

## 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.*

**Belgium.** *Dr. Albert Dubois Quinquennial Prize for Tropical Pathology.* Fully aware of the intrinsic value of this impact, a group of friends and relatives of Albert Dubois concluded that human and veterinary tropical medicine would benefit from the perpetuation of the inspiring example set by Albert Dubois in a form that would be adapted to present needs.

In the view of the Dr. Albert Dubois Foundation, which was the fruit of this conviction, a 5-year prize would encourage clinical and/or experimental research in human or veterinary tropical pathology, as well as serve as a vehicle for the posthumous continuation of the contributions of this pioneer of tropical medicine and do much to push back the frontiers of the unknown.

The Belgian Royal Academy of Medicine agreed to accept responsibility for awarding the Dr. Albert Dubois Prize, the great man having been one of its most eminent members. The prize, amounting to 500,000 BF, will be awarded for the second time in 1989 and the competition is open to all those who contribute to the progress of tropical human and veterinary medicine.

This prize is intended to encourage clinical and/or experimental research in the field of tropical pathology, whether human or veterinary, in the broadest sense of the term. The prize will be awarded in the course of the fifth year of each 5-year period, the date of the awarding ceremony to be decided by the Academy in agreement with the Board of Directors of the Foundation.

Candidates are required to fill in a form, which is available in French, Dutch or English, and may be obtained upon request from the Secretary's Office, Royal Belgian Academy of Medicine, Palais des Academies, 1 rue Ducale, 1000 Bruxelles, Belgium.

The form, duly filled in, dated and signed by the candidate(s), shall be addressed, along

with a copy of the study or studies submitted, to the perpetual Secretary of the Academy, before 31 December of the fourth year of the ongoing period.

For further information contact the Secretary's Office at the above address.—(From the brochure)

**India.** *Government of India 1987 National Awards.* Shri C. S. Cheriyan and Shri G. R. Srinivasan each received a 1987 National Award. Shri Cheriyan was honored as the "Most Efficient Handicapped Employee" and Shri Srinivasan was honored for "Outstanding Performance as a Placement Officer of the Handicapped." The awards were presented by the President of India at a colorful ceremony at Vigyan Bhaven, New Delhi, on 20 March 1988.

Congratulations to each of you.—RCH

*Proceedings of the National Seminar on Social Science Research on Leprosy.* This 118 page, softbound book reports on the two-day National Seminar on Social Science Research on Leprosy organized by the Centre for Social Science Research on Leprosy of the Gandhi Memorial Leprosy Foundation. The seminar was held 25–26 July 1987 in Wardha. We are happy to provide the following excerpt from the Summary:

A two-day National Seminar on Social Science Research on Leprosy was organized by the Centre for Social Science Research on Leprosy (CSSRL) on 25–26 July with the aim to prepare social science research agenda on leprosy with the help of the interaction of the social scientists, medical scientists, leprologists, leprosy programmers, and international agencies involved in the leprosy control program. The objectives of the seminar were: a) Review of social science inputs in leprosy control. b) Preparation of research agenda on Social Science Research

on leprosy. c) Promote interaction of social scientists, health scientists and leprosy programmers.

Senior social scientists from Indian universities, leprologists, medical scientists, leprosy programmers and international agencies participated adequately. There were 12 social scientists, 15 leprosy programmers, leprologists and medical scientists. The participants included representatives of WHO, GLRA, DANIDA and Damien Foundation.

In his welcome address Prof. R. K. Mutatkar said that community involvement has been the spirit of Mahatma Gandhi philosophy and strategies. Public education and social science approaches are therefore the obvious outcome of Gandhian approaches in leprosy. Social science inputs were first introduced by GMLF 20 years ago in their health education orientation program which gradually developed into the establishment of the Centre for Social Science Research and this seminar. Government of India representative Dr. N. S. Dharmshaktu stressed the need of inclusion of social science inputs in the National Leprosy Eradication Programme. One of the most senior leprologists of international repute and Vice Chairman of GMLF, Dr. K. V. Desikan thanked the organizers for bringing together such a diverse group of intellectuals to discuss the issues in controlling leprosy. He hoped that the day will come when leprosy will become a health problem with no or little social problems and [said that each] social scientist has to decide his role and play it accordingly in eradication of the disease.

Professor M. S. Gore, eminent social scientist of international repute, Chairman of GMLF and the seminar, expressed his happiness that GMLF has been able to organize this important seminar where we are trying to identify what specifically is the role social scientists can play in the program of leprosy control, health education, rehabilitation of leprosy patients, etc. First, to avoid confusion and to organize ourselves, social scientists have to decide their role at different levels, e.g., at the level of spread of knowledge, research, campaign, etc. Citing an example of involvement of social scientists in the programs of community development, family planning and agriculture extension

education, he stressed that social scientists have to define their roles yet in leprosy and at the same time medical scientists also need to understand the role of the social scientist. Only technology is not sufficient but it should be accepted by society or people and wherever human being is there, attitude is also involved. Lastly, he said social scientists also need to be educated to discard phobia or fear about leprosy.

The seminar was organized with two plenary sessions and three group meetings. The theme of the first plenary session was review of social science research inputs. Subsequently three group meetings were held with different themes on social science research inputs in leprosy control program, health education in leprosy, and training in leprosy in which 22 papers on various aspects of leprosy were discussed. In the second plenary session the chairpersons of the three groups put forward research areas identified by them and recommendations from their group. After a great deal of discussion on the presentations, research agenda and recommendations were finalized by the participants under guidance of Prof. Gore (Chairman) and Prof. Mutatkar (Resource Person).

In his concluding speech, Prof. Gore explained the importance of social science which provides a system of how to understand society. The acceptance of patients, how to remove social stigma, how to protect the patient from social stigma, etc., are to be seen to by the social scientists. Areas to work in for social science are problem-solving, policy implementation, and to study the psychology of the community. He advocated the multidisciplinary approach of the social sciences to study the problems of leprosy. Regarding vaccine trials, he stressed that it is GMLF's interest to associate with medical professionals to study the social aspects involved therein. He concluded with the remark that the social scientists and medical scientists often should utilize each others' services. The seminar concluded with a vote of thanks by Shri S. P. Tare, Director of GMLF.

Copies of the book are available for US\$8 (including postage) from the Director, Gandhi Memorial Leprosy Foundation, Hindinagar, Wardha 442103, India.

*Schieffelin Leprosy Research and Training Centre Director.* The director of the Schieffelin Leprosy Research and Training Centre (SLR&TC) in Karigiri, Dr. Melville Christian, died unexpectedly on 12 June 1988. Dr. Christian was associated with Karigiri for many years as an epidemiologist before becoming Director, was active in WHO work, and was a valued Contributing Editor for South India for the JOURNAL.

The Executive Committee of SLR&TC, Karigiri, at its meeting on 2 July 1988 has appointed Dr. V. Benjamin, formerly Professor of Community Health at the Christian Medical College, Vellore, as Interim Acting Director until further notice. Dr. Benjamin took charge of the office during the first week of July 1988.—From information provided by Dr. C. J. G. Chacko

*Seminar on "Women and Leprosy."* A seminar on "Women and Leprosy" was held at Manohardham Dattapur, Wardha, on 15 February 1988 to coincide with the anniversary of the death of its founder Shri Manoharji Diwan. The subject of the seminar was at the suggestion of Tsubosaka Dera Kushta Sewa Pratishtan, a newly formed organization which plans to work for rehabilitation of women leprosy patients belonging to the middle class society.

The seminar was inaugurated by Mr. Neil Winship, Director of LEPRO. Other distinguished persons who graced the function were Baba Amte; Mr. Takeuchi, representing Rev. Shoken Tokiwa of Tsubosaka Dera Temple, Japan; and Shri Bal Vijay, renowned Sarvodaya worker.

The one-day seminar was presided over by Shri. S. P. Tare, Director, Gandhi Memorial Leprosy Foundation, Wardha. Mrs. Kamala Desikan, Secretary of Tsubosaka Dera Kushta Sewa Pratishtan, dwelt on the problems of women leprosy patients and explained the objectives and perspectives of the new organization. There were 18 participants, mostly women workers and some veterans in the leprosy field with long experience in antileprosy work.

It is perhaps for the first time that a seminar was held on this very important problem demanding a high priority in socio-economic rehabilitation. The papers included the special scientific problems of leprosy in women, sociological aspects of leprosy in

women, special rehabilitative measures for women, and the important role of women in community participation for antileprosy work.

There was a lively discussion on all papers, dealing with most of the aspect of the problem. In the afternoon a concluding session was held, excellently conducted by Shri. S. P. Tare under whose chairmanship the participants summarized their views.—(From materials received from Dr. K. V. Desikan)

**Spain.** *Fontilles International Courses 1988.* XXV Curso Internacional de Leprologia para Médicos y XXXI Curso Internacional de Leprologia para Misioneros y Auxiliares Sanitarios 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 Consumo, y profesores de dermatología de las facultades de medicina.

El XXV Curso tendrá lugar en el Sanatorio de Fontilles desde el día 7 al 12 de Noviembre de 1988 dirigido por el Dr. J. Terencio de las Aguas, Director Médico del Sanatorio.

El XXXI Curso tendrá lugar en el Sanatorio de Fontilles desde el día 10 al 29 de Octubre de 1988 dirigido por el Dr. J. Terencio de las Aguas, Director Médico del Sanatorio.

**Switzerland.** *Ciba-Geigy Leprosy Fund.* In 1986 the Pharmaceutical Division of Ciba-Geigy Ltd established the Ciba-Geigy Leprosy Fund with a budget of Sfr. 3 million (US \$1.7 million) for an initial period of 3 years.

Purpose of the Fund: The Ciba-Geigy Leprosy Fund has been established to support leprosy control programs which implement or intend to implement multidrug therapy (MDT) as recommended by the World Health Organization (WHO). The primary emphasis of the Fund is to help create the preconditions for the correct implementation of MDT and thus to increase the total number of patients on MDT.

Conditions for funding: The proposed field activities should be undertaken in a

program which currently uses or wishes to introduce the WHO-recommended MDT regimens to treat leprosy patients. Only one project proposal may be submitted per year by each institution or agency. The Ciba-Geigy Leprosy Fund reserves the right to visit project sites. The use of the Fund's resources may be audited. Research dimensions can be added to projects (e.g., costs involved in MDT implementation, acceptance of MDT, effectiveness of measures taken to prevent disabilities). All applicants must agree to supply a biannual progress report on the specific activities supported by the Fund. Field projects must use the Ciba-Geigy form to give the project specific details.

**Application procedure:** Proposals must be submitted to Ciba-Geigy Leprosy Fund, P.O. Box K-24.2.09, CH-4002 Basle, Switzerland, before 15 February or 15 August.

All proposals must be accompanied by the following documentation: the objective of the proposed activities; detailed plan of action which includes methods, targets, timetable, staff; detailed budgetary request; details of other support received and requested. In the case of field projects the following additional information is required: a brief description of the project area (e.g., size, population, patients by type, attendance rates) and the leprosy control efforts in the country; current extent of MDT implementation; a copy of the most recent annual report.

**Selection criteria:** Given a limited budget and the fact that most projects will require financing during the 3-year life span of the Fund, priorities must be set for the types of projects that would be favored.

Only project proposals submitted by institutions (e.g., governments, nongovernmental organizations and voluntary organizations) will be considered. Any application should receive the approval of the government of the country where the project will be executed. Field projects will be given top priority; 80% of the budget will be allocated to such projects. Preference will be given to an intensification of ongoing work but projects which start from scratch are not excluded. The contribution of the Ciba-Geigy Leprosy Fund, either in a professional or a financial sense, should be a significant one

in the context of the total project. The number of patients treated in the course of the project is of great importance. The existence of the preconditions for the correct use of MDT (e.g., trained personnel, laboratory facilities, basic infrastructure, health education, or their creation as part of the project) is essential. Specific activities within the context of a project (e.g. health education, training) will be financed rather than contributing to the total project costs.—(From *Leprosy Review*)

*THELEP SWG fifth meeting.* The fifth meeting of the Scientific Working Group (SWG) on the Chemotherapy of Leprosy (THELEP) was held in Geneva, 13–15 October 1986, under the auspices of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR). Studies of the prevalence of primary and secondary dapsone-resistant leprosy and of the genesis of rifampin-resistant strains of *Mycobacterium leprae* were reviewed and reports on field studies of the combined drug regimens recommended by the WHO Study Group on Chemotherapy of Leprosy for Control Programmes for the treatment of both multibacillary and paucibacillary patients were presented and discussed. The regimens were extremely well tolerated and highly effective. Short-term trials to compare the speed with which individual drugs and combinations of drugs were able to kill *M. leprae* in previously untreated lepromatous patients were described, as were the results of the recently completed controlled clinical trials in Chingleput, India, and Bamako, Mali, in which persisting *M. leprae* were sought after treatment with a variety of combined drug regimens. The synthesis and antibacterial activity of new dihydrofolate reductase inhibitors and the development of prolonged-release dapsone formulations were reported. The potential contributions of molecular biology were also considered in the light of recent success in cloning and expressing *M. leprae* DNA in *Escherichia coli*.—(From the Report Summary)

**U.K. New editor for Leprosy Review.** Dr. A. Colin McDougall, Editor of *Leprosy Review*, retires at the end of September 1988,

at which time Professor J. L. Turk will become the new Editor. From 1 August 1988 onward, all communications for *Leprosy Review* should be sent to: Prof. J. L. Turk, *Leprosy Review*, LEPRA, Fairfax House, Causton Road, Colchester CO1 1PU, England.

Dr. McDougall has done an outstanding job as Editor and Professor Turk is well qualified to assume this new responsibility. We wish them both well in their endeavors—RCH

*Retirement of LEPRA's Director G. Francis Harris, M.C.* Francis Harris joined LEPRA in 1962 as Deputy to the then General Secretary Bill Crisham. Concerned that the Association he had joined was simply one which funded other people's work and aware that the fundraisers of that time would appreciate a treatment scheme that was run by BELRA (as the Association was then known) the two men explored the possibility of working in Africa. Three countries were approached and asked if they would consider having a control project and the most constructive reply came from Malawi, where the President for Life, Hastings Banda, was a doctor. The setting up of this project in 1965 and its progress is now part of history. Suffice to say that the control work in Malawi is something of which all connected with LEPRA are most proud, and the 50,000 discharged patients most grateful.

As Director, Francis Harris has brought many changes to the home front. He has moved the office three times, saying each time it would be the last and in 1975 the Association began its work in Colchester with a second and smaller Head Office in London. LEPRA now has approximately 50 staff working throughout the United Kingdom in 18 different locations. On the fundraising side, he has seen the Association's income go from £166,681 to over £2,000,000.—(Excerpt from J. Maitland in *Leprosy Review*)

*Robert Cochrane Fund for Leprosy.* The closure of the Leprosy Study Centre, Wimpole Street, London, released money which has been used to establish a fund in memory of the great leprologist, Robert Cochrane.

The fund is administered by the Royal Society of Tropical Medicine and Hygiene. It is to be used to finance three travel fellowships per annum, to a maximum value of £1,200, to enable leprosy workers to travel for practical training in field work, or in research, or to enable experienced leprologists to travel to provide practical clinical training in a developing country.

Further details of the fund and application forms may be obtained from: Honorary Secretaries, Royal Society of Tropical Medicine and Hygiene, Manson House, 26 Portland Place, London, W1N 4EY, U.K.

*WHO 1987 Symposium on Ocular Leprosy.* A symposium on ocular leprosy took place at the International Centre for Eye Health, Institute of Ophthalmology, London, 21–23 September 1987. It was organized by Professor Gordon Johnson, Director, Department of Preventive Ophthalmology, and Dr. Paul Courtright of the Proctor Foundation, San Francisco, and was funded by the World Health Organization (WHO) through its programs for leprosy and the prevention of blindness with contributions from LEPRA and Dutch and German leprosy missions.

The meeting, which took the form of a workshop, was attended by 15 ophthalmologists with a special interest in ocular leprosy: Dr. J. Anderson (London), Dr. M. Brand (U.S.A.), Dr. F. Brandt (Germany), Dr. A. Cherinet (Ethiopia), Mr. T. ffytche (London), Dr. M. Hogeweg (Holland), Professor G. Johnson (London), Mr. M. Kerr-Muir (London), Professor P. Lamba (India), Dr. G. Lim (Philippines), Dr. B. Ostler (U.S.A.), Dr. R. Pokhrel (Nepal), Dr. N. Suryawanshi (India), Dr. K. Waddel (Uganda), and Dr. G. Warren (Thailand). Dr. M. Jacob (India), pathologist, and Dr. P. Courtright, epidemiologist, both specializing in ocular leprosy, were also present.

The WHO was represented by Dr. K. Nordeen, Chief, Leprosy, WHO; Dr. R. Pararajasegaram, Regional Advisor to WHO (SEARO); and Dr. B. Thylefors, Program Manager of Prevention of Blindness, WHO.

The meeting covered a wide range of topics relating to ocular leprosy including its global distribution, the present state of knowledge of its clinical and pathological

manifestations, and its prevention and management in the field. The training needs for all levels of personnel working in leprosy were discussed, and a policy for integration of ocular leprosy management in national leprosy and blindness prevention programs was formulated.

A report of the meeting will be published by the WHO and it is intended that its recommendations will be presented to the XIII International Leprosy Congress at The Hague in September 1988.—(From report by T. J. flytche in *Leprosy Review*)

**U.S.A. The Heiser Program for Research in Leprosy 1989.** 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, candidates should be at an early stage of postdoctoral research training. There are no citizenship requirements. Generally, postdoctoral training should be planned in an institution other than that in which the applicant obtained the doctorate. Candidates should be interested in obtaining research training directly related to leprosy study. Initial awards are for 1 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 lab-

oratory providing training opportunities in this field. Grants may be sought for proposals which are both of high scientific caliber and clearly related to leprosy. Start-up funds may be requested for new projects or facilities which show promise of receiving support from other sources within 1 year and of contributing to leprosy research. Grants are limited in duration to 1 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. Because of the high cost of travel, awards in this category will be made only under special circumstances. Candidates should be established investigators in leprosy who wish to carry out specific research objectives in a distant or foreign institution. There are no citizenship requirements. Up to 6 consecutive months of support for travel and subsistence costs will be awarded to successful candidates.

In considering research on leprosy, the fields selected as among the most relevant for the study of this disease are: cultivation of *Mycobacterium leprae* (Hansen's bacilli), immunology of mycobacterial infection, experimental transmission of leprosy, and pharmacology of antileprosy drugs.

Deadline for all applications is 1 February 1989. 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)