Barry Bloom's group has demonstrated an increase in suppressor T cells in patients with lepromatous leprosy; University of Cincinnati, Ward E. Bullock, Jr., has documented the occurrence of analogous suppressor cells in mouse leprosy; University of Southern California Medical School, Thomas H. Rea and David J. Bradley in India conducted studies which concur in the finding that susceptibility to the tuberculoid type of leprosy is, in part, determined by genes linked to HLA; work on the development and testing of new drugs for leprosy control has been supported in the laboratories of Joachim K. Seydel at the Institute for Experimental Biology and Medicine in Borstel, West Germany, and Robert C. Hastings at the National Hansen's Disease Center in Carville, Louisiana; Tamotsu Imaeda at the New Jersey Medical School, working with DNA from organisms derived from infected armadillos, has applied the techniques of modern molecular biology with the surprising finding that, while it shows some relationship to the DNA of *M. tuberculosis*, it has greater homology with certain leprosy-associated organisms of a different kind that have been studied both by Lane Barksdale at New York University and by C. Cocito and J. Delville in France.

In general, the increasing tempo of leprosy research and the diversified approaches now being explored assure a better outlook in the future for the under-

standing and control of the disease.—*(Adapted from The Heiser Report of June 1982)*

*The Heiser Program for Research in Leprosy, 1983 opportunities.* Dr. Victor George Heiser, a physician who devoted his life to the study and treatment of tropical diseases, provided in his will a multimillion dollar bequest for basic biomedical research on leprosy. The following awards were established and are available:

1) Postdoctoral Research Fellowships. To support young biomedical scientists in beginning postdoctoral training for leprosy research. Applicants should have M.D., Ph.D., or equivalent. While there is no age limit, applicants should be at an early stage of postdoctoral research training. There are no citizenship requirements. Candidates should be interested in obtaining research training directly related to leprosy study. Initial awards are for one year, renewable for a second year.

2) Research Grants. To provide limited support to laboratories involved in leprosy research training. Applicants should be senior investigators who are experienced in leprosy research and associated with a laboratory providing training opportunities in this field. Grants are limited in duration to one year.

3) Visiting Research Awards. To promote collaborative research in studies of leprosy and to encourage clinical experience with leprosy by facilitating access to centers in which clinical manifestations of the disease are being correlated with laboratory findings. Candidates should be established investigators in leprosy who wish to conduct specific research objectives in a distant or foreign institution. There are no citizenship requirements. Up to six months of support for travel and subsistence costs will be awarded successful candidates.

Deadlines for all applications is 1 February 1983. All applications must be in English (one original and four copies). There are no application forms. For further information write: Mrs. Barbara M. Hugonnet, Director, Heiser Program for Research in Leprosy, 450 East 63rd Street, New York, New York 10021, U.S.A.—*(Adapted from Heiser Program brochure)*

*International Seminars on Leprosy.* The 28th International Seminar on Leprosy, from 10–16 April 1983, and the Workshop on Supervision, from 18–22 April 1983, under the joint sponsorship of the American Leprosy Missions, Inc., and the National Hansen's Disease Center, will be held at the Center in Carville, Louisiana, U.S.A. The 29th International Seminar and Workshop is scheduled for 11–17 September 1983.

The purpose of the International Seminar on Leprosy is to provide an up-to-date review of clinical leprology and leprosy control. The seminar is open to physicians, nurses, and other paramedicals who are planning to work or already do work in countries where leprosy is endemic.

Specific seminar objectives will be developed as soon as participants register, focussing on their particular requirements. If necessary, participants will be grouped to facilitate learning, but there will be ample opportunity for exchange between mixed professional groups.

The Workshop on Supervision of Health Programs is designed to enable the participants to apply systematic supervisory principles and techniques to the management of rural health programs, with special emphasis on leprosy programs. The workshop will be led by Dr. W. F. Ross who has wide experience in this field in Africa and Asia, and who is a contributor to the World Health Organization manual of supervision, "On Being in Charge." Extensive use will also be made of the training resources available at the National Hansen's Disease Center.

The workshop is open to anyone participating in the leprosy seminar who expects to be actively engaged in supervising others.

There are no registration or other fees for participating in either the seminar or the workshop, and room and board are provided without charge. The only cost to the participant is transportation to New Orleans and return.

Applications for the April 1983 seminar must be received no later than 1 March 1983 and should be sent to Dr. W. F. Ross, American Leprosy Missions, Inc., 1262 Broad Street, Bloomfield, New Jersey, 07003 U.S.A. Further details and application deadline for the September 1983 seminar will be forthcoming.—(Adapted from seminar advertisement)

**United Kingdom.** *Dr. R. J. W. Rees to retire from National Institute for Medical Research.* After 33 years of service, 13 of them as Head of the Laboratory for Leprosy and Mycobacterial Research, Dr. R. J. W. Rees will retire at the end of September 1982. It is clearly not going to be easy to replace Dr. Rees. He has played a very important role in the leprosy world for many years, both by his laboratory group at Mill Hill and also through the field trials he has supervised in Malaysia, Ethiopia, and South India. Dr. Rees' intellectual curiosity has been a stimulus to leprosy workers all over the world. Hopefully Dr. Rees' boundless energy will continue to be evident in his ongoing research for years to come.—RCH

#### NEWS FROM NATIONAL LEPROSY ORGANIZATIONS

**Guatemala.** *The Patrons for Action Against Leprosy of Guatemala elect new officers.* In September 1981, the new president of the Patronato de Accion Contra la Lepra, Guatemala, Ing. José Manuel Samayoa announced the action of the General Assembly of the Society in electing for two years the following individuals: Presidente, Ing. José Manuel Samayoa; Vice-Presidente, Dr. Carlos N. Cordero A.; Secretario, Señora Bárbara Tornoe de Weiss; Tesorero, Sr. Tulio Castañeda Beuchot; Vocal

1, Dr. Fernando A. Cordero C.; Vocal 2, Dr. Augusto Rivera; Vocal Suplentes, Dr. Guillermo Fortín, Licenciada Ana Cecilia de Haussler, and Licenciado Publio Aguilar.

The new officers pledged to carry out all the programs implemented by the members of the Board of Directors in the past and to undertake new plans created by the Patrons for the good of the campaign against leprosy. The new officers acknowledged the collaboration they have experienced with

other international leprosy workers.—  
(From letter received from Ing. José Manuel Samayoa)

**United Kingdom.** *The Leprosy Mission (TLM) (International)*. Teaching and Learning in Leprosy Report for 1981. The total number of teaching and learning materials ordered during 1981 increased by 41%. This was due mainly to the large number of bulk orders. Quantities of teaching and learning materials were sent to a wide variety of training events in 14 countries. TLM materials were also sent to centers training general health staff (including leprosy) in seven countries and to six medical schools, several resource and information centers and international organizations, as well as voluntary agencies and missionary societies and individuals.

A new part-time staff member now han-

dles the dispatch of teaching and learning materials to over 90 countries. In addition, because of the large quantity of orders from India, The Leprosy Mission Medical Coordinator Dr. (Mrs.) E. S. Thangaraj may be contacted in Delhi for materials. Another Delhi distribution source is the Voluntary Health Association of India, C.14 Community Centre, Safdarjung Development Area, New Delhi, 110 016.

This growing demand for materials has been met because of the close cooperation between the distribution service offered by TLM and the printers and publishers of materials distributed free, particularly The German Leprosy Relief Association (DAHWA), which provides six of the titles on the book list which is available from TLM, 50 Portland Place, London W1N 3DG, United Kingdom.—(From materials sent by Miss Jane Neville, TLM Education and Training Director)