NOTES

S.E. Asia aids WHO stamp drive

Nearly 800,000 special issue postage stamps bearing the slogan "The World United Against Malaria" have been donated to WHO by member countries in S. E. Asia. Revenue from the sale of these stamps to collectors will be used to further the global campaign to eradicate malaria. S. E. Asia Governments which have so far announced donations of stamps are : Afghanistan (10,000), Indonesia (400,000), Ceylon (200,000), Nepal (51,000), Thailand (100,000) and the Maldive Islands (35,000). India will issue special stamps bearing the slogan and Burma, though not issuing stamps, will have a special cancellation mark.

In all, nearly 100 Governments and postal administrations throughout the world are taking part in this philatelic campaign, in support of malaria eradication, which began on April 7—World Health Day. Philatelic material donated to WHO will be sold at face value by the Philatelic Agency for Malaria Eradication Postage Stamps Ltd., 225 West 34th Street, New York City, agent of the World Health Organization. WHO has ensured that its agent will distribute these stamps on equal terms to all buyers without discrimination or favour. All countries will naturally also sell, under usual conditions, their postage stamps devoted to the fight against malaria.

In view of the humanitarian character of this world-wide event, the Executive Board of WHO recommended in a resolution passed earlier this year that participating governments produce sufficient quantities of stamps and related philatelic material to ensure that all collectors may be adequately supplied.

Need for public support of blindness prevention programmes

The Director of the WHO Regional Office for South East Asia has issued the following statement on the occasion of World Health Day—April 7, 1962.

When we talk of the problem of blindness our thoughts turn to the tragic life of those who are condemned to spend their lives in darkness. It is natural that we should be struck by this aspect of the problem because there are no fewer than 10 million blind people in the world. But when we realize that two-thirds of this blindness is preventable it becomes clear that we have a duty not only towards the blind but also towards the sighted who risk blindness either because they do not know how to take care of their eyes or because the diseases causing blindness remain unchecked.

That is why the stress in this year's theme for World Health Day is on the *prevention* of blindness. Sight once lost can be restored by treatment in rare cases only and the blind population becomes an economic burden on society. Preventive measures cost less and yield more

in terms of human happiness and economic output. The leading causes of blindness in the South East Asia Region of WHO are trachoma and smallpox, both communicable diseases and both preventable.

In India, where statistics have been collected in the course of a large-scale WHO-assisted campaign against trachoma, it is estimated that 60 per cent of preventable blindness in the country is caused by this disease and infections associated with it. In some of the villages in northern India 80 to 90 per cent. of the people, especially children, have been known to suffer from trachoma. Smallpox alone is responsible for 400,000 of India's two million blind. Campaigns against trachoma are based on a mass scale treatment with an antibiotic ointment and prevention of its spread from person to person by the proper observance of personal hygiene and cleanliness. Against smallpox, vaccination is an excellent safeguard. This has been proved by the experience of many countries in the West which had a high incidence of smallpox only a few decades ago and which are completely free from it today. Smallpox vaccination campaigns in various stages of progress are now going on in a number of countries in the Region but this effort needs much greater impetus, better field organization and more money. WHO and UNICEF are assisting countries to become self-sufficient in vaccine production.

Discoverer of streptomycin in India

DR. SELMAN A. WAKSMAN, 1952 Nobel Prize winner for his work on streptomycin, visited India in March to attend the dedication ceremony of the new streptomycin plant of Hindustan Antibiotics Ltd., at Pimpri, near Poona. DR. WAKSMAN was accompanied by his wife.

While in India, DR. WAKSMAN was the guest of Merck, Sharp & Dohme India Limited, whose parent company in New Jersey, U.S.A. had worked closely with DR. WAKSMAN in the screening programme that led to the development of streptomycin and then in the volume production process of the important antibiotic.

The new plant of Hindustan Antibiotics Ltd., will be capable of producing 90,000 kilos of streptomycin and dihydrostreptomycin each year, enough to meet nearly all of India's present need for these important drugs which will save this country more than one crore of rupees in foreign exchange. Merck and Co. provided expert engineering advice on the design, construction and equipping of the plant and also provided patents and streptomycin know-how. They also undertook training of technical supervisors at Pimpri and the U.S.A. Under the terms of the agreement, both Merck & Co. and Hindustan Antibiotics Ltd. will exchange additional streptomycin know-how that both firms may gain in the operation of their respective plants.

DR. WAKSMAN is the Professor of microbiology and Director Emeritus of the Institute of Microbiology of Rutgers University, New Jersey. He was born near Kiev, in Russia in 1888 and has been settled in the United States since 1910.

The larger portion of the funds derived from the royalties obtained from streptomycin and neomycin have been assigned for the building and support of this Institute. Out of the small portion of the royalties assigned to him personally, he and his wife established the "Foundation for Microbiology" for the

support of research and publications in the field of microbiology at various institutions of the world.

Worldwide benefits of T.B. research in Britain

A group of 30 leading British specialists leave London today (March 23) for Ibadan, Nigeria, with a mass of information on the latest anti-tuberculosis techniques developed in Britain. The information will be presented to some 1,000 delegates attending the Commonwealth Health and Tuberculosis Conference at University College, Ibadan, from March 26 to 31.

Two major contributions which the British specialists will make to the conference will be on the use of drugs in the treatment of tuberculosis as pioneered at the Brompton Hospital in London and at Edinburgh University—two of the leading centres of tuberculosis research in the world—and on the education of the public to co-operate in the long-term programme for elimination of the disease.

Worldwide campaign to combat blindness

The choice of "The Prevention of Blindness" as the theme of this year's World Health Day (April 7) has focussed attention on blindness as a global problem, and more especially in the less-developed regions of the world. An organization which has done valuable work for the prevention of blindness and for the welfare of the blind is the Royal Commonwealth Society for the Blind.

There are about 3,000,000 blind people in the Commonwealth—more than 2,000,000 in India, Pakistan and Ceylon, at least 250,000 in the British dependencies, and about 450,000 in the newly independent countries—by contrast with 145,000 in Canada, Australia, New Zealand, and Britain. It is estimated that 30 per cent. of the blind people in India lose their sight before reaching the age of 21 and most of these —some 600,000—become blind in the first five years of life.

A four-year survey of blindness carried out in West Africa by the Royal Commonwealth Society for the Blind showed that whereas the prevalence of blindness in trachoma-ridden areas was 500 per 100,000, in areas where onchocerciasis was highly endemic the figure jumped sharply to at least 1,500 per 100,000. In Northern Ghana a prevalence of 3,000 per 100,000 was found.

Similar figures have been recorded in parts of Kenya. Among the Suk tribesmen, for example, it was found that nine out of 10 were suffering from eye diseases. The estimated total of blind in Kenya is 65,000 to 70,000 at least 22,000 being children and young people of working age.

Another area of high incidence is in Northern Rhodesia near Lake Mweru and the Kalunguisi and Luapula rivers on the borders of the Congo. Here one adult in every 45 and one child in every 30 are totally blind.

To combat blindness in the Commonwealth, the Royal Commonwealth Society for the Blind was set up in 1950 with the aid of initial grants from Britain's Royal National Institute for the Blind and colonial governments. The Society was first known as the British Empire Society for the Blind, and the change of title in 1958 enabled it to operate in territories like Ghana which had achieved sovereign status and also to obtain help from other parts of the Commonwealth such as Canada, Australia and New

Zealand. The Society's aims are to promote the welfare, education and employment of the blind ; to prevent blindness ; and to foster collaboration between organizations for the blind and for the prevention of blindness throughout the Commonwealth.

On the preventive side, most energetic propaganda for better care of the eye is being carried on in Commonwealth member-countries and dependencies.

Rural training centres have been established in India, Malaya, Nigeria, Tanganyika, Kenya, Uganda, Northern Rhodesia, and Nyasaland. The aim has been not merely to find the answer to a local problem, but also to establish a new rural pattern of work for the blind adapted to the realities of life in an African tribe or Asian village.

India a focal point in campaign against blindness

India will be one of the focal points of a worldwide campaign to combat blindness launched by a number of Commonwealth organizations under the auspices of the World Health Organization (WHO).

The director of the Royal Commonwealth Society for the Blind, said that the focal points of the campaign will be in South Asia and Africa. Besides having the support of British concerns. WHO will be operating in collaboration with organizations already working in those areas. There are some 10,000,000 blind people throughout the world. About 2,000,000 of them are in India—in fact, the sub-continent accounts for two-thirds of the Commonwealth's blind.

In India, the three-year campaign would be directed against the three main causes of blindness—cataract, trachoma, and malnutrition. The Director said that four years ago Britain's Medical Research Council isolated the trachoma virus and now produced a vaccine which can combat the disease. It was hoped that this vaccine will be given experimental trials in Asian and African countries within the next two years.

Communicable disease centre

The Surgeon General of the U. S. Public Health Service, with the concurrence of the Board of Regents of the National Library of Medicine, has approved a transfer of the medical motion picture archives to the Audiovistal Facility of the Service's Communicable Disease Centre in Atlanta. Effective January 1, the transfer of function from the Library in Washington, D. C. involves the entire reference and historical collection of medical films and associated files. The move is in keeping with the changing and expanding roles of both the Audiovisual Facility at CDC and the National Library of Medicine. The recently dedicated building of the Library in Bethesda, Maryland, will comprehensively serve medical needs through the printed word. The Audiovisual Facility in Atlanta has become a national resource for the development, production, distribution, and utilization of audiovisual materials supporting health and medical objectives. Already, extensive film cataloging, formerly accomplished at the National Library of Medicine, has become a responsibility of the Communicable Disease Center's audiovisual proogramme. The archives are a collection of films in medicine and health-related sciences organized and indexed to serve the needs of the medical community.