

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.

China. *China Leprosy Association holds Third Congress.* The Third Congress of the China Leprosy Association (CLA) was held on 11–13 April 1994 in Beijing. Eighty-seven delegates from 26 provinces attended the Congress. Dr. Ye Ganyun, Vice President of the Second Session of the CLA, delivered

the work report of the Association. A new board of directors of the CLA was elected. Mr. Xi Zhongxun, formal Vice Chairman of the Standing Committee of the National People's Congress, and Prof. Chen Minzhang, Minister of Public Health, were elected Honorary Presidents. Dr. Ye Gan-

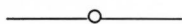
Ethiopia. *ALERT Training Calendar 1995.* In 1995, ALERT proposes to organize the training courses shown below.

Dates	Course title	Recommended for
Jan. 9–Feb. 17	Prevention and management of disabilities	Qualified physiotherapists, and paramedical workers in a leprosy program with a minimum experience of 2 years in a disability prevention capacity
Feb. 20–Mar. 31	Leprosy and tuberculosis (TB) control	Physicians, and senior staff familiar with the clinical aspects of leprosy or TB (preferably both), who will be in charge of managing a combined leprosy and TB control program
Apr. 3–Apr. 14	Information, education and communication	Staff in charge of health education (of the community and of the individual patient) in a leprosy and/or TB control program
Apr. 17–Jun. 9	Training of trainers	Trainers, and staff in charge of organizing training programs for leprosy and TB workers. Participants should be familiar with leprosy or TB (preferably both), and preference will be given to applicants who participated in a formal leprosy and TB course in the past
Jul. 7–Jul. 28	Essentials of leprosy for nonmedical staff	Administrators, planners, managers and other staff without a medical background who are unfamiliar with the common leprosy terminology when dealing with medical/technical staff, either in the context of a field program or of a donor agency
Jul. 31–Aug. 12	Social rehabilitation	Staff dealing with the socioeconomic problems of leprosy patients
Aug. 21–Sept. 1	Tropical dermatology	Physicians with dermatological experience
Sept. 4–Oct. 14	Essentials of leprosy for medical staff	Physicians without leprosy experience who are going to work in a leprosy project (either hospital based or in a control program)
Oct. 16–Oct. 20	The eye in leprosy	Physicians and experienced paramedical workers responsible for managing leprosy patients
Oct. 23–Dec. 15	Supervision of a district leprosy control program	Experienced leprosy workers who will be in charge of the supervision of a leprosy control program at the district (or comparable) level

For further information contact: International Administrative Coordinator, Division of Training, ALERT, P.O. Box 165, Addis Ababa, Ethiopia [FAX = 251-1-711199; phone = 251-1-712792 (International Administrative Coordinator) 251-1-711524 (Director of Training)]—Materials received from Neil Alldred

yun was elected the new President. Drs. He Daxun (Secretary General) and Li Huanying and Mrs. Sufei Ma Haide were reelected Vice Presidents. Dr. Hu Lufang, Director of the Sichuan Provincial Institute of Venereology and Dermatology; Dr. Xiao Ziren, Vice President and Secretary General of the Chinese Medical Association; and Dr. Zhao Tien'en, Director of the Shandong Provincial Institute of Dermatology, were elected new Vice Presidents. The Congress decided to make every effort to reach the goal of basic elimination of leprosy from China by the year 2000 and to make the 15th ILA Congress (to be held in 1998 in Beijing) fruitful and successful.—Materials from Prof. He Daxun

India. 1994 Erwin Stindl Memorial Oration by Tare. On 18 March 1994, the 11th Erwin Stindl Memorial Oration was given by Mr. S. P. Tare at the GRECALTES Training Center in Calcutta. The oration was entitled "Health Education in Leprosy" and was attended by a large number of doctors, leprosy workers and other health workers.—Dr. D. S. Chaudhury



BLP 1994 Antileprosy Fortnight Celebration. The Bombay Leprosy Project (BLP) celebrated Antileprosy Fortnight from 30

January to 12 February 1994 with various programs.

- BLP has involved the rehabilitation centers in Bombay which are now offering rehabilitation services to the leprosy patients. This novel effort has created a healthy situation to fulfill the needs of rehabilitation of leprosy patients along with other handicapped individuals. A speciality of this year was that the venue of celebrations was such centers and not leprosy institutions.

- Dr. Ganapati participated in the celebration at the Bharat Sevashram Sangha, Jamshedpur, of the antileprosy week and the inauguration of "Humanitarian Service Project" at Jamshedpur on 5 February 1994. On this occasion he was presented with the "Manav Mitra Award" for the year 1994 in recognition of his humanitarian service in the field of leprosy.

- Dr. Ganapati delivered lectures during the training program to the NLEP staff of government of Bihar at Jamshedpur on 6 February 1994. A batch of 8 nonmedical supervisors from the Government of Maharashtra also underwent training from 31 January to 4 February at Bombay. Dr. V. V. Pai, Dr. (Mrs.) R. S. Taranekar, Mr. L. S. Belurkar, Mr. A. P. Tripathi of BLP took part in this training program as resource persons.

- Dr. Ganapati and Dr. C. R. Revankar delivered lectures on the leprosy control program in Myanmar, Malaysia and Nepal to the undergraduate medical students dur-

Date	Venue	Nature of Audience	Nature of Program	Attendance
30.1.94	Leela Moolgaokar Ward, Adams Wylie Memorial Hospital of Indian Red Cross Society, Bombay	Leprosy patients & relatives	Slide show & Exhibition	60
31.1.94	All India Institute of Physical Medicine & Rehabilitation, Bombay	Trainee students, nurses & doctors	Video show & exhibition	60
1.2.94	Fellowship for the Physically Handicapped, Bombay	Trainee students	Video show & exhibition	300
2.2.94	NASEOH, Chembur, Bombay	Trainees & slum public	Exhibition	375
3.2.94	Vocational Rehabilitation Centre, ATI Campus, Bombay	Trainee students	Slide show & exhibition	150
4.2.94	Shramik Vidyapeeth, Dharavi, Bombay	Trainee students & slum public	Slide show & exhibition	300

● Dr. V. V. Pai, Assistant Director, BLP; Mrs. Pai, NMS, BLP and Mr. Deshpande, Health Educator, BLP, conducted a training program for the undergraduate medical students and nurses.

Date	Venue	No. students
7.2.94	LTMG Medical College & Hospital, Sion, Bombay	30
8.2.94	Dharavi Urban Health Centre, Bombay	25
10.2.94	Unani Medical College & Hospital, Bombay	50

● A task-oriented training program on simple field disability care and prevention for the NLEP staff was organized.

Date	Venue	Resource person	No. trainees	
6.2.94	Regional Training Centre, Cuddapath Dist., A. P.	Mr. S. Kingsley, Physio. Techn., BLP	Medical officer	7
			Nonmedical supervisor	18
			Physiotherapist	1
10.2.94 to 12.2.94	Leprosy Management Training Centre, Bombay	Dr. Ganapati Mr. Kingsley Mr. A. P. Tripathi	Medical officer	2
			Physiotherapist	1
			Paramedical worker	11

ing the occasion of the Annual Competitive Examination in leprosy. The program was organized by the ALH and RRE Society, Wadala, Bombay, on 8 February 1994.

● An exhibition on leprosy was arranged to create awareness among the general public and outpatient departments patients attending an urban health center, Government Colony, Bandra, Bombay. This was attended by 200 laymen and health staff.

● BLP took advantage of an eye refraction camp organized by the Acworth Municipal Hospital for Leprosy at Wadala, Bombay, on 2 February 1994 under the kind patronage of the Lions Club of Dadar by referring 9 patients with eye complications needing special eye care and spectacles.

● Considering the changing scenario of leprosy, BLP found it necessary to use new slogans to educate the masses about leprosy deformities being the cause for social stigma. In this regard BLP has designed the following new slogans, which were especially used to create public awareness on disabilities in particular:

- Deformities can be prevented if detected early and medical advice followed.
- Patients can be enabled to do their routine work in spite of their deformity.
- Hand deformities are easily correctable by simple inexpensive splints.
- Surgery may not be needed in all cases.

—2875 patients are using the splints, of whom 1653 (60%) patients' deformity is functionally corrected and they are able to do their routine work.

—Even grossly disabled leprosy patients can work normally by using grip-aids fitted to any implement.

—654 patients have received 1012 grip-aids fitted to their domestic articles and tools; 519 patients could be helped in their daily living activities such as eating, drinking, cooking, shaving, bathing, etc. They are now self-dependent.

—135 patients could be restored to their original occupations without much difficulty and they have become useful earning members.

—Deformity care must be an integral part of a leprosy eradication program.

—Treatment for disabilities should be carried out where the patient lives and he should not be dislocated from the society.

—Leprosy disabled are like any other disabled persons: Do not discriminate.



BLP observes World Disabled Day. One of the stigma elimination techniques followed by Bombay Leprosy Project (BLP) is to join with nonleprosy organizations caring

for the handicapped since disability is the root cause of stigma in leprosy. With the declining trends of active leprosy cases, the main focus is on care of the disabled and prevention of nerve damage. This activity is often practiced in isolation by most leprosy institutions.

This year BLP observed "World Disabled Day" in collaboration with the Vocational Rehabilitation Center for the Handicapped (VRC) in Bombay on 24 March 1994. The function was organized by VRC and attended by many dignitaries from various social and service organizations. Mr. Sunil Dutt, Member of Parliament, who was the Chief Guest, presided over the function. He stressed that the leprosy disabled must get equal opportunity along with others, and appealed to all individuals and service organizations to follow the example set by VRC and BLP in joining together to fight leprosy.

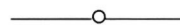
On this occasion Mr. Mahendra M. Shinde, a leprosy disabled employee of BLP, was one of the handicapped persons to be honored by the Chief Guest. He was also a recipient of the NASEOH award of "Best Disabled Employee" for the year 1994. Handicapped persons who were trained in different vocational trades by VRC received tools, aids and appliances donated by various service organisations.

Dr. C. R. Revankar, BLP Deputy Director, applauded the consistent efforts of VRC to rehabilitate leprosy cured persons along with other handicapped in an integrated manner in association with BLP.

An exhibition on aids and appliances for the leprosy disabled was arranged by BLP on the premises of VRC. A cultural program was performed by handicapped persons which demonstrated their artistic capability. The whole program set a model of positive action for bringing the handicapped, including leprosy patients, into the mainstream of society, thus utilizing their productive human assets which give tremendous returns to the community as a whole.—Materials from R. Ganapati

India), met on 8 April 1994 in Delhi with the new Secretary for Health (the most senior civil servant in the Ministry), Mr. M.S. Dayal, and the Head of the National Leprosy Eradication Programme (NLEP), Dr. Mittal. Also present as visitors were the President, General Secretary and Assistant General Secretary of ILEP.

The World Bank soft loan (\$100 million approximately over a 6-year period) to the NLEP received final approval by the Indian Cabinet at the end of 1993. The government officers present at the meeting made it clear that following this approval funds are now beginning to flow. As a result, the government is moving fast to implement MDT programs in the 143 high and medium-endemic districts not yet fully covered.—ilep flash 2 (1994) 1

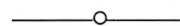


International Gandhi Awards 1994. The International Gandhi Awards for outstanding work in elimination of leprosy were presented on 30 January 1994 to Dr. Joon Lew of Korea and Dr. V. Ekambaram of India by Dr. Shankar Dayal Sharma, President of India.

The Awards, instituted by the Gandhi Memorial Leprosy Foundation, consist of a medallion depicting Mahatma Gandhi nursing Shri Parchure Shastri, a citation and a cash prize of Rs. 1 lakh.

Dr. Joon Lew is Director of the Lew Institute for Biomedical Research, Seoul, Korea. He holds important posts with several international leprosy control organizations, including the Korean Society of Leprologists, the Korean Leprosy Association and World Vision Special Skin Clinic.

Dr. V. Ekambaram is the chief representative of Amici de Raoul Follereau, an Italian institute working in the field of leprosy. He was a chief leprosy officer with the Government of Tamil Nadu for past the four decades.—Materials from S. P. Tare

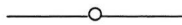


NLEP goes into top gear. The representatives in India of ILEP member-associations, led by Dr. Desikan (Chair, LEPR-

Indian Leprosy Association's 1994 Health Education Calendars on Leprosy. The Indian Leprosy Association has been distributing health education calendars on leprosy

every year in both English and Hindi with financial assistance from WHO through the Government of India, UNICEF, The Leprosy Mission, GLRA and the Damien Foundation. Each year 32,000 calendars are printed and distributed to various institutions such as NLEP centers, hospitals, banks, schools, post offices, restaurants, railway stations, and other public places. These calendars have been found to be an effective medium for the dissemination of knowledge about leprosy, creating awareness and projecting NLEP achievements and bringing about societal changes toward the disease and those suffering from it.

One of the recommendations made at the Pre-Congress Workshop on Rehabilitation at the 14th International Leprosy Congress in August 1993 in Orlando, Florida, U.S.A., was that the user of photos/pictures depicting poverty, deformity and deprivation that shock people, promote pity and appeal to the emotions should not be used since they perpetuate stigma and fear about leprosy. In accordance with this concept the Indian Leprosy Association has avoided the use of such pictures, and their calendar this year features attractive miniatures which have mass appeal for carrying messages and slogans on leprosy.—From materials and calendars from S. A. Jagannathan



The Stanley Browne Laboratories—Miraj. The new Stanley Browne Laboratories at Richardson Leprosy Hospital, Miraj, were formally inaugurated by Dr. M. Deo, Director, Cancer Research Institute, Bombay, on 22 March 1994.

With the effective treatment now available for leprosy most patients can be cured of leprosy within a few months, yet there are many new patients with existing disability. Prevention is always better than cure, but our understanding of why people develop leprosy and how the disease is transmitted is still incomplete. Without this understanding it is very difficult to design effective control measures, the key to which is interruption of transmission so that the disease dies out within the population.

The MILEP project, funded by the European Community, is investigating the role of the mucosal immune response which we

believe may protect most people against *M. leprae*.—ilep flash 2 (1994) 2

Nepal. *Six Months' Report of Leprosy Control Project.* In April 1994 the Leprosy Control Project, a joint project of HMG/INF/DAHW in the Western and Mid-Western Regions of Nepal published its Six Months Report covering mid-July 1993 to mid-January 1994. Its Discussion and Conclusions appear below.

“Progress towards the goal of elimination of leprosy as a public health problem, i.e., reduction of the registered prevalence to below 1 case per 10,000 population, is steady but slower than would allow it to be achieved by the year 2000 A.D. For 1993 the RPR achieved in West and Mid-West Regions is on average 7 cases per 10,000 population. It is estimated that given a maintenance of the current case detection rate the Registered Prevalence Rate may be reduced to below 1 per 10,000 population by the year 2005 to 2010.

“However it must be kept in mind that the disabled proportion (DP) is still on average 17%—an indication that early case detection needs to be improved. It is desirable to reduce the DP to below 10% of new cases. It should also be kept in mind that people with disabilities remain with us even after they are released from treatment and that we have an on-going responsibility and commitment to their care after cure. Achievement of “elimination” of leprosy according to the above definition will not change this obligation, and one hopes that public health personnel and donor agencies will retain this same commitment to care.”

Senegal. *Institut de Leprologie de Dakar Rapport Annuel 1993.* En 1993, les activités de l'Institut de léprologie appliquée ont continué de correspondre aux objectifs fixés il y a plus de 20 ans par les fondateurs. Ces derniers avaient défini que cet institut devait être tout à la fois un organisme de soins, d'enseignement et de recherche.

C'est ainsi que l'année qui vient de s'écouler a été marquée en premier lieu par un accroissement important des activités de recherche appliquée. Ceci grâce à l'affectation à l'Institut d'un médecin épidémiologiste et aussi grâce à une orientation nouvelle, et supplémentaire, du Service de chirurgie et de prévention des invalidités.

Une collaboration accrue avec le médecin épidémiologiste de la DAHW et avec le laboratoire de biologie moléculaire n° 3 de l'Institut Pasteur de Dakar a également permis la réalisation de plusieurs programmes. Au total six études ont été menées et terminées en 1993, études portant sur des sujets divers tels que le taux de rechutes observé chez les malades multibacillaires après monothérapie par disulone suivie d'une prise unique et supervisée de rifampicine, la fréquence de l'apparition d'ulcères plantaires chez les malades sous polychimiothérapie ou le taux d'interleukine comme marqueur prédictif d'une réaction lépreuse. Dans le même domaine d'activités, il est à noter également une participation accrue des cadres de l'Institut à différents congrès ou réunions scientifiques. Enfin, il a été fait appel à différents responsables ou cadres scientifiques pour plusieurs missions d'évaluation en qualité d'expert, ceci à la demande de services gouvernementaux (Ministère de la Santé) ou d'ONG participant à la lutte contre la lèpre dans différents pays.

Par ailleurs, et comme les années précédentes, les activités de l'Institut ont été très soutenues au plan médical, qu'elles concernent les malades pris en charge à titre externe ou les malades hospitalisés:

- Activités de consultation: 226 malades ont été reçus en consultation de chirurgie, et 609 malades (1387 consultations au total) en consultation de médecine. Parmi les 609 consultants en médecine, 233 se présentaient pour la première fois à l'Institut, les 376 autres étaient des malades déjà connus, adressés parce qu'ils présentaient des problèmes particuliers pendant ou après traitement. Il est à noter que parmi les 233 malades venus ou adressés en consultation pour la première fois en 1993, 85 se sont avérés être de nouveaux cas de lèpre. La consultation de médecine à l'Institut a donc permis de dépister plus de 10% des nouveaux malades enregistrés au Sénégal en 1993.

- Secteur hospitalisation: En chirurgie 109 malades ont été pris en charge et la durée moyenne de l'hospitalisation a été de 58 jours. Parmi ces 109 malades, 22 étaient adressés pour chirurgie palliative, 68 pour chirurgie de propreté et 19 pour d'autres raisons. Les activités de chirurgie de propreté restent donc encore importantes comparées à celles de chirurgie palliative.

Cependant leur nombre a nettement diminué par rapport à celui de l'année 1992 et ceci traduit peut être, bien qu'il soit encore prématuré de l'affirmer formellement, un impact du programme de chirurgie décentralisée de la lèpre mis en place par l'Institut en 1991.

En médecine, les 30 lits disponibles ont été occupés pratiquement toute l'année; au total 76 malades ont été hospitalisés et la durée moyenne du séjour a été de 75 jours (82 jours en 1992 et 86 en 1991). Parmi ces 76 malades hospitalisés, 39 ont été admis sur demande des unités de soins périphériques pour réaction lépreuse grave (réaction d'inversion ou érythème noueux lépreux), 28 pour traitement de névrite isolée et 9 pour d'autres raisons.

Le service de physiothérapie a connu également une activité importante, tant au plan des activités d'évaluation neurologique (289 bilans dont 184 à titre externe et 105 pour les malades hospitalisés) et de rééducation (169 séances individuelles et 108 séances de groupes en éducation sanitaire), qu'au plan des activités de formation: 97 prises en charge pour rééducation (traitement de paralysies récentes, exercices pré ou post-opératoires etc.)

Les activités d'enseignement et de formation ont été très soutenues elles aussi avec, en particulier, la tenue du III^{ème} Cours international de formation pour la prévention des invalidités et la réadaptation. Ce cours a été créé en 1991 à l'initiative des responsables de l'ILAD. Destiné aux infirmiers et/ou infirmiers kinésithérapeutes intervenant dans les programmes nationaux de lutte contre la lèpre il est le seul portant sur ce thème en Afrique de l'Ouest et les demandes d'inscription continuent à être nombreuses. Parmi les autres activités d'enseignement, le certificat de léprologie a été suivi par 6 étudiants: 1 ressortissant du Sénégal, 4 d'autres pays d'Afrique francophone et 1 de France. Le stage de formation clinique DCEM2 a été suivi par près de 50 étudiants de 4^{ème} année de médecine et, comme chaque année, des sessions de formation continue et de recyclage ont été organisées pour les médecins et infirmiers des différentes régions du Sénégal, pour les microscopistes et pour divers autres techniciens de santé.

- Investissements: Le principal investissement réalisé en 1993 est représenté par la construction d'un nouveau bâtiment dans

l'enceinte de l'Institut grâce à un financement exceptionnel assuré à hauteur de 60% par les laboratoires Synthélabo France (filiale de l'Oréal) et de 40% par les Oeuvres Hospitalières Françaises de l'Ordre de Malte. Ce nouveau bâtiment abrite une cor-donnerie spacieuse et bien agencée avec un magasin. Il comporte en outre une salle à manger pour le personnel de l'Institut, une chambre de garde pour l'infirmier de nuit et un bloc sanitaire avec douche pour le personnel.

A noter également l'achat d'un ordinateur et d'une imprimante pour le service de gestion financière de l'Institut dont l'informatisation est maintenant réalisée.

● **Mouvements du personnel:** Au cours du deuxième trimestre 1993, le Docteur Ibrahim Mane, médecin commandant du Service de Santé Militaire du Sénégal, spécialiste en médecine des collectivités, a quitté le poste de Médecin Chef de Région qu'il occupait à Ziguinchor pour revenir à l'Institut où il avait déjà servi de 1983 à 1988. Le Docteur Mane assure à la fois les fonctions de Chef du Service de médecine et de responsable des programmes de recherche appliquée à la lèpre.

L'Adjudant Mamadou Kante a quitté lui aussi les fonctions de régisseur de la caisse d'avance qu'il occupait au Service de Santé des Armées pour prendre à l'Institut celle de Chef des Services généraux et de responsable de la gestion du personnel.

L'année 1993 a été celle du départ définitif de Madame Elisabeth Jottrand, infirmière de bloc servant au titre de la coopération belge (APEFE), rentrée en Belgique après deux années passées à l'Institut. Elle a été remplacée par Madame Agnès Echterbille, également mise en place au titre de l'APEFE, qui a quitté les fonctions d'infirmière spécialisée qu'elle occupait en Egypte pour venir à l'Institut. Elle a également été celle du départ à la retraite de Madame Ndèye Fatou Sow, couturière lingère en poste depuis 1974; elle a été remplacée par Madame Fernande Badji qui assure les mêmes fonctions.—From the report

Spain. 1994 Fontilles' cursos. XXXI 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 Conselleria de Sanidad

y Consumo de la Generalitat Valenciana Servicio de Dermatología del Hospital Universitario de Valencia Profesores de Dermatología de las Facultades de Medicina. El XXXI Curso tendrá lugar en el Sanatorio de Fontilles, desde el 7 al 12 de noviembre de 1994. Dirigido por el doctor J. Terencio de las Aguas, Director Médico del Sanatorio.

XXXVII Curso Internacional de Leprología Para Misioneros, Diplomados en Enfermería, Auxiliares Sanitarios y Trabajadores Sociales organizado por el Sanatorio San Francisco de Borja de Fontilles y patrocinado por la Soberana Orden Militar de Malta con la colaboración de la Conselleria de Sanidad y Consumo de la Generalitat Valenciana Servicio de Dermatología del Hospital Universitario de Valencia Profesores de Dermatología de las Facultades de Medicina. El XXXVII Curso tendrá lugar en el Sanatorio de Fontilles, desde el 10 al 22 de octubre de 1994. Dirigido por el doctor J. Terencio de Aguas, Director Médico del Sanatorio.

U.K. Care before and after cure: can research help? Many patients will have problems with their eyes, hands or feet even after the leprosy bacilli in the body have been overcome by drugs and the patient has been cured of the disease.

In their 1994 budgets, ILEP Members have allocated a total of nearly 200,000 US dollars to support research aimed at improving the care given to leprosy patients.

The sponsorship of these research programs emphasizes that the commitment of ILEP Members to leprosy patients goes beyond cure. The legacy of leprosy for many patients is disability; new approaches are needed and research can play an important role in solving current problems and finding a way forward.—ilep flash 2 (1994) 2

U.S.A. ALM's Tom Frist steps down. In their April Board Meeting ALM International accepted Tom Frist's request to step down as President of the association and concentrate on international projects and meetings.

From June 1994, Tom Frist will be ALM's nominee to the ILEP presidency. In view of the extra work implied his fund-raising and operational role within ALM will be diminished. He hopes to devote more time to

research and writing in the area of social aspects of Hansen's disease, to public relations work for ALM, and to fulfilling his duties as President of ILEP and the Working Group on Social Aspects.

ALM will appoint a new President to replace Tom in due course.—ilep flash 2 (1994) 3

Announcing the ILA FORUM. The International Leprosy Association (ILA) President Dr. Yo Yuasa has announced the upcoming publication of a 16-page quarterly newsletter featuring opinion pieces primarily on four topics: the challenges and needs in leprosy up to the time of "total eradication," the role of the ILA in the face of such needs and challenges, how to organize the next Congress, and how to select/elect ILA officers. The first issue will be published in September 1994.

Dr. Yuasa's goals are "to provoke you to reflect on the current position of ILA and your place in it, to challenge you to look forward to all the possible roles our Association could and should assume in the future, and to generate open and constructive discussions among ILA members."

The new publication will provide an open forum for the entire membership of the Association. All contributions will be welcome. Since this is a new undertaking without much advance notice, selected ILA members will be asked to submit materials for the September and December issues of this year to get the publication started.

Production of the ILA FORUM will be managed by the INTERNATIONAL JOURNAL OF LEPROSY (IJL) editorial office, and each issue will be mailed with your quarterly IJL copy. The four current officers of the ILA will act as an Editorial Committee which will "exercise minimal control over the contents as long as they are on the subject in question and constructive, even if views expressed are controversial." Says Yuasa, "To hear as wide a view as possible, before reaching some consensus on selected key issues for the future of the ILA, is the aim of this whole exercise."

ILA Membership List Addendum. We apologize to the following International

Leprosy Association members whose names were inadvertently omitted from the list published in the JOURNAL Vol. 61 Supplement (1993) 709-720. The error is deeply regretted.

Dr. Rodney L. Zimmerman
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Leprosy Research Foundation research paper request. The Leprosy Research Foundation (LRF), Loma Linda, California, is offering US\$1000 for the best qualifying paper submitted on or before 31 December 1994. The submitted paper that is accepted will become the property of the LRF. Papers that are not accepted will not be returned unless accompanied by a self-addressed, U.S. postage-stamped, return envelope. Decision of the LRF concerning acceptance or rejection is final.

The subject of the paper is to be: 1. Why do some humans contract leprosy (Hansen's disease) and others do not? 2. Why do some develop indeterminate, some tuberculoid, some borderline, and some lepromatous leprosy?

The paper must target these two questions, provide a hypothesis to answer the questions, and submit a design for a human field study to test the hypothesis. While any authority or source may be used to answer the questions, the world scientific literature would be the expected source or authority. Papers submitted should be in English, typewritten, single spaced, single sided, on 8½ × 11 inch white paper with 1 inch margins. Five copies are required. A floppy disc with the document in ASCII IBM file format in addition to the five hard copies would be desirable but is not required. Submit papers to: Leprosy Research Foundation, P.O. Box 64, Loma Linda, California 92354, U.S.A.