

## 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.*

*TALMILEP English Language Book List 1988.* We have received a copy of this book list, and are happy to provide a condensed version of the list with the following compiler's explanatory information:

"This list of books represents a basic set of up-to-date literature which is at present available for leprosy workers.

"We have tried to include at least one book on each major topic suitable for each group of workers. The list has been kept short for obvious reasons and many good books, perhaps including your favorite, are not listed.

"The titles and descriptions of the books are grouped according to the user most likely to be in need of each title."

<u>User Category</u>	<u>Book Number</u>
1. Leprosy Specialist	101-106
2. General Practitioner	202-206, 208, 209
3. Medical Students	301
4. Paramedical Professionals	401-408
5. Health Workers & Nurses	501, 502, 504
6. Junior Health Workers	601, 602
7. Program Managers	701-706
8. Trainers	801-805

*Book List**1. Leprosy Specialist:*

101 *Leprosy*. Hastings, R. C., ed. 1985, 331 pp., some b&w illustrations, US\$65 from Churchill Livingstone.

Readers 1-3, 8 Current (1987) and comprehensive textbook covering all aspects of leprosy, the bacterium and the disease. Extraordinarily well written and relatively free of technical jargon.

102 *Epidemiology of Leprosy in Relation to Control*. WHO, 1985, 60 pp., US\$3.85 from WHO.

Readers 1-3, 5, 7, 8 Up-to-date review of the subject by an international group of experts.

103 *Surgical Reconstruction and Rehabilitation in Leprosy*. Fritschi, E. P. 1984, 320 pp., some b&w illustrations, US\$7.50 or 5.00 (paper) from The Leprosy Mission (TLM), Delhi.

Readers 1-4, 8 Revision of 1971 edition; basic text providing essentials of surgical management of complications of leprosy.

104 *Skin Biopsy in Leprosy*. Ridley, D. S. 1977, 63 pp., many color illustrations, free from CIBA-GEIGY.

Readers 1-5 Technical details and histological interpretation including classification and differential diagnosis.

- 105 *A Spot Test for Dapsone in Urine*. Huikeshoven, H. 1986, 20 pp., some b&w illustrations, free from ILEP associations.

Readers 1-5, 7, 8      Technical guide for testing patient's compliance with dapsone intake in leprosy.

- 106 *Chemotherapy of Leprosy for Control Programmes*. WHO. 1985, 33 pp., US\$2.60 from WHO.

Readers 1, 2, 5, 7, 8      Collective view of a group of international experts regarding appropriate treatment of leprosy—recommend multidrug therapy (MDT).

## 2. General Practitioner:

- 202 *An Atlas of Leprosy*. Guinto, R. S. 1983, 57 pp., many color illustrations, free from Sasakawa Memorial Health Foundation.

Readers 1-8      Pictorial color illustrations of the manifestation of leprosy, including histopathology and differential diagnosis mainly in light-complexioned people.

- 203 *Leprosy in Africans*. Jacyk, W. K. 1983, 52 pp., many color illustrations, free from ILEP associations.

Readers 1-8      52 color photographs with short notes in French and English describing leprosy and some similar skin conditions.

- 204 *Care of the Eye in Hansen's Disease*. Brand, M. 1987, 19 pp., some b&w illustrations, free from The Star.

Readers 1-5, 8      Extensively discusses care of the eye in leprosy, gives details of therapy, includes glossary.

- 205 *Questions and Answers on the Implementation of MDT for Leprosy*. McDougall, A. C. 1985, 36 pp., free from ILEP associations.

Readers 1-8      Intended as an aid to interpretation and application of the WHO *Chemotherapy of Leprosy for Control Programmes*.

- 206 *Clinical Features in Leprosy*. Thangaraj, R. H. and E. n.d., 11 pp., many color illustrations, free from TLM, Delhi.

Readers 2-6, 8      An aid to the diagnosis of early leprosy on the Indian subcontinent.

- 208 *Insensitive Feet*. Brand, P. W. 1986, 88 pp., some b&w illustrations, free from ILEP associations.

Readers 1-8      Practical handbook on foot problems in leprosy.

- 209 *Leprosy for Medical Practitioners and Paramedical Workers*. Thangaraj, R. H. & Yawalkar, S. J. 1986, 92 pp., many color illustrations, free from CIBA-GEIGY.

Readers 1-8      Brief but comprehensive review of the disease with excellent illustrations.

## 3. Medical Students:

- 301 *Essentials of Leprosy*. Pearson, J. M. H. 1986, 48 pp., some b&w illustrations, free from ILEP associations.

Readers 1-5, 7, 8      Presents basic elements of leprosy in nontechnical language and concise form, stressing treatment of leprosy and its complications.

#### 4. Paramedical Professionals:

- 401 *Physical Therapy in Leprosy for Paramedicals*. Kelly, E. D. 1981, 235 pp., many b&w illustrations, free from American Leprosy Missions (ALM).

Readers 1, 2, 4-6, 8      Level I discusses problems and responsibilities in leprosy physical therapy. Level II discusses physical therapy for nonsurgical patients. Level III discusses techniques for pre- and post-operative care in reconstructive surgery for leprosy.

- 402 *Footwear Manual for Leprosy Control Programs, Parts I and II*. Neville, P. J. 1983, 45 pp., some b&w illustrations, Part I free and Part II £1.00 from The Leprosy Mission International (TLMI).

Readers 1, 2, 4-6      Part I contains formation for the administrative and medical staff of footwear programs.

Readers 1, 4      Part II contains instruction details for the workshop technician.

- 403 *A Simple Sandal for Insensitive Feet*. Neville, P. J. 1981, 23 pp., many b&w illustrations, free from TLMI.

Readers 4-6      Two chapters extracted from the larger footwear manual; contains information for construction of a simple protective sandal.

- 404 *Health Education in Leprosy Work*. Van Parijs, L. G. 1986, 96 pp., free from TLMI.

Readers 1, 2, 4, 5, 7, 8      Eight training units designed to help staff understand leprosy from patient's point of view and to improve communication skills.

- 405 *Technical Guide for Smear Examination for Leprosy*. Leiker, D. L. & McDougall, A. C. 1983, 34 pp., some b&w illustrations, £1.25 from ILEP associations.

Readers 1-6, 8      Covers the technical details of smear examinations

- 406 *The Social Dimension of Leprosy*. Kaufman, A., Mariam, S. G. & Neville, P. J. 1982, 110 pp., free from ILEP associations.

Readers 1, 2, 4, 5, 7, 8      Training manual based on 10 case studies which view leprosy from patient's point of view to help health workers acquire ability to deal with social and psychological problems of leprosy patients.

- 407 *Disabled Village Children*. Werner, D. 1987, 654 pp., many line drawings, US\$7.00 from The Hesperian Foundation.

Readers 1-8      Practical manual on village-based rehabilitation.

- 408 *A Trainer's Guide to Health Education in Leprosy Work*. Van Parijs, L. G. 1987, 42 pp., TLMI.

Readers 1, 4, 5, 8      Companion handbook to *Health Education in Leprosy Work*. Provides detailed guidelines for conducting and evaluating 8 unit workshops using the handbook as instructional text.

#### 5. Health Workers and Nurses:

- 501 *Preventing Disability in Leprosy Patients*. Watson, J. A. 1986, 116 pp., many b&w illustrations, £1.50 from TLMI.

Readers 1-5, 7, 8      Covers main causes of disability and action needed to combat it; for staff involved full-time in treating leprosy patients and physiotherapists.

- 502 *A Guide to Health Education in Leprosy*. Neville, P. J. 1983, 18 pp., some b&w illustrations, free from ILEP associations.

Readers 1, 2, 4-8      Covers topics for patient education; suitable for translation and adaptation to local situations.

- 504 *A Guide to Leprosy for Field Staff*. ALERT. 1985, 62 pp., many b&w illustrations, £0.75 from ILEP associations.

Readers 1, 2, 4-8      Written for paramedicals who have full responsibility for leprosy patients in outpatient clinics.

6. *Junior Health Workers:*

- 601 *Essential Action to Minimize Disability in Leprosy*. Watson, J. M. 1986, 32 pp., many b&w illustrations, free from TLMI.

Readers 4-6      Summary of the Action Section of *Preventing Disability in Leprosy Patients*; for general medical workers who treat a few leprosy patients; also useful for patient education.

- 602 *A Practical Guide to the Diagnosis and Treatment of Leprosy in the Basic Health Unit*. Wheate, H. W. & Pearson, J. M. H. 1985, 38 pp., some b&w illustrations, free from ILEP associations.

Readers 1-8      Gives essentials required to enable any member of a medical team to diagnose leprosy and to initiate treatment.

7. *Program Managers:*

- 701 *On Being in Charge*. McMahon, R. J., Barton, E. & Piot, M. 1980, 366 pp., some b&w illustrations, US\$7.70 from WHO.

Readers 1-4, 7, 8      Guide for middle-level management in primary health care programs.

- 702 *A Guide to Leprosy Control*. WHO. 1980, 97 pp., US\$10 from WHO.

Readers 1, 5, 7, 8      Guidelines for the management of leprosy control programs as recommended by WHO expert committees.

- 703 *OMSLEP Recording and Reporting System for Leprosy Patients*. Lechat, M. F., Misson, C. B. & Walter, J. 1981, 75 pp., free from ILEP associations.

Readers 1, 7, 8      A system for reporting and recording leprosy patient statistics and suitable for analysis by clerical methods and for computer processing.

- 704 *Manual for the Implementation of MDT*. ALERT. 1987, some b&w illustrations, from ILEP associations.

Readers 1, 5, 7, 8      Manual covering details essential for implementation of MDT in an outpatient program.

- 705 *A Process for Planning the Introduction and Implementation of Multidrug Therapy for Leprosy*. Ross, W. F. 1987, 10 pp., free from ALM.

Readers 1, 7, 8      A checklist of the essential elements involved in planning MDT at the initial stages.

- 706 *The Implementation of Multidrug Therapy. Staff Training Manual*. Thangaraj, E. S. & Neville, P. J. 1983, free from TLM.

Readers 1, 2, 4, 7, 8      A checklist of tasks and learning objectives for training staff to implement MDT.

## 8. Trainers:

- 801 *Helping Health Workers Learn*. Werner, D. & Bower, B. 1982, 248 pp., some b&w illustrations, US\$8.00 from The Hesperian Foundation.

Readers      A book of methods, aid, and ideas for instructors at the village level.  
1, 7, 8

- 802 *The Medical Teacher*. Cox, K. R. & Ewan, C. E. 1982, 248 pp., some b&w illustrations, US\$25.00 from Churchill Livingstone.

Readers      Suggestions from multiple authors on how to effectively teach medical subjects to adult learners.  
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- 804 *Training in Leprosy*. WHO. 1986, 43 pp., from WHO.

Readers      A checklist of tasks and workers written for people engaged in training health workers for leprosy control and patient care programs.  
1, 7, 8

- 805 *Teaching Health Care Workers—A Practical Guide*. Abbatt, F. R. & McMahon, R. J. 1985, 250 pp., line drawings & flow charts, US\$22.95 from TALC.

Uses a systematic approach to development of training programs in the health field; includes useful list of resources and publishers' addresses.

*Editor's Note:* We have condensed the information contained in this book list because of space limitations. For full details and/or a copy of the complete TALMILEP English Language Book list for 1988 contact either of the following:

Karen Rossler  
GLRA  
Postfach 348  
D-8700 Wurzburg  
West Germany

Jane Neville  
TLMI  
50 Portland Place  
London W1N 3DG  
England

**Brazil.** *VI World Congress of Dermatology.* Rio de Janeiro will be the site of the VI World Congress of Dermatology: Tropical, Geographic and Ecologic to be held 29 April to 3 May 1989. The Congress is sponsored by the International Society of Dermatology: Tropical, Geographic and Ecologic.

The Executive President Prof. Rubem David Azulay indicates that the Congress will be held in the Convention Center of the Hotel Nacional-Rio. The following events are being scheduled: 18 courses, 6 special lectures, 7 symposia, 6 forums, 4 special symposia, 72 short communications and 240 minicases presentations.

For further information contact: Secretariat Congregare, Marketing de Conferências, 185 Av. Rio Branco, Suite 912, 20040 Rio de Janeiro, Brazil.

**India.** *AHM opens new office in Pune.* The Leprosy Relief Organization, Munich

(AHM), has recently opened an India office at Pune. Dr. Kalpara Mutatkar, who is trained in leprosy and who has worked in a leprosy control project as a medical officer, is the Regional Director for India, with overall responsibility for promoting and coordinating AHM activities in India. Mr. R. K. Sathe, who has been Foreign Secretary of the Government of India and Ambassador to the Federal Republic of Germany, will be chairman of the committee. Prof. Mutatkar will serve as Advisor to the AHM office in India. Prof. Mutatkar is the first social scientist who has worked closely with WHO on the social aspects of leprosy and was the only scientist representing a developing country of the 12 scientists invited to the 1984 Workshop of the Pontifical Academy of Sciences Vatican.—Leprosy Review

*New IAL officers elected.* At the General Body meeting of the Indian Association of Leprologists (IAL), held during the XV

**Ethiopia.** *All-Africa Leprosy and Rehabilitation Centre (ALERT) training courses for 1988. The following courses will be offered during 1988 by ALERT. Apply to Director of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia.*

Course name	Participants	Dates	Requirements
<b>International Courses</b>			
Doctors Course on Clinical Leprosy and Leprosy Control, including program management	Medical Officers involved or going to be involved in clinical management of leprosy patients, leprosy control, or training in leprosy of health personnel	11 January–20 February (6 weeks) 2 May–11 June (6 weeks)	Experience or familiarity with leprosy control programs desirable, but not essential. Additional in-service training in leprosy control for at least 2 weeks recommended. This can be with ALERT or with LEpra, Malawi.
Epidemiological Aspects and Operational Management of Leprosy Control (This is a tentative announcement, subject to confirmation, after consultations with the moderators of the course formerly conducted in The Philippines)	Medical Officers or Senior Paramedical Staff in charge of organization and management of leprosy control	22 February–2 April (6 weeks)	Interest in numerical analysis of leprosy control data for strategic management and epidemiological evaluation of the project.
Tuberculosis Courses on TB and TB Control	Medical Officers or Senior Health Staff involved in tuberculosis control	11 April–30 April	
Rural Area Supervisors Courses on Clinical Leprosy, Leprosy Control and Supervision	Senior and Junior Rural Area Supervisors	26 September–26 November (9 weeks)	Senior Rural Area Supervisors should be in charge of leprosy control activities on provincial or national level. Junior Rural Area Supervisors should have not less than 5 years experience in leprosy and on their return expect to be upgraded to a senior position.
Physiotherapists Course	Physiotherapists; Occupational Therapists; other Paramedical Health Staff with experience in leprosy physiotherapy	2 May–11 June (6 weeks) In conjunction with the second Doctors Course. 26 September–6 November (6 weeks) Together with the Rural Area Supervisors Course.	
<b>National Courses</b>			
Medical Undergraduates Student Nurses Health Assistants		3 weeks per group 2 weeks per group 2 weeks per group Dates still to be fixed.	Other Ethiopian and non-Ethiopian health personnel with limited responsibilities in leprosy work may be attached to these courses when places are available.

*ALERT training courses for 1988. Continued.*

**In-Service Training**

**NB**—The in-service training programs are generally intended for further specialized training in specific fields. Applicants for programs listed under 1–5 are therefore required to possess prior experience in leprosy or to have participated in an appropriate formal course.

Program	Qualifications required	Recommended duration
1 Clinical Leprosy	Medical Officers, Qualified Nurses, Medical Assistants	Minimum of 2 months
2 Clinical Leprosy and Leprosy Control*	Medical Officers, Qualified Nurses, Medical Assistants	Minimum of 4 months
3 Septic Surgery and Amputation Surgery	Qualified General Surgeon, Surgical residents, Medical Officers with good experience in surgery	3 months
4 Reconstructive Surgery	Qualified Plastic, Orthopedic or General Surgeons, Surgical Residents, Medical Officers with good experience in leprosy	Dependent on extent of training required and basic qualifications. 3 months.
5 Physiotherapy	Physiotherapists, Occupational therapists, Other Paramedical Health Personnel	4–6 months; Good command of English
6 Laboratory Techniques in Leprosy*	Laboratory Technicians	1 month; Good command of English
7 Dermato-histo-pathology Techniques (in Armauer Hansen Research Institute)	Laboratory Assistants	2 months; Good command of English
8 Orthopedic Workshop Techniques making of protective footwear (Sandals Standard-8 Plastazote)	Laboratory Technicians	3 months; Good command of English
9 Prosthetics	Orthopedic Workshop Technicians	6 months; Good command of English

\* LEPROA, Malawi will conduct these in-service training programs for small numbers of people. Inquiries to ALERT or Medical Director, LEPROA, Malawi.

Biennial Conference of the Association at Vizag, Dr. R. Ganapati, Director, Bombay Leprosy Project, was elected unanimously as President. Other Office Bearers are:

Vice Presidents: Drs. M. V. Yellapurkar and Alexander Thomas; Secretary: Dr. V. V. Dongre; Treasurer: Mr. S. S. Naik; Central Council Members: Drs. D. S. Chaudhury, M. Christian, P. N. Neelan, B. N. Mittal, C. R. Revankar, V. M. Katoch, M. N. Casabianca, K. V. Krishna Moorthy and Lt. Col. V. D. Tiwari.

In his presidential address, Dr. Ganapati complimented Dr. R. H. Thangaraj, retiring President of IAL, and his team for setting a high standard in the management of the affairs of the Association, including organization of workshops dealing with the subjects of great relevance in the context of leprosy eradication. Dr. Ganapati was confident of meeting the challenging task ahead and of maintaining the high scientific traditions of the Association during his 2-year tenure in office.

Dr. Ganapati declared that a quarterly bulletin of the IAL will be published from Bombay, where the new office will be situated. IAL will also strive to see that the extent of involvement of the general medical profession in leprosy control is enhanced by a process of integration.—(From materials received from Dr. Ganapati)

*36th Annual Report 1986–87 Gandhi Memorial Leprosy Foundation.* The following is excerpted from the "Report for 1986: A Summary" section of the annual report which was provided by S. P. Tare, Secretary of the Foundation:

I. Leprosy Control Units. The leprosy control units of Gandhi Memorial Leprosy Foundation (GMLF) conduct a round the year program of field work in various areas of leprosy control. Of the ten units which were originally set up by the Foundation, in the latter years, six have been handed over to the respective state governments or to a competent voluntary institution for further operation.

The four units which are under the direct supervision and control of GMLF are at Sevagram (est. 1952) in Maharashtra, Chikalapalli (est. 1953) in Andhra Pradesh, Mararikulam (est. 1954) in Kerala, T'Narsipur (est. 1955) in Karnataka. The Balarampur control unit in West Bengal was set up in 1977 as the fifth unit.

In 1986, the control units achieved a reasonably good performance in various activities over the previous years.

II. Health Education Units. The GMLF has four health education units, one each in Maharashtra (est. 1962), West Bengal (est. 1963), Orissa (est. 1964), and Kerala (est. 1981) and [they] are manned by a health education officer. His primary function is to keep regular and close contact with a variety of functionaries in the state who are responsible or related to the public health activities.

One of the foremost agencies to realize the importance of health education in the control and eradication of the disease, the Gandhi Memorial Leprosy Foundation undertook considerable activities in this area and since last year has intensified its thrust on the line of the Master Plan (a comprehensive action plan document drawn by GMLF and submitted to the Government of India as a recommendation to improve the overall health education as a dynamic methodology in the country).

III. Referral Hospital. The Leprosy Referral Hospital (est. 1965) at Wardha is a unit which caters to all leprosy workers, leprosy institutions, and private practitioners in the surrounding districts in respect to their difficult or complicated cases. Through modern methods of medical science, the referral hospital offers full-fledged facilities for diagnosis, classification, laboratory investigations, physiotherapy and inpatient treatment for complicated cases. It also runs an outpatient clinic for six days a week and also helps the GMLF training activities in teaching clinical subjects.

IV. Training Center. The GMLF is the oldest training institute in India and presently has two training centers viz. at Wardha (est. 1951) in Maharashtra and at Chikalapalli (est. 1956) in Andhra Pradesh. Apart from the regular members of its faculty, the center also has on its panel a host of consultants, professors, doctors, and academicians who are available for special sessions and lectures on various subjects.

During the year under report, the GMLF training center undertook the following training programs: a) Doctors' training course; b) health education training; c) statistics in leprosy training center; d) paramedical workers' training center; e) smear technician course.

V. Center for Social Science Research in



Leprosy. An outcome of the National Seminar on Social Aspects of Leprosy organized by the GMLF, the Center for Social Science Research in Leprosy (est. September 1985) is perhaps a unique contribution of GMLF. Three projects were taken by the center: two about health education (one prospective, the other retrospective) and the third project was of evaluation of primary health care approach. Five smaller projects have also been taken up to acquaint the young research staff with research methodology.

VI. Involvement of Youth. The GMLF has all along been seeking community participation in all of its activities. It was therefore no wonder if it thought of involving the youth of the country during the International Youth Year 1985.

Among the youth organizations, three organized All-India agencies were selected: National Cadet Corps, National Social Service, and Bharat Scouts and Guides. Together, these organizations have a membership of 3,200,000.

VII. International Gandhi Award. Preparatory work for inviting nominations for the grant of the second International Gandhi Award in 1988 was started by approaching national associations in over 100 countries. The last date for receiving nominations was 31 May 1987.

VIII. Antileprosy Week Celebrations 1986. The GMLF celebrated the week in all of its centers: five control units, four health education units, two training centers, a referral hospital, and the central office.

**Japan.** *Changes at National Institute for Leprosy Research.* As of 31 March 1988 Dr. Masahide Abe retired as Director of the National Institute for Leprosy Research after 32 years. He will serve as an advisor to the Sasakawa Memorial Health Foundation, continuing his all-out efforts to promote leprosy research.

The new Director, appointed 1 April 1988, is Dr. Tatsuo Mori, formerly Deputy Director of the National Leprosarium Tama Zensho-en.

We send our best wishes to both of these dedicated colleagues and extend our support in their new endeavors.—RCH

**Korea.** *WHO Regional Committee for South-East Asia Report.* At the Fortieth Session of the WHO Regional Committee for South-East Asia held in Pyongyang,

D.P.R. Korea, on 15–21 September 1987: Prof. Michel Lechat, President of the International Leprosy Association, said “as pointed out in the Annual Report, this region had nearly half of the world’s leprosy cases. The countries in the Region had launched large-scale control activities in line with the recommendations of WHO for implementation of multidrug therapy through primary health care. Despite this, the fact that expertise, infrastructure and political will existed to tackle the problem, the problem of drug supply remained. This called for mobilization of external financial resources, and nongovernmental organizations could play a crucial role in this respect. Close cooperation already existed among governments, WHO and nongovernmental organizations for securing supplies of drugs. In line with resolution WHA40.35 of the World Health Assembly, ‘Towards the Elimination of Leprosy,’ expanding and strengthening of the collaboration would contribute greatly to making leprosy control a success. He assured the fullest cooperation of ILA to foster such collaboration.”

He mentioned that “the XIII International Leprosy Congress would be held in The Hague, The Netherlands, in September 1988, under the joint sponsorship of ILA and WHO. This would provide an opportunity to Member States of the Region to report and compare their experiences and to prepare for the final onslaught against leprosy.”

**The Netherlands.** *Fourth Immunodermatology Symposium.* The 4th Immunodermatology Symposium will be held at the Sonesta Hotel, Amsterdam, 21–23 September 1989. Free communications in all areas of immunodermatology are encouraged.

For further information, contact QLT Convention Services, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands.—Jan D. Bos

**Switzerland.** *Special Programme for Research and Training in Tropical Diseases; Eighth Report 1987.* This is a 191 page paperback book entitled “Tropical Disease Research: A Global Partnership.” Progress is outlined in all six of the diseases chosen by the Special Programme for Research and Training in Tropical Diseases (TDR). The section on leprosy is a brief but comprehensive summary of the present situation

and developments in the recent past. The future priorities of TDR for leprosy research are described as follows:

**Immunology:** continued field trials on antileprosy vaccines and the use of data from these trials for epidemiological studies, including those undertaken to assess new serological and other diagnostic tests; maintenance of armadillo colonies for large-scale production of *M. leprae*; DNA sequencing of *M. leprae* gene fragments, identification of the complete genes and expression of these genes in foreign host microorganisms with a view to large-scale production of expressed antigens and their application to research on diagnostic tests, immunization and drug development; identification of *M. leprae* genes involved in protective immunity; development of techniques for detecting *M. leprae* antigens in clinical specimens; development of specific serological assays and skin tests based on synthetic peptides; development of methods for genetic engineering of BCG with a view to its use as a vehicle for protective antigens in vaccines against leprosy and other diseases.

**Chemotherapy:** studies on the efficacy, acceptability and operational feasibility, in both lepromatous and nonlepromatous leprosy, of multidrug therapy regimens of even shorter duration than those in current use; development of new drugs through synthesis and screening activities based on leads from other diseases and on "molecular modelling"; validation and improvement of the rapidity, sensitivity and specificity of *in vitro* drug screening systems; evaluation of the impact of multidrug therapy on leprosy transmission; new approaches (including inoculation of nude mice and specific antigen assays) to the monitoring of chemotherapy; development of effective, nonsteroidal, nonteratogenic drugs to prevent and control leprosy reactions and nerve damage.

*TDR topics for leprosy research in endemic countries.* TDR wishes to promote the submission of research proposals from scientists in developing countries. The TDR Newsletter (No. 24, Autumn 1987) lists the following key topics for leprosy research in endemic areas:

- development and validation of seroepidemiological methods, e.g., specific tests for antibody/antigen detection, for *Mycobac-*

*terium leprae* using molecular probes and for cell-mediated immune (CMI) responses both *in vivo* and *in vitro*

- development of prophylactic vaccine(s): development of candidate subunit structures, establishment of effective vectors for immunization, identification of CMI-inducing antigens/epitopes, production of recombinant and/or synthetic vaccine candidates
- identification of means to overcome pathogenic host responses: development of human and animal model systems, identification of genetic markers of disease, investigation of lymphocyte subsets and their repertoires, and the role of lymphokines
- identification of methods to prevent and control nerve damage: investigations of nerve damage in humans and animal models, determination of the role of CMI in nerve damage, identification of the function of cells/antigens in tissue lesions
- identification of means for better use of existing drugs: testing of new combinations in animal models, conduct of clinical trials in multibacillary patients using newer regimens
- assessment of needs for improved therapy: study of relapses after cessation of treatment, identification of risk factors for relapse, survey of rifampin-resistant leprosy
- identification of new drugs for leprosy: selection from inventory and/or design of new compounds, development of new microbial screens, conduct of animal studies for antileprosy activity, conduct of short-term clinical trials in humans
- identification of new drugs for treatment of leprosy reactions: development of models for screening drug activity, testing of active drugs for pharmacological and mutagenic effects, toxicity and structure/activity relationships
- evaluation of immunotherapeutic methods: conduct of immunoreactivity trials, study of immunotherapy combined with chemotherapy

**U.K. International Society of Dermatology 1988 meeting.** A joint meeting of the International Society of Dermatology and the International Society of Dermatopathology will take place in Oxford, England, 4–8 September 1988. There will be at least two sessions on leprosy, including histo-

pathology, together with exhibits and demonstrations, one of which will come from the Wellcome Institute of Tropical Medicine in London. For details contact: Mrs. Christine Cherry, Department of Dermatology, The Slade Hospital, Headington, Oxford OX3 7JH, England.

*Robert White Fellowships in Immunology.* A number of fellowships named in the memory of Professor Robert White will be awarded to individuals from developing countries in order to aid or further their education or scientific experience in immunology. The Society interprets these aims in the broadest possible terms, and consideration will be given (for example) to support travel to study in a university or to gain experimental or technical and scientific expertise, or for the purchase of books, journals, or equipment. For details contact: Secretary, The British Society for Immunology, 11 Hobart Place, London SW1N 0HL, England.

*U.S.A. New cases reported in 1987.* In the U.S. last year there were 206 new HD patients reported. This compares with 262 new cases in 1986, and a median of 251 for the years 1982–1986. Over half the new patients (112) were diagnosed in California, followed by the Pacific Trust Territories (48), Hawaii (26), New York City (21), and Massachusetts (16).—Adapted from *Morbidity and Mortality Weekly Report*.

*Carville's Director retires.* John R. Trautman, M.D., Assistant Surgeon General and Carville's Director for over 20 years, retired from the U.S. Public Health Service Commissioned Corps on 1 April 1988. He has been named as the Director of International Affairs, Regional Hansen's Disease Programs, and is now serving Carville in a civil service capacity.

*New Director at Carville.* John C. Duffy, M.D., Assistant Surgeon General, U.S. Public Health Service, arrived at Carville on 1 April to serve as the new Director of the Gillis W. Long Hansen's Disease Center and Director of the National Hansen's Disease Programs. Dr. Duffy is a native of Cleveland, Ohio. He received his B.S. degree from

Boston College and his M.D. from New York Medical College. He interned at the Henry Ford Hospital in Detroit, served on active duty as a Flight Surgeon with the U.S. Air Force, and then served his residency in psychiatry and child and adolescent psychiatry at the Mayo Graduate School of Medicine in Rochester, Minnesota. For the next 8 years he was Acting Director of the Division of Child Psychiatry at the University of Minnesota. For the next 3 years he was Executive Director of the Tucson Child Guidance Center. In 1974 he joined the U.S. Public Health Service, serving with the U.S. Coast Guard as Chief Flight Surgeon, Brooklyn Air Station and Chief, Psychiatric Screening Unit, U.S. Coast Guard in New York City. He was then named Professor and Assistant Chairman of Psychiatry at the Uniformed Services University of the Health Sciences School of Medicine where he served for 5 years. In 1981, Dr. Duffy was appointed Deputy Associate Commissioner for Health Affairs at the Food and Drug Administration. The following year he joined the staff of the Surgeon General as Director of Medical Affairs, and in 1983 was promoted to the rank of Assistant Surgeon General and named Chief Physician Officer of the U.S. Public Health Service (PHS).

Dr. Duffy has had a distinguished academic career, authoring over 100 scientific articles. He was Founding Editor of *Child Psychiatry and Human Development* from 1969–1984 and is currently the Editor of *Military Medicine*, the official journal of the Association of Military Surgeons of the United States (AMSUS). He is Editor-in-Chief of *Ship's Medicine Chest and Medical Aid at Sea*, and serves on the editorial board of *MD Medical Newsmagazine* and the *Journal of Nautical Medicine*. He is a fellow of the American Psychiatric Association, and a fellow of the Aerospace Medical Association.

He has received many awards including in 1983 the Distinguished Service Medal, the highest honor which can be given to a PHS Commissioned Officer, and in 1988 the Surgeon General's Medal.

The new Director has assumed his duties with an exceptional combination of respect for the traditional and vision of an exciting future.—RCH