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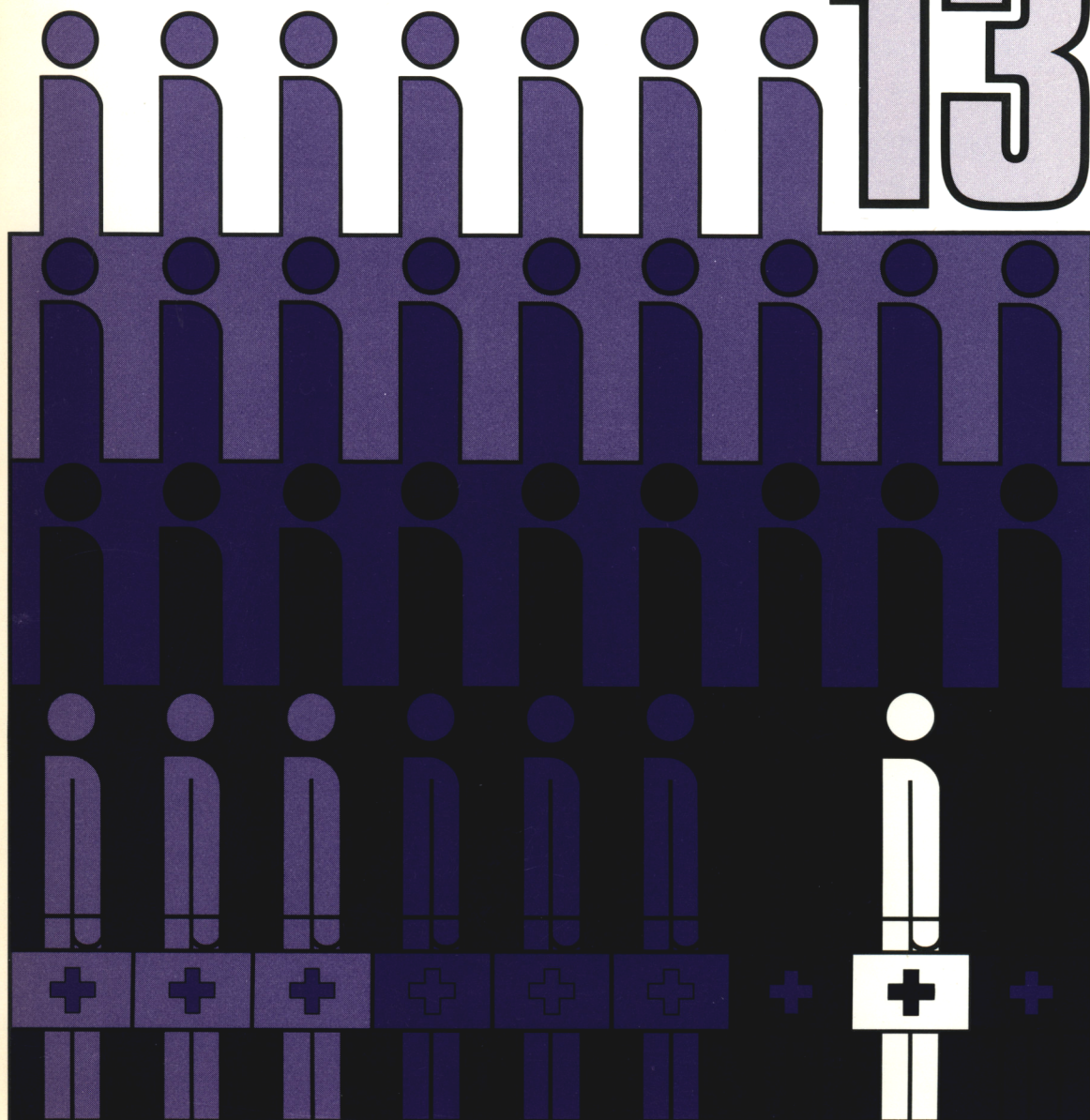
SALUS: LOW-COST RURAL HEALTH CARE AND HEALTH MANPOWER TRAINING

an annotated bibliography with special emphasis on developing countries

Editor: ROSANNA M. BECHTEL

VOLUME

13



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SALUS: LOW-COST RURAL HEALTH CARE AND HEALTH MANPOWER TRAINING

**An annotated bibliography with special emphasis on developing
countries**

Volume 13

Editor: Rosanna M. Bechtel

**Abstracts written by: Rosanna M. Bechtel, Elisabeth Bollinger, Hope
Cadieux-Ledoux, Anita Firth, Frances Morgan, and
David Paul-Elias**

*(This is the thirteenth in a series of annotated bibliographies on low-cost rural health
care and health manpower training. These volumes are published irregularly.)*

Contents

Preface	5
Abbreviations and Acronyms	7
I	Reference Works 9
II	Organization and Planning 11
1	Health workers 11
2	Organization and administration 13
3	Planning 21
4	Geographical distribution of health services and workers 26
5	Financial aspects 26
6	Cultural aspects 27
7	Epidemiological, family planning, maternal child health, nutrition, and disease control studies 30
III	Health Care Implementation 44
1	Inpatient care 44
2	Outpatient care 45
3	Mobile units and services 47
4	Health education 47
5	Appropriate technology 50
IV	Health Workers — Training and Utilization 54
1	Medical personnel 54
1	Professional 54
2	Auxiliary 56
2	Nursing personnel 58
1	Professional 58
2	Auxiliary (no entries this volume)
3	Midwives and family planning workers 59
1	Professional (no entries this volume)
2	Auxiliary 59
4	Dental personnel 60
1	Professional 60
2	Auxiliary (no entries this volume)
5	Laboratory and X-ray technicians 60
6	Environmental health workers (no entries this volume)
7	Occupational and physical therapists (no entries this volume)
8	Health educators 60
9	Teaching aids 60
1	Health care, nutrition, and disease control 60
2	Family planning and midwifery (no entries this volume)
V	Formal Evaluative Studies 64
1	Health workers 64

2	Organization and administration	65
3	Planning	74
4	Geographical distribution of health services and workers	75
5	Financial aspects	77
6	Cultural aspects	77
7	Epidemiological, family planning, maternal child health, nutrition, and disease control studies	82

Author Index	114
--------------	-----

Subject Index	125
---------------	-----

Geographic Index	138
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Preface

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Many thanks as always to the abstractors and to Lois Fitzpatrick and Denis Sing for their help in the preparation of this volume.

Rosanna M. Bechtel
SALUS Manager
Information Sciences

Abbreviations and Acronyms

BCG — Bacillus Calmette-Guerin
cm — centimetre(s)
DPT (DTP) — diphtheria-pertussis-tetanus
Engl — English
FAO — Food and Agriculture Organization
Fren — French
g — gram(s)
IAEA — International Atomic Energy Agency
kg — kilogram(s)
km — kilometre(s)
Lf — limit flocculation (unit)

MD — doctor of medicine
mg/mgm — milligram(s)
ml — millilitre(s)
PAHO — Pan American Health Organization
Russ — Russian
Span — Spanish
UK — United Kingdom
UNICEF — United Nations Children's Fund
US (USA) — United States of America
USSR — Union of Soviet Socialist Republics
WHO — World Health Organization

I Reference Works

See also: 8689.

- 8401 African Medical and Research Foundation, Nairobi.** *Books for health workers in the English-speaking countries of East, Central, and Southern Africa.* Nairobi, African Medical and Research Foundation, n.d. 47p. Engl.

Workshop on Books for Health Workers in the English-speaking Countries of East, Central, and Southern Africa, Nairobi, Kenya, Mar 1976.

References in this list of books for English-speaking African health workers cite title and author; information on publisher and price can be found in the title index. Entries are grouped according to subject area and level of health worker for whom they are intended: junior or senior medical personnel, junior or senior environmental personnel, or village health workers. Subjects covered include anatomy and physiology, behavioural sciences, microbiology, parasitology, laboratory sciences, pharmacology, first aid, nursing, child health, maternal child health, psychiatry, dermatology, surgery, obstetrics and gynaecology, dentistry, leprosy, nutrition, etc. The introduction discusses subject areas that are not adequately covered by available textbooks. (DP-E)

- 8402 Darrow, K., Pam, R., Keller, K.** *Appropriate technology source book. Vol. 2.* Stanford, Cal., Volunteers in Asia, Jan 1981. 815p. Engl.

This is the 2nd volume in a set of guides to practical books and plans for village technology; the 1st volume is presently being used in more than 100 countries. In this volume, 500 more publications from international and US sources are reviewed, covering small water supply systems, renewable energy devices such as windmills and solar dryers, agricultural and workshop tools, housing, health care, and other topics. New areas introduced in this volume include forestry, aquacultures, non-formal education, small enterprises, and transportation. There are 300 illustrations and an extensive index. (DP-E)

- 8403 Feierman, S.** African Studies Association, Waltham, Mass. *Health and society in Africa: a working bibliography.* Waltham, Mass., Crossroads Press, Archival and Bibliographic Series, 1979. 210p. Engl.

This bibliography presents an alphabetical listing of 2 806 items on the social organization of medicine in Africa. The scope of the bibliography is described rather than defined and covers such topics as nutrition, public

health, psychiatry, and traditional medicine. Annotations for four relevant bibliographies are included. (HC-L)

- 8404 National Institute of Health and Family Welfare, National Documentation Centre, New Delhi.** *Health care services; bibliography of Indian literature (1975-1982).* New Delhi, National Institute of Health and Family Welfare, National Documentation Centre, NDC Bibliography Series, Aug 1983. 45p. Engl.

This unannotated bibliography contains 226 references from Indian literature to English-language documents on health care services, rural health care, urban health care, and industrial health. Arranged alphabetically by author within each section, the entries also contain title and source information. There is a list of the 43 periodicals scanned as well as a subject index. (DP-E)

- 8405 Palko, M.E.** Ottawa, Department of National Health and Welfare. *Health Education.* Ottawa, Department of National Health and Welfare, Health Promotion Directorate, Health Services and Promotion Branch. Engl.

Also published in French as *Education sanitaire.*

This quarterly publication, produced by the Canadian government, is distributed free to health educators and promoters in Canada and to suitable recipients abroad. Canadian in orientation, it contains editorials, features, national and international news, reports on teaching and audiovisual materials, reviews of new publications, and a calendar of events. Topics covered include health and nutrition education, drug abuse, school health, smoking, fitness, etc. (DP-E)

- 8406 WHO, Geneva.** *Traditional birth attendants: an annotated bibliography on their training, utilization and evaluation; supplement II.* Geneva, WHO, 1982. 65p. Engl.

See also entries 6308 (volume 10) and 8044 (volume 12).

This is the 2nd supplement to the bibliography on this subject originally published in 1979. It contains an additional 87 annotated entries of mostly English-speaking documents concerning traditional birth attendants. There are also author and geographical indices, an index of selected subjects, a directory of addresses of publishers and institutions, and a list of titles used to designate traditional birth attendants in various countries. (DP-E)

8407 Xerophthalmia Club, Oxford, UK. *Xerophthalmia bulletin.* Oxford, UK, Xerophthalmia Club. Engl.

This bulletin on xerophthalmia contains diagnostic and treatment suggestions, reports from conferences

concerned with eye diseases, and reviews of relevant publications. It is available free to anyone seriously concerned with xerophthalmia; interested parties should write to the Secretary, Xerophthalmia Club, 31 Observatory Street, Oxford, UK. (DP-E)

II Organization and Planning

II.1 Health Workers

See also: 8726, 8747.

- 8408 Agboton, Y., Villod, M.T.** *Primary health care; what it requires?* Children in the Tropics (Paris), (129), 1981, 2-28. Engl.

After an analysis of the primary care situation in various parts of the world, the authors present proposals concerning these topics: the coordination of and responsibility for primary care programmes, the need to keep primary care workers informed in order to reinforce the basic structures, training personnel already at work, supervision and evaluation, and training future health workers. Four key ideas are outlined in the conclusion. A technical note comprising plans for training courses for primary health agents is included. (DP-E)

- 8409 Ana, J.R.** *Dental care delivery system in Nigeria.* National Dental Association Quarterly (Washington, D.C.), 38(1), Oct 1979, 3-10. Engl. Sixty-fifth Annual Convention of the National Dental Association, Washington, D.C., 31 Jul 1979.

This paper briefly reviews the epidemiology of dental disease, the traditional attitude toward dentition and care of the teeth, and problems related to the training of dental personnel in Nigeria. It is concluded that even Nigeria's full annual output of dentists (100) would be insufficient to meet the need for curative care in the foreseeable future and heavy investment in preventive services is advocated. (HC-L)

- 8410 Gómez-Crespo, G.** *Rural radiology: training.* Proceedings of the Royal Society, Series B, Biological Sciences (London), 209(1174), 1980, 131-138. Engl. Refs.

Many rural hospitals do not have X-ray services, being unable to afford the sophisticated equipment and/or the proper training of technicians. Simplified equipment makes it possible for locally recruited auxiliary personnel to obtain radiographs of consistently acceptable quality after a short training period. The training of physicians in radiographic interpretation could also be abbreviated if it were directed to a limited range of basic X-ray examinations that provide essential diagnostic information in most clinical conditions. The activities of WHO in these areas are discussed. (Modified journal abstract)

- 8411 Gómez-Orozco, L.** *Pediatra actual y el Hospital Infantil de México. (Modern pediatrician and the Children's Hospital of Mexico).* Boletín Médico del Hospital Infantil de México (Mexico City), 39(1), Jan 1982, 7-9. Span.

The study of pediatrics can be approached from various points of view (epidemiological, preventive, non-medical, etc.), of which the social is examined in some detail in this editorial. When it opened in 1945, Mexico's children's hospital was the 1st to provide training (an 18-month internship and 3 years of residency) in what was then a new discipline, although it is now available at other institutions as well. In view of the evolving needs of and attitudes towards child health care in Mexico, a number of changes in the training of pediatricians are recommended, including more careful selection of students, reorientation of teachers, and a rotating residency at a variety of institutions. (RMB)

- 8412 Guilbert, J.J.** *OMS au service de la formation pédagogique des enseignants des personnels de santé. (WHO in the service of pedagogical training for teachers of health personnel).* Union Médicale du Canada (Montreal), 110(1), Jan 1981, 63-70. Fren.

In 1969, WHO began a world-wide programme aimed at improving the quality of health personnel training by preparing educators to take positions as directors of regional and national centres. The centres were located within medical faculties and devoted to helping teachers of health personnel to improve their skills in planning and implementing teaching programmes. By 1978, 15 000 teachers had attended some 700 workshops organized to this end. This paper describes the philosophy and activities of the programme and indicates its future directions. (HC-L)

- 8413 Leleu-Perrin, R.** *Formation du personnel de santé non médecin. (Education of non-medical personnel).* Développement et Santé (Paris), (32), Apr 1981, 17-22. Fren.

The author outlines the 1st part of a methodology for developing a training programme for auxiliary health workers. This 1st phase involves a detailed preliminary study, itself comprising several components. The 1st step consists of identifying the present health needs of the area concerned, taking into account its geographic, economic, demographic, and sociocultural situation, as well as the health status of the population. The 2nd step involves identifying existing resources, such as present

budget sources, material resources, human resources, and the resources provided by the existing health care infrastructure. In the final stage of the study, the tasks to be accomplished and the manpower requirements would be determined. (FM)

- 8414 Marzagão, C.** *Mécanismes de développement des personnels de santé — l'expérience mozambicaine. (Mechanisms of health personnel development — the experience of Mozambique).* In Conférences Biomédicales, Cycle 1976-1977, Brazzaville, WHO, Cahiers Techniques AFRO, No. 13, 1978, 33-42. Fren.

Following the exodus of medical personnel from Mozambique after independence in 1975, those who were left were pressed into service as teachers. First, however, a detailed health policy was devised in order to ensure that the medicine taught had a social rather than a colonial orientation. This paper outlines the concepts upon which the health policy was based, the characteristics and functions of the physician to be trained, and the various categories of health personnel who make up the health team. Continuous education is a built-in feature of the system and the directions of career advancement open to the different health workers are indicated. (HC-L)

- 8415 Organización Panamericana de la Salud, Comité del Programa de Libros de Texto para la Enseñanza de la Administración en Salud, Washington, D.C.** *Informe del Comité del Programa de Libros de Texto de la OPS para la Enseñanza de la Administración en Salud. (Report of the PAHO textbook programme committee for the teaching of health administration).* Educación Médica y Salud (Washington, D.C.), 14(4), 1980, 385-398. Span.

This paper discusses and makes a number of recommendations regarding the training needs in health administration of the following groups of individuals in Latin America: health personnel occupying intermediate-level supervisory positions; undergraduates in the health sciences; graduates seeking specialization as either executives, professors, or researchers; and health administrators requiring continuing education. It also indicates a number of suitable textbooks for use with each group. (HC-L)

- 8416 Ramachandiran, V.** *Role of medical social worker in the medical record department.* Nursing Journal of India (New Delhi), 71(10), Oct 1980, 267-268. Engl.

This article discusses the role of the medical social worker (MSW) in the Indian hospital. Although posted to work in the Medical Records Department, the MSW performs many duties, including: easing patient admission; dealing with certain financial matters for poor patients; keeping charts in order; maintaining a mobile library; attending surgery; helping with diagnosis and treatment; acting for patients as a link to doctors, administrators, pharmacists and welfare agencies; and maintaining records. Thus the MSW plays an important

role in the patient's welfare and many qualities are required for the performance of these duties. (DP-E)

- 8417 Robyn, D., Hadley, D.** *National health insurance and the new health occupations: nurse practitioners and physicians' assistants.* Journal of Health Politics, Policy and Law (Durham, N.C.), 5(3), 1980, 447-469. Engl. 43 refs.

This article considers a number of possible issues in formulating policy for new health occupations, with special emphasis on nurse practitioners and physicians' assistants and their treatment under potential national (US) health insurance arrangements. The development and expansion of these occupations are described and their performance is assessed with respect to the quality of medical care provided, the impact on the cost of such care, and changes in access to care. A number of related issues such as certification, training, and compatibility with physicians are also discussed. (Modified journal abstract)

- 8418 Simmonds, S.** *Feeding the hungry: from bedside nursing to digging latrines; a method of approaching problems of health and disease in refugee camps.* Nursing Times (London), 77(2), 8 Jan 1981, 57-62. Engl.

Instead of concentrating on curative medicine, health personnel recruited for service in refugee camps should strive to provide water, sanitation, housing, food, education, and other community health services that improve the health status of the whole refugee camp and not just selected individuals. Health workers are also urged to adopt a flexible approach that respects local knowledge and experience, to help the refugees assess and supply their own needs, and to cooperate with local government agencies. The role of the nurse within this type of system is briefly described and the essential steps in decision-making (identification of health and health-related needs, assessing priority of problems, planning, implementation, and evaluation) are discussed. (DP-E)

- 8419 Smilkstein, G.** *Refugees in Thailand and short-term medical aid.* Journal of the American Medical Association (Chicago, Ill.), 245(10), 13 Mar 1981, 1052-1054. Engl.

Refugee camps are accompanied by serious health problems that cannot be met by the host country alone. This article describes the cooperative efforts of a host of agencies and individuals from around the world in dealing with a refugee camp in Thailand. The necessity for short-term staff is stressed and the author presents a list of recommendations for those considering a short-term mission in the developing world. It is felt that flexibility in role and the ability to adapt to a new culture are important qualities for such a mission. (DP-E)

- 8420 Waife, R.S., Burkhart, M.C.** *Nonphysician and family health in sub-Sahara Africa.* Chestnut Hill, Mass., Pathfinder Fund, 1981. 141p. Engl. International Conference on the Non-Physician and Family Health in Sub-Sahara Africa, Freetown, Sierra Leone, 1-4 Sep 1980.

This publication consists of the proceedings of the 1st major international conference on the non-physician and family health in Sub-Sahara Africa, organized by the Pathfinder Fund in 1980. Over 100 policymakers, programme directors, and service providers from 24 countries gathered to share problems and strategies for change. Topics covered include Sub-Saharan Africa's health problems, advantages of non-physicians, role and activities of non-physicians in health service delivery, training of family health workers, and policy changes. A list of participants and a brief description of four workshops dealing with health problems in rural and urban communities, high risk pregnancy, and child spacing programmes are included. (EB)

- 8421 Walt, G.** *Role of the community health worker.* Nursing Journal of India (New Delhi), 72(4), Apr 1981, 110-111. Engl.

After briefly considering the emergence of and the role played by the community health worker (CHW) in developing countries, this article discusses the issues of CHW training. Despite some difficulties, the home village is considered the appropriate training setting, while auxiliary health personnel rather than physicians are deemed the proper teachers of the rudimentary skills required by the CHW. Further, the training should equip CHWs to handle practical problems encountered in day-to-day work; they must learn to promote health and hygiene, to care for the sick, and to refer cases that are beyond their competence. (DP-E)

- 8422 WHO, Geneva.** *Training the trainers in cold chain operation.* WHO Chronicle (Geneva), 34(5), May 1980, 182-185. Engl.

The cold chain that maintains vaccine potency from manufacturer to users in remote tropical areas is the lifeline of the WHO Expanded Programme on Immunization (EPI), now in operation in some 100 developing countries. Failure in the cold chain, including mechanical breakdowns, is often due to lack of proper training of the transporters, programme managers, storekeepers, and vaccinators who handle the vaccine at different stages of its journey. A 1-week course for the middle-level cold chain personnel has been devised by EPI in WHO headquarters and tested in the field. Its aim is to enable participants to improve their cold chains by providing suitable training for the cold chain workers under their supervision. (Modified journal abstract)

II.2 Organization and Administration

See also: 8408, 8519, 8535, 8645, 8652, 8822, 8825, 8832, 8837, 8913.

- 8423 Arita, I.** *How technology contributed to the success of global smallpox eradication.* WHO Chronicle (Geneva), 34(5), May 1980, 175-177. Engl.

Also published in French, Russian, and Spanish. The eradication of smallpox, an unprecedented achievement in the history of public health, was brought about through the combined efforts of nations and both

international and private organizations. One of the lessons learned from the eradication programme concerns the successful development and adaptation of technology in three specific fields: appropriate vaccine production, vaccination methods, and diagnostic laboratory investigation. The 1st two required the transfer of available technology to smallpox endemic countries; the 3rd showed the need for the flexible application of technology depending on circumstances. (Modified journal abstract)

- 8424 Baard, A.P.** *Omvattende primêre sorg op die platteland. (Comprehensive primary health care in rural areas).* South African Medical Journal (Cape Town), 59(9), 28 Feb 1980, 302-304. Afrikaans.

In rural areas of South Africa, excellent primary care may be possible because the rural life-style possesses factors capable of establishing ideal patient-doctor relationships. However, to create professional satisfaction and effectiveness for the primary care physician and primary contact satisfaction for the patient, it is essential that the Department of Health improve the primary laboratory, radiological, physiological, and social services facilities and personnel. (Modified journal abstract)

- 8425 Benaim, F.** *Thirty years at the service of the burned in Argentina and South America: 1980 Evans lecture.* American Burn Association. Journal of Trauma (Baltimore, Md.), 21(5), May 1981, 356-363. Engl. 9 refs.

Twelfth Annual Meeting of the American Burn Association, San Antonio, Texas, 28 Mar 1980.

The history of the special burns unit of Argentina's Cosme Argerich Hospital in Buenos Aires is traced. When first established, its activities included treatment and training programmes, a welfare service, and a series of preventive campaigns. After remodeling and updating, the unit also became a site for international courses and meetings. The services provided by the unit during disasters and other international contributions are described. (DP-E)

- 8426 Bennett, F.J.** *Community health in East Africa 1970-1979 and future prospects. I.* East African Medical Journal (Nairobi), 57(7), Jul 1980, 434-447. Engl. 29 refs.

Three aspects of community health in East Africa (mainly Uganda, Kenya, and Tanzania) are reviewed: academic community health, community health services, and the health of the community. The 1st includes undergraduate medical programmes, postgraduate training, research and publications, and service commitment, while community health services comprise the extension of rural health services, management, maternal child health services, immunization, special programmes, new training, and primary health care. Rates and trends, epidemics, endemic disease, and disease patterns are discussed with reference to the health of the community. The prospects for 1980-1989 are briefly examined. (DP-E)

- 8427 Brown, I.M.** *Perspectives in obstetric care for Zimbabwe.* Central African Journal of Medicine (Salisbury), 27(3), Mar 1981, 37-41. Engl.

After reviewing the rather slow establishment of obstetric care as a branch of medicine, the author discusses the progress that has been made in this area in terms of maternal health, fetal health, family planning, and infertility and relates this progress to the situation in Zimbabwe. He also looks at some aspects of traditional midwifery, feeling that an understanding of the beliefs and practices of the majority of the Zimbabwe population is vital to further progress. Finally, the role that the university can play in obstetric care for the future is outlined. Some statistical data are included. (DP-E)

- 8428 Busnello, E.D'A.** *Psychiatry for the underdeveloped or underdeveloped psychiatry?* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(3), 1980, 224-228. Engl.

Round Table on Brazilian Psychiatric Problems, Rio de Janeiro, Brazil, Sep 1978.

The mental health services of Third World countries suffer from many shortcomings, including the clustering of professionals in large urban centres and low levels of utilization by the population needing treatment. Because of these and related problems, it is recommended that health auxiliaries, volunteers, and support personnel be used to relieve some of the existing personnel shortages in this field. It is also suggested that official psychiatric services be supplemented with the indigenous mental health services provided by native health workers — folk healers and others — who should be trained to use modern methods of treatment in their communities. (Modified journal abstract)

- 8429 Chandy, A.** *Report on the first phase of the project on primary health care.* Nursing Journal of India (New Delhi), 71(11), Nov 1980, 302-303, 306. Engl.

In September 1980, a primary care project was initiated in Kanpur (India) that marks the 1st time that the nurses of Uttar Pradesh have come out of the hospital to extend their services voluntarily to local slum dwellers. The project's objectives, background, implementation, and evaluation are described. Future plans are briefly examined. (DP-E)

- 8430 Climent, C.E., Diop, B.S., Harding, T.W., Ibrahim, H.H., Ladrado-Ignacio, L.** *Mental health in primary health care.* WHO Chronicle (Geneva), 34(6), Jun 1980, 231-236. Engl.

In 1975, WHO coordinated studies in Colombia, India, Senegal, and the Sudan to explore the feasibility of providing mental health care through the primary health services. The studies involved baseline surveys of mental disability, setting of priorities, allocation of tasks, and preparation of health workers for their new roles. This paper outlines the study methodology and summarizes its findings. It was concluded that the methods used have great potential for wider application and that the key

person in their implementation is the primary health care worker. (HC-L)

- 8431 Diop, S.M.** *Place of mental health in the development of public health services.* Brazzaville, WHO, AFRO Technical Papers, No. 8, 1974. 49p. Engl.

The aim of this technical paper is to identify mental health problems in the African region, to define the tasks required to meet community needs, and to plan appropriate staff training. It discusses the present mental health situation in African society, problems in urban and rural areas, mental health services in the framework of public health services, and legislation. The section on staff training describes educational objectives, functions, curricula, teaching methods, continuing education, and training centres. A number of recommendations are made throughout the report. In conclusion, the author stresses the need for the reorganization and reintegration of the health services. (EB)

- 8432 Dixon, J.** *Welfare of the handicapped in the People's Republic of China.* Journal of Rehabilitation (Washington, D.C.), 47(2), Apr-Jun 1981, 66-71. Engl. 39 refs.

This paper reviews the kinds of welfare services, rehabilitation services, special schools, sheltered employment, and institutional care that are available to the handicapped in the People's Republic of China. In general, the Chinese approach is based on the premise that workers disabled on the job need to be compensated by their enterprise or production brigade for loss of earnings but that the congenitally or emotionally handicapped are the responsibility of their families (primarily) and communities. The role of the state is to provide institutional care where imperative and rehabilitation by means of prosthetic and orthopaedic appliances and learning aids. Available evidence suggests that this system has been successful in providing a basic level of support to the disabled at modest cost to the state. (HC-L)

- 8433 Donley, R.** *Beyond umbrellas: health care delivery in Kenya.* Image (Indianapolis, Ind.), 13(2), Jun 1981, 40-42. Engl.

The author, an American nurse, gives her impressions of health care in Kenya after a 1981 study tour. She found an interesting mix of modern and traditional medicine and a population that seemed to take a pragmatic approach to health care, using whatever remedy seemed most likely to be effective. Government programmes emphasized prevention and education despite the limitations of geography and development. (DP-E)

- 8434 Frazier, R.G.** *Progress in the delivery of health care in Mexico.* Pediatrics (Springfield, Ill.), 67(1), Jan 1981, 155-157. Engl.

This paper describes the organization, financing, and special features of Mexico's health system, with special reference to the northwest region. Of particular interest is the primary level: all primary care is provided by physicians with 3 years of residency training as specialists in family medicine out of carefully located, con-

structed, and staffed family medical centres. There is only one family physician for every 500 families. At present, the system is open only to the employed and their families but it is hoped to extend it to others in the future. (HC-L)

- 8435 Freitas Carvalho, L. de Serviço de arquivo médico e estatística de um hospital. (Hospital medical and statistical records service).** São Paulo, Brasil, Universidade de São Paulo, 1973. 257p. Portuguese. 56 refs.

An enormous quantity of valuable data can be generated by a well-thought-out system of hospital records; indeed, such a system can provide a sensitive indicator of overall hospital functioning and quality of care. This paper describes the purpose, elements, and operation of a hospital medical and statistical records service for the benefit of hospital administrators throughout Brazil. Sample forms, flow charts, a classification scheme for operations and diseases, and glossaries of medical and administrative terms are included. (HC-L)

- 8436 García Averasturi, L. Psychology and health care in Cuba.** *American Psychologist* (Washington, D.C.), 35(12), Dec 1980, 1090-1095. Engl.

The orientation and development of professional psychological services in Cuba since 1959 are described. Topics covered include psychology in the national health system, basic theoretical concepts, psychology and primary care, the hospital setting, research, psychology and psychiatry, and future trends. Efforts to strengthen Cuba's psychology of health are combined with a continuous search for an appropriate theoretical rationale for linking a pragmatic Marxist-Leninist approach to social-environmental intervention with improved well-being and with an awareness that Cuban problems must be resolved in a Cuban context. (DP-E)

- 8437 García Gutiérrez, A., Rodríguez, J.G., Santos Hernández, C., Ríos Massabot, E., Paz Alvarez, G. Sistema de vigilancia nutricional en Cuba; organización, desarrollo y perspectivas. (Nutritional surveillance system in Cuba; organization, development, and perspectives).** *Revista Cubana de Higiene y Epidemiología* (Havana), 19(3), Jul-Sep 1981, 244-251. Span. 13 refs.

This paper outlines the organization of Cuba's national nutritional surveillance programme, indicating the activities that are to be carried out at the local, municipal, provincial, and national levels. It also gives the criteria by which children aged less than 5 years and pregnant women (the target of the programme) are to be considered malnourished. Separate criteria for low-birth-weight children and hospitalized (malnourished) children have been adopted. The programme was begun in 1977 and by 1979 had been extended to all provinces in the country and was hailed by UNICEF as a model for other countries. Current efforts focus on covering all municipalities and improving the quality of the reporting. (HC-L)

- 8438 Garrigue, R. Leprosy in China.** *Leprosy Review* (London), 51(1), Mar 1980, 29-33. Engl.

An account is given of a 1978 visit by the author, a French physician, to the People's Republic of China. The answers to a list of 14 questions concerning the extent, classification, and treatment of leprosy he submitted to the Chinese health authorities are recorded in this article. Recommendations for the promotion of Franco-Chinese exchanges in leprosy are made. Some statistical data are included. (Modified journal abstract)

- 8439 Gerson, A. Work and mental health in China.** *Occupational Health and Safety* (Waco, Texas), 50(3), Mar 1981, 44-45. Engl.

After visiting factories manufacturing ivory and jade, paper goods, rugs, and silk embroidery in the People's Republic of China, a US psychologist concludes that, while occupational health measures to protect the workers' physical and mental well-being are almost non-existent, the psychiatric care received by mentally ill workers is equal to that of Western countries. In addition, the patient receives the support of his family and co-workers and follow-up in the work place; co-workers who stigmatize a former mental patient are, if possible, reeducated. The author points out that modernization and industrial competition oblige China to make some sacrifices in the area of occupational health. (DP-E)

- 8440 Gómez, M.R. Occupational health in Cuba.** *American Journal of Public Health* (New York), 71(5), May 1981, 520-524. Engl. 21 refs.

Health and safety regulations, training, and research were practically non-existent in Cuba before the Revolution in 1959. Since that time important advances have been made. Specialized inspectors, occupational physicians, and other such personnel are now trained in Cuba. An Occupational Health Institute, founded in 1976, provides training and specialized services and conducts research. A 1978 "Work Safety and Health Law" defines the rights and responsibilities of government agencies, workplace administrators, unions, and workers. Comprehensive control of toxic substances in workplaces is likely to increase. (Modified journal abstract)

- 8441 Griffiths, M.L., Makgothi, M.M., Nordesjö, G. Tuberculosis management in a rural community — factors in failure.** *South African Medical Journal* (Cape Town), 59(1), 3 Jan 1981, 14-16. Engl.

Of 95 tuberculosis patients presenting at Moroka Hospital, Bophuthatswana, South Africa, 34 (35.8%) were found to have been treated previously for tuberculosis. This paper examines the reasons for this high rate of relapse or failure. Foremost among these are unsupervised outpatient treatment, haphazard drug regimens, and patient non-compliance, often due to misunderstanding or distance from the outpatient clinic. Hospital treatment would be desirable for such patients but is often impractical. The best interim measure is probably to keep tuberculosis management in the hands of a single authority — the hospital-based comprehensive health scheme — rather than decentralizing it to

the district facilities where frequent staff turnovers hamper the continuity of the tuberculosis programme. (HC-L)

- 8442 Hardie, M.** *Issues and approaches to health services management in developed areas.* Health and Hygiene (San Francisco, Cal.), 3(3), Jan-Mar 1980, 133-148. Engl. 48 refs.

Some of the factors that must be considered in the effort to improve health services management and management training in the developing countries are set forward in the form of 14 questions and discussed. Four of the questions are aimed at establishing a profile of the existing services; three more deal with needs, problems, options, and priorities; and the last seven are concerned with functions, tasks, and management. All of them might appropriately be asked at any level of the health care system. Seven references and a short bibliography are included. (HC-L)

- 8443 Hardiman, M.G., Midgley, J.O.** *Planning and the health of mothers and children in the rural areas of Sierra Leone.* Journal of Tropical Pediatrics (London), 27(2), Apr 1981, 83-87. Engl.

This paper contrasts proposals concerning maternal and child health services in Sierra Leone contained in one development plan with the findings of a survey of conditions in the country's rural areas. It looks at the issue from the viewpoint of the village people themselves and examines attitudes and existing practices. It is concluded that planning based on an incremental strategy of expanding existing services is inadequate. The villagers are aware of the advantages of modern medicine; this positive attitude can be exploited only if they are involved in the provision of the services. Some statistical data are included. (DP-E)

- 8444 Harvey, J.C.** *Medical relief work among Cambodian refugees in Thailand.* Transactions of the American Clinical and Climatological Association (Richmond, Va.), 92, 1980, 28-38. Engl.

This 1st-person account of the work of a medical team in a Kampuchean refugee camp in Kamput, Thailand, from Dec 1979-May 1980 includes background information on the refugee situation, a description of the role of various international agencies and non-governmental organizations in the effort, and discussion of the diseases and conditions, public health measures, nutrition interventions, health education, and social participation in the camp. (HC-L)

- 8445 Jegede, R.O.** *Study of the role of socio-cultural factors in the treatment of mental illness in Nigeria.* Social Science and Medicine (Aberdeen, UK), 15A(1), Jan 1981, 49-54. Engl. 15 refs.

The role of the family and traditional healers in the treatment of mental illness in Nigeria is discussed with reference to data collected in a study of patients in treatment at the University College Hospital, Ibadan, and at the Aro Village Community Treatment Centre, both of which are facilities of the Department of Psychiatry, University of Ibadan. In the discussions, emphasis

is put on the role of the relatives in the care of the sick and the role of traditional and religious healers in the health care delivery system in Nigeria. Statistical data are included. (Modified journal abstract)

- 8446 Köhler, G.K.** *Begegnung mit der chinesischen Psychiatrie (II); Gemeindepsychiatrie in Shanghai. (Encounter with Chinese psychiatry (II); communal psychiatry in Shanghai).* Muenchener Medizinische Wochenschrift (Munich, Germany FR), 123(32/33), 7 Aug 1981, 243-246. German.

This article describes the observations made by a group of German neurologists and psychiatrists on a May 1980 tour of the Psychiatric Hospital of Shanghai. With a population of 10 million, Shanghai has 328 psychiatrists, 822 psychiatric assistants, and 5 832 beds in its 2 large psychiatric hospitals, 10 regional, and 10 district hospitals (or 50 psychiatric hospital beds:100 000 inhabitants). To improve rehabilitation possibilities, close collaboration among providers of psychiatric services, social service committees, family members, and employers is encouraged. Schizophrenia is the most frequently occurring illness; during the 1960s, it affected 80% of the inpatients treated. Treatment is free to all patients and a number of therapies are available, e.g. acupuncture, insulin-shock, Chinese medicine, traditional herbal remedies, and gymnastics. (EB)

- 8447 Krcek-Frank, R.** *Psychosomatic problems in the People's Republic of China.* Journal of Psychiatric Nursing and Mental Health Services (Thorofare, N.J.), 18(12), Dec 1980, 15-18. Engl. Annual Meeting of Psychosomatic Medicine, San Francisco, Cal., 28 Oct 1979.

After describing the progress in health care in the People's Republic of China since 1949, the author, a nurse from the USA, discusses the treatment of psychiatric disorders. As in other areas of health care, the emphasis is on prevention, with the entire social network of the individual playing a role in his overall well-being. Once hospitalized, the patient lives in a flexible environment where staff and patients mingle freely; physical exercise and work therapy are important elements of treatment. Chinese psychiatrists (who are not specifically trained in the work but have gravitated toward it) use a number of Western techniques in treatment as well. The most common condition seemed to be depression, although the most common diagnosis seen was schizophrenia. (DP-E)

- 8448 Lane, R.A.** *Tanzania: medicine on a meagre budget.* Canadian Medical Association Journal (Ottawa), 124(4), 16 Feb 1981, 506-513. Engl.

The organization of Tanzania's health services is briefly described. Unlike many developing countries, the absence of an urban elite has allowed the government to concentrate its available resources in rural areas. The basic component of the health care system is the dispensary, of which there are now 2 300 (with 5 700 more projected), each staffed by a rural medical aide with a primary education and 3 years training in diagnosis, pharmacology, public health, and obstetrics. The rural health centre at the next level has 20-30 beds and is

staffed by additional nurse-midwives, maternal child health aides, medical assistants, and health officers. Hospitals (at the highest level) and the maternal child health programme are also discussed. (DP-E)

- 8449 Lindberg, D.A.** *Information systems for rural health: problems and potential benefits.* In Wagner, G., Reichertz, P.L., Mase, E., Technology and Health, Berlin, Springer-Verlag, 1980, 61-66. Engl.

Both microprocessor developments and communication networks are potentially advantageous to rural health systems. The former permit inexpensive computation on a local basis, tending to encourage information control at all levels of society. The latter increase the ease with which information services and concomitant social control can be effected from major central facilities. What balance will ultimately be struck between these two trends is hard to predict. It is desirable to initiate a new round of formal medical experiments using both local microprocessors and communication networks in order to establish a medical basis for influencing the outcome of the two new technologies. (DP-E)

- 8450 Lisansky, M.** *Dental trip to China.* Journal of the Connecticut State Dental Association (Hartford, Conn.), 54(3), Summer 1980, 108-112. Engl.

A US dentist reports on the type and quality of dental services he observed in the People's Republic of China during a 23-day visit in 1979. Dental care delivered by auxiliaries is available at the level of the commune, the production brigade, and, often, the production line. The facilities of two commune hospital dental clinics and the oral department and dental clinics of a teaching hospital are described and dental training is briefly examined. Some comments from other members of the US delegation are included. (DP-E)

- 8451 Liu, X.** *Mental health work in Sichuan.* British Journal of Psychiatry (London), 137(10), Oct 1980, 371-376. Engl.

Mental health work in Sichuan Province, People's Republic of China, is described. Topics covered include: medical services and mental hospitals in the area, staff and their training, diagnosis and treatment, the most common psychiatric disorders, the prevalence of mental illness in the community, and steps that should be taken to improve psychiatric care. Some statistical data are included. (DP-E)

- 8452 Lyle, K.C.** *China's health system: determinants.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(3), Autumn 1980, 199-220. Engl. 51 refs.

This paper seeks to examine and explain the changes in health policy in the People's Republic of China since 1949. It attempts to clarify the roles of various determinants in the health policy-making process during different stages of that country's development and to discover what forces propelled these shifts in health policies and campaigns. A number of social, economic,

and political forces are discussed with regard to their impact on the evolution of health policies and the vacillation between Maoist and pragmatic tendencies is assessed. (Modified journal abstract)

- 8453 Mansfield, D., Morris, A.** *"All for health and health for all": a study of basic health care in Peru.* British Medical Journal (London), 282(6277), 23 May 1981, 1684-1686. Engl.

The types of health services available in Peru are described. The wealthy receive excellent health care based on Western models. The poor and those in rural areas are served mainly by traditional practitioners, newly graduated physicians obliged to spend a year or two in a government programme, occasional preventive measures, and sporadic local health efforts. Two examples of the latter are the services provided by four Benedictine monks at Las Flores, emphasizing health education and community participation, and the Amazon Trust, a UK charity that supports a hospital and several village clinics. (DP-E)

- 8454 Martins, H., Gameiro, V., Cabral, J.** *Santé pour tous: nouvelle approche fondée sur l'expérience acquise dans les zones libérées pendant la guerre populaire du Mozambique. (Health for all: a new approach based on the experience acquired in the liberated zones during the popular uprising in Mozambique).* In Conférences Biomédicales, Cycle 1976-1977, Brazzaville, WHO, Cahiers Techniques AFRO, No. 13, 1978, 43-53. Fren. Séminaire pour Nouvelles Orientations en Matière de Santé: Aspects Sociaux, Economiques et Juridiques, Uppsala, Sweden, 12-16 Jun 1977.

The efforts of the national liberation movement of Mozambique to provide health for all began with training soldiers and locally-recruited auxiliaries to spread basic notions of hygiene and preventive medicine in newly-liberated areas of the country. Immediately following independence, medicine was nationalized, private practice proscribed, and the on-going struggle to transform colonial-minded health workers into "servants of the people" was begun. At present, the focus is on changing the curative medical system into an integrated medical system with a strong preventive component; grouping populations into communal villages to facilitate the provision of medical, sanitary, and other services; conducting a national vaccination campaign; training multipurpose auxiliaries for work in peripheral villages; and enlisting community participation in the local health services. (HC-L)

- 8455 Menon, P.K.** *Light in the darkness.* World Health (Geneva), Apr 1981, 27-29. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish. India's National Programme for Visual Impairment and Control of Blindness was initiated in 1976 with the aim of curing 4.5 million persons of blindness in 20 years with the help of 80 mobile units performing 3 000 operations annually. Community health volunteers and multipurpose workers have also been trained to provide

first aid measures at primary care centres until the necessary 5 000 ophthalmic assistants are produced. The role of voluntary organizations and the primary care system within this programme is outlined. (DP-E)

- 8456 Millan, J.** *Contrôle de la lèpre en Guadeloupe; I: organisation générale — mesures de déclaration et d'enregistrement des malades. (Leprosy control in Guadeloupe; I: general organization — notification and registration of patients).* Médecine Tropicale (Marseilles, France), 40(4), Jul-Aug 1980, 433-438. Fren.

See also entry 8457.

Leprosy control in Guadeloupe (French West Indies) is facilitated by the availability of specialized personnel, a high physician:population ratio, and an established health infrastructure, but here, as elsewhere, the effort is hampered by people's reluctance to seek early treatment for the disease. This paper describes the leprosy control organization that was evolved by the Pasteur Institute over the past 30 years to deal with the problem of notifying and registering new cases while respecting, insofar as possible, the privacy of the afflicted. (HC-L)

- 8457 Millan, J.** *Contrôle de la lèpre en Guadeloupe; II: règles de traitement et de surveillance dans le secteur de Grande-Terre. (Leprosy control in Guadeloupe; II: rules of treatment and monitoring in Grande-Terre district).* Médecine Tropicale (Marseilles, France), 40(4), Jul-Aug 1980, 441-445. Fren.

See also entry 8456.

Prime consideration in the design of Guadeloupe's leprosy control programme are the contagiousness of the disease and the risk of inducing the appearance of drug-resistant strains. This paper describes the usual therapeutic regimes used for paucibacillary, multibacillary, and sulphone-resistant leprosy; the mode of treatment (generally ambulatory); the follow-up of patients; and the surveillance of contacts. (HC-L)

- 8458 Moraes Novaes, H. de, Ferreira, J.R.** *Adiestramiento en gerencia de servicios de salud. (Training in health services management).* Educación Médica y Salud (Washington, D.C.), 14(4), 1980, 407-422. Span. 27 refs. Conferencia sobre Salud de la Población: Perspectivas de Cambio, Bellagio, Italy, Nov 1980.

This paper reviews the development of programmes in health services administration in Latin America and the Caribbean over the past two decades, contrasting it with selected recommendations and initiatives promoted by PAHO, private foundations, and governments. In general, institutions have been slow to change and a critical shortage of health administrators persists in the region to this day. The need for greater cooperation between institutions and between institutions and health services is pointed out. (HC-L)

- 8459 Nakayama, S.** *Worldwide trends in primary health care.* Asian Medical Journal (Tokyo), 23(1), 1980, 10-19. Engl.

Originally published in Japanese in Journal of the Japan Medical Association, 82(2), 1979, 255-260. World-wide trends in primary health care can be broadly classified into three types: the British type, which is based on models of medical care programmes; the US type, which has been developed from a reconsideration of failures by the medical system to distinguish general practitioners from medical specialists; and the WHO type, which has aimed at the improvement of medical care in developing countries. In Japan, there has evolved a system that could be termed a prototype system of primary health care by practitioners. It is designed to enrich primary health care by accumulating and transferring the medical technology from each regional system in order to respond quickly to diseases at early stages of outbreak and improve community health. This Japanese system is briefly described. (Modified journal abstract)

- 8460 Nimb, M.** *Psychiatry and primary health services in developing and developed countries.* Acta Psychiatrica Scandinavica (Copenhagen), 62(285), 1980, Suppl., 103-111. Engl.

Psychiatry and primary health care in developed and developing countries are discussed. In developed countries, existing psychiatric institutions have been upgraded and modernized in recent decades, but the mental health component of the primary health services still leaves much to be desired. Many primary mental health services are included in the social welfare system and would benefit from a closer collaboration with the psychiatrists. In most developing countries, mental health services have followed the European institutional model and respond poorly to the needs of the people. These services must become despecialized and decentralized and be integrated with general primary health services. (Modified journal abstract)

- 8461 Nowinski, A., Ripa, J.C.** *Investigación en los hospitales. (Research in the hospitals).* Educación Médica y Salud (Washington, D.C.), 14(4), 1980, 355-370. Span.

This paper discusses the need for and kinds of research (bio-psycho-social and administrative) that should be conducted in (if not built into the day-to-day operation of) all levels of the hospital in Latin America. A number of areas for administrative study are pointed out and some ethical and regulatory considerations regarding clinical trials are put forward. (HC-L)

- 8462 Nursing Times, London.** *ZIMCORD: let's build Zimbabwe together.* Nursing Times (London), 77(22), 28 May 1981, Suppl. 20, 154-155. Engl. Conference on Reconstruction and Development, Harare, Zimbabwe, 30 Mar-1 Apr 1981.

This article reports on Zimbabwe's Conference on Reconstruction and Development, which was held in 1981 and attracted delegations from 45 countries, 10 international agencies, and 15 specialized UN agencies. Its aim

was to enlist international aid in the areas of land resettlement and rural development, repair of war damage, resettlement of refugees and rehabilitation of former combatants, and training and technical cooperation. The conference ended on a high note with general pledges of assistance and was followed by a symposium on the role of the nurse in primary health care, also reported in this article. (DP-E)

- 8463 On, C.S., Lim, C.** *History of the school health services in Singapore — part I.* Singapore Community Health Bulletin (Singapore), (21), 1980, 36-39. Engl.

See also entry 8464.

The history of school health services in Singapore is traced from 1921-1977. The main objectives of the school health services are prevention, treatment and rehabilitation, and health education. Services have included: routine medical examinations; nutrition programmes; control of communicable diseases, including tuberculosis, smallpox, and skin diseases; and screening. Statistical data are included. (DP-E)

- 8464 On, C.S.** *History of the school health services in Singapore — part II.* Singapore Community Health Bulletin (Singapore), (21), 1980, 40-45. Engl.

See also entry 8463.

Before the advent of school health clinics in Singapore, school health services were provided mainly in the form of nutrition programmes, tuberculosis campaigns, and travelling dispensaries. By 1978 there were 103 school dental clinics and 7 school health clinics existed in 1971. Changes made in 1975 in the organization of the school health and social services are briefly examined and the school health vaccination services described. Health education is another important function of the school health services. (DP-E)

- 8465 Ortiz Castro, J.** *Adiestramiento de personal en investigación operativa de los servicios de salud en América Latina. (Personnel training for health services operations research in Latin America).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 88(4), Apr 1980, 283-296. Span. 37 refs.
Decimoséptima Reunión del Comité Asesor sobre Investigaciones Médicas, Lima, Peru, 2-6 May 1978.

This paper discusses the need for and status of operations research in the Latin American health services and recommends that countries take steps to ensure that their research policies include a health services operations component, that their health administrators are aware of the usefulness of operations research, and that individuals with the appropriate background (operations research, industrial engineering, mathematics, statistics, etc.) are trained as health services operations researchers. It also recommends that PAHO continue to take the lead in promoting this type of training. A 31-item bibliography on the subject is included. (HC-L)

- 8466 Pakshong, D.I., Ho, M.L., Lam, S.L.** *History of the maternal and child health services in Singapore.* Singapore Community Health Bulletin (Singapore), (20), 1979, 5-10. Engl.

The history of maternal child health (MCH) services in Singapore is traced from 1901-1976. During the 75 years covered, MCH services have included infant welfare and maternity services, infant welfare clinics, rural MCH services and centres, antenatal clinics, family planning, immunization, and primary care services. (DP-E)

- 8467 Pan American Health Organization, Washington, D.C.** *Annual report of the director, 1979.* Washington, D.C., Pan American Health Organization, Official Document No. 171, Aug 1980. 187p. Engl.

PAHO activities for 1979 are reported in the areas of general direction of the organization, development of health services systems, human resources and research, disease control, environmental and animal health programmes, supporting services, and administration and management. There is an index and a list of acronyms. (DP-E)

- 8468 Pattanayak, S., Roy, R.G.** *Malaria in India and the modified plan of operations for its control.* Journal of Communicable Diseases (New Delhi), 12(1), Mar 1980, 1-13. Engl.

The resurgence of malaria from the state of near-eradication in India led to the implementation of the Modified Plan of Operation for its control in 1977. Under the Plan, organization of the control programme is largely the responsibility of the state rather than the national government, laboratory services have been centralized to primary health centres, and voluntary drug distribution agencies and community health volunteers have been involved in treating fever cases. Potential for research and training in malaria has been strengthened and districts with high malaria incidence have received special organizational support. Statistical data are included. (Modified journal abstract)

- 8469 Perú, Ministerio de Salud.** *Informe sobre atención primaria de la salud. (Report on primary health care).* Lima, Ministerio de Salud, Aug 1978. 25p. Span.
Conferencia Internacional sobre Atención Primaria de la Salud, Alma-Ata, USSR, 6-12 Sep 1978.

This document briefly describes the geographic, demographic, socioeconomic, and cultural characteristics of Peru; gives a brief history of (isolated) examples of successful community-based health programmes; and outlines present government policy *vis-à-vis* the extension of primary health care, the content of primary health care, and the strategies for the implementation of primary health care. (HC-L)

- 8470 Petrov, P.P.** *Organizaciya pervicnoj mediko-sanitarnoj pomosci sel'skim ziteljam. (Organization of primary medical health care for rural*

inhabitants). Sovetskoe Zdravookhranenie (Moscow), (9), 1980, 3-6. Russ.

Despite recent improvements in the health services of the Kazakh Soviet Socialist Republic (USSR), there are still problems associated with bringing primary care to the rural population due to their distance from conventional medical facilities. It is hoped that the primary care centre established with WHO cooperation in the capital city will contribute to better distribution of available services, to the implementation of the recommendations of the 1978 Alma-Ata conference, to research and development, and to expanded cooperation with WHO. (Modified journal abstract)

- 8471 Robinson, D.** *Self-help groups in primary health care.* World Health Forum (Geneva), 2(2), 1981, 185-191. Engl. 9 refs.

Self-help, on an individual or collective basis, is an important ingredient in primary health care. Self-help groups can further community participation in a wide variety of health activities and, for the individual members, they can mean not only support in coping with a particular problem but even a new and healthier outlook on life. This article examines the issues of community participation, self-help groups, the types of problems that benefit from the self-help approach, sharing information and techniques, destigmatization, self-help as a way of life, and self-help and primary health care. (DP-E)

- 8472 Rojas Ochoa, F.** *Fijación de objetivos y utilización de investigaciones aplicadas a servicios de salud. (Determining the objectives and utilization of applied health services research).* Educación Médica y Salud (Washington, D.C.), 15(1), 1981, 48-59. Span. 9 refs.

This paper examines the principal aims and objectives of scientific research in general, and in the health sector in particular, as formulated at the 1st congress of the Cuban communist party in 1975 and outlines the organizations involved in directing, coordinating, and controlling research policy throughout the country. In the health sector, emphasis is on applied research with the following areas considered priorities: primary care, services and programme evaluation, evaluation of user satisfaction, health surveys, and operational research. Involving the service under investigation in the process of investigation is considered a prerequisite to the successful application of research findings and some practical outcomes of the study of perinatal morbidity and mortality (1978) are given as examples. (HC-L)

- 8473 Rozen Perlo, V.** *Leprosy in Uruguay; programa de control. (Leprosy in Uruguay; control programme).* Acta Leprológica (Geneva), (81), Oct-Dec 1980, 35-47. Span.

Leprosy is endemic to a clearly-defined area of Uruguay that includes the departments of the western littoral and Montevideo. With WHO support, the country is presently undertaking an intensive vertical leprosy control programme aimed at finding and treating 90% of the estimated 1 200 leprosy victims by 1985. The programme

will be directed by the Dr. Ernesto Stirling Hansen's Institute and involve the establishment of a number of fixed and mobile leprosy units in endemic areas. The functions and staffing of these units — as well as the aims, organization, and strategy of the whole programme — are described in this paper. (HC-L)

- 8474 Schwarz, R.** *Möglichkeiten und Grenzen der Psychiatrie in Entwicklungsländern. (Possibilities and limits of psychiatry in developing countries).* Nervenarzt (Berlin), 49(7), Jul 1978, 385-393. German. 59 refs.

Referring to various published reports, the author reviews the percentages related to the incidence and frequency of psychological disorders of people in developing countries and gives examples of the acute problems associated with the lack of sufficient medical facilities and qualified personnel. Systematic studies in psychological morbidity exist in few countries. The large gap between the need for and the availability of services and assistance to the mentally ill is brought to light. Priorities, especially in the areas of structure and type of service, preventive measures, therapy, and medical training, must be established; these can be changed and adapted to each region and social group. Statistical data and a bibliography are included. (EB)

- 8475 Suwanik, R., Pleehachinda, R., Tuntawiroon, M., Pattanachak, S., Pattanapumyasat, K.** *Iron deficiency anaemia and endemic goitre: selective fortification for their elimination from the Thai population.* Journal of the Medical Association of Thailand (Bangkok), 63(11), Nov 1980, 611-615. Engl. 9 refs.

The organization and feasibility of a programme designed by the Iron and Iodine Research Group at Siriraj Medical School (Thailand) to fortify salt with iron and iodine are examined. To achieve effective coverage, the group stressed the need for quality control of salt production, an efficient distribution system, the inclusion of other fortified foods such as fish sauce and fish condiment, limiting coverage to the most vulnerable groups, and the development of a related health education programme. (DP-E)

- 8476 Twumasi, P.A.** *Community involvement in solving local health problems.* Social Science and Medicine (Aberdeen, UK), 15A(2), Mar 1981, 169-174. Engl. 19 refs.

This paper describes the underlying philosophy, organization, and strategies of the Kintampo Project, Wenchi District, Ghana, with emphasis on the role of the auxiliary health worker and the mechanisms for involving the population in health activities. Some background information on the Wenchi District (availability of health personnel, traditional attitude toward disease, sanitary conditions, etc.) is given, but no attempt to evaluate the impact of the project is made. (HC-L)

- 8477 Walker, G.J., Cham, M.K.** *Need for an integrated approach to the provision of essential health care services: a study from the Gambia.*

Journal of Tropical Medicine and Hygiene (London), 84(5), Oct 1981, 203-208. Engl. 13 refs.

With examples from the Gambia, some aspects of the type of preparatory work that can be useful to planners and managers striving to increase health care coverage are analyzed. Special attention is given to the relationship between primary care and clinics, health centres, and hospitals. It is concluded that peripheral services must be strengthened in terms of transport, basic equipment such as syringes and refrigerators, buildings and furnishings, and essential drugs so that hospitals become true referral points and are not overloaded with patients who could be treated at a more basic level. Some statistical data are included. (DP-E)

- 8478 Wallace, H.M.** *Health care of children in the USSR, 1979.* American Journal of Diseases of Children (Chicago, Ill.), 135, Jan 1981, 15-17. Engl.

During a 3-week visit to the USSR in 1979, the author observed that a high priority was given to maternal child health care. An extensive network of polyclinics staffed by pediatricians and specialists provides primary care to infants and children aged up to 15 years. Health services are also available to children through the mobile emergency health service, nurseries and kindergartens, schools, and maternity and children's hospitals. (DP-E)

- 8479 WHO, Geneva.** *WHO's activities for the IYDP.* WHO Chronicle (Geneva), 35(2), Feb 1981, 47-48. Engl.

Also published in French, Russian, and Spanish. WHO's activities during the International Year of Disabled Persons (1981) are outlined. Mainly preventive in nature, they include: the production of a manual on community-based rehabilitation; the publication of an international classification of impairments, diseases, and handicaps; and the support of national rehabilitation and prevention programmes. Contributions are also made through WHO programmes in areas such as blindness prevention, family health, immunization, workers' health, environmental health, leprosy and other infectious diseases, oral health, mental health, and traditional medicine. (DP-E)

- 8480 Wiederhold, G.** *Databases in healthcare.*

Stanford, Cal., Stanford University, Department of Computer Science, Mar 1980. 76p. Engl. Refs.

The 1st chapter of this monograph introduces the main concepts of data base technology, including its objectives, terminology, and components, and describes the operational functions associated with data bases. The 2nd chapter examines the use of data bases in different health care settings and their relevance to various health care problems (e.g. disease surveillance). The 3rd chapter discusses the state of the art and directions of development of data base technology in health care and the 4th gives five examples of existing data bases in health care. A bibliography of approximately 200 items is included. (HC-L)

II.3 Planning

- 8481 Adelaja, O.A.** *Role of statistics in the planning and delivery of health services.* Nigerian Medical Journal (Lagos), 9(4), 1979, 499-503. Engl.

The three types of statistics required for planning and delivering health services (demographic data, vital statistics, and health statistics) are discussed. The latter include data on health personnel and facilities, morbidity, epidemiology, health expenditures, environmental and occupational health, and special services. The author stresses the need for accurate data collection in health planning. A list of suggested reading is included. (DP-E)

- 8482 Banam, J.** *Health care delivery system in Papua New Guinea: some practical suggestions.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(3), Sep 1979, 177-179. Engl.

A number of suggestions for the improvement of health care delivery in Papua New Guinea are given: communities should participate in the planning, implementation, and evaluation of the system; health care policy must reflect community needs; health services personnel should be involved in the training of all staff; evaluation at regular intervals is needed to ensure that the mode of delivery is sensitive to changing community needs; recruitment should be more flexible and the curricula for training institutes revised; health care workers must be better motivated. (DP-E)

- 8483 Bibeau, G.** *Current and future issues for medical social scientists in less developed countries.* Social Science and Medicine (Aberdeen, UK), 15A(3), May 1981, 357-370. Engl. 61 refs.

The 1st section of this paper on medical social engineering explores the involvement of social scientists in classical public health approaches such as direct interventions, epidemiology, and ecology. More recent types of participation associated with the health political model are also discussed in reference to community medicine, ethnomedicine, and clinics, while the 3rd section examines these promising developments: health planning and evaluation, population studies, and the emergence of an indigenous social science. Proposals for bridging the gap between the social and medical sciences are put forth. (DP-E)

- 8484 Buckles, R.G.** *It is appropriate to create new pharmaceutical products within developing countries.* Proceedings of the Royal Society, Series B, Biological Sciences (London), 209(1174), 1980, 165-171. Engl.

Arguments are made for utilizing local product development as an appropriate way to solve many of the current medical problems of the Third World. Guidelines for selecting problems amenable to this approach are provided and the risks attendant on such an activity outlined. It is suggested that organizations such as WHO can encourage this approach by helping to provide training in product development and by offering consulting

services for organizations in the developing world. (Modified journal abstract)

- 8485 Choudhury, M.R.** *Bangladesh: planning for health.* World Health Forum (Geneva), 2(2), 1981, 167-173. Engl.

Bangladesh's two-stage national health plan aims to achieve an interim target of minimum medical care for all by the year 2000. This article examines the objectives of the health programme, health indicators and targets (listed in chart form), government health policy, the plan of action, primary health care, intersectoral collaboration, community participation, financial and social resources, health manpower development, and health services research. (DP-E)

- 8486 Cobas Manrique, J., Ledo Duarte, S.R.** *Lugar de la salud pública en el sistema de indicadores del Plan de la Economía Nacional. (Public health position within the index system of the National Economic Plan).* Revista Cubana de Administración de Salud (Havana), 8(1), Jan-Mar 1982, 50-54. Span.

Segundo Congreso Nacional de Administración de Salud, Cienfuegos, Cuba, 2-4 Oct 1980.

This paper discusses the interrelationship between health planning and development planning in Cuba, pointing out that the national health plan is dependent on the national economic plan for the financing of the technical and material basis of the health care system (i.e., human and physical resources) but that expenditure on health also is an expression of the quality of life and as such constitutes an indicator of economic development. (HC-L)

- 8487 Développement et Santé, Paris.** *Selon un rapport réaliste de la Banque Mondiale: priorité aux soins de santé primaires. (According to a realistic World Bank Report: priority for primary health care).* Développement et Santé (Paris), (32), Apr 1981, 25-28. Fren.

This paper summarizes the section on health of the 1980 World Bank report on development. Described as striking in its modesty and realism, the report admits that no miracle solution based on Western models exists for the health problems of the Third World. Efforts should focus, rather, on the following priority areas: the systematic extension of basic primary care services, improvement in the techniques of mass public health measures, and the continuous provision of equipment and back-up services, especially emergency medical care. (HC-L)

- 8488 Doherty, A.A.** *Needs of dentistry today and tomorrow in Africa.* Odontostomatologie Tropicale (Dakar), 3(4), Dec 1980, 163-170. Engl.

The author advocates the creation in Nigeria of a National Directorate of Dentistry that would: provide data to the governments, dentists, and the public on dental health and dental diseases patterns; coordinate the activities of dentists and dental services; and plan for future needs. Due to the lack and maldistribution of dentists

and dental manpower, the establishment of more dental schools is also recommended. (DP-E)

- 8489 Fattorusso, V.** *Essential drugs for the Third World.* World Health (Geneva), May 1981, 3-5. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Developing countries can, even with limited means, considerably improve their health situation by importing only essential drugs; organizations such as WHO are ready to collaborate in such an effort. This policy often meets resistance, especially from certain pharmaceutical industries and sections of the medical profession. The international community, however, has recommended that WHO's Member States should adopt a drug policy that is tailored to their health needs and help to make WHO's action programme on essential drugs effective. (DP-E)

- 8490 Galán Morera, R.** *Enfoque metodológico de la investigación aplicada en los servicios de salud. (Methodological focus of applied health services research).* Educación Médica y Salud (Washington, D.C.), 15(1), 1981, 21-29. Span.

This article enumerates the areas in which health services research is feasible and then describes a methodology deemed best suited to the needs of Colombia. The methodology includes the description, explanation, and evaluation of the demand for and supply of health services, the process of health services delivery, and the result (in terms of activities implemented) and impact (in terms of reducing the risk of morbidity and mortality) of health services delivery. It is stressed that fruitful research is the result of active participation on the part of the researchers, the users of the information generated, and the decision-makers in the areas of health and education. (HC-L)

- 8491 Ghana, Ministry of Health, Ghana Health Assessment Project Team.** *Quantitative method of assessing the health impact of different diseases in less developed countries.* International Journal of Epidemiology (Oxford, UK), 10(1), Mar 1981, 73-80. Engl. 16 refs.

A method is described for assessing quantitatively the relative effect of different disease problems on the health of a population. The impact of a disease on a community is measured by the number of healthy days of life lost through illness and by disability and death resulting from the disease. The measure is derived by combining information on the incidence rate, the case fatality rate, and the extent and duration of the disability produced. This methodology may be used to help determine the priorities for the allocation of resources to alternative health improvement procedures. Examples from Ghana, with statistical data, are included. (Modified journal abstract)

- 8492 Ghose, N.** *Social obstetrics and obstetricians.* Journal of the Indian Medical Association

(Calcutta, India), 76(4), 16 Feb 1981, 66-68. Engl.

In this editorial, the author looks at social obstetrics as it relates to the imparting of complete and integrated maternity and child health care to the family and the community in their social environment. He explores the need for integrating maternity service with family planning and child health to provide comprehensive obstetric care and the important role of the obstetrician in achieving improved patient care. It is further pointed out that postgraduate teaching and training should be reorganized, with emphasis on practical aspects, and that students must not allow modern sophisticated methods to replace sound clinical judgement. (EB)

- 8493 Heenan, L.D.** *Health service planning and projected population change: some observations for New Zealand.* Social Science and Medicine (Aberdeen, UK), 14D(2), Jun 1980, 241-249. Engl. 22 refs.

Projected national population changes for the period 1978-2011 are outlined followed by examination of two major issues that arise, by implication, for the development of the New Zealand health care system. The 1st of these concerns the forecast supply of doctors and the use of the doctor:population ratio as a tool for medical manpower planning. Consideration of the 2nd major issue turns attention to the consequences of prospective shifts in age structure for the volume and mix of health care demand, the relative cost of health care, and the allocation of resources. Relationships among the medical profession, health planners, and politicians are also explored. Statistical data are included. (Modified journal abstract)

- 8494 Hoppler, R.** *Entwicklungslander: Neue Wege in der Gesundheitspolitik. (Developing countries: new roads in health policy).* Zeitschrift für Krankenpflege (Berlin), 72(2), Feb 1979, 91-92. German.

Using as an example a 1970 project involving a new type of comprehensive rural health centre in India, where basic health and sanitary needs are provided for 40 000 people in 40 villages, the author stresses the importance of expanding the primary care concept to national and international levels. While WHO's primary health care programme is making progress, to date there are still not sufficient numbers of similar projects in developing countries. To this end, ground work and principles were formulated at the WHO/UNICEF international conference on primary health care, held at Alma-Ata in September 1978, where 700 delegates from 140 countries took part. (EB)

- 8495 Hunter, J.M., Rey, L., Scott, D.** *Man-made lakes and man-made diseases; towards a policy resolution.* Social Science and Medicine (Aberdeen, UK), 16(11), 1982, 1127-1145. Engl. Refs. Throughout the tropical world, the construction of water impoundments, for irrigation and other purposes, in areas of endemic water-related diseases has inexorably intensified community levels of infection and created

new areas of transmission. The clearest indicator disease is schistosomiasis, but others, such as malaria and filariasis, are also involved. Population growth and increased demand for food make future prospects gloomy. A policy position is offered whereby disease prevention measures are integrated into development projects as part of the total cost. The need for a communications network on ecological and health efforts is pointed out and a typology for registration of dams is offered in support of policy implementation. Statistical data are included. (Modified journal abstract)

- 8496 International Union of Nutritional Sciences, Zurich.** *Guidelines on policies and procedures for community action and family nutrition programmes.* Journal of Tropical Pediatrics (London), 26(4), Aug 1980, 156-166. Engl. Working Conference of the International Union of Nutritional Sciences, Hyderabad, India, 17-21 Oct 1977.

Ten guidelines for planning community health programmes are presented. These programmes are then examined in terms of background, community participation, consciousness raising, characteristics of external stimuli, self-diagnosis, the activities of the community organization, coordination and implementation, and replication. The supervision, types, selection, training, and functions of community health workers are discussed, as well as methods of evaluating community programmes. A long list of activities that communities have successfully carried out is included. (DP-E)

- 8497 Kumar, V.** *Assessment of periodontal treatment needs.* Odontostomatologie Tropicale (Dakar), 6(1), Apr 1981, 23-25. Engl.

Factors contributing to the widespread prevalence of periodontal disease, especially in developing countries, are considered. The author advocates these control measures: primary prevention, including health education, improved nutrition, oral hygiene, etc.; secondary prevention, particularly early treatment; and tertiary prevention by treating established cases. Since current methods for assessing treatment needs in developing countries are inadequate, further research is needed to ascertain the numbers of people needing health education and preventive procedures, the number of auxiliaries needed to deliver these services, and the costs and equipment necessary to provide them. (DP-E)

- 8498 Lampton, D.M.** *Changing health policy in the post-Mao era.* Yale Journal of Biology and Medicine (New Haven, Conn.), 54(1), Jan-Feb 1981, 21-26. Engl. 17 refs. Medical Symposium of the Yale-China Association, New Haven, Conn., 14 Sep 1979.

A shift away from Mao Zedong's concept of equality in the delivery of medical care is now taking place in the People's Republic of China. This change is evident in the emphasis now placed upon high technology, basic research, and hospital care. All of these changes are occurring against the backdrop of extremely scarce medical resources. Medicine seemingly is viewed as one of

many material incentives to provide high productivity and leadership groups; the "modernization" of medicine is seen as one visible manifestation of the success of the broader modernization effort itself. As well, population policy has become more stringent, with rewards being given to one-child families and sanctions being applied against couples having three or more children. Although these policy changes offer bright prospects for Sino-American cooperation in the biomedical field, foreigners must remain sensitive to the controversial nature of these alterations in the Chinese political setting. (Author abstract)

8499 MacCormack, C.P. *Community participation in primary health care.* Tropical Doctor (London), 13(2), Apr 1983, 51-54. Engl. 10 refs. The advantages of the community health care approach in rural villages are outlined and the types of communities presently existing in rural areas of developing countries are examined. Methods of promoting community participation are suggested and the motivation process is described. After suggestions for choosing appropriate motivators and promoters (e.g., traditional birth attendants and other mature adults), guidelines for achieving successful community participation are presented. Potential problems and possible solutions are also considered. (DP-E)

8500 Macías Menéndez, Z., Carmona Gutiérrez, A. *Biostatística; principios metodológicos particulares. (Biostatistics; particular methodological principles).* Revista Cubana de Administración de Salud (Havana), 8(1), Jan-Mar 1982, 89-96. Span. 9 refs.

In the Cuban national health system, biostatistics has emerged as a distinct but interdisciplinary activity whose aim is to provide a scientific understanding of the laws that govern the health development of a population. This paper examines the peculiar characteristics of biostatistics and the question of whether the body of knowledge accumulated under the rubric of biostatistics has attained the level of synthesis necessary for the formulation of laws and principles and the development of a methodology of investigation. It is concluded that biostatistics is a science in transition with two tasks ahead of it: scientific development (theoretical-methodological development) through basic research and professional development through applied research. (HC-L)

8501 Mahler, H. *Use your WHO.* WHO Chronicle (Geneva), 34(12), Dec 1980, 455-460. Engl.

Also published in French, Russian, and Spanish. WHO's Director-General outlines the essentials of a planning strategy for achieving health for all by the year 2000. National health plans should concentrate on delivery systems and infrastructures, community involvement, safe water, nutrition, the care of pregnant women and children, immunization and disease control, supplies, research, and health education. The roles of the ministry of health and other national institutions are also briefly described. WHO can support these national

efforts by coordinating technical cooperation, providing a list of essential drugs, and offering expertise in areas such as sanitation, water supply, and immunization. (DP-E)

8502 Mahler, H. *Hospitals and health for all by the year 2000.* Canadian Journal of Public Health (Ottawa), 71(5), Sep-Oct 1980, 347-349. Engl.

WHO's Director-General briefly examines the different health problems of developed and developing countries and suggests strategies for achieving health for all by the year 2000. Primary care is recommended even for a country such as Canada, for which five specific strategies covering health promotion, regulatory activities, research, health care efficiency, and goal setting are proposed. The role of Canadian hospitals within this strategy is discussed. (DP-E)

8503 Mara, D., Feachem, R. *Technical and public health aspects of low cost sanitation programme planning.* Journal of Tropical Medicine and Hygiene (London), 83(6), Dec 1980, 229-240. Engl. Refs.

International Seminar on Low-cost Techniques for the Disposal of Human Waste in Urban Areas, Calcutta, India, 18 Feb 1980.

This paper deals with low-cost sanitation technologies, emphasizing their public health aspects. A number of alternative technologies for latrine construction are presented, their advantages and disadvantages in various situations considered, and their costs estimated. The need for upgrading and maintenance is also discussed. The author draws attention to the necessity of including sociocultural aspects in the planning process and provides a chart as a model for this process. A table of excreta-related disease and diagrams of various technological options are also included. (DP-E)

8504 Nimo, K.P. *Fashion and rationality in the allocation of health resources.* Social Science and Medicine (Aberdeen, UK), 15A(3), May 1981, 313-315. Engl.

Health resources may be human, material, or financial when defined as inputs to the provision of health services. Their distribution in Ghana and other West African countries is examined and the roles of politicians, users, and planners in their allocation are considered. It is pointed out that responsible allocation of health resources can only be done in the context of total social and economic development. Some statistical data are included. (DP-E)

8505 Parrott, N. *Hong Kong plans a better life for disabled.* Australasian Nurses Journal (Port Adelaide, Australia), 9(8), Jul 1980, 23-24. Engl.

The government of Hong Kong has drawn up a detailed 10-year (1977-1986) programme containing guidelines for rehabilitating the physically disabled and the blind, deaf, mentally ill, and mentally handicapped. The programme also forecasts schedules for improving standards of diagnosis, prevention, treatment, rehabilitation, and vocational assistance. The implementation

of this programme in the areas of prevention, education, medical treatment, and integration is briefly described. (DP-E)

- 8506 Pérez Miravete, A.** *Papel de la OMS y la OPS en relación con las políticas nacionales de investigación. (Role of WHO and PAHO in relation to national research policies).* Educación Médica y Salud (Washington, D.C.), 15(1), 1981, 8-20. Span. 10 refs.

Reunión sobre Políticas Nacionales de Investigación en Salud en los Países del Cono Sur, Punta del Este, Uruguay, Apr 1980.

This paper reviews recommendations made during the 1970s by the World Health Assembly (WHO) and the Special Meeting of American Health Ministers regarding the development of national research policies, particularly health services research. PAHO's efforts to promote and coordinate research at the regional and country levels have included nine country- and four subregional-level meetings on national research policies, a census of research resources in all countries of the Americas, the provision of modest grants for research projects and for the exchange and training of researchers, support to WHO's collaborating centres, the study of the social sciences as a component of research in health, and the provision of fellowships. (Modified journal abstract)

- 8507 Ray, R., Leng, T., Hamzah, M.** *Strategies for implementing primary health care activities with special reference to diarrhoeal diseases.* Singapore Community Health Bulletin (Singapore), (21), 1980, 30-35. Engl. 8 refs.

Primary care services already available in Singapore that the authors feel could be better used for the prevention and control of diarrhea include: surveillance and notification by primary health care centres; nutrition demonstrations, health education, and oral rehydration at maternal child health centres; and routine screening and inoculation of approximately 83 000 food handlers, diagnostic services, and food and water control by the country's laboratory services. Statistical data are included. (DP-E)

- 8508 Rodríguez R., J., Pabón, H.** *Marco conceptual de la investigación aplicada a servicios de salud. (Conceptual framework for health services research).* Educación Médica y Salud (Washington, D.C.), 15(1), 1981, 40-47. Span.

This paper discusses the purpose of applied health services research, stressing that it should be a continuous process of evaluation and readjustment involving decision-makers and health personnel as well as researchers. It then makes a number of suggestions regarding the utilization of research findings, identification of barriers to change, etc., on the basis of the longstanding experience of the health division of the University of Valle's research programme into models of health services delivery in Cali, Colombia. (HC-L)

- 8509 Sankaran, B.** *Pediatric priorities in India in the 1980's.* Indian Journal of Pediatrics (Calcutta, India), 47(385), Mar-Apr 1980, 97-102. Engl.

After examining some of India's present health programmes and the reasons for their success or failure, the author suggests priorities for future government activities. These include disease control, the delivery of health care in rural areas, the role of pediatricians in family planning, the control of malnutrition, and medical education. (DP-E)

- 8510 Valentine, A.D.** *Community approach to the prevention of dental disease in the children of developing countries.* International Dental Journal (The Hague, Netherlands), 31(1), Mar 1981, 23-28. Engl. Refs.

Because of shortages of wealth, communications, and personnel, dental services in developing countries must emphasize education and preventive measures administered by simply trained auxiliaries supervised by a few fully trained dentists. Three stages are recommended for the establishment of dental services: 1) the undertaking of a nation-wide survey of the prevalence of dental diseases; 2) the establishment of training schools in each ethnic area where dental surgeons, dental therapists, and dental assistants can be recruited and trained; and 3) the recruitment and training of local instructors in dental health to work in their own schools, villages, and districts and who are concerned with the supervision of oral hygiene, fluoride mouth-rinsing, and diet. (Modified journal abstract)

- 8511 Villarreal, R.** *Continuidad del programa y los medios de difusión. (Continuation of the health education programme and means of expansion).* Gaceta Médica de México (Mexico City), 116(9), Sep 1980, 395-396. Span.

This paper identified four basic elements of health (human biology, the environment, the quality and availability of medical care, and human life-style) that come into play whether a country displays the disease characteristics of a developed or developing country or, in the case of Mexico, both. Close cooperation between the health and educational sectors in the investigation of factors affecting human behaviour and in the design and execution of appropriate mass educational activities is recommended. (HC-L)

- 8512 WHO, Geneva.** *Community control of rheumatic heart disease in developing countries; 2: strategies for prevention and control.* WHO Chronicle (Geneva), 34(10), Oct 1980, 389-395. Engl.

Also published in French, Russian, and Spanish; see also entry 8395 (volume 12).

Rheumatic heart disease (RHD) is a common form of heart disease in many of the developing countries; it also represents the main cause of death among school-aged children. Based on the report of an interregional meeting on the prevention and control of rheumatic fever (RF) and RHD (New Delhi, November 1979), this paper sets forth guidelines for the establishment of a national RF

and RHD control programme in a developing country. An essential requirement for the success of such a programme is its inclusion in the country's national health policy and its implementation within the framework of the primary health care system. (HC-L)

- 8513 World Health Forum, Geneva.** *Blueprint for reorganizing Sri Lanka's ministry of health.* World Health Forum (Geneva), 3(1), 1982, 3-7. Engl.

Sri Lanka has taken an important step toward making its health services more responsive to the needs of the people by outlining ways in which the ministry of health might be relieved of many routine administrative and clinical tasks and enabled to concentrate on policy matters, planning, and programming. This paper sets forth the operational constraints, examines policy restraints, presents the 10 objectives of the reorganization, and describes the resulting 13 autonomous units that would manage the nation's health services under the supervision of the ministry of health. (Modified journal abstract)

II.4 Geographical Distribution of Health Services and Workers

- 8514 Crout, E.** *Sacred cows of East and West.* Nursing Mirror (London), 151(25), 18-25 Dec 1980, 27-29. Engl.

Health problems and health care in India are discussed. The urban areas have 25% of the population but 80% of the health resources; moreover, much hospital equipment is outdated or inappropriate and the curative care offered is not suited to local needs. The rural areas suffer from a shortage of staff and funds and from the reluctance of the populace to shed old customs and beliefs. India has made progress in health care in the 30 years since independence but is now at the crossroads. It should reject the Western model of health care, choosing Indian solutions for Indian problems. (DP-E)

- 8515 McGlashan, N.D.** *Geographic approach to general practice workloads: the example of rural Tasmania.* Social Science and Medicine (Aberdeen, UK), 15D(1), Feb 1981, 45-55. Engl.

Against a background of a potential oversupply of physicians, this Australian study develops a method of quantifying the hinterland and population served by each practice centre. After allowance is made for varying age and sex demands for medical service, a seven-fold variation in workload per doctor in rural Tasmania is demonstrated. The need for means to correct the inertia inherent in this geographic maldistribution is emphasized. Statistical data and a sample questionnaire are included. (Modified journal abstract)

- 8516 Wigton, R.S., Steinmann, W.C.** *Plans for rural practice of medical students and residents at the University of Nebraska College of Medicine.* Nebraska Medical Journal (Lincoln, Neb.), 66(4), Apr 1981, 77-80. Engl.

Analysis of 746 questionnaires distributed in July 1977 to Nebraska (USA) medical students and hospital residents revealed that a small home town and the choice of a primary care specialty were two factors positively influencing a doctor's decision to practice in a rural area. The 2-month rural preceptorship and the government's programme of loan forgiveness also fostered positive attitudes towards rural practice. Because of doctors' expressed preference for group practice, rural communities are advised to recruit more than one physician, preferably by offering a non-binding, salaried, trial practice period. Statistical data are included. (DP-E)

II.5 Financial Aspects

- 8517 Cutting, W.A.** *Cost-benefit evaluation of vaccination programmes.* Lancet (London), 2(8195), 20 Sep 1980, 634-635. Engl. 9 refs.

Different methods of calculating the cost-benefit of vaccination programmes are discussed and the point that such calculations are very specific to the local situation and should not be extrapolated from one country to another is made. Some factors affecting the efficacy of a vaccination programme and, hence, its planning are mentioned. (HC-L)

- 8518 Kamm, G.** *Some aspects of anaesthesia in developing countries.* Tropical Doctor (London), 12(2), Apr 1982, 51-52. Engl.

This paper points out two ways in which cost-effectiveness can be applied in an anaesthetic unit in a developing country, i.e., by adopting half-open anaesthetic technique rather than a half-closed system and by choosing generic rather than brand-name drugs (phenobarbitone rather than diazepam, ether rather than halothane, etc.). The establishment of anaesthetic centres for the purpose of appropriately training and recycling different levels of anaesthetic personnel for deployment in outposts is advocated. (HC-L)

- 8519 Pileggi Vinha, V.H., Dutra de Oliveira, J.E.** *Programa comunitário de alimentação. (Community food programme).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 90(3), Mar 1981, 189-199. Portuguese.

A food supplementation programme for preschool children was devised and piloted in suburban Ribeirão Preto, São Paulo, Brazil. The programme consisted of distributing a regionally-produced food supplement — in this case, pasturized milk — through existing commercial outlets and involved a strong educational component aimed at the store owners, mothers, and children themselves. This paper describes the mechanics, cost, and funding of the programme. A formal evaluation is not included but the programme is deemed a simple, economical method of meeting the needs of the population without interfering with local production, marketing, or distribution networks or necessitating the establishment of new structures. (HC-L)

- 8520 Skeet, M.** *Building on what they have.* Nursing Mirror (London), 152(21), 20 May 1981, 26-28. Engl.

This paper discusses the need for effective, safe, appropriate, and affordable technologies for use by primary health workers in the Third World and ways of informing countries about available technologies and helping them to choose those that best suit their needs. Some examples of appropriate technology are given and some functions for which an appropriate technology has yet to be discovered are pointed out. (HC-L)

- 8521 Yudkin, J.S.** *Drug control: a prerequisite for health.* Proceedings of the Royal Society, Series B, Biological Sciences (London), 209(1174), 1980, 159-163. Engl. 14 refs.

The purchase of drugs employs an increasingly large part of the health budget of many Third World countries. Drug spending is heavily biased in favour of urban hospitals, often for expensive proprietary drugs that offer little benefits over cheaper preparations. As a result, vaccines and drugs for prevention and primary care are sometimes unavailable, especially in rural areas. WHO and many individual countries have responded to the problem of drug costs by creating a limited list of drugs considered essential for health care needs. Other methods of curtailing spending on drugs, some of which meet strong resistance from doctors and pharmaceutical manufacturers, are discussed. (Modified journal abstract)

II.6 Cultural Aspects

See also: 8406, 8557, 8644, 8718, 8884.

- 8522 Allum, N.** *Traditional midwives and family planning.* Midwives Chronicle (London), 93(1114), Nov 1980, 401. Engl.

This brief article, based on a longer report, discusses the difficulties encountered in attempts to incorporate traditional birth attendants (TBAs) into public health systems. Physicians and trained midwives complain that TBAs have low standards and employ dangerous methods. The TBAs, on the other hand, dislike the tendency to use drugs and the irreligious attitudes of the trained midwives. TBAs can play a role in the health system, but a number of factors must be recognized: government and health system support, community support, training, supervision, evaluation (which should be continuous), and remuneration. (DP-E)

- 8523 Bannerman, R.H.** *Traditional medicine in modern health care.* World Health Forum (Geneva), 3(1), 1982, 8-13. Engl.

It is to the traditional healers that the great majority of the people of developing countries turn in times of sickness. For 80% of the population, primary health care is synonymous with traditional medicine. For this reason alone, it is essential for health professionals to be fully aware of the work of these traditional practitioners and of their place in society. This article briefly examines Ayurvedic and Chinese medicine, plant and herbal medi-

cine, and the four categories of traditional healers. (Modified journal abstract)

- 8524 Bernard-Bonnin, A.C.** *Trois ans de pédiatrie dans le Tiers-Monde. (Three years of pediatrics in the Third World).* Union Médicale du Canada (Montreal), 109(2), Feb 1980, 179-182, 304. Fren. 9 refs.

A Canadian pediatrician sets down her impressions of medical practice in a polyclinic in Nouakchott, Mauritania, and in a local clinic sponsored by a voluntary agency in Guatemala City, Guatemala. Observations on health facilities and the socioeconomic aspect of health are included. (HC-L)

- 8525 Bhatia, S.** *Traditional childbirth practices; implications for a rural MCH program.* Studies in Family Planning (New York), 12(2), Feb 1981, 66-75. Engl. 27 refs.

This report describes the efforts of village-based programme staff to learn about local beliefs and practices during pregnancy, labour, childbirth, and the postpartum period in a rural area of Bangladesh. It then explains the manner in which the knowledge was utilized to introduce selected maternal and child health care services in the area. Because of their low social status, it was decided to exclude local *dais* from midwifery training, concentrating these efforts instead on the 80 female village workers who had already been deployed as part of the programme. (DP-E)

- 8526 Bichmann, W.** *Primary health care and traditional medicine — considering the background of changing health care concepts in Africa.* Social Science and Medicine (Aberdeen, UK), 13B(3), Sep 1979, 175-182. Engl. 67 refs.

The significance of traditional medicine for the care of African populations is examined. Nowhere does there exist a successful and complete integration; in Africa, traditional healers and their knowledge are subordinate to the concept of cosmopolitan medicine. It is argued that the economic function of a traditional rural sector in the reproduction of the labour force has been menaced by progressive degradation of living standards and that recent efforts to improve health care are aimed at preventing a collapse of this sector. This implies that the emancipatory development approach inherent in the original primary health care strategy has been lost; a new, wider approach is needed. (Modified journal abstract)

- 8527 Browner, C.** *Management of early pregnancy: Colombian folk concepts of fertility control.* Social Science and Medicine (Aberdeen, UK), 14B(1), Apr 1980, 25-32. Engl. 24 refs.

Case materials from Cali, Colombia, are presented to show one way women have influenced the frequency and timing of births without modern contraceptives. Women in Cali take advantage of the ambiguity about when a pregnancy begins to practice early pregnancy control. The Colombian folk pharmacopoeia contains a large number of substances to bring on a late menstrual period

and to induce an early abortion. Users often do not distinguish between the two effects. Voluntary abortion is illegal, socially disapproved, and subject to strong negative sanction, yet the difficulty of distinguishing between a late menstrual period and an early abortion allows women a degree of unsanctioned choice. Statistical data are included. (DP-E)

- 8528 Cosminsky, S., Scrimshaw, M.** *Medical pluralism on a Guatemalan plantation.* Social Science and Medicine (Aberdeen, UK), 14B(4), Nov 1980, 267-278. Engl. 31 refs.

Alternative medical resources and treatments utilized by a population on a Guatemalan plantation were found to include and combine elements from Mayan Indian, folk Ladino, spiritism, and modern medical traditions. This paper examines the pluralistic dimension of health care in terms of the behaviour of both health seeker and practitioner and emphasizes how components of the various traditions are incorporated or utilized. Case studies are used to illustrate examples of the health care strategies used by the population. (Modified journal abstract)

- 8529 Farnsworth, N.R.** *Development of pharmacological and chemical research for application to traditional medicine in developing countries.* Journal of Ethnopharmacology (Lausanne, Switzerland), 2(2), Jun 1980, 173-181. Engl. 18 refs. Joint Istituto Italo-Africano/WHO Meeting on Research and Training in Traditional Systems of Medicine in Developing Countries, Rome, Italy, 2-6 Apr 1979.

The resolution of the 31st WHO Assembly requests a complete inventory of medicinal plants, the evaluation of their efficacy and safety, and their standardization. This involves a great effort from both developing and industrialized countries. Any research on the use of plants in traditional medicine should be developed in the framework of WHO activities. Industry should play a role, because of its greater knowledge of modern technologies, which may lead to a better utilization of plants and their extracts, and its funding and marketing abilities. An example of this type of collaboration is the organization of research on fertility regulating plants, in which six universities in different regions of the world are interested. (Modified journal abstract)

- 8530 Fendall, N.R.** *Ayurvedic medicine and primary health care.* Tropical Doctor (London), 11(2), Apr 1981, 81-85. Engl.

In support of his thesis that traditional practitioners must be trained as primary health care workers, the author describes the three systems of indigenous medicine now practiced in India. Their philosophies, histories, educational and delivery systems, and practitioners are briefly examined. (DP-E)

- 8531 Gordon, L.** *Personal reflections on dental care and health services in the People's Republic of China.* Bulletin of the History of Dentistry (Bath, N.Y.), 28(2), Oct 1980, 56-63. Engl.

In the People's Republic of China, rural dental care is

provided mainly by barefoot dentists, equivalent in background and training to barefoot doctors. The use of acupuncture to control pain and herbal remedies, particularly ginseng, to treat disease is also described. (DP-E)

- 8532 Institute of Scientific Research, Healers' Medical Centre, Kinshasa, Zaire.** *How the traditional healer works.* World Health Forum (Geneva), 2(2), 1981, 232-239. Engl.

The traditional healer displays genuine skill in his practice and may function variously as botanist, pharmacist, doctor, psychiatrist, and social worker in treating different illnesses. This article examines the issues of aetiology and nosology in traditional medicine in Zaire, anatomical and physical concepts, diagnosis, treatment using remedies and rituals, payment of traditional healers, and knowledge and power in the healer's practice. (DP-E)

- 8533 Jaggi, O.P.** *Ayurveda: Indian system of medicine.* New Delhi, Atma Ram, History of Science, Technology and Medicine in India, Vol. 4, 1981. 256p. Engl. Refs.

The 1st part of this book traces the origin and development of ayurvedic or Indian medicine; the 2nd deals with basic concepts and practices, medical education, personal and public health, anatomy, physiology, tridosha theory, causation and classification of diseases, diagnosis, prognosis, treatment, toxicity, medical jurisprudence, and veterinary medicine; and the 3rd describes contacts between Indian and other medical systems. It is hoped that this book will inspire further research into a system that is still believed in and used by the vast majority of Indians. (HC-L)

- 8534 Keehn, M.** *It's time — go fetch the midwife.* World Education Reports (New York), (23), Apr 1981, 12-14. Engl.

Traditional birth attendants still deliver about 65% (52 million) of all babies born in the world, even in Egypt with its relatively well-developed system of rural health clinics, and infant mortality remains high. A profile of an Egyptian *daya* is given, describing her training and the services she provides during marriage, pregnancy, childbirth, and the growth of the children she has delivered. It is recommended that Egypt's approximately 2 000 *dayas* be incorporated into the formal health services. A brief description of the function of the *hala seha* or health barber is also included. (DP-E)

- 8535 Lee, R.P.** *Chinese and Western medical care in China's rural commune: a case study.* Social Science and Medicine (Aberdeen, UK), 15A(2), Mar 1981, 137-148. Engl. 38 refs.

This paper describes the health services organization in the Toushan Commune, Kwangtung Province, the People's Republic of China, and the use of and interaction between Chinese and Western medical systems there. In general, Western medicine was the preferred form of treatment for acute or severe conditions, while Chinese medicine was chosen for chronic and common diseases;

thus, the bulk of Chinese medicine was applied at the primary level, with the Western medicine dominating the secondary and tertiary levels. The technical, sociomedical, and economic reasons for promoting the two together are considered. (HC-L)

- 8536 Lorraine, A.** *Médecine traditionnelle et médecine moderne: la nécessaire complémentarité. (Traditional and modern medicine: a necessary complementarity).* Développement et Santé (Paris), (34), Aug 1981, 25-26. Fren.

This paper explains the traditional African understanding of disease and the approach taken by the traditional healer in its management. It then calls for mutual respect and cooperation between traditional and modern practitioners that would include some form of recognition for traditional healers, investigation of traditional techniques and remedies, and the training and proliferation of grass-roots health workers versed in both modern and traditional methods. (HC-L)

- 8537 Murray, M.J., Murray, A.B., Murray, N.J.** *Ecological interdependence of diet and disease in tribal societies.* Yale Journal of Biology and Medicine (New Haven, Conn.), 53(4), Jul-Aug 1980, 295-306. Engl. 62 refs.

Observations among various groups of nomads suggest that there is a strong ecological interdependence of diet and disease in tribal societies that favours human survival. This relationship may be destroyed by changes in diet to conform to the highly productive technology of the West. Such changes may result in intensification of indigenous diseases and in the transfer to tribes of disease characteristics of Western societies. To prevent these consequences, relief feeding and long-term attempts to upgrade nutrition should be carried out with traditional foods wherever possible. (Modified journal abstract)

- 8538 Osuho, P.C., Osuho, A.** *In contact with traditional medicine.* Tropical Doctor (London), 12(2), Apr 1982, 81-84. Engl. 24 refs.

Two herbalists in each of seven villages in the Malumfashi District of Kaduna State, Nigeria, were consulted regarding the traditional treatment for fever (malaria), abdominal pain, anaemia, surgical conditions, venereal diseases, and the promotion of child health and successful lactation. This paper describes the recommended regimens and gives the names (common English, Nigerian, and botanical) of the medicinal plants involved. The important role that traditional medicine still plays in health care in Nigeria and the need for better communication between traditional and modern practitioners are briefly discussed. (HC-L)

- 8539 Parry, E.H.** *Urban change and health in Africa.* Ethiopian Medical Journal (Addis Ababa), 17(4), 1979, 127-142. Engl.

This paper deals with the migration (characterized as a stampede) of Africans from rural to urban areas and the consequent effects on health. Topics covered include the growth of cities, the characteristics of the (mostly

male) migrants, the relationship between education and migration, disease in rural and urban people, and psychological problems. It is suggested that this movement to the cities should profoundly influence health planning in Africa during the next 20 years. Diagrams, a bibliography, and statistical data are included. (DP-E)

- 8540 Perrin, M.** *Succès bien relatif: la médecine occidentale chez les Indiens Guajiro. (Modest results: Western medicine among the Guajiro Indians).* Social Science and Medicine (Aberdeen, UK), 14B(4), Nov 1980, 279-287. Fren. 12 refs.

This paper describes the practical, social, and theoretical differences between Western and traditional medicine as practiced by the Guajiro Indians of Venezuela. It is noted that the continuous process of acculturation currently being experienced by the Guajiro would make it impossible to devise one medical system suited to all of them. Still, in view of the urgent need for (Western) medical attention, the following efforts are recommended: an epidemiological study of the health needs of the Guajiro, research into the medicinal plants commonly used by them, cooperation between anthropologists and doctors to help bridge the cultural gap, and a way of labelling prescriptions so that they can be understood by an illiterate people. (HC-L)

- 8541 Quah, S.R.** *Health policy and traditional medicine in Singapore.* Social Science and Medicine (Aberdeen, UK), 15A(2), Mar 1981, 149-156. Engl. 96 refs.

Singapore's experience is an example of governmental management of health services in a society where both modern and traditional health care services are available. The 1st section of this paper presents some relevant ideas from the literature on health policy studies to serve as a guideline in the discussion; the 2nd outlines the major trends in health policy since independence in 1965; and the last focuses on the attitude of the government, which is described as tolerant if not directly encouraging toward the traditional practitioners of Chinese medicine and their contribution to primary health care. (HC-L)

- 8542 Racy, J.** *Somatization in Saudi women: a therapeutic challenge.* British Journal of Psychiatry (London), 137(3), Mar 1980, 212-216. Engl. 9 refs.

On the basis of 40 cases treated in a clinic in Saudi Arabia, a psychiatrist describes how Saudi women often express dissatisfaction with their lives in terms of somatic symptoms. Advice on overcoming the extreme passivity of the patients (a result of their strictly controlled and socially inferior position) and getting them to talk about the problem is given. Some limited success may be achieved if the help of a male family member can be enlisted in alleviating the cause of distress. (HC-L)

- 8543 Smith, S.** *Traditional medicine in Kenya; Rx for bewitchment.* World Education Reports (New York), (23), Apr 1981, 15-16. Engl.

The use and role of traditional medicine among the Giriama tribe of Kenya are described by the author, who

for 5 months apprenticed herself to two local *mganga* or herbalists. These traditional practitioners, who are usually full-time farmers and practice divining and the cure of bewitchment on the side, see only a few patients each day and treat them with familiar remedies in a family setting. Contrasts between this and Western treatment are discussed. The author recommends that these *mganga* be incorporated into the formal health services. (DP-E)

8544 Tessema, S.S. *Traditional medicine: past growth and future development in east Africa.* East African Medical Journal (Nairobi), 57(1), Jan 1980, 48-54. Engl.

Seminar on Oral Traditions: Past Growth and Future Development in East Africa, Kisumu, Kenya, 1979.

Traditional medicine in Africa is defined, using examples, as a series of herbal, and sometimes supernatural, treatments for physical, mental, and social ills; traditional practitioners are also classified and their functions explained. WHO advocates the promotion of traditional medicine because of its intrinsic utility, its holistic approach, and its availability. Obstacles to its integration with Western medicine are briefly examined. (DP-E)

8545 Wassen, S.H. *On concepts of disease among Amerindian tribal groups.* Journal of Ethnopharmacology (Lausanne, Switzerland), 1(3), Sep 1979, 285-293. Engl. Refs.

When studying indigenous drugs, it is necessary to have some idea about Aboriginal concepts of disease; only with this background is it possible to understand why a certain treatment is used. This article is meant to be an introduction to this subject and summarizes the most important of the ideas held by Amerindian peoples with regard to the origin of disease. (Modified journal abstract)

8546 Yangni-Angate, A. *Understanding traditional medicine.* World Health Forum (Geneva), 2(2), 1981, 240-244. Engl.

This reproduction of an article from the prestigious bulletin of the French National Academy of Medicine supports the somewhat innovative view that traditional medicine is needed in the rural communities of Africa. It examines the reasons for reevaluating traditional medicine, the concept of illness in the traditional sub-Saharan African setting, and the practice of traditional medicine and its future. (DP-E)

II.7 Epidemiological, Family Planning, Maternal Child Health, Nutrition and Disease Control Studies

See also: 8473, 8519, 8697, 8753, 8761, 8889, 8895, 8920, 8924, 8985, 8999, 9027, 9098.

8547 Acta Tropica, Basel. *Recent developments in chemotherapy of tropical diseases.* Acta Tropica (Basel, Switzerland), 37(3), 1980, 221-300. Engl. Joint Meeting of the Royal Society of Tropical Medicine and Hygiene and the Schweizerische Gesellschaft für Tropenmedizin und Parasitologie, Basel, Switzerland, 12-15 Mar 1980.

Papers presented at this 1980 meeting covered WHO's microtest evaluation technique of malaria resistance to drugs, experimental trials, mefloquine-related drugs, fansidar prophylaxis, fansidar and chloroquine, field trials on adults and children in Nigeria, and treatment of leishmaniasis, trypanosomiasis, filariasis, amoebiasis (by amidazol), schistosomiasis, typhoid fever, etc. Many papers contain statistical data. (Modified journal abstract)

8548 Aggarwal, V.P., Mati, J.K.G. *Journal of Obstetrics and Gynaecology of Eastern and Central Africa.* Journal of Obstetrics and Gynaecology of Eastern and Central Africa (Nairobi), 1(1), Quarterly, 1982. Engl.

This quarterly periodical concentrates on research papers in obstetrics and gynaecology that deal with problems and practices common to East and Central Africa. It aims to provide information to local practitioners and researchers as well as a means for them to publicize their findings. Recent issues include articles on reproductive health care among women in Africa; the epidemiology of induced abortion in Nairobi, Kenya; the risk of pelvic inflammatory disease in women using intrauterine devices; and eclampsia in Hausa women. (Modified journal abstract)

8549 Amigo, H., Beghin, I., Sáenz, L., Aranda-Pastor, J. *Programas para extensión de cobertura en los servicios de salud: actividades de nutrición.* (Programmes for extension of health services coverage: nutrition activities). Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 80(6), Dec 1980, 480-488. Span. 11 refs.

Based on the author's experiences in Central America, this paper sets out a strategy for identifying, managing, and preventing child malnutrition. The strategy involves a simple community diagnosis, early case-detection, a two-way system of referral and follow-up, and treatment. Practical suggestions regarding these activities are given and the role of the community in their implementation is emphasized. (HC-L)

8550 Ansello, E.F. *Special considerations in rural aging.* Educational Gerontology (Washington, D.C.), 5(4), Oct-Dec 1980, 343-354. Engl.

This paper suggests that the rural elderly in the USA can be seen as survivors of a post-figurative subculture. The rural elderly have been socialized to values different from those of their urban counterparts, different even from values of younger members of the rural environment. This conception is shown to have heuristic merit with regard to rural gerontology education and practice, explaining discrepancies between assumed and

measured needs of rural aged clientele and assisting in the conceptual development, implementation, and evaluation of rural gerontology programme interventions. (Modified journal abstract)

- 8551 Areekul, S.** *Nature and course of hookworm anaemia.* Journal of the Medical Association of Thailand (Bangkok), 63(3), Mar 1980, 177-179. Engl.

Hookworm is still a major cause of iron-deficiency anaemia in tropical areas where iron intake is low, and the disease should therefore be considered a public health problem. Even a slight infestation may induce anaemia if it is long-lived. This article examines the contribution to anaemia of the number of worm loads, the state of the patient's iron reserves, the amount and availability of iron in the diet, and the duration of the infection. (DP-E)

- 8552 Association Africaine d'Education pour le Développement, Dakar.** *Santé de l'enfant: les vaccinations: le tétanos: la rougeole. (Child health: vaccinations: tetanus: measles).* Dakar, Nouvelles Editions Africaines, 1980. 24p. Fren.

This brief publication discusses the purpose of vaccinations, the types available, the mode of administration, some useful precautions, the vaccination requirements for international travel, and the vaccination calendar for children up to the age of 11 years. Separate sections examine the causes, transmission, symptoms, treatment, and prevention of tetanus and measles. Many drawings are included. (RMB)

- 8553 Aziz, K.M., Beckett, J.L.** International Centre for Diarrhoeal Disease Research, Bangladesh, Dacca. *Proceedings of the national workshop on oral rehydration.* Dacca, International Centre for Diarrhoeal Disease Research, Bangladesh, Special Publication No. 9, Oct 1980. 23p. Engl. National Workshop on Oral Rehydration, Dacca, Bangladesh, 26-28 Sep 1979.

This is a summary of the proceedings of the National Workshop on Oral Rehydration held from September 26-28, 1979, at the International Centre for Diarrhoeal Disease Research, Bangladesh (co-sponsor, with the National Oral Rehydration Programme, of the Workshop). The background, organization, and objectives of the Programme are discussed and the role of the Centre considered. Abstracts of 9 papers that were given at the Workshop are presented. Recommendations are made on the production, storage, and delivery of oral rehydration salts. Training of personnel, present and future, is discussed, as are coordination and evaluation of the Programme. (DP-E)

- 8554 Barmes, D.E.** *Oral health in the year 2000.* World Health (Geneva), Jun 1981, 3-5. Engl. Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

This article traces WHO's oral health activities since the 1950s and outlines the goals it hopes to achieve in this area by the year 2000. WHO recommends that all coun-

tries develop preventive programmes and participate in the coordination of manpower and resources development. Some sample epidemiological data are included. (DP-E)

- 8555 Black, R.E., Huq, I., Merson, M.H., Alim, A.R., Yunus, M.D.** *Incidence and severity of rotavirus and Escherichia coli diarrhoea in rural Bangladesh; implications for vaccine development.* Lancet (London), 1(8218), 17 Jan 1981, 141-143. Engl. 19 refs.

In a 1-year study of diarrhea in a village in rural Bangladesh, enterotoxigenic *Escherichia coli* (ETEC) were the most frequently detected enteropathogens, with shigellae 2nd and rotaviruses 3rd. ETEC and rotavirus were found in 31% of diarrhea episodes in children aged less than 2 years and in 70% of episodes associated with dehydration. Further, these two pathogens were identified in the stools of 77% of young children with life-threatening dehydration. These findings suggest that immunoprophylaxis to reduce the high incidence of deaths from diarrhea in developing countries may be feasible and that vaccine development should concentrate on these two enteropathogens. Statistical data are included. (Modified journal abstract)

- 8556 Bouramoué, C.** *Prévention des maladies cardiovasculaires dans le contexte de la région africaine. (Prevention of cardiovascular diseases in the regional African context).* In Conférences Biomédicales, Cycle 1976-1977, Brazzaville, WHO, Cahiers Techniques AFRO, No. 13, 1978, 21-31. Fren.

Arterial hypertension and rheumatic cardiopathologies are the dominant forms of heart disease in Africa today but the incidence of ischemic heart disease is expected to increase with development. This paper discusses the aetiology of the various types of heart disease and identifies a number of preventive activities that could be carried out by primary health workers and by a mobile heart team. It also points out the need for research into cardiac diseases in the African region and lauds the opening of the Institute of Cardiology in Abidjan, Ivory Coast. (HC-L)

- 8557 Brown, E.M., Ampofo, O., Johnson-Romauld, F.D.** WHO, Brazzaville. *Dental health and the development of health services in Africa; traditional medicine and its role in the development of health services in Africa; importance of nutrition in socioeconomic development.* Brazzaville, WHO, AFRO Technical Papers, No. 12, 1978. 108p. Engl.

Section I of this WHO Technical Paper reviews the epidemiology of dental problems, dental health personnel and their functions, and manpower development in terms of educational objectives. Concerned with the African region, it draws several conclusions from available statistical data and lists 16 recommendations. Part II describes traditional medicine and the traditional healer and outlines methods, techniques, and substances used in traditional African medicine, positive and nega-

tive aspects, the relationship between the modern and traditional systems of medicine, research, and training. A number of recommendations and an extensive bibliography are included. The final part looks at: the challenge, contribution, and effect of nutrition on socioeconomic development; nutrition concepts; evaluation of methods of improving nutritional status of communities; and a new approach to the problem of malnutrition. Twelve recommendations are contained in the conclusion. (EB)

- 8558 Browne, S.G.** *Contrôle de la lèpre: chimères et possibilités. (Leprosy control: expectations and possibilities).* Bulletin et Mémoires de l'Académie Royale de Médecine de Belgique (Brussels), 135(3), 1980, 208-218. Fren.

The 30 years since the discovery of an effective drug against leprosy have witnessed a stabilization, rather than a dramatic reduction, of the disease. Further, leprosy control has been complicated by two factors: the development of drug-resistant strains of the bacillus and the persistence of organisms in the tissues of the supposedly cleansed victim, awaiting the proper conditions for reactivation. Some actual and potential possibilities for improving the situation are suggested. (HC-L)

- 8559 Bruce-Chwatt, L.J., Pull, J.H.** *Paludisme: quarante vérités premières, ou prétendues telles. (Forty (supposedly) basic facts about malaria).* Nouvelles Presse Médicale (Paris), 9(22), May 1980, 1577-1580. Fren.

Although indigenous malaria has been absent in continental Europe since 1972, the number of imported cases is on the rise. For the benefit of physicians who may not yet have encountered the disease in their practices, this paper presents forty basic facts regarding its diagnosis and management. (HC-L)

- 8560 Bulletin of the International Union against Tuberculosis, Paris.** *Tuberculosis experts to meet to discuss lack of protection of BCG vaccines in trial.* Bulletin of the International Union against Tuberculosis (Paris), 55(1/2), Jun 1980, 73-74. Engl.

WHO brought together tuberculosis experts in two meetings to examine the implications of a large-scale trial demonstrating that BCG vaccination affords no protection against pulmonary tuberculosis in the south of India (see entry 9088 in this volume). However, in most countries, BCG is now given mainly to infants, who were not observed in the trial, although there is a need for further data. WHO holds that it would seem unreasonable to stop current vaccination programmes, since evidence of the protective efforts in infants appears favourable. (Modified journal abstract)

- 8561 Bullough, C.H.** *Analysis of maternal deaths in the central region of Malawi.* East African Medical Journal (Nairobi), 58(1), Jan 1981, 25-36. Engl.

In a survey of maternal mortality, questionnaires were sent to all district hospitals, mission hospitals, large maternity units, etc., in central Malawi requesting

information on every death occurring during pregnancy or puerperium, ectopic pregnancy, or abortion in 1977. There were 118 maternal deaths, 112 in hospital and 6 at home. Avoidable factors were present in all but 13 cases. These included delay by the patient in seeking hospital care, failure on the part of the medical services (especially lack of blood for transfusion), and accidental poisoning by herbal medicine. This paper analyzes the survey findings and recommends a training course for traditional birth attendants that would stress the conditions under which hospital referral is necessary, hygiene during labour, and the harmful potential of herbal medicines. With respect to hospital care, the use of the cervicograph during labour is strongly recommended. (HC-L)

- 8562 Chatterjee, S.N.** *Leprosy treatment and control of leprosy in India (assessment of achievements and suggestions for the future).* Leprosy in India (New Delhi), 52(4), Oct 1980, 573-581. Engl. Fifteenth All India Leprosy Workers' Conference, Calcutta, India, 21 Feb 1980.

After tracing the history of leprosy control services in India, the author makes some recommendations for the future design of these services. Since large-scale programmes were unsuccessful, it is suggested that a series of small clinics, aimed not only at leprosy but at the treatment of all skin diseases, be established. The clinic schedule should be adjusted to attract patients by not interfering with their work. The functions of health visitors and leprosy workers should be combined and some inpatient facilities, such as cottages for infectious cases, are needed. (DP-E)

- 8563 Children in the Tropics, Paris.** *Motor disabled children.* Children in the Tropics (Paris), (131), 1981, 2-45. Engl.

This paper (a collaborative effort) discusses the problems raised in developing countries by children with motor disabilities. Topics covered include a definition of motor disabilities, an analysis of the situation in insufficiently equipped countries, motor disabilities and their consequences, play and the disabled child, school and the disabled child, integration in the working world, and the role of associations of parents of disabled children. There is a technical note on training disabled children to sit up from a prone position and remain seated alone. Appendices include a questionnaire on function and dependency, a study of rehabilitation possibilities with regard to walking, and a vaccination calendar. (DP-E)

- 8564 Ciari, C.** *Investigación aplicada a los servicios de salud. (Applied research into health services).* Educación Médica y Salud (Washington, D.C.), 15(1), 1981, 94-96. Span.

At the Faculty of Public Health, University of São Paulo, Brazil, the classical attempt to explain or describe the phenomenon of public health in purely biological terms has given way to a broader focus involving a multidisciplinary approach and, in particular, input from the social and behavioural sciences. Works of investigation submitted to the faculty are no longer limited

to a particular theoretical or methodological viewpoint but bear the character of the professional formation of their authors. Models and concepts from other disciplines are being defined and clarified that together will permit a broader understanding of the complexity of the phenomenon of public health. (HC-L)

- 8565** **Correa, P.** *Influences des maladies infectieuses sur la femme enceinte, l'embryon et le fœtus. (Effects of infectious diseases on the pregnant woman, the embryo, and the fetus).* In Conférences Biomédicales, Cycle 1970-1973, Brazzaville, WHO, Cahiers Techniques AFRO, No. 11, 1975, 7-15. Fren.

This paper reviews the reasons why the pregnant woman in the Third World is at greater risk from infectious disease than her non-pregnant counterpart; the ways in which pathogens in the mother may effect the fetus and the stages at which the fetus is most vulnerable to them; and the implications for the unborn child of vaccinating the mother against or treating the mother for an infectious disease. The findings of various studies are referred to throughout. (HC-L)

- 8566** **Critical Health, Johannesburg, South Africa.** *Cholera — some issues.* Critical Health (Johannesburg, South Africa), (5), May 1981, 14-41. Engl. 54 refs.

The history, epidemiology, and aetiology of cholera in South Africa are examined, with emphasis on the disease's relation to the progressive underdevelopment, particularly in the areas of water supply and sanitation, of the country's rural areas. Since the health department's efforts to control the disease have been ineffective and, in some cases, counterproductive, it is suggested that the real solution to the problem is neither medical care nor the provision of clean water, but rather an attack on the social, political, environmental, and economic factors responsible for the spread of cholera in the 1st place. (DP-E)

- 8567** **Daza, C.H., Read, M.S.** *Health-related components of a nutritional surveillance system.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(4), 1980, 327-336. Engl. 16 refs.

Many countries are now seeking to develop comprehensive food and nutrition policies and programmes that, to be effective, must be based on continuous nutritional surveillance. This paper discusses the features of an ideal nutrition surveillance system, the research requirements for its development and design, and the role of the health and other sectors in its implementation. Efforts are currently underway to establish a nutrition surveillance working group for the Americas. (HC-L)

- 8568** **de la Torre, L.A.** *Problems and proposals for the surveillance and control of sexually transmitted diseases associated with pelvic inflammatory disease in South America.* American Journal of Obstetrics and Gynecology (St. Louis, Mo.),

138(7), Pt. 2, 1 Dec 1980, 1078-1081. Engl. 10 refs.

The surveillance and control of sexually transmitted diseases (STDs) and, consequently, pelvic inflammatory disease in South America is hampered by the following factors: institutional diversity and fragmentation of medical care, inadequate professional training in STDs, lack of laboratory facilities, antibiotic misuse, and public ignorance regarding STDs. This paper recommends that the social security medical system, which provides coverage for 50% of the population in most countries, take the lead in establishing and implementing norms for the diagnosis, treatment, and management of STDs. (HC-L)

- 8569** **Diamant, B.Z.** *Environmental health impacts of water use in Africa.* Progress in Water Science and Technology (Oxford, UK), 13(6), 1981, 171-178. Engl. Refs.

Most waters used by man turn into waste water, which is hazardous to human health and environment. This is particularly true in developing countries, where preventive control measures have not been sufficiently developed; most affected are the rural areas, where the majority of the people live. This article deals with the domestic, industrial, and agricultural use of water and the hazards created by each use. The author advocates preventive measures (proper treatment and disposal of domestic wastewater, pretreatment of industrial wastewater, and adequate environmental vector control operations) to minimize the ill effects of water use. Some statistical data are included. (DP-E)

- 8570** **Duke, B.O.** *Six diseases of WHO; onchocerciasis.* British Medical Journal (London), 283(6297), 10 Oct 1981, 961-962. Engl.

This article reviews the epidemiology, parasite, clinical features, treatment, and control of onchocerciasis. The last involves controlling the black fly vector by means of organic chemical larvicides for long enough for parasite and disease to die out in the human population; the problem of treating infected persons whose eyes are at risk remains and it is hoped that a non-toxic drug with a convenient dose schedule will be found and developed in the near future. (HC-L)

- 8571** **Edelman, R.** *Malnutrition and leprosy — an analytical review.* Leprosy in India (New Delhi), 51(3), Jul 1979, 376-388. Engl. 38 refs.

After reviewing leprosy research to date, the author concludes that there is no proof that malnutrition contributes to the incidence of leprosy. Most leprosy patients are not severely malnourished and it has not been determined that mild-to-moderate malnutrition in childhood effects either the risk of infection or the course of the disease. More research in this area is recommended. (DP-E)

- 8572** **Ekeh, H.E.** *Some major obstacles to the practice of sound nutrition in Nigeria.* Interna-

tional Journal of Health Education (Geneva), 23(4), Oct-Dec 1980, 236-241. Engl.

A study of 54 mothers aged 19-29 years at two child welfare clinics in Ibadan, Nigeria, was undertaken to determine some of the environmental factors that may negate the successful implementation of nutrition education. Questionnaires and interviews of the mothers, 74% of whom had a fair knowledge of health and nutrition, showed that 94% bottle-fed their babies by age 6 months, but only 53% knew how to clean feeding utensils properly; 35% fed their infants local foods by the age of 4-6 months. Doctors and visiting nurses, also interviewed, felt that clinics could do more to alleviate problems at home, since many mothers, despite sufficient knowledge, did not practice what was taught at the clinics, and emphasized the need for adequate provision of health facilities by the government. A number of recommendations aimed at improving nutrition education and counselling are put forward. (EB)

- 8573 Ermolief, S., Grosshans, E.** *Pellagre: maladie en résurgence au Zaïre; à propos de 231 cas. (Pellagra: resurgence in Zaïre; a study of 231 cases).* Annales de Dermatologie et de Vénérologie (Paris), 106(6/7), 1979, 591-595. Fren.

From May 1977-June 1978, 231 cases of pellagra were identified among 8 000 patients consulted at the dermatological dispensary of a hospital in Lubumbashi, Zaïre. This multiple vitamin deficiency is mainly seen in young patients fed solely on maize but also affects adolescents in the quick growing stage and women during pregnancy and lactation. It responds well to vitamin therapy, although simultaneous treatment of intestinal parasites is recommended. This paper discusses the epidemiology, precipitating factors, clinical features, and treatment of the disease. (HC-L)

- 8574 Fortune, R.A.** *Investigation of a typhoid outbreak on Dominica.* Bulletin of the Pan American Health Organization (Washington, D.C.), 15(4), 1981, 311-317. Engl.
Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*, 92(4), 1982.

The study of 29 cases of *Salmonella typhi* infection during the October 1977-February 1978 typhoid fever epidemic in the village of Coulibistrie, Dominica, is reported. Distribution, patient age and sex, and test results are outlined with the use of charts and tables and the treatments administered are described. It is felt that the sporadic nature of the outbreak points more to transmission by food handlers and vendors rather than by water. Since evidence suggests that a number of carriers exist throughout the island community, the need to identify, register, and treat these cases to avoid future epidemics and the establishment of a typhoid registry are of importance. (EB)

- 8575 Gartmann, J., Haegi, V., Medici, T.** *Neue Gesichtspunkte in der Therapie der Tuberkulose. (New aspects in the treatment of tuberculosis).* Schweizerische Medizinische Wochenschrift

(Basel, Switzerland), 110(49), 1980, 1852-1857. German. 32 refs.

This discussion of several new aspects in the treatment of tuberculosis deals with the following areas: treatment requirements in questionable types of tuberculosis; amount and types of medication (isoniazid, rifampicin, ethambutol, streptomycin, and pyrazinamide); length of therapy; daily (or continuous) treatment and intermittent treatment regimens; side effects and interaction of medication; examinations before, during, and after treatment; and guidelines regarding hospitalization or outpatient treatment. Statistical data are included. (EB)

- 8576 German, G.A.** *Aspects psychiatriques des maladies tropicales. (Psychiatric aspects of tropical diseases).* Bulletin of the World Health Organization (Geneva), 57(4), 1979, 541-554. Fren.
Also published in English in Bulletin of the World Health Organization (Geneva), 57(3), 1979, 359-371.

The level of subclinical mental illness in tropical countries, as in any disadvantaged area, is very high as a result of such poverty-related factors as birth trauma, childhood malnutrition, etc. So, although few tropical diseases directly cause mental illness, they may trigger psychiatric symptoms in a previously asymptomatic individual. This paper examines the relationship between past and present stressors in the development of mental illness and the influence of culture in its expression. Finally, it emphasizes the importance of looking for an organic element in all psychiatric cases as some may be relieved or reversed by medical intervention. (HC-L)

- 8577 Goh, T.H., Ngeow, Y.F., Teoh, S.K.** *Screening for gonorrhea in a prenatal clinic in Southeast Asia. Sexually Transmitted Diseases (Philadelphia, Pa.), 8(2), Apr-Jun 1981, 67-69. Engl. 23 refs.*

A total of 750 consecutive patients attending the prenatal clinic at the University Hospital in Kuala Lumpur, Malaysia, was screened for gonorrhoea by culture of endocervical specimen. Four were positive, giving a prevalence rate of 0.54%. On the basis of this finding, it is suggested that routine screening of antenatal patients be carried out for the purpose of preventing eye infection in the newborn, case-finding and treatment, and monitoring disease trends and patterns of antibiotic resistance. (HC-L)

- 8578 González-Guzmán, J.** *Mixed program for parasitic disease control.* Journal of Mathematical Biology (New York), 10(1), 1980, 53-64. Engl.

This paper discusses the control of a parasitic disease by a permanent, time-continuous, mixed programme of vector control and drug application. A model that has been developed with two control functions (one for the reduction of the contact rate and another for the administration of drugs) takes into account the possibility that part of the population cannot be covered by any drug application. Policies for vector reduction and drug application are derived by using Pontryagin's maximum

principle (described in the article). A cost-optimal strategy is deduced for the maintenance of the affected population below a given level. Some numerical examples are computed. (Modified journal abstract)

- 8579 Grainger, C.R.** *Some aspects of an epidemic of gastroenteritis in the Seychelles.* Journal of Tropical Medicine and Hygiene (London), 84(5), Oct 1981, 219-225. Engl.

In order to monitor the incidence of gastrointestinal symptoms, all doctors and maternal and child health centres on Mahe, Seychelles, made daily returns of the number of cases of diarrhea seen and schools reported on the number of absentees during the summer term. On the basis of these data and stool examination of patients, this paper charts and discusses an epidemic that occurred during the period. Unfortunately, returns were received too late to be of use in preventing the spread of the epidemic and it is concluded that routine reporting is too insensitive a surveillance tool for the early detection of diarrhea with epidemic potential. This will have to depend, rather, on a doctor recognizing and reporting a non-characteristic form of diarrhea encountered in daily practice. (HC-L)

- 8580 Grosch, C.** *Zu Fragen des Gesundheitsschutzes der Kinder in der Mongolischen Volksrepublik. (On questions of children's health protection in Mongolia).* Zeitschrift für die Gesamte Hygiene (Berlin), 25(6), Jun 1979, 488-489. German.

With reference to a 1973 German study trip to the People's Republic of Mongolia to arrange for assistance from the German Democratic Republic, the situation of child health protection is presented. Based on the USSR's model of health protection, Mongolia's programme aims at decreasing morbidity and mortality, controlling infectious diseases, broadening the study of medicine, and collaborating more closely with the USSR in medical training and research. Children are the focal point of the health programme in this country where 46% of the population is aged less than 15 years and the average family has 5-6 children. In nurseries and kindergartens, provisions are made for adequate child care, optimal nutrition, good medical attention, and hygienic conditions. (EB)

- 8581 Gruntzig, J.** *Flussblindheit; Erkrankung durch Fadenwurm Onchocerca volvulus. (River blindness; infection by filaria Onchocerca volvulus).* Fortschritte der Medizin (Munich, Germany FR), 98(22), 1980, 840-846. German. Refs.

An estimated 20 million people in Africa and Central and South America suffer from onchocerciasis, a tropical disease caused by threadworms. The only known vectors, simuliids or black-flies, need rapidly-flowing waters for their breeding places. This document looks at the parasites, transmission, infestation, and disease symptoms including subcutaneous nodules, atrophic-hyperkeratotic skin alterations, and ocular manifestations involving the anterior and posterior segments of the eye, which may lead to blindness. It also refers to recent studies of distinct geographical strains. A recommended

treatment, which includes surgical removal of all onchocercomata (nodules) and administration of diethylcarbamazine and suramin (macrofilaricidal drugs), is described. (EB)

- 8582 Gueri, M.** *Childhood malnutrition in the Caribbean.* Bulletin of the Pan American Health Organization (Washington, D.C.), 15(2), 1981, 160-167. Engl. 17 refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*.

From 25%-50% of Caribbean children aged less than 5 years are underweight for their age. Factors contributing to child malnutrition include inadequate maternal food intake during pregnancy, early weaning, inadequate parental knowledge, an insanitary home environment, repeated episodes of gastroenteritis, and maldistribution of food within the family. Because the Caribbean is highly dependent on imported foods, the ultimate solution probably lies in national food and nutrition plans. Until such development plans can be implemented, it is recommended that health educators concentrate on promoting breast-feeding, encouraging better utilization of local foods, and preventing gastroenteritis and dehydration. (Modified journal abstract)

- 8583 Gueri, M., Gurney, J.M., Jutsum, P.** *Gomez classification: time for a change?* Bulletin of the World Health Organization (Geneva), 58(5), 1980, 773-777. Engl. 51 refs.

Also published in French and Spanish.

This paper discusses the well-known and widely-used Gómez classification of nutritional status, pointing out that it has the following drawbacks: cut-off points are somewhat arbitrary and have little physiological or statistical justification; it does not take into consideration overweight as a form of malnutrition; there is misunderstanding between reference values and standards to be aimed at; and it has created in the minds of many confusion between the aims of reducing the prevalence of underweight in a community and eradicating malnutrition. This paper recommends using the WHO reference (as opposed to the Harvard or Tanner) and considering two standard deviations above and below the mean as the upper and lower limits of normal weight-for-age. Weight-for-age is deemed a sufficient indicator of nutritional status for 1st-line screening or baseline data, but weight-for-height is recommended for identifying those children most in need of nutritional intervention. (HC-L)

- 8584 Haute-Volta, Secrétariat Général, Organisation de Coordination et de Coopération pour la Lutte contre les Grandes Endémies.** *Rapport final de la XXIe Conférence Technique de L'O.C.C.G.E. Tome 1. (Final report of the XXIth Technical Conference of the O.C.C.G.E. Vol. 1).* Bobo-Dioulasso, Haute-Volta, Secrétariat Général, 1981. 642p.

Vingt et unième Conférence Technique de la Organisation de Coordination et de Coopération

pour la Lutte contre les Grandes Endémies, Bamako, Mali, 13-17 Apr 1981.

Unpublished document.

This technical conference brought together 13 institutes and centres involved in tropical disease control and research throughout francophone Africa. Particular emphasis was placed on trypanosomiasis, leprosy, onchocerciasis, schistosomiasis, tuberculosis, and malaria. This monograph contains the activity reports for the year 1981 of the participating institutions and their research plans for 1982-1983. Lists of participants, themes of working groups, and the conference schedule and research recommendations are included. (HC-L)

- 8585 Hof, H.** *Problematik der Gesundheitsgesetzgebung in einem west-afrikanischen Land, dargestellt am Beispiel der Republik Togo; II: Überlegungen für eine zukünftige Seuchengesetzgebung in Togo. (Comments on the problem of health legislation in a West African country, illustrated by an example from the Republic of Togo; II: considerations on prospective disease legislation in Togo).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 42(12), 1980, 986-992. German. 21 refs.

See also entry 7740 (volume 12).

The author, using Togo as an example, examines some aspects essential to the formulation and implementation of a new epidemics law in a tropical developing country. For health services to work effectively during an epidemic, case registration, methods of communication, and information gathering are of great importance. In regulations concerning diagnosis, treatment, and prevention of infectious diseases, the following should be taken into account: the role of traditional practitioners and medical auxiliaries; problems concerning the availability and application of antibiotic drugs; mass immunization; authorization for the inspection of plants, animals, foodstuffs, and persons handling foods; water supply and waste disposal; and hygienic conditions in hotels, restaurants, and marketplaces. In-depth discussion of contents, objectives, and meaning of such laws among teaching and medical professions would help to increase public awareness. (EB)

- 8586 Jeanney, J.C., Doucet, J., Assale, N., Colin, M., Kanga, J.M.** *A propos de 76 cas d'onchocercose vus à la consultation de dermatologie. (Seventy-six cases of onchocerciasis seen in a dermatological clinic).* Médecine d'Afrique Noire (Paris), 28(8/9), Jan 1981, 507-509. Fren.

A retrospective analysis of 76 confirmed cases of onchocerciasis seen in a dermatological clinic in Abidjan, Ivory Coast, is reported. Emphasis is on the dermatological manifestation of the disease and the results of various clinical and laboratory examinations. It is noted that, while most victims can be identified by clinical examination alone, some 20%-25% can only be proven through complementary testing. (HC-L)

- 8587 Joo, I.** *Impfprophylaxe bakterieller Darminfektionen. (Vaccination prophylaxis of bacterial infections).* Paediatric und Grenzgebiete (Berlin), 19(2), 1980, 67-77. German. 55 refs.

This paper deals with methods of controlling common and widespread intestinal infections by vaccination. The author lists the known bacterial, parasitic, and viral microorganisms causing enteric infections and describes various types of vaccinations and methods of administration, the efficacy, and recent advances in the prevention by vaccination of typhoid, dysentery, cholera, and *Escherichia coli* enteritis. A copious bibliography is included. (EB)

- 8588 Kashani, I.A., Paydar, M., Shakibi, J.G.** *Priorities of pediatric cardiology in the developed and developing countries.* Paediatrician (Basel, Switzerland), 10(1/3), 1981, 148-157. Engl. 16 refs.

Congenital heart disease and pediatric cardiology problems exist all over the world. The approach, however, including diagnosis and management, varies considerably depending on manpower available, the clinical facility, and the sociophilosophical climate prevailing in different parts of the world. In this article, the approach to these problems is discussed from the point of view of patient load, facilities available, teaching, and research in this large field of highly specialized pediatric practice. (Modified journal abstract)

- 8589 Koopman, J.S.** *Eliminación de aguas negras, suministro de agua y diarrea endémica en un barrio urbano pobre de Cali, Colombia. (Sewage disposal, water supply, and endemic diarrhea in a poor urban quarter of Cali, Colombia).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 88(5), May 1980, 402-412. Span. 19 refs.

The number of cases of diarrhea seen in a health centre in Cali, Colombia, increased by 500% during a period of population influx. A questionnaire was administered to all households in the five communities served by the centre in order to determine the following: size of family, age of family members, episodes of diarrhea during the past 7 days, source of water, and method of sewage and waste water disposal. This paper presents the study findings, comparing them to those of similar studies conducted elsewhere, and discusses the relative importance of water supply, availability of water for washing, and sewage disposal in the transmission of diarrhea. Although a direct relationship between the incidence of diarrhea and household waste disposal method could not be established, it is speculated that families with inadequate sewage disposal exposed their neighbours, as well as themselves, to contamination. (HC-L)

- 8590 Kuberski, R.** *Cholera on Nauru: possible non-point source transmission.* Medical Journal of Australia (Sydney), 2(10), 15 Nov 1980, 563-564. Engl. 11 refs.

An outbreak of cholera occurred in the Republic of Nauru (an atoll in the central Pacific) affecting 87

individuals. Cholera is not endemic to Nauru and water transmission of the disease was ruled out since each family collects its own supply of drinking water from rain water. When 12 matched pairs of individuals with cholera and others were questioned regarding food consumption, hygiene, etc., the only item approaching significance was having been visited by a person with cholera. It is therefore postulated that the cholera was introduced into the country by means of contaminated milk fish, which is eaten raw, from the Philippines and that it was spread by person-to-person contact. (HC-L)

- 8591 Kusaimi, N.T.** *Analysis of 45 cases of cutaneous leishmaniasis.* Tropical Doctor (London), 12(2), Apr 1982, 53-56. Engl.

Forty-five cases of cutaneous leishmaniasis seen during a 1-year period in the outpatient clinic of Mosul Teaching Hospital, Iraq, are analyzed with respect to: distribution by age, sex, and month; site; type; and number of lesions. The increase in the number of cases seen during the period in question (1977-1978) is attributed to the interruption of spraying during the same period, showing that control of the vector results in temporary suspension of the disease only. Guidelines for the treatment of cutaneous leishmaniasis are suggested and research into more satisfactory therapeutic measures is advocated. Statistical data are included. (HC-L)

- 8592 Lechtig, A.** *Research design.* American Journal of Clinical Nutrition (Bethesda, Md.), 34(4), Apr 1981, Suppl., 814-817. Engl.

This discussion of the findings of a Guatemalan workshop on maternal nutrition and infant health examines the results of eight maternal nutritional intervention programmes, all of which resulted in increased birth weight, and makes recommendations for further research into the relationship between maternal nutrition and infant health. It is suggested that additional studies be carried out on existing data on the nature of maternal weight gain during pregnancy and as a result of pregnancy, on the influences of specific nutrients on fetal health, on resulting improvements in lactation, etc. (DP-E)

- 8593 Leowski, J., Pio, A.** *Worldwide control — is it possible?* World Health (Geneva), Jan 1982, 11-14. Engl.

Also published in Arabic, French, Italian, Persian, Portuguese, Russian, and Spanish.

There are two fundamental components of a national tuberculosis programme: 1) immunization of children and 2) case-finding and treatment. The 1st component requires the administration of BCG vaccinations, usually during mass campaigns; an example is given from Yemen. The 2nd component relies heavily on the detection of active cases by sputum examination and, if necessary, chest X-rays. Ambulatory treatment has proven to be the most effective and a shorter, although more expensive, 6-month chemotherapy regimen has been developed. Some problems encountered by developing countries in implementing these suggestions are briefly examined. (DP-E)

- 8594 Longy, M., Delmas, M., Leman, C., Vendeaud, M., Dupont, A.** *Fièvres hémorragiques virales de l'homme en zone intertropicale. (Human viral haemorrhagic fevers in an intertropical zone).* Bordeaux Médical (Bordeaux, France), 13(24), 1980, 1347-1355. Fren. 44 refs.

The authors present a general review of haemorrhagic fevers of viral origin, contracted by people living in tropical zones. While certain of these fevers are nearly eradicated, others have just appeared and their severity lies in a possible interhuman transmission. The clinical features of classical cases such as dengue fever, yellow fever, and smallpox are described, and three new epidemics in Africa since 1967, which led to the discovery of the viruses Lassa, Marburg, and Ebola, are discussed. In conclusion, a number of viruses specific to certain areas and which do not present any risk of interhuman transmission are examined. (Modified journal abstract)

- 8595 Lorraine, A.** *Avantages de l'allaitement maternel. (Advantages of breast-feeding).* Développement et Santé (Paris), (34), Aug 1981, 23-24. Fren.

Recognizing that bottle-feeding in the Third World poses an undeniable threat to child health, WHO with the support of UNICEF has adopted an international code governing the promotion of mothers' milk substitutes. According to the code, milk formulas and paraphernalia may not be advertised publicly and only health personnel may recommend their use. Also, all such products must carry a label stating the superiority of breast-feeding. Member countries are invited to make the code part of their legislation and collaboration among jurists to this end is being encouraged. (HC-L)

- 8596 Mackay, D.M.** *Cholera: the present pandemic.* Public Health (London), 94(5), 1980, 283-287. Engl.

The history of cholera is traced and the organism, clinical features, and epidemiology of the disease are described. The present (7th) cholera pandemic differs from the previous six because it arose from a new focus, the island of Sulawesi in Indonesia, and because the causal organism is a new biotype or strain of vibrio, *V. cholerae* el-Tor. Modern methods of travel make the spread of cholera more likely than in the past, but this is unlikely to cause an epidemic in developed countries. Vaccination for travellers to developing countries is briefly considered. (DP-E)

- 8597 Madeley, J.** *Programme with a vision.* World Health (Geneva), Jul 1981, 24-27. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Nepal has a high incidence of blindness and limited facilities for treating this condition. Following a 1979 feasibility study that indicated that 90% of blindness could be prevented or cured, the Nepal government and WHO began a major programme of blindness prevention and control. The programme began in December 1980 with a survey of the prevalence and causes of blindness. The next step is the training of personnel in

eye care in different categories and at all levels. Eye Centres with supporting transport facilities are planned throughout the country. Community health workers will instruct the people on proper diet and eye care. It is hoped that the experiences of the Nepal programme will help the world-wide attack on avoidable blindness. (DP-E)

- 8598 Mandl, P.E.** *Breast-feeding and health.* Assignment Children (Geneva), (55/56), 1981, 1-220. Engl. Refs.
Also published in French as *Allaitement maternel et santé.*

This dossier examines the following issues related to the practice of breast-feeding: what kind of programmes and support systems facilitate breast-feeding; why breast milk is superior to other infant food; maternal nutrition and breast-feeding; some of the factors responsible for the decline of breast-feeding in the industrialized world; and training health personnel to encourage breast-feeding. Nine models of rooming-in are described and illustrated and three case studies of innovative approaches to breast-feeding education are given. (HC-L)

- 8599 Marshall, J.T., Amar, D.S., Ramesh, H.C.** *Prevalence of leprosy among slum dwellers.* Leprosy in India (New Delhi), 53(1), Jan 1981, 70-82. Engl. 12 refs.

A survey was conducted on the prevalence of leprosy in slum dwellers of Bangalore, India, in order to assist in the planning of a rehabilitation project. Out of a random sample of 483 persons, 159 were suffering from leprosy, 74 tuberculoid and 25 lepromatous cases were detected, and 31 were borderline or polyneuritic. The clinical features of the disease and its significance as a public health problem are discussed. Recommendations for the planned rehabilitation scheme, including health education, systematic surveys, specialized treatment facilities, vocational guidance, etc., are made and statistical data included. (Modified journal abstract)

- 8600 Mata, L.** *Derechos del niño: marco para intervenciones prioritarias en salud. (Rights of children: framework for priority health interventions).* Archivos Latinoamericanos de Nutrición (Caracas), 30(3), Sep 1980, 314-334. Span. 43 refs.
Simposio Regional sobre la Pobreza Crítica en la Niñez, Santiago de Chile, 3-7 Dec 1979.

On the basis of his experience in rural Guatemala, the author discussed the problems related to child growth, development, and survival in rural and marginal societies. He then formulates seven "rights of the child" and identifies a number of social actions and health interventions that he considers necessary to their fulfillment. (HC-L)

- 8601 McKendrick, D.R.** *Anthrax and its transmission to humans.* Central African Journal of Medicine (Salisbury), 26(6), Jun 1980, 126-129. Engl.
The transmission of cutaneous anthrax from animals to man is commonly thought to be due to handling or eating

infected meat. Evidence is presented in this paper that the main mode of transmission is by flies. Research in support of each point of view is briefly summarized. The author favours the latter view because of patients' statements, the seasonal occurrence of epidemics, the location of pustules on the body, the insect-like appearance of early pustules, and the absence of pustules in the mouth and pharynx and only minor pustules appearing on the lips. The *Tabanidae* (horse flies) are cited as the most likely vectors. Some statistical data are included. (DP-E)

- 8602 Menye, P.A.** *Prévention et cancer en Afrique. (Prevention and cancer in Africa).* In Conférences Biomédicales, Cycle 1970-1973, Brazzaville, WHO, Cahiers Techniques AFRO, No. 11, 1975, 31-40. Fren.

This paper discusses the types of cancer that are common in Africa and which are amenable to early treatment or prevention: skin cancers; bladder cancer; cervical cancer; cancers arising from tropical ulcers, burn scars, liver flukes, etc.; and Burkitt's tumour. It then calls for the establishment of cancer centres for the purpose of case-finding and treatment, training of health workers, and research and complementary mass education regarding the recognition and prevention of precancerous and cancerous conditions. (HC-L)

- 8603 Mott, K.E., Cline, B.L.** *Advances in epidemiology survey methodology and techniques in schistosomiasis.* Bulletin of the World Health Organization (Geneva), 58(4), 1980, 639-647. Engl. 75 refs.

Also published in French and Spanish.

This article reviews the newer parasitological techniques, methods of morbidity assessment, and data analysis procedures employed in current epidemiological studies of schistosomiasis. The use of quantitative techniques now offers the opportunity for the development of systematic and standardized analytical approaches to problems such as measurement of incidence, evaluation of sensitivity of egg counting techniques, and laboratory quality control. As pointed out in this review, little attention has been given in the past to these analytical questions, which should now be integrated into all epidemiological studies of schistosomiasis. (DP-E)

- 8604 Nkinda, S.J.** *Controlling TB in Africa.* World Health (Geneva), Jan 1982, 22-23. Engl.

Also published in Arabic, French, Italian, Persian, Portuguese, Russian, and Spanish.

Prevention by means of BCG vaccination and a combination case-finding and treatment programme are recommended as the best measures for controlling tuberculosis in Africa, with examples from Tanzania. Although most sputum diagnoses are still made in hospitals, health workers at Tanzania's 2 290 rural health posts and dispensaries must still collect specimens and refer suspected cases, examine contacts, and educate the community about respiratory symptoms. Suggestions are also made concerning treatment and drug delivery. (DP-E)

- 8605 Nwosu, A.B., Anya, A.O.** *Seasonality in human hookworm infection in an endemic area of Nigeria, and its relationship to rainfall.* Tropenmedizin und Parasitologie (Stuttgart, Germany FR), 31(2), 1980, 201-208. Engl. 19 refs.

This paper describes the methodology and results of a parasitological and climatological study of two rural communities in a hookworm endemic area of Nigeria. The study findings revealed that a break in the transmission cycle of the parasite occurs during the dry season. It is suggested that mass therapy carried out at this time over 3-4 years might depress hookworm infection rates below the threshold of sustained endemicity in the locality at minimal cost. (HC-L)

- 8606 Okunade, A.O.** *Handicapped child.* International Nursing Review (Geneva), 28(2), Mar-Apr 1981, 48-52. Engl. Refs.

This article reviews the size of the problems of handicapped persons in various parts of the world and indicates that the magnitude of the problem is considerable, particularly in developing countries. Medical advances have compounded the problem by permitting many who previously would have died to survive. Millions of children are disabled annually through paralysis, deafness, brain damage, blindness, and other common preventable diseases. Current efforts to cope with the problem are discussed and further measures recommended. Some statistical data are included. (DP-E)

- 8607 Olweny, C.L.** *Skin cancer in Africa.* World Health (Geneva), Sep-Oct 1981, 27-29. Engl.

The clinical features and treatment for some forms of skin cancer found in Africa are reviewed. Sunshine is the main cause of malignant skin tumours and the risk is much higher for lightly pigmented people; blacks are less susceptible because of the protective effects of the skin pigment. Other factors affecting distribution of the disease are occupation, clothing, hair styles, and leisure habits. Some statistical data are included. (DP-E)

- 8608 Omololu, A.** *Enfant et la nutrition en Afrique. (Child and nutrition in Africa).* In Conférences Biomédicales, Cycle 1970-1973, Brazzaville, WHO, Cahiers Techniques AFRO, No. 11, 1975, 63-74. Engl. 14 refs.

This paper examines the various threats to child health and survival in Africa: low birth weight, chronic undernutrition, intestinal parasitism, etc. It then proposes a model for ameliorating the situation that is represented by a triangle, the three sides of which stand for health (including basic health services, environmental sanitation, and infectious disease control), health education, and socioeconomic (especially agricultural) development. (HC-L)

- 8609 Onori, E., Grab, B.** *Indicators for the forecasting of malaria epidemics.* Bulletin of the World Health Organization (Geneva), 58(1), 1980, 91-98. Engl. 39 refs.

Also published in French and Spanish.
The entomological inoculation rate is presented as a

comprehensive indicator of malaria transmission level, its relative changes reflecting the risk of potential epidemic development. The rate is a known function of several direct and indirect epidemiological factors and is particularly sensitive to the survival rate and the sporogonic cycle of the vector. The establishment of a two-stage monitoring system is suggested: the 1st stage would involve setting up a warning system based on the surveillance of the relevant indirect factors; this would trigger the 2nd stage monitoring of the direct epidemiological factors that have a definite bearing on the development of malaria outbreaks. This system should provide the decision-makers with the information required for the selection of intervention measures designed to prevent epidemic resurgences. (Modified journal abstract)

- 8610 Osoba, A.O.** *Sexually transmitted diseases in tropical Africa; a review of the present situation.* British Journal of Venereal Diseases (London), 57(2), 1981, 89-94. Engl. 61 refs.

Meeting of the Medical Society for the Study of Venereal Diseases, Bournemouth, UK, 16-18 May 1980.

Although precise data on the prevalence of venereal diseases in Africa are not available, numerous studies and hospital/clinic statistics indicate that they are endemic. This paper discusses available data on gonorrhea and its sequelae (including the development of penicillin-resistant strains of gonococcus), non-specific urethritis, syphilis, and the so-called "tropical venereal diseases". It then indicates what steps must be taken to improve the situation. (HC-L)

- 8611 Pajot, F.X.** *Enfermedades transmitidas por insectos en la Guayana Francesa. (Diseases transmitted by insects in French Guiana).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 88(3), Mar 1980, 218-227. Span.

This paper presents the current state of knowledge regarding the epidemiology and control of the following parasitic and viral diseases transmitted by insects in French Guiana: malaria, Chagas' disease, leishmaniasis, filariasis, dengue and yellow fevers, and various arboviruses. (HC-L)

- 8612 Preston, N.W.** *Whooping-cough immunization: fact and fiction.* Public Health (London), 94(6), 1980, 350-355. Engl. 16 refs.

The author examines the factors that make a vaccine acceptable, the claim that pertussis vaccine causes brain damage, the effectiveness of this vaccine, and considerations of when it should be given. It is concluded that adsorbed pertussis vaccine is now one of the safest and most effective forms of immunization, but that whooping cough cannot be eliminated unless 80% of the child population is vaccinated, preferably receiving 3 doses starting at 3 months of age. (DP-E)

- 8613 Pugh, R.N., Bell, D.R., Gilles, H.M.** *Malumfashi Endemic Diseases Research Project, XV; the potential medical importance of bilharzia*

in northern Nigeria: a suggested rapid, cheap and effective solution for control of Schistosoma haematobium infection. Annals of Tropical Medicine and Parasitology (Liverpool, UK), 74(6), 1980, 597-613. Engl. Refs.

A 1975-1976 survey of 5 773 inhabitants from northern Nigeria studied the association of *Schistosoma haematobium* infection with haematuria, proteinuria, renal function, and micturition disturbance. The results are discussed and presented as statistical data. Since continuing ecological changes in Africa are likely to result in an increase in the incidence of schistosomiasis haematobium, recommendations are made concerning diagnosis by urinalysis and treatment, especially of children, by selective, low-cost chemotherapy programmes carried out by non-technical staff. (DP-E)

8614 Rajan, V.S. *Some reflections on the epidemiology of sexually transmitted diseases.* Singapore Community Health Bulletin (Singapore), (19), 1978, 11-13. Engl.

An increasing incidence of venereal diseases may not necessarily signal a deterioration in the social mores of the community but may instead reflect the public's greater awareness, better control efforts, and improvements in case-finding. This seems to be the case with gonorrhea in Singapore. As do most venereal disease control programmes, the gonorrheal control programme introduced in 1975-1976 impacted first on syphilis, greatly reducing its incidence, while leading to an 180% increase in that of gonorrhea. Information on the incidence of other venereal diseases is given. Statistical data are included. (DP-E)

8615 Reich, R., Reich, M.R. *Environmental health in Malaysia.* Bulletin of the Atomic Scientists (Chicago, Ill.), 37(4), Apr 1981, 30-35. Engl. 23 refs.

Migration of the rural poor to urban areas in Malaysia has created a double burden of environmental health problems in that country: the infectious diseases of developing countries and the technical and occupational health concerns of developed nations. This article examines and makes recommendations concerning the issues of land use, water resources, waste disposal, urbanization and transportation, air pollution, industrial pollution by chemicals and pesticides, occupational health, and development and environment. (DP-E)

8616 Reinert, P. *Actualités de l'allaitement maternel. (Facts on breast-feeding).* Développement et Santé (Paris), (34), Aug 1981, 21-22. Fren.

In point form, this paper summarizes the advantages of breast-feeding — its role in the prevention of malnutrition, infections, and allergies; in birth spacing; and in home economics. (HC-L)

8617 Rodríguez Hernández, P.A. *Aspectos epidemiológicos de la esquistosomiasis. (Epidemiological aspects of schistosomiasis).* Revista

Cubana de Higiene y Epidemiología (Havana), 19(3), Jul-Sep 1981, 321-335. Span. 30 refs.

Schistosomiasis is not endemic to Cuba, but the potential for its establishment exists in the form of an appropriate snail host for *Schistosoma mansoni*. Since July 1976, all persons coming or returning from schistosomiasis-endemic areas have been systematically examined for the disease. Of the 40 604 travelers seen from 1976-1979, 1 886 were found to be infected, 643 with *S. mansoni*. This paper discusses the case-finding, management, and follow-up procedures and reviews the schistosomiasis research and improvements in diagnostic techniques that are currently under study at the *Instituto de Medicina Tropical Pedro Kouri*. An example of the tropical diseases surveillance form used by the institute is included. (HC-L)

8618 Rohde, J.E. *Epidemiology of acute diarrheal disease.* Paediatrica Indonesiana (Djakarta), 20(9/10), Sep-Oct 1980, 216-224. Engl.

The epidemiology of acute diarrheal disease in developing countries is examined with reference to age, season, living and nutritional behaviours, and specific susceptible groups. A summary of the important characteristics of diarrheal pathogens is presented in table form. The author suggests that many antibiotics and anti-diarrheal agents currently in use are unnecessary and may indeed be harmful; treatment by oral rehydration should be emphasized. Some statistical data are included. (DP-E)

8619 Rougerie, G., Vidal, R. *Stérilité; problème majeur en consultation de gynécologie au Gabon. (Sterility: a major gynecological problem in Gabon).* Médecine d'Afrique Noire (Paris), 27(8/9), Jan 1980, 701-703. Fren.

The authors discuss 7 412 cases of sterility (1 682 primary and 5 630 secondary) seen in public and private practice in Gabon over a period of 6 years. Tubal occlusion was by far the major cause of sterility, accounting for 82% of secondary and 79% of primary cases. Surgical or obstetrical trauma (dilation and curettage in over half the cases) was responsible for 37% of secondary sterility; the remaining 63% was of uncertain origin, probably infective. As many women survive surgical, gynaecological, and obstetric trauma without becoming sterile, the authors have gradually come to the conclusion that there are "high-risk tubes", which will occlude from minimal surgical or infective stress. Future research may define the women who possess these, but meanwhile tubal stress should be minimized and prophylaxis, such as a month's treatment with anti-inflammatory drugs before any operation likely to lead to adhesions and tubal obstruction, employed. (Modified journal abstract)

8620 Royer, P. *Pharmacology of contagious diseases in newborns and children in the developing countries.* Children in the Tropics (Paris), (127), 1980, 3-10. Engl. 8 refs.

The pharmacology of contagious diseases raises specific problems in developing-country children. To begin with, the reactions of infants and children to drugs of all types

are not completely understood; in developing-country children, drug reactions are often made even more unpredictable by malnutrition. Another problem is that of restrictions due to transportation, conservation, climate (heat, light, humidity), and cultural adjustment, which tend to increase the cost of drugs, whereas the objective should be to lower costs. Finally, therapeutic trials using children are subject to ethical or legal regulations, some of which are highly subjective, and their application in developing countries presents real difficulties, particularly cultural ones. (DP-E)

- 8621 Selvey, N., White, P.L.** *Nutrition in the 1980s: constraints on our knowledge.* New York, Alan R. Liss, Progress in Clinical and Biological Research, No. 67, 1981. 602p. Engl. Refs. Sixth Western Hemisphere Nutrition Congress, Los Angeles, Cal., 10-14 Aug 1980.

This volume contains conference papers covering these subjects: assessment of food intake and nutritional status; nutrition in health and disease; factors affecting nutrient requirements; an overview of nutritional status in the Western hemisphere, including Canada, the USA, Mexico, Central America, Panama, and South America; the effect of diet on immunosuppression and disease; diet and cardiovascular disease; nutrition intervention; targeting technology; establishing national health priorities, with examples of nutrition policies from the USA, Canada, Mexico, El Salvador, and Colombia; obstacles to success in nutrition intervention programmes; and research for nutrition in the 1980s. A list of contributors, a subject index, and some statistical data are included. (AF)

- 8622 Sengupta, U.** *Towards a vaccine against leprosy.* Leprosy in India (New Delhi), 53(1), Jan 1981, 88-95. Engl. 27 refs.

This paper reviews recent research into the potential of the following to provide a vaccine against leprosy: killed *Mycobacterium leprae* as an antigen; another mycobacterium such as *M. duvalli*, *M. vaccae*, *M.M.*, or a bacilli antigenically similar to *M. leprae*; BCG alone; killed *M. leprae* with BCG as an adjuvant; killed mycobacterium species closely related to *M. leprae* with BCG as an adjuvant; and a specific antigen from *M. leprae* (devoid of other cross reactive antigens) with BCG or liposomes as an adjuvant. (HC-L)

- 8623 Sherif, M.** *Water-snail shares the blame.* World Health (Geneva), Sep-Oct 1981, 33-34. Engl.

Bladder cancer is common in Egypt largely because of the prevalence of schistosomiasis of the urinary tract. In this form of cancer, the patient suffers for so many years from symptoms related to bladder infection that when the cancer finally develops, it is hardly discernable. Consequently, when the patient seeks help, it is often too late for any effective treatment. A simple, painless diagnostic technique is recommended for dealing with this problem and treatment for various stages of the disease outlined. The author suggests that snail control is the best method for reducing the incidence of bladder cancer. (DP-E)

- 8624 Simaga, S.Y., Astorquiza, E., Thiero, M., Baylet, R.** *Foyer de charbon humain et animal dans le cercle de Kati (République du Mali). (Focus of human and animal anthrax in the area of Kati, Republic of Mali).* Bulletin de la Société de Pathologie Exotique (Paris), 73(1), 1980, 23-28. Fren. 9 refs.

In 1978, an outbreak of anthrax occurred in the area of Kati, Mali, affecting 84 persons, 19 of them mortally. This paper describes the outbreak, outlines the steps to be taken should another one occur, and recommends the adoption of the following preventive measures: annual campaigns to vaccinate herd animals and public education regarding the signs of the disease, the mode of contamination, and the proper handling of livestock and animal products. (HC-L)

- 8625 Simaga, S.Y., Baylet, R.** *Tétanos au Mali; modifications de la stratégie vaccinale. (Tetanus in Mali; modifications of vaccination strategy).* Dakar Médical (Dakar), 25(4), 1980, 277-284. Fren. 20 refs.

Tetanus is a serious public health problem in Mali, with a mortality of over 50%. Neonatal tetanus affects 1% of live births and tetanus cases occur at a rate of 20:100 000 in the population at large. This paper discusses the financial, logistic, and psychological obstacles to the implementation of a conventional tetanus immunization programme (three spaced injections) and summarizes the results of trials of fewer injections. The recommended protocol for Mali is two injections at 1-year intervals of 0.5 ml of concentrated vaccine containing 30 Lf per dose adsorbed on calcium phosphate as an adjuvant (a recall after 5 years would be desirable). For pregnant women, at least one injection of 1 ml of the above during the 6th or 7th month is advised. Two such injections at a 1-month interval would be preferable for previously unvaccinated women. (HC-L)

- 8626 Smith, W.C.** *Tetanus infection in patients with leprosy.* Leprosy in India (New Delhi), 52(4), Oct 1980, 536-539. Engl.

Loss of sensory function in the hands and feet as a result of leprosy is associated with frequent injuries and advanced wound infections. It would seem that such wounds would be ideally suited to the growth of *Clostridium tetani*, yet it appears that tetanus infection is rarely encountered in leprosy patients. In this study, hospital deaths of leprosy patients (67) were compared with hospital deaths of the general population (78 961) during 1970-1977 in Karnataka State, India. None of the leprosy patients died of tetanus while 4.98% of the others did. It is suggested that further study of the relationship between leprosy and tetanus infections might contribute to greater understanding of the pathogenesis of both. (HC-L)

- 8627 Turner, M.** *Anthrax in humans in Zimbabwe.* Central African Journal of Medicine (Salisbury), 26(7), Jul 1980, 160-161. Engl.

More than 6 000 cases of anthrax in humans, with about 100 deaths, occurred in Zimbabwe from October 1979-

March 1980. The epidemic has since subsided, but sporadic cases are likely to occur for the next few years. This paper discusses the transmission, clinical features, prognosis, and treatment of the disease. (HC-L)

8628 Underwood, B. *Strategies for the prevention of vitamin A deficiency.* Food and Nutrition Bulletin (Tokyo), 2(4), 1980, 11-14. Engl. 11 refs

Two alternative strategies for preventing vitamin A deficiency are examined: (1) increasing vitamin A intake by making better use of locally available foods, fortification, or direct vitamin supplements and (2) attacking those factors in the environment that stimulate the need for vitamin A or decrease its effectiveness. The selection of a strategy depends on the magnitude of the problem, its relationship to other health needs, and the objectives of national health programmes. Three objectives for national programmes are outlined. (DP-E)

8629 Uribe C., P. *Medicina ocupacional: alcances y problemas en Chile. (Occupational medicine: scope and problems in Chile).* Revista Médica de Chile (Santiago), 108(11), Nov 1980, 1077-1086. Span.

In 1968, with the passing of law 16 744, Chile defined occupational illness and accidents and made protection of workers mandatory. This paper discusses the normative and preventive role of the ministry of health in occupational health with particular reference to the following sub-programmes of the national occupational health programme: medical examination of workers; management of accident victims; rehabilitation and adaptation; preservation of hearing; control of inhalation diseases (silicosis, asbestosis, talcosis, etc.); and control of other risks (lead, sulphuric acid, arsenic, etc.). (HC-L)

8630 WHO, Geneva. *Role of the health sector in food and nutrition.* Geneva, WHO, WHO Technical Report Series, No. 667, 1981. 90p. Engl.

WHO Expert Committee on the Role of the Health Sector in Food and Nutrition, Geneva, Switzerland, 23 Sep-1 Oct 1980.

This WHO expert committee report examines food- and nutrition-related problems in the health sector, the past performance of the health sector, changing concepts of health and health services (including new opportunities for nutrition promotion), the role of the health sector in nutrition, collaboration with other sectors, and the role of external cooperation. A number of conclusions are presented. Annexes contain information on: the diagnosis, prevention, and treatment of nutritional problems; administration of nutrition services; nutrition manpower; and research. (DP-E)

8631 WHO, Geneva. *International code of marketing of breast-milk substitutes.* Geneva, WHO, 1981. 36p. Engl.

Eleven separate articles cover the aim of this international code, its scope, definitions, information and education, the general public and mothers, health care systems, health workers, persons employed by manufacturers and

distributors, labelling, quality, and implementation and monitoring. Annexes contain WHO resolutions on the code and on infant feeding and related excerpts from the introductory statement in the 34th World Health Assembly. (DP-E)

8632 WHO, Geneva. *Plague surveillance and control.* WHO Chronicle (Geneva), 34(4), Apr 1980, 139-143. Engl.

WHO Informal Consultation on Plague Surveillance and Control, Geneva, Switzerland, 2-15 Jun 1979.

Also published in French, Russian, and Spanish.

Although plague is no longer a disease of fearsome epidemic proportions, it continues to persist in widely distributed natural foci. This paper summarizes the substance of the WHO Informal Consultation on Plague Surveillance and Control, which included: a review of the diagnosis, treatment, and prevention of plague in human beings; the development of a four-phase plague surveillance and control programme; and the identification of areas for international cooperation in the field of plague research and control. (HC-L)

8633 WHO, Geneva. *Environmental management for vector control; third report of the WHO Expert Committee on Vector Biology and Control.* Geneva, WHO, WHO Technical Report Series, No. 649, 1980. 75p. Engl.

This is the report of an expert committee on environmental management for vector control that met in Geneva in 1979. It begins with a discussion of: environmental management, in particular its methods and applications; relationships with agriculture, irrigation, and other sectors of socioeconomic development; and impact on the environment. A cost-benefit and cost-effectiveness analysis is followed by a consideration of the planning, organization, and evaluation of management measures. Also discussed are training of personnel, information systems, and research and development; the report concludes with a list of recommendations. Annexes contain a matrix for the assessment of impact of environmental measures and a checklist of major steps for the prevention and control of vector-borne diseases. (DP-E)

8634 WHO, Geneva. *Health and status of women.* Geneva, WHO, Division of Family Health, 1980. 28p. Engl.

Divided into five sections, this WHO report examines the status of women, the main health needs and problems specific to women (death rates, life cycle, childhood, menstruation, adolescence, childbearing, breast-feeding and weaning, fertility regulation, abortion, etc.), the health care of women, women's participation in professional health activities, and family, community, and societal support. A bibliography of WHO publications on women and health is included. (DP-E)

8635 WHO, Geneva. *BCG vaccination policies; report of a WHO study group.* Geneva, WHO, WHO Technical Report Series, No. 652, 1980. 17p. Engl.

WHO Study Group on BCG Vaccination Policies, Geneva, Switzerland, 24-29 Jun 1980.

The result of a meeting to determine whether modifications should be made in WHO's BCG vaccination policies, this paper examines earlier BCG vaccine trials, especially the negative one from south India (see entry 9088 in this volume), and the basis of present policies. It is recommended that BCG vaccination programmes be continued, with modifications depending upon the epidemiological situation in each country; that they form part of a comprehensive disease control programme; and that attention be paid to quality control, techniques of administration, evaluation activities, etc. (DP-E)

8636 WHO, Geneva. *Global importance of parasitic zoonoses; socioeconomic and other factors influencing prevalence.* WHO Chronicle (Geneva), 34(4), Apr 1980, 131-138. Engl.

Also published in French, Russian, and Spanish. This article reproduces some extracts from a WHO report dealing with the socioeconomic aspects and the factors influencing the prevalence of parasitic zoonoses. The latter include ecological factors, the effects of human settlements, fluctuations in animal populations, human behaviour and food habits, and environmental pollution. A summary of the seven main recommendations is presented. (DP-E)

8637 Woodward, C.L. *Refugee medicine in Thailand.* Transactions of the American Clinical and Climatological Association (Richmond, Va.), 92, 1980, 23-27. Engl.

A US doctor, sent to Thailand with other volunteers by a private aid agency despite diplomatic and political barriers, describes her experiences in an Indochinese refugee camp at a 160-bed hospital staffed by an international group of health workers. Due to lack of supplies and facilities as well as increasing numbers of patients, rigorous triage was practiced. The most prevalent illnesses included tuberculosis, parasitic diseases, and malnutrition; mortality among infants was increased by tetanus and opium overdoses administered by parents to keep them quiet. Treatment facilities, especially for surgery, were minimal. (DP-E)

8638 Wright, A.M. *Assurer la salubrité de l'environnement. (Ensuring environmental health).* In Conférences Biomédicales, Cycle 1976-1977, Brazzaville, WHO, Cahiers Techniques AFRO, No. 13, 1978, 7-20. Fren.

This paper examines the interaction between human beings and the environment with particular emphasis on the problem of infectious and parasitic diseases and the impact of modern agricultural practices and industrial growth on the environment and human health. Ways in which Africa could avoid some of the problems now posed by chemical pollutants and biological toxins in the developing countries are pointed out. (HC-L)

8639 Zeitune, J.M., Ramos, S.R., Sugmyama, L.C., Côrte, A.A. *Tratamento medicamentoso da esquistossomose mansoni. (Schistosomiasis mansoni: drug therapy).* Arquivos de Gastroenterologia (São Paulo, Brazil), 17(2), 1980, 88-95. Portuguese. 63 refs.

Schistosomiasis mansoni is endemic to many regions of Brazil. This paper reviews the various manifestations of the disease, the indications and contraindications for treatment, and the mode of action of the drugs used in the treatment of *S. mansoni*. The drugs hycanthone, oxamniquine, and praziquantel — their effects schedules and potential side effects — are discussed individually. (HC-L)

8640 Zhong, C., Zheng, H. *Studies on control of malayan filariasis in China.* Chinese Medical Journal (Peking), 93(8), 1980, 537-544. Engl. 14 refs.

Joint WHO WPRO/SEARO Working Group Meeting on Brugian Filariasis, Kuala Lumpur, Malaysia, 18-21 Jun 1979.

Large scale control of malayan filariasis has been achieved in the People's Republic of China by carrying out mass surveys and total population treatment mainly with diethylcarbamazine (DEC) or DEC-medicated salt, which has reduced the microfilaria rate to minimum levels. However, it is recommended that surveillance and campaigns be continued for at least 10 years due to a lack of experience in exterminating the *Anopheles sinensis* vector. More research in this area is needed. (Modified journal abstract)

III Health Care Implementation

III.1 Inpatient Care

See also: 8435, 8446, 8658.

- 8641** Chen, S.T. *Breast feeding and hospital practices.* Medical Journal of Malaysia (Singapore), 34(4), Jun 1980, 325-328. Engl. 13 refs.

Suggestions are made to help Malaysian hospitals encourage breast-feeding among maternity patients during antenatal clinic sessions, during puerperal care, in the postnatal wards, in special care nurseries, and in children's hospitals. Recommended practices include lessons and demonstrations of breast-feeding, putting the infant to the breast as soon as possible after birth, rooming-in arrangements, and the use of nipple shields. Undesirable practices are the distribution of free commercial milk samples and their advertisement on hospital premises, too much use of drugs during labor, constant weighing of the baby, and lack of privacy. Both sets of practices are summarized in chart form. (DP-E)

- 8642** Diakparomre, M.A., Obi, J.O. *Pattern of paediatric emergencies in the University of Benin Teaching Hospital.* Nigerian Journal of Paediatrics (Ibadan, Nigeria), 7(2), 1980, 43-45. Engl. 8 refs.

During a 2-year period (August 1976-July 1978), the pattern of pediatric emergencies admitted for inpatient care at the University of Benin Teaching Hospital in Benin City, Nigeria, was studied to determine the facility's capabilities and effectiveness. The major causes of the 2 769 admissions were respiratory tract infection (819 cases), diarrhea and vomiting (735 cases), and measles (468 cases). The average patient age was 24 months; the average age of the 176 children (10%) who died was 14.6 months. Measles accounted for the largest number of deaths (78, 28.3%), followed by respiratory tract infection (72, 26.1%). Seventy-eight percent of all admissions were successfully treated and discharged in an average of 4.2 days, while 12.2% were transferred to the main wards. (EB)

- 8643** Guha, D.K. *Planning a newborn intensive care unit in developing countries.* Indian Journal of Pediatrics (Calcutta, India), 47(386), May-Jun 1980, 225-232. Engl. 13 refs.

While newborn care in India should, according to the author, be on an intermediate level, there is a need for neonatal intensive care units in selected centres. This article attempts to identify physical facilities, space,

personnel, and equipment required for such care and includes suggestions for making simple and inexpensive equipment. The results achieved with such a unit at Kasturba Hospital are reviewed. Recommendations for intermediate care units are also presented. (DP-E)

- 8644** Jegede, R.O. *Aro village system of community psychiatry in perspective.* Canadian Journal of Psychiatry (Ottawa), 26(3), Apr 1981, 173-177. Engl. 10 refs.

Established in 1954 by Dr. T.A. Lambo, the Aro Village system of community psychiatry sought to provide community-based treatment of the mentally ill by taking local customs into consideration and calling upon the assistance of family members in the care of patients. The three phases in the development of this programme and the social, medical, and economic advantages are presented. The major disadvantage is that the programme can only be carried out in agrarian economies as found in developing countries. The current functioning of the village system and the future role of the programme in Nigeria's health care delivery system are discussed, with emphasis on how to maintain the relevance of the village scheme in view of a rapidly changing society. (EB)

- 8645** Moss, E., Davidson, S. *Development of a psychiatric rehabilitation service: a two year pilot project.* International Journal of Rehabilitation Research (Rheinstetten, Germany FR), 3(1), 1980, 45-55. Engl. Refs.

Since the 1950s, there has developed in psychiatry a movement to treat mentally disturbed people in their communities, either avoiding or greatly shortening hospitalization; the result has been an upgrading of the importance of the rehabilitation function. This article describes a 2-year pilot project, carried out at an Israeli psychiatric hospital, to introduce a centralized rehabilitation service. The structure of the service and the areas of rehabilitation with which it has attempted to deal are discussed. An important aspect of the service is its close cooperation with all departments of the hospital. Some recommendations on setting up such a service, even where staff and/or funds are in short supply, are given. (DP-E)

- 8646** Odejide, A.O. *Nigerian long-stay psychiatric unit: a survey of its psychiatric service.* Tropical and Geographical Medicine (Haarlem, Netherlands), 33(1), Mar 1981, 66-70. Engl. 14 refs.

In April 1979, a 1-day study of the characteristics of 226 psychiatric patients (157 male, 69 female) at Nigeria's Lantoro Institution was undertaken by means of a questionnaire. The three main psychiatric diagnoses found were schizophrenia (67%), organic psychoses (20%), and affective psychoses (10%). Almost 75% of the patients were taken to the treatment centre by close relatives, indicating the existence of the extended family system as a social system in Nigeria; 23% were referred by law-enforcement agencies. Thirty-five percent of the patients had spent more than 3 months in the hospital, while 23% had been there for more than 2 years. Ninety-one patients (40%) had histories of previous hospital admissions for similar psychiatric illnesses. The institution had no social welfare service at the time of study, and the extended family seemed less enthusiastic about rehabilitating ill members, shown by the fact that 33% of the patients were no longer receiving visitors and 28% complained of having no home to go to. (EB)

8647 Osifo, N.G., Ogbuebele, H.U. *Hospital drug use review in a developing country.* American Journal of Hospital Pharmacy (Washington, D.C.), 38(7), Jul 1981, 1037-1039. Engl.

This paper presents the findings of a retrospective study of drug use in 1 000 inpatients — 200 each from the departments of surgery, medicine, pediatrics, psychiatry, and obstetrics/gynaecology — at the University of Benin Teaching Hospital, Nigeria. It then compares the findings to those of similar studies from the USA. The frequency of undesirable consequences of drug use was found to be less than or as common as that reported elsewhere; the incidence of adverse drug reaction agreed with estimates based on findings from developed countries; and apparent drug-diagnosis mismatch occurred in 0.5% of the sample — a much lower rate than found elsewhere. It is concluded that, while the generally poor enforcement of drug regulations in developing countries appears not to have adversely affected the standard of therapeutic practice in this hospital, an emergent need for drug therapeutics experts to serve in hospitals in the developing countries is evident. (HC-L)

8648 Weekly Epidemiological Record, Geneva. *Diarrhoeal diseases control programme/Programme de lutte contre les maladies diarrhéiques.* Weekly Epidemiological Record (Geneva), 54(51/52), 21 Dec 1979, 393-395. Engl., Fren.

Severe dehydration is the principal cause of death from diarrhea. In 1977, a pilot project carried out in Egypt revealed that most dehydrated children attending maternal child health clinics were mild-to-moderate cases that could be managed effectively and economically with oral rehydration (OR). Given the magnitude of the problem of diarrheal diseases in Egypt, it was decided to launch a nation-wide OR programme through the existing health infrastructure, a network of some 3 000 primary health units. The main components of the programme are briefly described in this article. (HC-L)

III.2 Outpatient Care

See also: 8782, 8814.

8649 Atanasiu, P. *Vaccination antirabique. (Antirabies vaccination).* Revue de Médecine Thérapeutique (Paris), 21(35), 20 Oct 1980, 1781-1786. Fren. 28 refs.

This paper describes the rabies virus and the various preparations of human rabies vaccine in use throughout the world. The procedure recommended by the Pasteur Institute, Coonoor, India, consists of washing the wound with soap and applying an antiseptic and antirabies serum and administering one of the following vaccines: duck embryo vaccine, vaccine prepared from the nervous tissue of young animals, or cell culture vaccine. All must be totally inactivated, possess adequate immunizing properties, and, if possible, be endowed with potent interferon-inducing capacity. (Modified journal abstract)

8650 Ayonrinde, A., Erinsho, O.A. *Development of a community psychiatric program at Igbo-Ora, Nigeria: a neuropsychiatric report.* Nigerian Medical Journal (Lagos), 9(5), 1979, 625-629. Engl.

After surveying community attitudes in Igbo-Ora, Nigeria, the authors introduced a community-oriented mental health programme consisting of intensive mental health education followed by the establishment of a psychiatric clinic at the local health centre. This paper reports on the 1st 15 months of operation of the clinic and presents case histories illustrating its impact. The roles of the police and traditional practitioners as mental health workers are also examined. (DP-E)

8651 Bergvall, A. *Successful health project in Costa Rica.* UNICEF News (Paris), 99(1), 1979, 11-13. Engl.

A 6-year-old development programme in Costa Rica, which has helped to open a chain of rural health posts, lower the infant mortality rate, eradicate malaria, and improve water services and sanitation, is described by the author and from the point of view of a 9-year-old patient. The programme's success is attributed to the understanding and participation of the public. (DP-E)

8652 Costa e Silva, J.A. *Urgences psychiatriques: modalité d'assistance des cadres cliniques des cas d'urgence au Brésil. (Psychiatric emergencies: means of assistance by clinical teams in emergency cases in Brazil).* Annales Médico-Psychologiques (Paris), 138(6), 27 May 1980, 668-674. Fren.

Three psychiatric emergency units in major urban centres in Brazil now constitute 1st point of contact with the mental health services for 800-5 000 individuals per month. This paper describes the units' staffing and operation, including the symptomatic classification of cases and the drugs used in the management of each. The advantages of this system are that it keeps mental patients out of the hands of the police, helps to prevent

lengthy hospital stays, allows for immediate contact between medical staff and the patient's family and community, and helps staff to recognize some of the factors precipitating mental breakdown in the Brazilian context. (HC-L)

- 8653 Gusmão, H.H.** *Comprehensive health program in a manganese ore mining community in the Amazon region of Brazil.* Journal of Occupational Medicine (Chicago, Ill.), 22(5), May 1980, 342-346. Engl.

This paper describes the integrated health programme developed by a Brazilian mining company in a mining community of some 4 000 persons in an isolated area of the Amazon Valley. The company's health division, which is organized into departments of sanitation, medicine, nursing, nutrition, and dentistry, had the responsibility of providing health education, preventive and occupational medicine, rehabilitation, sanitation, and medical and hospital care. The composition of the staff, vital statistics of the population, and some problems peculiar to mining operations are discussed. Some statistical data are included. (DP-E)

- 8654 Hanlon, J.** *Cholera can be controlled.* World Health (Geneva), Apr 1981, 8-10. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish. A campaign to control the spread of cholera during an outbreak in Mozambique is described. Through public meetings and press and radio announcements, the people were told how proper hygiene would prevent the spread of the disease. New latrines were built, garbage pits dug, and garbage burned. Many houses were disinfected and a mass vaccination campaign was carried out. As a result of these efforts, the outbreak was restricted to 293 cases and only 11 deaths, a fatality rate that is very low in comparison with outbreaks elsewhere in Africa. (DP-E)

- 8655 Hightower-Vandamn, M.D.** *Occupational therapist reaches out in the Philippines.* American Journal of Occupational Therapy (Rockville, Md.), 34(9), Sep 1980, 559-562. Engl.

This paper describes a project called "Reaching the Unreached" (RTU), launched in Philippine villages by various international organizations to aid disabled children. Stressing health education, prevention, and early treatment, RTU, with the cooperation and assistance of government agencies, has had a great impact. The greatest barrier to change was the prevailing attitude that a disabled child was a cause for shame and at any rate could not be helped except at ruinous cost. By providing uncomplicated, low-cost assistance, RTU has radically altered the attitudes of the villagers. (DP-E)

- 8656 Lechat, M.F., Misson, C.B., Walter, J., Seal, K.S., Sansarricq, H.** *Information system for leprosy control (OMSLEP Recording and Reporting System).* International Journal of Leprosy (Washington, D.C.), 48(1), 1980, 51-61. Engl.

This study reports the various steps taken by WHO and

a Belgian university in designing a simplified information system for leprosy. Prior to designing the system, the relevant epidemiological and operational indices were reviewed and a survey was conducted on the forms used by some 78 leprosy control schemes throughout the world. The proposed system includes an individual record form to be filled out at registration and once yearly in subsequent years of follow-up, a detection form, and an annual statement form for the tabulation of total patients. The system is presently being tested in some 15 countries. Sample forms are included. (Modified journal abstract)

- 8657 Miles, J.E.** *Psychiatric outreach project to a rural community.* Hospital and Community Psychiatry (Washington, D.C.), 31(12), Dec 1980, 822-825. Engl.

In late 1976, the University of British Columbia (Canada), working with the provincial health ministry, began an outreach programme to rural areas lacking sufficient local psychiatric services. Four teaching hospitals in the province were linked with selected underserved communities to provide both direct service and professional and public education. In one community, two psychiatrists began monthly 3-day visits, a 24-hour telephone consultation service was provided, refresher courses were offered, and financial support for a psychiatric day care programme and a temporary psychiatric nurse was given. Response from local health professionals indicated that the programme was a success. (Modified journal abstract)

- 8658 Msengi, P., Daynes, G.** *Community response to mental illness in Transkei.* South African Medical Journal (Cape Town), 59(2), 10 Jan 1981, 47-49. Engl.

In Transkei, responsible action in the event of mental illness is first taken by the relatives, friends, and neighbours of the patient. Their action, and the quality of their care, depends on their culture, wealth, status in the community, understanding of and attitudes towards mental illness, confidence, and available transport. An outline of the management of mental disease in clinics, hospitals, and special centres is given. Four groups especially likely to develop mental illness (the brain-damaged, those addicted to brandy or *dagga*, and juvenile delinquents) are identified and community preventive measures are suggested. (Modified journal abstract)

- 8659 Muller, S.** *Nicaragua: 40,000 health volunteers vaccinate a nation.* Salubritas (Washington, D.C.), 5(3), Jul 1981, 1. Engl.

This brief article describes the 1981 Nicaraguan campaign that culminated in the vaccination of 75% of children aged less than 5 years against poliomyelitis. The mass media, the Nicaraguan government, PAHO, UNICEF, and the World Council of Churches were involved in the effort. The strength of the campaign, however, came from 40 000 newly trained volunteers who made direct contact with the families and encouraged parents to bring their children to be vaccinated.

Similar campaigns are proposed for anti-malaria and DPT vaccination. A sanitation day is also planned. (DP-E)

- 8660** Rio de Janeiro, Brazil, Secretaria Municipal da Saúde. *Unidade auxiliar de cuidados primarios de saúde do Vidigal. (Primary health care unit in Vidigal).* Rio de Janeiro, Brazil, Secretaria Municipal de Saúde, Prefeitura da Cidade do Rio de Janeiro, Jun 1981. 1v.(unpaged). Portuguese.

A primary health care unit has been established to serve the estimated 9 000 inhabitants of the neighbourhood of Vidigal, Rio de Janeiro, Brazil. This booklet describes the area and its population and the functions and facilities, complete with floor plan, of its new health unit. (HC-L)

- 8661** Talleyrand, D., Tshiula-wa-Tshiula *Clinique universitaire de la Rwashi: son programme et son fonctionnement. (Pour une participation des facultés de médecine des pays en voie de développement au programme de santé de l'O.M.S.). (University clinic of Rwashi: programme and operation — toward participation of medical faculties in developing countries in the WHO health programme).* Courrier (Paris), 31(4), 1981, 363-366. Fren.

The programme of a university clinic in Lubumbashi, Zaire, has been modified in order to meet the needs of both pediatricians in training and the population it serves. The programme involves intensive home visiting by community health workers to establish precise data on local health needs and to introduce the people to a member of the health team; in-centre activities focus on maternal and child health and training. Since its inception, the programme has succeeded in securing the confidence of the community, providing practical experience for medical students and nurses, and improving a number of health indicators, notably, infant mortality. Figures on activities performed during a 10-month period in 1980 are given. (HC-L)

III.3 Mobile Units and Services

- 8662** Fitzgerald, J. *Mobile clinic in Israel.* New Dentist (Chicago, Ill.), 10(8), Apr 1980, 34-35. Engl.

A 5-week visit to Israel in the summer of 1979 by the mobile dental clinic of the University of California, San Francisco (USA), is described by one of the student participants. Staffed by 60 dental students and faculty from the USA, Sweden, and Israel, the clinic was operated in a different area each week. The author found the experience culturally and professionally rewarding. The clinic has been run in various countries since 1965 and there are plans for expansion. (DP-E)

- 8663** Graz, L. *Rural health team.* World Health (Geneva), Mar 1981, 22-27. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

A mobile rural health service delivers medical care to scattered, semi-nomadic communities in the Dhofar area of the Sultanate of Oman. Health teams consisting of a doctor and two qualified nurses (one male and one female) visit each of the area's 25 clinics once a week by Land Rover or chartered aircraft and work closely with the resident primary health worker. This paper describes the day-to-day work of the service, especially in tuberculosis control. (HC-L)

- 8664** Green, P.F. *Taking Western medicine to a nomadic people.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(4), 1979, 361-364. Engl.

A mission doctor describes his experience in providing health care to some 70 000 nomadic people in northern Kenya. The mobile health team that he headed adapted itself to the life-style of the inhabitants in order to see the maximum number of patients. Indeed, about half of the people who visited the clinic needed no medical assistance and regarded the arrival of the health team as a social event. The commonest problems encountered are discussed and the steps taken during two crises (a drought causing malnutrition and a cholera epidemic in a neighbouring district) are described. Statistical data are included. (DP-E)

- 8665** Jeboda, S.O. *Mobile dental clinics; their place in dental public health.* Odontostomatologie Tropicale (Dakar), 4(1), Apr 1981, 53-58. Engl. 15 refs.

The development and use of mobile dental clinics in the provision of dental services in various countries are outlined and their advantages and disadvantages considered. It is suggested that their advantages outweigh their disadvantages, although the crucial factor of their cost-effectiveness still needs to be subjected to more detailed analysis. Possible causes and solutions for this are outlined. The author recommends that developing countries make more meaningful use of such clinics in order to reach more of their rural populations. (Modified journal abstract)

- 8666** Magdiev, R.R. *Voprosy organizacii gel'mintologeskogo obsluzhivaniia naselenija. (Organizational problems of helminthological services for the population).* Meditsinskaja Parazitologika (Moscow), 60(2), Mar-Apr 1982, 72-74. Russ. 9 refs.

The author relates his experiences in the organization of mobile helminthological stations (MHS), which proved to be an effective tool in the control of human hookworm diseases. The creation of permanent MHS at district and municipal clinics and in urban polyclinics is recommended. This would assist therapeutic-prophylactic institutions to control the spread of helminthic diseases. (Modified journal abstract)

III.4 Health Education

See also: 8405, 8511, 8709, 8763, 8796, 8809, 8996.

- 8667 Barbosa de Parada, J. do C.** *Participação comunitária em programas de saúde escolar: ensaio metodológico. (Community participation in school health programmes: a methodological trial).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 89(2), Aug 1980, 106-112. Portuguese. 12 refs.

In the city of Picos, Goiás, Brazil, a group of university students gathered data from a nearby neighbourhood and enlisted the support of community members in identifying and solving their own health problems. This paper describes the process and its results. The success of the effort, both in terms of community spirit and accomplishments it gave rise to, lends support to the hypothesis that the school is the instrument of community development and fulfillment. Annexes contain statistical data. (HC-L)

- 8668 Bhalerao, V.R.** *Schoolchildren as health leaders in the family.* World Health Forum (Geneva), 2(2), 1981, 209-210. Engl.

As part of a 1978-1979 nutrition programme that provided food supplements to 3 000 Indian schoolchildren, efforts were made to obtain the active participation of the children's mothers for the purpose of nutrition education. When letters failed to elicit cooperation, it was jokingly suggested that the food supplement no longer be given to children whose mothers refused to cooperate; when the children reported this at home, their mothers immediately became involved. After discovering the positive effect that children can have on their parents' behaviour, health workers also enlisted the children's aid in immunization and health education activities. (DP-E)

- 8669 Brownlea, A., Taylor, C., Landbeck, M., Wishart, R., Nalder, G.** *Participatory health care: an experimental self-helping project in a less advantaged community.* Social Science and Medicine (Aberdeen, UK), 14D(2), Jun 1980, 139-146. Engl. 26 refs.

An inquiry into health concerns and problems in a poor, somewhat isolated, and deficiently-serviced suburb of Brisbane, Australia, resulted in the design of an intervention aimed at helping young mothers develop self-reliance in coping with health problems and enhancing the doctor-patient relationship. The intervention and its results, discussed in this paper, were deemed successful enough for duplication in other areas of the country. (HC-L)

- 8670 Cesarman, E., Llanes, J.** *Programas de higiene escolar de la Secretaría de Educación Pública. (School hygiene programmes of the Secretary of Public Education).* Gaceta Médica de México (Mexico City), 116(9), Sep 1980, 391-393. Span. This paper briefly describes the importance of school health in Mexico and outlines the functions of the Dirección General de Higiene Escolar with respect to education (of schoolchildren, health educators, and the public), research, coordination, and administration. (HC-L)

- 8671 Cripwell, K.R.** *Community health workers and the need for training in communication skills.* Tropical Doctor (London), 11(2), Apr 1981, 86-88. Engl.

Community health workers (CHWs) tend to teach their neighbours in the same manner in which they themselves were taught. It is therefore important that training manuals for CHWs reject difficult language, impersonal style, and a dictatorial tone in favour of simple language and an entertaining style. Two examples of such efforts, one from Nepal and the other from Nigeria, are briefly described. (HC-L)

- 8672 Dean, P.B., Lourie, I.M.** *Tailored to fit: Guatemala; the Gambia.* World Education Reports (New York), (23), Apr 1981, 18-19. Engl.

Examples from Guatemala and the Gambia are given to show how Project Concern attempts to adopt its health education activities to local circumstances. In Santiago Atitlán, Guatemala, mothers take turns working at a nutrition centre and attending classes, sometimes with older children, while younger children are admitted as patients. Some problems of language, teaching methods, and cross-cultural teaching aids are examined. This centre has a recidivism rate of 5%-10% compared to the 40%-50% of other nutrition centres. The project in the Gambia promotes the use of community health workers. (DP-E)

- 8673 Delahaye, M.C.** *Education nutritionnelle adaptée au milieu. (Nutrition education adapted to the milieu).* Développement et Santé (Paris), (33), Jun 1981, 12-13. Fren.

Nurses in Africa sometimes feel that the advice that they give to the mothers of malnourished children is falling on deaf ears. With reference to eating habits in Cameroon, this paper gives an example of how mutual misunderstandings can be cleared up and nutrition education adapted to the needs of a particular culture. (HC-L)

- 8674 Ellerbrock, T.V.** *Oral replacement therapy in rural Bangladesh with home ingredients.* Tropical Doctor (London), 11(4), Oct 1981, 179-183. Engl. Refs.

A list of 10 concise points concerning diarrhea and the composition of an oral rehydration solution from home ingredients was the main teaching tool used by 20 oral replacement workers (ORWs) to train village women in 8 359 Bangladesh households. After receiving 5 days training, the ORWs visited each household for an average of 20-30 minutes to teach one woman resident the 10-point list and show her how to make up the solution. Evaluation of a 10% sample of the women trained revealed that 98% remembered 7 or more of the points and all knew how to make up the solution correctly. The cost of the programme was approximately US\$0.40 per household visited. Statistical data and the 10-point list are included. (DP-E)

- 8675** Fernandes da Silva, M.A. *Serviço social comunitário no campo da educação para a saúde. (Community social service in the field of health education)*. Revista Brasileira de Malariologia e Doenças Tropicais (Brasília), 31, 1979, 159-172. Portuguese.

The malaria control programme in the state of San Catarina, Brazil, has been hampered by the refusal of up to 18.5% of householders to allow their homes to be sprayed. This paper describes a massive educational campaign that was mounted in 1971 to sensitize malaria workers, community leaders, and the population at large to the problem of malaria and to enlist their cooperation in the control effort. The programme involved meetings with health personnel and social workers; mass education via television, radio, and newspapers; and a school health programme and essay contest on the subject of malaria. During the 1971 programme, the refusal rate dropped to 13% despite the fact that the educational campaign was implemented simultaneously with rather than prior to the spraying, and it is hoped to reduce this rate further in the future. (HC-L)

- 8676** Frankel, L. *Small-small catch monkey: nonformal education and public health in Ghana*. World Education Reports (New York), (23), Apr 1981, 3-5. Engl.

The author maintains that, due to Ghana's lack of physicians and drugs, the only effective health actions in that country are those that are carried out at the village level by the people themselves. The step-by-step education of local villagers is the recommended approach to implementing this process and an example is given of the village of Okorase. After building their own pipeline, the village leaders decided that their major problems were lack of both a health clinic and latrines; discussions and skits were used to motivate the villagers into building facilities for themselves. (DP-E)

- 8677** Hamer-Hodges, M. *Kwazup: nutritional rehabilitation in Transkei*. British Medical Journal (London), 281(6256), 20-27 Dec 1980, 1708-1710. Engl.

Kwazup (the shortened form of a phrase meaning "to feed yourself to be healthy") is a practical Transkei nutrition programme designed to teach tribal women, who have no understanding of the relationship between food and the health of their children, some revolutionary new concepts of nutrition and infant feeding. In the case history used as an illustration, a young mother brings her kwashiorkor-stricken son to the homelike village and spends 3 weeks learning how to grow and prepare the correct foods and how much to feed her children. Most lessons take the form of simple stories. It is hoped that the women trained in this fashion will in turn serve as nutrition educators when they return home. (DP-E)

- 8678** Harrison, P. *Success story*. World Health (Geneva), Mar 1981, 14-19. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish. Costa Rica's highly effective community health care

system has achieved some of the most impressive health indicators in the world: a mortality of 4.3:1 000, an infant mortality of 22:1 000, and an average life expectancy of 72.3 years. The most remarkable feature of the system is the primary level of care, where a network of health posts staffed by two auxiliary health workers maintains continuous surveillance over the entire population. This paper describes the work of one auxiliary and some of the other means by which health and social development have been furthered in this developing country. (HC-L)

- 8679** Ho, S.C., Nam, A.C. *Factors influencing the outcome of health campaigns: a case study in Singapore*. International Journal of Health Education (Geneva), 23(4), Oct-Dec 1980, 247-253. Engl. Refs.

Also published in French, German and Spanish. A survey to assess the impact of a health education campaign against infectious diseases on the population of Singapore revealed that 52.2% of the respondents were aware that the campaign had taken place. The results were analyzed in terms of sex, education, age group, language group, and economic status and presented as statistical data. Of the respondents, 53% felt that television or radio was the most effective means of reaching the public, while 23% preferred written materials; none were inclined to seek health information from the community centre. (DP-E)

- 8680** Irianni, F., Berstein, M., Tripicchio Torres, A., Lackierowicz, E., Schupack, H. *Salud maternoinfantil: propuesta de prevención durante el embarazo, parto y puerperio. (Maternal child health: a proposal for preventive care during pregnancy, labour, and the puerperium)*. Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 89(3), Sep 1980, 217-227. Span. 11 refs.

In Buenos Aires, Argentina, an interdisciplinary team consisting of a nurse-midwife, obstetrician, pediatrician, psychologist, and coordinator is being deployed to prepare expectant couples for pregnancy, childbirth, and parenthood in cases where mothers are attending both private and public clinics. The main difference between the two programmes is that the 2nd is geared to women who may not have consulted health personnel prior to the 3rd trimestre of pregnancy or even the onset of labour. This paper describes the content of both programmes and the role of each team member in their implementation. (HC-L)

- 8681** Jabre, B. *Innovative approaches in nutrition education in the Pacific region*. International Journal of Health Education (Geneva), 24(2), Apr-Jun 1981, 95-101. Engl.

In the Pacific Islands (Micronesia, Papua New Guinea, etc.), malnutrition is widespread. The factors affecting this situation and the most common types of nutrition deficiencies are reviewed. A number of innovative approaches to nutrition education, carried out by various groups and aimed at audiences ranging from health workers to schoolchildren, are being tried. The results have been good but the programmes must become part

of a national strategy aimed at combatting malnutrition in order to be really effective. (DP-E)

- 8682 Kentopp, K.E., Zanger, F.** *Telecommunications and health*. World Health (Geneva), Apr 1981, 3-7. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The role that telecommunications has played (and can play) in maintaining and improving health is discussed. This role may be summed up as bringing information to people and bringing people in contact with other people, whether through public health education, illness and accident prevention and treatment, response to small and large emergencies, communications aids for the disabled, medical training, or consultations and conferences. As telecommunications networks continue to expand and improve, they will contribute to the improvement of better health for all. (DP-E)

- 8683 Lelo di Kimbi-Kiaku, N.M., Courtejoie, J.** *Formation et communication: stratégies nouvelles appliquées au Zaïre. (Training and communication: new strategies being applied in Zaïre)*. Revue Internationale d'Education pour la Santé (Geneva), 22(4), Oct-Dec 1979, Suppl., 210-216. Fren.

Kangu-Mayumbe Hospital, Zaïre, has responded to the need for health education on the part of the population it serves by taking a number of innovative initiatives. In 1962, a school health programme was launched in which nurses, assisted by a team of students, conduct systematic medical examinations in all primary and secondary schools, followed by classroom demonstrations on malaria, intestinal parasitism, nutrition, etc. By 1965, the programme had evolved into the *Centre pour la Promotion de la Santé*, whose various branches now include: a programme for training school-leavers as health education auxiliaries; an office for the research and testing of training manuals and health education materials, and a production/distribution centre (again employing school-leavers) for such materials. These activities are briefly reviewed in this paper. (HC-L)

- 8684 Morgan, R.E.** *Health for all?* World Education Reports (New York), (23), Apr 1981, 6-7. Engl. The author suggests that the acceleration of non-formal education at the community level can be a key factor in improving the health status of people in developing countries and outlines the role that private agencies can play in this process. Examples of successful health education programmes include the Bangladesh Rural Advancement Committee, Nigeria's Lardin Gabas Rural Health Program, the UK-initiated CHILD-to-child Program, Mexico's Project Piaxtla, and the Children's Television Workshop series of Spanish and Portuguese health messages broadcast in Latin America. (DP-E)

- 8685 Mung, Y.K.** *Dental health education in Singapore*. Singapore Community Health Bulletin (Singapore), (20), 1979, 29-33. Engl.

After summing up the objectives of dental health educa-

tion, the author briefly describes some dental health education programmes that have been implemented in Singapore. These have included: talks and films; exhibitions; posters, pamphlets, and other publicity materials; toothbrushing drills in schools; dental health proficiency badges for Girl Guides; dental health and poster contests for schoolchildren; distribution of dental health kits; and the Singapore dental health club. (DP-E)

- 8686 Sandoval Marcondes, R.** *Ensino da saúde. (Health education)*. Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 89(4), Oct 1980, 328-341. Portuguese.

A methodology was developed for pilot-testing a primary school health programme in São Paulo, Brazil. The test focused on the quantitative and qualitative adequacy of the curriculum rather than its impact on student behaviour, i.e. whether teaching/learning objectives could be adequately met within the allocated time period. This paper details the methodology and its results and gives some of the teachers' comments on the programme. (HC-L)

- 8687 Singh, N.** *Patient health education — an experiment*. Medical Journal of Malaysia (Singapore), 34(4), Jun 1980, 343-346. Engl.

A brief attempt to integrate health education of patients with hospital treatment and management in Kelantan, Malaysia, is outlined. The methodology used in the local situation is described, problems and shortcomings are highlighted, and suggestions made include recommendations for further trial efforts in other hospitals in the country. (Modified journal abstract)

- 8688 Vasconcelos, R., Frenk, J., Zamarripa Torres, C., Heredia Duarte, A., Velasco Alzaga, J.M.** *Medicina, educación y salud. (Medicine, education, and health)*. Gaceta Médica de Mexico (Mexico City), 116(9), Sep 1980, 383-397. Span. Simposio sobre Medicina, Educación y Salud, Mexico City, Mexico, 12 Sep 1979.

The collection of papers presented at this symposium, whose avowed aim was to broaden the view of the National Academy of Medicine on health problems in Mexico, covered a broad range of topics and represented a number of different perspectives. While some papers discussed the need for health education in general and in specific areas, others examined the role of the various institutions in providing it. Still another pointed out the futility of health education in the absence of an adequate standard of living. The need to take into account the existence of two Mexicos — one developed and the other developing — in planning a national health education programme is pointed out. (HC-L)

III.5 Appropriate Technology

See also: 8402, 8423, 8489, 8503, 8521, 8752, 8754, 8756, 8758, 8766, 8772, 8792, 8817, 8937, 8956, 9090.

- 8689 Bauhahn, M.J.** *International medical laboratory newsletter*. Saginaw, Mich., International Medical Laboratory Newsletter. Engl.
Subscription address: 954 Fairfield N.W., Grand Rapids, Michigan, USA, 49504.

This newsletter about appropriate medical laboratory technology in developing countries is produced quarterly in microfiche form; an annual subscription costs US\$5.00. A sample issue contains an article on microfiche readers, references to appropriate literature, instructions for building laboratory equipment, a discussion of energy in the rural laboratory, and a bibliography. (DP-E)

- 8690 Boletín de la Oficina Sanitaria Panamericana, Washington, D.C.** *Cooperación técnica entre países en desarrollo. (Technical cooperation between developing countries)*. Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 90(2), Feb 1981, 169-172. Span.

At the 25th meeting of the Executive Council of PAHO (1977), member countries expressed an interest in furthering technical cooperation between developing countries. To this end, a number of national focal points have been set up, accords have been signed, and cooperative efforts on the part of various PAHO centres have been undertaken. These activities are briefly reviewed in this paper. (HC-L)

- 8691 Collier, L.H.** *Appropriate technology in the development of freeze-dried smallpox vaccine*. WHO Chronicle (Geneva), 34(5), May 1980, 178-179. Engl.

One of the most important scientific contributions to the smallpox eradication programme was the development of stable freeze-dried vaccine for use at tropical temperatures. The main work in this area was done at the Lister Institute, London, UK. Here, too, appropriate technology played a role: the 1st apparatus used for heat-sealing the ampoules of dried vaccine was made from a child's toy construction kit. (Modified journal abstract)

- 8692 Curtis, C.F.** *Insect traps for pit latrines*. Mosquito News (Fresno, Cal.), 40(4), Dec 1980, 626-628. Engl.

This article describes the testing, in Dar es Salaam (Tanzania), of a mosquito and fly trap that is placed over the aperture of a pit latrine. The trap is inexpensive, easily understood and constructed (a plan is included), and seemingly effective, killing hundreds of flies in a week. Further testing is required, but it appears that the trap is a more appropriate technology for dealing with insect problems arising from pit latrines than the use of imported insecticides, which are of diminishing effectiveness because of the evolution of resistance. (DP-E)

- 8693 Dunn, E.V., Acton, H., Conrath, D., Higgins, C., Bain, H.** *Use of slow scan video for CME in a remote area*. Journal of Medical Education (Chicago, Ill.), 55(6), Jun 1980, 493-495. Engl.
Since August 1977, a slow-scan video system has been

operating in a remote area of northwestern Ontario, Canada. This system, using regular dial-up telephone lines, interconnects the local hospital, five remote communities, and two teaching hospitals in Toronto, 1 000 miles distant. Since August 1978, the system has been used on a regular basis for continuing medical education programmes, graduate medical education including X-ray rounds, medical rounds, nursing rounds, in-service education, and patient education. (Modified journal abstract)

- 8694 Dunnill, P.** *Drug supplies, management and manufacturing for local needs; the provision of pharmaceuticals by appropriate technology*. Proceedings of the Royal Society, Series B, Biological Sciences (London), 209(1174), 1980, 153-157. Engl. Refs.

Drugs are needed in poor rural communities and methods of reducing their costs and increasing their effectiveness are important. Drug provision is acutely influenced by social, ethical, and political forces, but there are also direct technical questions that must be answered. This paper deals with the latter aspect of the problem, touching on such topics as the decentralization of drug compounding, the availability of equipment, and manuals on simple handling techniques. (Modified journal abstract)

- 8695 International Development Research Centre, Ottawa.** *Rural water supply in developing countries*. Ottawa, International Development Research Centre, 1981. 144p. Engl.

Training Workshop on Rural Water Supply in Developing Countries, Zomba, Malawi, 5-12 Aug 1980.

Delegates from Ethiopia, Tanzania, Malawi, Botswana, Kenya, Swaziland, Zambia, Lesotho, and Mozambique presented papers on water supply technologies, operation and maintenance, and training at this 1980 workshop. These proceedings also contain discussion summaries, descriptions of field visits, resolutions, and action plans. Some papers include illustrations, diagrams, and statistical data. (DP-E)

- 8696 International Development Research Centre, Ottawa.** *Sanitation in developing countries*. Ottawa, International Development Research Centre, 1981. 172p. Engl.

Training Workshop on Sanitation in Developing Countries, Lobatse, Botswana, 14-20 Aug 1980.

These workshop proceedings contain papers presented at the meeting, summaries of the resulting discussions, descriptions of field visits, and action plans. Topics covered include latrine construction and use, housing sanitation, on-site excreta disposal technologies, the aqua privy, sewage disposal in urban areas, disease transmission, water pollution, health education, rural health services, community participation, financing, and the training of health and sanitation manpower. Participants from Ethiopia, Tanzania, Malawi, Botswana, Kenya, Zambia, Swaziland, Lesotho, and Mozambique attended. (DP-E)

- 8697 Kale, O.O.** *Onchocerciasis: ways of improving the reconstitution method for counting microfilariae in skin snips.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 75(1), 1981, 101-102. Engl.

The reconstitution method of counting *Onchocerca volvulus* in skin snips, i.e., allowing a slide preparation of skin snip to dry after a fixed period of time (preferably 1 hour) and then reconstituting it by adding 1-2 drops of distilled water before counting, has produced a significantly higher yield of microfilaria than the fix-and-stain method. This paper provides detailed instructions for overcoming some problems associated with this method. (HC-L)

- 8698 Kupka, K.** *Lay reporting of health information.* World Health Forum (Geneva), 2(2), 1981, 211-217. Engl.

Information on births, deaths, and morbidity is necessary for the planning and functioning of health services everywhere, but obtaining and reporting such information can present problems where care is given largely by primary health workers. The simplified system outlined here can be adapted to fit a wide variety of situations. Annexes contain minimum mortality and morbidity lists and model death records and registers with instructions for their use. (Modified journal abstract)

- 8699 Lechermann, H.S.** *Simple way of book-keeping on a rural health mission.* Tropical Doctor (London), 11(2), Apr 1981, 90-91. Engl.

Three forms provide the basis for the simplified book-keeping system described here. The 1st, kept in the rural mission office, is used to control inventory movement of drugs, dressings, syringes, etc. The 2nd keeps track of the supplies expended on each mission, while the 3rd requests stock from the pharmacy. Sample forms are included. (DP-E)

- 8700 Mahalanabis, D., Merson, M.H., Barua, D.** *Oral rehydration therapy — recent advances.* World Health Forum (Geneva), 2(2), 1981, 245-249. Engl. 20 refs.

One of the most important advances in the field of diarrheal diseases research has been the discovery that dehydration in cases of acute diarrhea of any aetiology and in all age groups can be treated orally with a simple glucose-electrolyte solution. The widespread availability of this solution is therefore an important public health measure. This article examines the scientific basis for oral rehydration, its use in the treatment of infantile diarrhea, nutritional benefits, experience with oral therapy in treatment centres, and its delivery at the periphery. (DP-E)

- 8701 McDermott, W.** *Pharmaceuticals: their role in developing societies.* Science (Washington, D.C.), 290(4453), 11 Jul 1980, 240-245. Engl. 18 refs.

Most appropriate technology for controlling diseases in economically underdeveloped countries is applicable to groups as a whole, while treatment for most diseases of industrialized societies must be individually delivered.

The latter area is where the pharmaceutical industry has scored its greatest triumph, yet most of this technology does not fit the major disease problems as they now exist in the developing countries. The author maintains that, in order for US industry to do more in the developing countries, the most needed intervention is not a new drug, but a new system for drug development tailored to the financial and biological needs of the Third World. (Modified journal abstract)

- 8702 Ober, J.K., Thangavelu, M.** *Need for the appropriate technology approach in lower extremity orthotics in India.* Appropriate Technology for Health Newsletter (Geneva), (9), Aug 1981, 4-9. Engl.

Also published in French.

Suggestions are made for adapting conventional leg braces to the Indian climate, customs, and culture. These include eliminating the shoe as the foundation of the structure, autonomic stabilization of the knee joint, non-individual shaping of components, minimal rigidity, and complete prefabrication. The Kufen-orthosis invented by Professor G.G. Khun, which appears to comply with the above-mentioned criteria, is described in detail with many illustrations. (DP-E)

- 8703 Schampheleire, I. de** *Integrated family planning activities in maternal and child health centres in Cap Bon, Tunisia; II: use of a family planning technical card in an integrated maternal and child health program.* Journal of Tropical Pediatrics (London), 27(4), Aug 1981, 196-198. Engl.

See also entry 8830.

The integrated maternal and child health clinics in Cap Bon, Tunisia, have for the past 6 years been using a family planning technical card that is included in the child's chart. Because the card contains a number of questions requiring "yes" or "no" answers, it can be filled out quickly and easily by professional or auxiliary staff. It readily indicates whether or not a woman is currently at risk from pregnancy and provides standardized data for research and evaluation purposes. This paper gives an example of the card and how it is used. (HC-L)

- 8704 Shah, K.P., Shah, P.M.** *Appropriate technology for MCH services in the context of primary health care. Part 2.* Appropriate Technology for Health Newsletter (Geneva), (9), Aug 1981, 3-4. Engl.

Also published in French.

The authors describe three examples of appropriate maternal child health technology that have been successfully used in India. The 1st is a red, orange, and yellow arm tape for assessing maternal nutrition; pregnant women whose arm circumference measures below safe levels can be given nutritional supplements. The 2nd, an anaemiometer striped three different shades of red, helps primary care workers diagnose anaemia by comparing these bands with the colour of the patients' conjunctiva and eliminates the need for collecting blood samples.

Finally, traditional birth attendants have been issued a micro-delivery kit 8x6.5x3 cm in size, containing a sterilized blade, twine, gauze, cotton swabs, and iodine that costs US\$0.20 to produce and US\$0.04 to refill. (RMB)

8705 Shah, K.P., Shah, P.M. *Mother's card: a simplified aid for primary health workers.* WHO Chronicle (Geneva), 35(2), Feb 1981, 51-53. Engl.

Also published in French, Russian, and Spanish. Printed in the local language on thick paper, the mother's card provides information on whether the patient is using family planning, her menstrual status, whether she is at risk during pregnancy, her nutritional status before and during pregnancy, her tetanus immunization status, the expected date of confinement, and breast-feeding. Four pregnancies can be recorded on the card, which is kept by the patient while the primary care worker retains a copy. Instructions are given for filling in the card and diagnosing at-risk pregnancies. The card has been field-

tested in India and Somalia at a unit cost of US\$0.15. A sample card is included. (DP-E)

8706 WHO Expert Committee on the Selection of Essential Drugs, Geneva. *Model list of essential drugs.* World Health (Geneva), May 1981, 18-19. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish. WHO's Expert Committee on the Selection of Essential Drugs met in 1977 and again in 1979 to draw up a range of just over 200 substances that can cover the health needs of the majority of the population in developing countries. These substances can be compounded to form several hundred pharmaceutical products. Several complementary drugs were also suggested for special cases. This article presents a list of drugs based on a WHO technical report and cautions that the Committee has stated that each country must evaluate and adopt its own list of essential drugs, using the Committee list as a model. (DP-E)

IV Health Workers — Training and Utilization

IV.1 Medical Personnel

IV.1.1 Professional

See also: 8411, 8414, 8434, 8749, 8774, 8778, 8845, 8850, 8852, 8916.

- 8707** Abeykoon, P., Bandaranayake, R.C., Jayasena, K., Jayawickramarajah, P.T. *Analysis of internship (sic) training in Sri Lanka*. Medical Education (Oxford, UK), 15(3), May 1981, 161-166. Engl.

Interns at two Sri Lankan teaching hospitals and four provincial hospitals reported their activities during 10 days in this analysis of the training these students receive during internship. The results are discussed and presented as statistical data. It is recommended that, due to the wide variety of learning experiences revealed and the lack of guidelines for the interns' supervisors, a planned and monitored internship programme be implemented country-wide. (DP-E)

- 8708** Bahattab, A.S. *University of Aden, Democratic Yemen: medical education in the People's Democratic Republic of Yemen*. Public Health Papers (Geneva), 2(71), 1980, 183-189. Engl.

This article describes the formulation and establishment of a national policy for integrated socioeconomic development planning begun in 1969 after the revolutionary government gained independence in Yemen. It outlines the objectives of two health plans (for the periods 1971-1974 and 1974-1978) and the steps taken for the foundation of a school of medicine, the latter being of utmost importance since, until 1975, all doctors were being trained abroad, usually for a different health care system. A look at the three phases of the students' 7-year medical study programme and the school's methods of instruction is presented. (EB)

- 8709** Bennett, F.J. *Community diagnosis: its uses in the training of community health workers and in primary health care in East Africa*. Israel Journal of Medical Sciences (Jerusalem), 17(2/3), Feb-Mar 1981, 129-137. Engl. 13 refs.

Community diagnosis, an important part of training for community health, is a learning situation that promotes teamwork and management skills. The author traces the evolution of the methods of community diagnosis used in medical schools in Uganda, Kenya, and Tanzania. He

outlines the components of individual, family, and community diagnosis and uses examples of projects where students, public health workers, and communities collaborated in determining priorities for health action to illustrate positive aspects; these projects also helped students gain valuable experience and communities become more aware of their own health problems. Community diagnosis shows how epidemiology can be used for the establishment of health services rather than as a tool used mostly for biological research. (EB)

- 8710** Branicki, F.J. *Surgery in western Kenya*. Annals of the Royal College of Surgeons of England (London), 63(5), Sep 1981, 348-352. Engl. Experience the author gained during 30 months work as chief government surgeon for Nyanza Province, Kenya, is outlined. The wide variety of surgical conditions encountered and the problems posed in dealing with these by a chronic shortage of essential drugs, instruments, hospital facilities, and qualified staff are emphasized. It is suggested that at present the solution lies in wider instruction in surgical techniques for general duties officers and clinical officers together with energetic community health, family planning, and preventive medicine programmes. (Modified journal abstract)

- 8711** Brasil, Ministério da Educação e Cultura, Secretaria de Ensino Superior. *Programa de integração docente-assistencial IDA. (Integrated teaching-service programme)*. Brasil, Ministério da Educação e Cultura, Secretaria de Ensino Superior, Série Cadernos de Ciências da Saúde, No. 03, 1981. 32p. Portuguese.

To help bring medical education and research more into line with the needs of the population, Brazil is promoting the development of integrated teaching-service projects for health professionals. This booklet explains the philosophy behind integrated teaching-service; describes its objectives and characteristics; identifies the roles of the university, health services, and community in its implementation; and outlines the steps involved in setting up an integrated teaching-service situation. (HC-L)

- 8712** Carstairs, G.M. *Mental health in tropical medicine*. Journal of Tropical Medicine and Hygiene (London), 85(1), Feb 1982, 13-17. Engl. 11 refs. From 1976-1977, a 4-day course was offered by the Ross Institute of Tropical Hygiene, London, UK, to give students in the community health programmes in develop-

ing countries a basic knowledge of the common forms of mental disorder and their associated handicaps, the epidemiology of mental disorders, the use of psychotropic drugs in their treatment, and the organization and delivery of mental health services. Since then, the course has succeeded in making its participants aware of the magnitude of the problem of mental illness in developing countries, a subject which is generally given scanty attention at either the undergraduate or postgraduate levels. This paper discusses the evolution of the course, whose 1981 curriculum is appended. (HC-L)

- 8713 Crouch, P.R., Gee, K.** *Supervision: its usefulness and limitations.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(4), Dec 1979, 90-93. Engl.

The objectives of supervision are to improve the quality of health care, increase job satisfaction, and provide continuing education. Problems in providing adequate supervision within the health services infrastructure in Papua New Guinea are examined. Suggestions are presented to help both physicians and health extension officers improve their supervisory abilities. (DP-E)

- 8714 Diop, S.M.** *Expérience dakaroise en matière d'enseignement médical intégré. (Dakar experience in integrated medical education).* In Conférences Biomédicales, Cycle 1970-1973, Brazzaville, WHO, Cahiers Techniques AFRO, No. 11, 1975, 17-30. Fren.

The integration of basic and clinical sciences in the medical curriculum has been generally acknowledged to be desirable but the transition from presenting subject matter by discipline to presenting it by theme requires considerable cooperation and adaptation on the part of teaching staff. This paper describes six practical examples of integration that were implemented at the medical faculty, Dakar, Senegal. They include the distribution of pathology among 22 modules, the introduction of interdisciplinary round tables during the hospital stage, the establishment of a communal microscope laboratory, and the integrated evaluation of students. (HC-L)

- 8715 Engler, T.** *Médico general y los servicios médicos a la comunidad. (General practitioner and community medical services).* Educación Médica y Salud (Washington, D.C.), 15(2), 1981, 115-123. Span.

In Panama, general practitioners are the 1st line of contact between patient and health services and handle some 80% of all cases of morbidity. It therefore seems appropriate that their contribution be recognized by elevating their status to that of specialists in integral or family medicine. This would entail additional training (in-service for those already in practice) in ambulatory care, community medicine, and certain tasks delegated by consensus by the various specialties. The decentralization of medical training, to bring the student closer to the field of action, is called for. (HC-L)

- 8716 Harvey, B.C., Linn, J.T., Saville, G.G.** *Training programme for rural general practitioners in Australia.* Medical Journal of Australia (Sydney), 2(11), 29 Nov 1980, 597-600. Engl. 26 refs.

Analysis of the present state of training reveals that Australia has no effective, organized teaching programme for rural physicians. Current schemes address some procedural aspects of rural practice but overlook the important factors of personal development and total preparation. After identifying the role of rural doctors, the authors present guidelines for a training programme designed to cover all aspects of this type of practice. The programme is based on problem-solving and appropriate intervention measures. (Modified journal abstract)

- 8717 Johnson, W.D.** *Cornell-Bahia Program, 1964-1975: an experience in international training.* Journal of Medical Education (Chicago, Ill.), 55(8), Aug 1980, 675-681. Engl. 13 refs.

In 1964, Cornell University Medical College and the Federal University of Bahia in Salvador, Brazil, undertook a still on-going collaborative programme of training and research. This report, dealing with the period from 1964-1975, describes the programme's formation, organization, objectives, and research activities. Basically an exchange of faculty members, postgraduate fellows, and medical students, the programme, which involved 23 Brazilians and 45 Cornell participants, provided facilities and patient population for training and research in tropical infectious diseases for the US team in Brazil, and, for the Brazilian team at Cornell, training in studies and techniques not available at Bahia. Over 100 research projects and 75 publications resulted from the research activities of the programme's participants. The financial aspects and the impact and success of the programme are discussed. (EB)

- 8718 Miyakawa, M.** *Educational aspects of acupuncture and electro-therapeutics; the system of education in traditional Chinese medicine for Chinese and foreign students.* Acupuncture and Electro-Therapeutics Research International Journal (Oxford, UK), 4(3/4), 1979, 239-250. Engl.

This paper discusses the curriculum offered for undergraduates at the Peking (People's Republic of China) Institute of Traditional Chinese Medicine and the course in traditional Chinese medicine for doctors trained in Western medicine (attended by the author, a Japanese physician). The undergraduate curriculum concentrates on basic theory and classical texts and has attained a reasonable level in teaching traditional Chinese medicine. However, the level of Western medicine taught is not of an acceptable standard; this may be an obstacle to combining the two types of medicine. It is argued that the course for Chinese doctors trained in Western medicine, which systematically examines a range of subjects from traditional Chinese medical theory to clinical studies, is ideal for combining the two. (Modified journal abstract)

- 8719 Pereira Binder, M.C., Magaldi, C., Lopes, R.M.** *Internato de saúde pública na Faculdade de Medicina de Botucatu. (Internship in public health at the Faculty of Medicine of Botucatu).* Educacion Médica y Salud (Washington, D.C.), 15(2), 1981, 142-153. Portuguese. 13 refs.

In 1978 and 1979, a pilot project was undertaken in Brazil to give 6th-year medical students experience in delivering primary health care within the health services network. The 180 participants received supervised training in groups of seven or eight for a period of 18 days at the Botucatu Health Centre School and two other health centres serving both urban and rural populations, respectively. Pre- and post-tests indicated that the students' knowledge regarding the role of the doctor in society, the team approach to health care, social structure and health, etc., had increased. The students' evaluation of the experience was highly favourable. (HC-L)

- 8720 Ramirez Rivera, J., del Toro, M.H.** *Learning primary care in a primary care setting.* Boletín de la Asociación Médica de Puerto Rico (Santurce, Puerto Rico), 72(6), Jun 1980, 315-319. Engl. Regional Meeting of the American College of Physicians, Ponce, Puerto Rico, 7 Oct 1977.

A 4th-year medical student describes her experiences during a 2-month stint learning and providing primary health care at the medical centre at Rincon, Puerto Rico. The authors recommend this on-the-job training as superior to that received in primary care units in hospitals or universities because it teaches the student to deal with the more common diseases, gain self-confidence, and become aware of the medical and social problems of the area. Statistical data are included. (DP-E)

- 8721 Repetto D., G.** *Nivel primario de atención de salud: médicos generales o especialistas básicos? (Primary health care: general practitioners or basic specialists?).* Revista Médica de Chile (Santiago), 108(6), Jun 1980, 551-557. Span. 17 refs.

The government of Chile has decided to make primary health care universally available to its citizens and the question of whether the medical profession, which tends toward specialization, should put more emphasis on the training of generalists has been raised. The author concludes that the three specialists of internal medicine, pediatrics, and obstetrics/gynaecology can appropriately provide both primary and secondary care. Emphasis should instead be placed on the training of ancillary personnel, whose present numbers are only 25% of those of physicians. This lack of auxiliaries constitutes the chief bottle-neck to the implementation of primary health care throughout the country. (HC-L)

- 8722 Wilson, L.G.** *Community psychiatry in Oceania: fifteen months' experience in Micronesia.* Social Psychiatry (Berlin), 15(4), Feb 1980, 175-179. Engl. 9 refs.

The author describes his experience as the only psychiatrist for the 120 000 people of the Trust Territory of the Pacific Islands (Micronesia) for 15 months. His major

tasks were providing clinical consultation and supervision and teaching doctors and paraprofessionals basic concepts of mental health. Psychiatric assistance to courts and jails was another significant effort. In all work in Micronesia, it was found that a teaching component could easily be built in, since basic psychological and psychiatric knowledge was needed and desired by the Micronesians. Some statistical data are included. (Modified journal abstract)

IV.1.2 Auxiliary

See also: 8417, 8421, 8518, 8678, 8741, 8777.

- 8723 Aneja, K.S., Menon, N.K., Chakraborty, A.K., Srikantan, K., Manjunath, M.** *Feasibility of involvement of the multi purpose workers in case finding in the district tuberculosis programme.* Indian Journal of Tuberculosis (New Delhi), 27(4), 1980, 158-166. Engl. 8 refs.

A June 1978 study in Andhra Pradesh (India) employed 26 multipurpose workers (MPWs) to study the feasibility of using this type of health worker in tuberculosis case-finding. Indications were that, if the MPWs collected sputum smears from symptomatics 20 years of age or older during routine household visits, existing case-finding activity could be increased 4-5 times. The work load for the MPWs and microscopists in such a scheme is discussed and the need for meticulous supervision and the regular flow of supplies and equipment is stressed. Statistical data are included. (Modified journal abstract)

- 8724 Banam, J.** *College of Allied Health Sciences, Madang, Papua New Guinea: health extension officers, Papua New Guinea's personnel for health care.* Public Health Papers (Geneva), 2(71), 1980, 97-113. Engl.

Over the past 17 years, Papua New Guinea's health extension officers have proven their worth. These middle-level auxiliaries receive 3 years of training followed by 1 year of internship and then assume leadership of a health centre, responsible for providing comprehensive health care to the 5 000-20 000 people within its catchment area. This paper discusses the role, selection, and training of the health extension officer, pointing out the programme's emphasis on relevance to the working situation, practical experience, and good role models. (HC-L)

- 8725 Barzegar, M.A., Djazayeri, A.** *Evaluation of rural primary health care services in Iran: report on vital statistics in West Azarbaijan.* American Journal of Public Health (New York), 71(7), Jul 1981, 739-742. Engl. 9 refs.

In a project started in 1971, indigenous front-line health workers (male workers called *behdashtyar* and women workers called *beharz*) were locally trained to deliver environmental and primary health care services to mothers and children in the West Azarbaijan Province of Iran. By February 1978, there was a significant decline in birth and death rates and in infant and child

mortality in the test area as compared to a control area. One out of every four encounters was referred to a health centre physician, the remainder being handled by the health workers themselves. Statistical data are included. (Modified journal abstract)

- 8726 Bonifacio, A.F.** *University of the Philippines College of Medicine, Philippines: the Institute of Health Sciences, Tacloban — search for a model.* Public Health Papers (Geneva), 2(71), 1980, 115-130. Engl.

The Institute of Health Sciences, Tacloban, Leyte, Philippines, was established in 1976 for the purpose of producing a broad range of health personnel for the underdeveloped communities in the Eastern Visayas Region. It also aims to design and test programme models for health manpower development that would be replicable in other areas and countries with similar conditions. The Institute is unique in that its curriculum has a ladder type of structure with various points of entrance and exit; these range from *barangay* health worker to Bachelor of Science in rural medicine (an MD programme is in the works). Students are selected not on the basis of an entrance examination but rather upon recommendation by their *barangay* and the programme emphasizes practical skills rather than academic excellence. This paper discusses the various features of the programme, its evaluation, and its future directions. (HC-L)

- 8727 Dalhaus G., A.A.** *Capacitación de encargadas de comunidad por medio de un "paquete" de autoenseñanza. (Training of community health aides by means of a self-instruction "package").* Educación Médica y Salud (Washington, D.C.), 15(2), 1981, 124-133. Span.

In a teaching experiment carried out in a rural area of Mexico, 36 community health aides with an average of 4 years formal education were administered a package of self-instructional materials under the supervision of a nurse-monitor. Pre- and post-test results showed great improvement in the students' level of knowledge. It is therefore concluded that, given the shortage of teachers, the self-instructional package is a feasible alternative for continuing the education of health workers in the field. (HC-L)

- 8728 Gibson, D.** *Silver lining.* World Health (Geneva), Jul 1981, 14-19. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish. This article describes the many and varied duties performed by the volunteer health workers (VHWs) of Sri Lanka, most of whom are women about 20 years of age. Besides promoting health and assisting medical personnel, the VHWs often engage in activities aimed at the social and economic advancement of the people. Long a part of Sri Lankan society, the role of the VHW is now being fashioned to meet the primary health care needs of the country. (DP-E)

- 8729 Hoehn-Saric, R., Zulver, P., Melisaratos, N.** *Nondoctoral therapists in psychiatric outpatient clinics/part I: training programs.* Maryland State Medical Journal (Baltimore, Md.), 30(10), Oct 1981, 47-50. Engl. 8 refs.

Nine 2-year US training programmes giving a degree as a mental health counsellor or an associate-in-art in mental health are described. They differed significantly in the composition of their faculties, student selection criteria, composition of lectures, and particularly the type and extent of practical experience. Psychiatrists were under-represented on the faculties of most programmes, all of which emphasized psychological treatment methods to the detriment of medical and pharmacological aspects of mental illness. Some statistical data are included. (DP-E)

- 8730 Jelliffe, D.B., Jelliffe, E.F.** *Primary health care workers (PHCW) and family nutrition; editorial.* Journal of Tropical Pediatrics (London), 27(5), Oct 1981, 2-3. Engl.

The activities that primary health care workers can undertake to improve family nutrition status in developing communities are outlined. These include: improving food consumption by collecting information, monitoring nutritional status, encouraging child spacing, and providing nutrition education, treatment, and supplements; improving food utilization by teaching better processing methods and treating gastroenteritis and other diseases; improving food supplies; and improving resources. (DP-E)

- 8731 Kipp, J.E.** *Add groundnuts and stir.* World Education Reports (New York), (23), Apr 1981, 8-9. Engl.

A sample nutrition education story introduces this article describing the Lardin Gabas Rural Health Program, Nigeria. Participating villages choose village health committees, who in turn select two candidates for 3 months training as village health workers (VHWs). Stories, drama, and song are all accepted teaching methods in the training programme. The VHWs treat 28 common illnesses, prepare rehydration solutions, give nutritional education and supplements, and provide antenatal and delivery care. In 1980, VHWs staffed village health posts in 58 villages. (DP-E)

- 8732 Matheson, A.** *Health worker on ox-back.* World Health (Geneva), Jul 1981, 3-5. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish. This article describes the recruitment, training, functions, and supervision of community health workers in the Sudan. The programme aims to have a complete network of primary health care units covering the Sudan by 1984. Little progress has been made in the southern part of the country, where potential recruits prefer other work, while bringing in health workers from other areas would go against the concept of community health care. Another special problem is the supervision of nomadic health workers. (DP-E)

- 8733 Smith, D.E.** *Community health aide programme in Jamaica.* International Nursing Review (Geneva), 28(1), Jan-Feb 1981, 21-23. Engl.

In 1967-1968, the Department of Social and Preventive Medicine of the University of the West Indies at Mona started a pilot project for the training of community health aides (CHAs) that was later extended to other parts of Jamaica. After 1 week of training in teaching methods, public health nurses conducted an 8-week CHA training course in nutrition, basic nursing theory, diagnosis, first aid, maternal child health, and community health. By 1977, 1 245 CHAs had been trained and 1 169 were deployed in government health services. A CHA job description is included. (DP-E)

- 8734 Tuli, J.** *Small beginnings.* World Health (Geneva), Mar 1981, 6-9. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

A community health volunteer (CHV) is an individual selected by his or her village to follow a 3-month training course in promotive and preventive health care and the treatment of minor ailments and injuries. Some 145 000 CHVs now work in villages throughout India and the government's aim is to provide one CHV for every 1 000 population by 1983. This paper describes the work of a CHV in a northern Indian village and the health awareness and self-help activities that his efforts have generated. (HC-L)

- 8735 WHO, Geneva.** *Blindness prevention: training auxiliary personnel in eye care.* WHO Chronicle (Geneva), 34(9), Sep 1980, 332-335. Engl.

WHO advocates the use of auxiliary health workers in developing country programmes aimed at the prevention of blindness. Their duties at the peripheral level include health and community education activities, prevention and management of eye injuries and infections, identification of visual impairment, and referral. Intermediate-level personnel will diagnose and treat the most common eye conditions and supervise the front-line workers. Suggestions for training are made and examples from India, Kenya, and Guatemala are given. (DP-E)

- 8736 World Health, Geneva.** *Control through the primary health care worker.* World Health (Geneva), Sep-Oct 1981, 25. Engl.

The primary or frontline health worker is in a good strategic position to detect oral cancer at an early stage since they routinely come into contact with large numbers of people at clinics and during home visits. To determine if such workers could be effective in cancer control, a WHO/Sri Lanka pilot project trained all primary health care workers to make an examination of the mouth of each adult seen during routine work and, where indicated, refer them for follow-up treatment. If the plan is successful, the strategy could be recommended for implementation on a wider scale in many countries. (DP-E)

IV.2 Nursing Personnel

IV.2.1 Professional

See also: 8417, 8462, 8774, 8853.

- 8737 Cox, C.** *Turkish delights?* Nursing Mirror (London), 151(25), 18-25 Dec 1980, 32-34. Engl.

A British nurse relates her impressions of Turkey during a working visit to that country. She mentions a few indicators of the serious health problems and gives a brief description (and a chart) of the organization of Turkey's health care delivery system. Most of the burden of health care falls on the nurse and, in the rural areas, on the midwives. There is a shortage of both of these and recruitment and training (which she describes) are not entirely satisfactory. Finally, she describes a planned rural community health research project that will operate in four Turkish provinces and focus on the most pressing health care problems. (DP-E)

- 8738 Crout, E.** *Breaking with tradition.* Nursing Mirror (London), 152(1), 1 Jan 1981, 34-35. Engl.

This article describes nurse education in India and discusses some of the problems facing female nurses in that country. The status of nurses is closely related to that of women, who are still second-class citizens in many respects. They tend to be overworked and underpaid and are provided with poor hospital facilities. Unfortunately, they do little to remedy the situation, rarely joining a professional association or taking part in political activity. Nurses have, however, made some important contributions to health care such as the involvement of patients' families in hospital care and, in one area, eliminating neonatal death from tetanus by the use of a sterile kit. (DP-E)

- 8739 Gavrilov, N.I., Chochanov, B.P., Romascova, T.N.** *Rol' glavnoj medicinskoj sestry v organizacii dejatel'nosti oblastnoj bol'nicy. (Role of the head nurse in organizing the activities of a provincial hospital).* Sovetskoe Zdravookhranenie (Moscow), (9), 1980, 27-30. Russ.

The role of the head hospital nurse or matron in disease prevention, treatment, and rehabilitation is studied in this survey of the head nurse's activities in a regional hospital in the USSR. Personality characteristics affecting the job are also examined. Based on this study, proposals are presented for resolving some of the problems associated with the head nurse's activities. (Modified journal abstract)

- 8740 Gosnell, D.J.** *Introducing the nursing process in Papua New Guinea.* International Nursing Review (Geneva), 28(4), Jul-Aug 1981, 108-109, 115. Engl.

The author describes her efforts to teach to Papua New Guinea nurses what she calls the nursing process: a systematic, problem-solving approach to nursing that allows the nurse to organize her activities in a way that best meets the individual needs of her patients. Fifty-two

Papua New Guinea nurses attended workshops to learn this methodology. The author also examines some of the problems faced by nurses in that country in the practice of their profession. (DP-E)

- 8741 Guile, E.E., Hagens, E., Miranda, J.C. de** *Dental nursing in Suriname: training and deployment.* Journal of Dental Education (Chicago, Ill.), 45(3), Mar 1981, 156-160. Engl. 13 refs.

This 3-year programme for training dental health nurses aims to alleviate the serious dental manpower shortage in Suriname, where 16 dentists serve a population of 400 000. Information is given on the programme's philosophy, admission requirements, the curriculum, the internship of the 3rd-year students, and the development of dental nurses. Some statistical data are included. (DP-E)

- 8742 Laurente, C.M.** *Broadening employment opportunities for nurses.* Philippine Journal of Nursing (Manila), 50(2), Apr-Jun 1980, 55-59. Engl. Mainly because of low pay and lack of employment opportunities at home, many Filipino nurses choose to work abroad. The author puts forth a self-employment scheme for Filipino nurses within the framework of primary care services as independent nurse practitioners, whose qualifications and job description are outlined. Four strategies for acquiring patients are presented and the Children's Creative Workshop or Doorstep Project is offered as an example of a child health programme run by nurses. (DP-E)

- 8743 Marshall Burnett, S.** *Jamaica: professional progress, care for all are goals.* American Nurse (Kansas City, Mo.), 13(6), Jun 1981, 14. Engl. After giving some background information on the demography and health status of the Jamaican population, this paper discusses the education and deployment of nurses there. At present, nurses consider continuing education and better working conditions priorities for professional development and the maintenance of quality nursing care; without improvements in these two areas, migration of nurses to the developed countries will surely continue. (HC-L)

- 8744 Palaypay Suanes, H.** *Nurse in the BLISS Program.* Philippine Journal of Nursing (Manila), 50(1), Jan-Mar 1980, 14-17. Engl. 8 refs. After describing four attributes of primary health care, a Filipino nurse enumerates six contributions that national hospitals could make in support of the BLISS Program of Human Settlement. The role of the nurse within this government programme is examined and job descriptions for a community nurse practitioner, a community nurse for the Early Child Prevention Alert Program, a community nurse serving as liaison with the BLISS Program, and a community nurse administrator are outlined. (DP-E)

- 8745 Philpot, T.** *Space, the final frontier.* Nursing Mirror (London), 152(16), 16 Apr 1981, 22-24. Engl.

In 1971, Caritas, a large Catholic social welfare agency, established a community nursing service in Shum Shui Po, a Hong Kong slum. Now fully government-funded, this service has 14 Chinese community nurses serving a population of 718 000. The daily routines of some of these nurses are described. Most of their patients are elderly and/or disabled. To compensate for some of the difficulties encountered in this type of nursing, it is suggested that community nurses receive an extra rest day each month and higher pay than hospital nurses. (DP-E)

IV.3 Midwives and Family Planning Workers

IV.3.2 Auxiliary

See also: 8406, 8770, 8776.

- 8746 Heiby, J.R.** *Low-cost health delivery systems: lessons from Nicaragua.* American Journal of Public Health (New York), 71(5), May 1981, 514-519. Engl. 18 refs.

In 1976, Nicaragua's ministry of health began a low cost programme to deliver simple health services in rural areas through trained traditional birth attendants or *parteras*. After 2 years, the programme had prepared 768 *parteras* in a 5-day training course and distributed basic supplies. The difficulties encountered in implementing this limited set of services illustrate a number of potential obstacles to the achievement of universal, comprehensive primary health care in developing countries. The most prominent difficulties involved elements of the health service delivery system itself. The experience also provides examples of issues in the design of delivery systems that require specific applied research. (DP-E)

- 8747 Rosser, J., Moxey, L.** *Notes and recommendations of birth attendant and midwifery training in the Yemen Arab Republic.* n.p., Dec 1981. 39p. Engl. Unpublished document.

After close observation of the practice of traditional midwifery in Yemen, the authors present recommendations for planners of traditional birth attendant (TBA) training programmes. They outline job descriptions for TBAs, assistant midwives, and TBA trainers; make suggestions concerning student selection, training, supervision, and certification; and discuss problems relating to curriculum development. The syllabus used in the Jabel Raymah training programme, included in this paper, covers what the TBA needs to know in the areas of hygiene, nutrition, pregnancy, antenatal care, labour and delivery, postnatal care, breast-feeding, etc. (DP-E)

IV.4 Dental Personnel

IV.4.1 Professional

See also: 8409, 8949.

- 8748** Lemley Schattner, E., Tsao, T.F. *Dentistry in the People's Republic of China; impressions and recollections.* Journal of the American Dental Association (Chicago, Ill.), 102(1), Jan 1981, 15-22. Engl. 12 refs.

Two dentists, an American and a Chinese, discuss dentistry in the People's Republic of China. Chinese dentists vary widely in their training, abilities, and treatment theories. Dental schools have become standardized, are well-organized, and graduate very capable dentists. However, there are not nearly enough dentists and dental workers for the population to be served. The authors point to more schools and the employment of Western-style methods, with emphasis on prevention and periodontics, as the key to further improvement. Some statistical data are included. (DP-E)

IV.5 Laboratory and X-ray Technicians

- 8749** Wasi, P., Na-Nakorn, S. *Problems of haematology training in developing countries.* British Medical Journal (London), 284(6286), 25 Jul 1981, 292-293. Engl.

Except in hospitals, Thai physicians are unable to provide appropriate haematology services for these reasons: the subject is only taught and practiced as a laboratory science; the doctors themselves are disease-oriented rather than problem-oriented; and many haematological problems that could be adequately treated by auxiliaries or require highly specialized service are inappropriately referred to doctors. Attempts that have already been made to remedy this situation include the training of Buddhist monks as village health volunteers, the training of community laboratory assistants, and problem-oriented teaching methods. Six recommendations for appropriate haematology training in developing countries are presented. (DP-E)

IV.8 Health Educators

See also: 8674.

- 8750** Abbatt, F.R., Fendall, N.R. *Teaching the teachers.* World Health Forum (Geneva), 2(2), 1981, 225-231. Engl. 17 refs.

The major obstacle to ensuring appropriate manpower for primary health care is the desperate shortage of teachers who know what to teach and how to do it well. A course of 3 months duration, specifically tailored to produce such teachers, is offered in the Department of International Community Health at the Liverpool School of Tropical Medicine, UK. A team approach, continuous feedback, and cross-fertilization of ideas

encourages learning and the adaptation of training to participants' needs. (Modified journal abstract)

- 8751** Osuho, P.C., Osuho, A. *Other health personnel in health educational activities in an under-fives clinic in northern Nigeria.* Tropical Doctor (London), 11(2), Apr 1981, 77-80. Engl. 11 refs.

At the underfives' clinic of the Samaru Health Centre in northern Nigeria, clinic attendants and auxiliaries have been trained to carry out specific health education activities as part of their usual functions. The authors describe the health education roles of the records unit, the anthropometric assistant, the nutrition assistant, the dresser, the dispensary unit, the dental surgery assistant, and the clinic gardener. The effects of these expanded roles seem to have been quite positive. (DP-E)

IV.9 Teaching Aids

IV.9.1 Health Care, Nutrition, and Disease Control

See also: 8401, 8671, 8681.

- 8752** Abela, M.T. *Improving the rural habitat in Africa.* Children in the Tropics (Paris), (130), 1981, 2-75. Engl.

These guidelines for improving the rural habitat in Africa cover the following subjects: creating a new village; organizing the concession; providing adequate housing for the family; creating a cool house in a hot climate; solid buildings using local materials; self-made arrangements and small furniture, especially of wood and bamboo; the kitchen and its facilities, including arrangements and cooking methods and equipment; and sanitation facilities, particularly latrines and wash-rooms. A bibliography is included. (DP-E)

- 8753** Benenson, A.S. *Control of communicable diseases in man. 13 edition.* Washington, D.C., American Public Health Association, 1981. 443p. Engl.

This handbook is intended to provide a ready source of up-to-date information on the recognition and management of specific communicable diseases. Each disease is treated, alphabetically, according to the following headings: identification, including laboratory diagnostic procedures and differentiation from allied or related conditions; infectious agent; occurrence; reservoir; mode of transmission; incubation period; period of communicability; susceptibility and resistance; preventive measures; control of patient, contacts, and the immediate environment; epidemic measures; disaster implications; and international measures. Equal space has been devoted to those diseases that are usually found outside the USA. (HC-L)

- 8754 Cheesbrough, M.** *Blood film as a routine screening test in rural tropical hospitals.* Tropical Doctor (London), 11(4), Oct 1981, 188-189. Engl.

Since laboratory workers in rural hospitals already examine thick blood films for malaria parasites, other tests that can be carried out simultaneously with an eye to saving both time and supplies are described. These include: assessing the drying patterns of the blood for rouleaux formation; staining with Field's rapid stain to screen for malaria parasites, trypanosomes, microfilaria, and borrelia organisms; and testing for the presence of white cell abnormalities, reticulocytes, and normoblasts. A list of suggested follow-up investigations is also given. (DP-E)

- 8755 International Centre for Diarrhoeal Disease Research, Bangladesh, Dacca.** *Training manual on treatment and prevention of diarrhoea.* Dacca, International Centre for Diarrhoeal Disease Research, Bangladesh, Special Publication No. 12, Dec 1980. 16p. Engl.

This manual is intended for use by health workers in training the family of patients in the administration of oral rehydration. Only essential information, written in simple, non-technical language, is included. The manual has been prepared for field testing and it is expected that an improved manual will emerge as a result of that testing. Illustrative photographs are included. (DP-E)

- 8756 Larivière, M.** *Antiparasitic treatment at the level of the basic health centres.* Children in the Tropics (Paris), (127), 1980, 20-33. Engl.

The author stresses the need for using appropriate (not necessarily the newest or the most publicized) drugs in developing countries, with emphasis on Africa. Guidelines are presented for treating malaria, schistosomiasis, and intestinal and other parasites. A chart containing a list of the drugs most frequently used in pediatric consultations is included; it provides the usual dosages, precautions for use, and major contraindications and is limited to drugs selected for their effectiveness, harmlessness, and low cost. (DP-E)

- 8757 Laurin, C.J.** *Help yourself; easy to learn first aid treatment and safe habits.* Ottawa, St. John Ambulance, 1977. 95p. Engl.

Also published in French as *Aide-toi; premiers soins et mesures préventives à la portée de tous.*

With the aid of simple line drawings, this handbook for non-medical personnel describes how to react in a medical emergency, how to restore breathing, how to control bleeding, how to look after the unconscious, what not to do in the case of a suspected neck or spinal injury, and how to reduce pain and prevent further damage in dealing with common fractures. Heart attacks, automobile accidents, poisonings, and other emergencies are dealt with separately. The last chapter reviews the most common causes of accidents, particularly in the home, and how to prevent them. (HC-L)

- 8758 Mellerio, A.** *Comment rééduquer à domicile un enfant polio paralysé d'une ou deux jambes. (Home reeducation of young polio victims with paralysis of one or both legs).* Développement et Santé (Paris), (34), Aug 1981, 11-14. Fren.

This paper describes how a nurse, even under remote or isolated conditions in Africa, can work with the family of a poliomyelitis victim to minimize the disability resulting from the disease. It explains how to recognize and manage the acute phase of a poliomyelitis attack and gives specific instructions regarding exercises and easily-constructed mechanical aides for helping the child with paralysis of one or both legs to learn how to walk. Numerous line drawings and photographs are included. (HC-L)

- 8759 Nicolas-Randegger, J.** *Diagnosis and treatment of fever in children.* Children in the Tropics (Paris), (127), 1980, 34-40. Engl.

Steps in diagnosing fever in children include taking the temperature, questioning the parents, clinical examination, and complementary examinations if necessary. Once the aetiology has been determined (charts are included to aid in this process), the proper drugs can be administered and symptomatic treatment initiated to prevent the dangers inherent in high fever; this includes cooling the child down, preventing convulsions, and giving fluids, antipyretics, and, if necessary, antimalarial drugs. (DP-E)

- 8760 Pan American Health Organization, Washington, D.C.** *Emergency health management after natural disaster.* Washington, D.C., Pan American Health Organization, Scientific Publication No. 407, 1981. 67p. Engl. Refs.

Also published in Spanish as *Administración sanitaria de emergencia con posterioridad a los desastres naturales.*

These guidelines are intended for decision-makers and administrators in disaster-prone developing countries who are responsible for providing health services after sudden natural disasters. The 1st part covers the effects of disaster on health and outlines an approach to relief. The 2nd presents detailed emergency relief procedures in the areas of coordination and assessment, management of mass casualties, surveillance and disease control, environmental health management, food and nutrition, supplies, refugee camps, communications and transport, management of international relief assistance, reestablishing normal programmes, and disaster preparedness. The annexes of part 3 include a list of external agencies providing health relief and a bibliography. (DP-E)

- 8761 Rey, M.** *On the proper use of antibiotics.* Children in the Tropics (Paris), (127), 1980, 11-19. Engl.

Some general rules for prescription point out that antibiotics are not appropriate for every infectious condition, should be adjusted to each type, and should take into account possible undesirable effects, cost, and mode of administration. Examples of common indications cover

respiratory infections, rheumatic fever, meningitis, skin and other staph infections, and typhoid fever. Specific aspects of the antibiotic treatment of tuberculosis include treatment principles, special antibiotics, and protocols and practical management. (DP-E)

8762 St. John Ambulance, Ottawa. *Emergency first aid; safety oriented*. Ottawa, St. John Ambulance, 1977. 140p. Engl.

Also published in French as *Secourisme orienté vers la sécurité; urgence*; for earlier editions see entry 2632 (volume 4).

With the aid of considerably detailed illustrations and text, this first aid manual/handbook for non-medical personnel covers the following: the principles of first aid; the structure and functions of the body; artificial respiration; management of the unconscious, persons in shock, various kinds of injuries (wounds, fractures, burns, etc.) and medical emergencies (heart attack, stroke, diabetic coma, etc.); and the transporting of the sick or injured. The manual has a strong preventive element. The chapter on wounds, for example, points out some specific measures to take to eliminate risk factors in the home, on the highway, around the farm, and during recreational activity. (HC-L)

8763 Talbert, R., Hendricson, B., Hudepohl, N., Richards, B., McPherson, M. *Developing bilingual patient education materials; problems and solutions*. Journal of Biocommunication (San Francisco, Cal.), 8(1), Mar 1981, 23-28. Engl. 9 refs.

The authors share their experiences in developing a series of bilingual (English and Spanish) slide-tape programmes for renal transplant patients in the USA. After the needs for such materials was determined, the Spanish script was adapted from the English version; production stages include recruitment of talent, recording the narration, and creating the slides. An evaluation methodology is presently being developed. (DP-E)

8764 WHO, Division of Communicable Diseases, Diarrhoeal Diseases Control Programme, Geneva. *Guidelines for the trainers of community health workers on the treatment and prevention of acute diarrhoea*. Geneva, WHO, 1980. 29p. Engl.

Topics covered in this manual include the understanding, treatment, and prevention of diarrhea. Annexes contain a growth chart, instructions for estimating a child's weight from age or length, suggestions on what to do when oral rehydration salt packets are not available, and an example of a community health worker's "Diarrhea Card". The manual is intended for adaptation to conditions in different countries rather than for general adoption without modification. (DP-E)

8765 WHO, Division of Communicable Diseases, Diarrhoeal Diseases Control Programme, Geneva. *Manual for the treatment of acute diarrhoea*. Geneva, WHO, 1980. 25p. Engl.

Topics covered in this manual include diarrhea and dehydration, assessment and management of patients,

medicines, associated problems and complications, and prevention of diarrhea. There are also annexes containing a list of pathogenic agents of acute diarrhea, formulae for rehydration solutions, instructions for estimating a child's weight from age or length, a growth chart, and answers to questions on oral rehydration therapy. The manual is intended for adaptation to conditions in different countries rather than for general adoption without modification. (DP-E)

8766 WHO, Division of Communicable Diseases, Diarrhoeal Diseases Control Programme, Geneva. *Guidelines for the production of oral rehydration salts*. Geneva, WHO, 1980. 58p. Engl.

This WHO document presents guidelines for the production of oral rehydration salts (ORS). Various chapters deal with manufacturing premises, raw materials, equipment, personnel, production steps, and quality control. Annexes contain a checklist, specifications for ordering and testing finished packets of ORS, good practices in the manufacture and quality control of drugs, order specifications, test procedures, a production control sheet, a chloride test for production control, a dosage control record sheet, and test procedures for quality control of finished ORS packets. (DP-E)

8767 WHO, Division of Communicable Diseases, Diarrhoeal Diseases Control Programme, Geneva. *Guidelines for cholera control*. Geneva, WHO, 1980. 14p.

This WHO document presents guidelines for cholera control. After examining recent knowledge on bacteriology and epidemiology, it lists the many activities a national disease control programme should undertake both in preparation for and during a cholera outbreak. Necessary activities during the post-epidemic phase are also discussed. An annex lists the basic supplies for a mobile control team. (DP-E)

8768 WHO, Geneva. *Methods of assessment of avoidable blindness*. Geneva, WHO, WHO Offset Publication No. 54, 1980. 42p. Engl.

WHO Task Force Meeting on Methods of Assessment of Avoidable Blindness, San Francisco, Cal., Dec 1979.

The present guide was prepared at a December 1979 WHO task force meeting and contains basic principles pertinent to the design, implementation, and interpretation of blindness prevalence surveys, the results of which can be used in designing blindness prevention programmes. Section 1 covers survey methods: preliminary assessment, population-based sample survey, data recording and analysis, and special considerations for surveys on blindness. Section 2 describes methods of examination: screening procedures, visual-acuity and visual-field testing, and primary and special examinations of the eye. Annexes include aspects of sampling theory, signs to be recorded separately for each eye in blindness surveys, and list of participants at the WHO meeting. (EB)

8769 WHO, Geneva. *Viral respiratory diseases; report of a WHO Scientific Group.* Geneva, WHO, WHO Technical Report Series, No. 642, 1980. 63p. Engl.

WHO Scientific Group on Viral Respiratory Diseases Meeting, Geneva, Switzerland, 2-6 Apr 1979.

This report by a WHO scientific group deals with the role of viruses in acute respiratory diseases, their public health importance, and means of containment, particu-

larly in underserved world populations. It discusses laboratory investigation methods, surveillance at the country level, management at the primary health level, the use of antiviral drugs, and the role of immunization. Several areas requiring further research, especially methods of clinical management, effective control techniques, and community participation, are described and a number of recommendations put forward. Statistical data and a guide for training health workers at the community level in the care of children with acute respiratory diseases are included. (EB)

V Formal Evaluative Studies

V.1 Health Workers

See also: 8417, 8674, 8725, 8746, 8799, 8805, 8807, 8813.

- 8770 Bhatia, J.C.** *Evaluation of traditional birth attendants (dais) training scheme in the state of Karnataka.* Bangalore, India, Indian Institute of Management, Centre for Population and Health Management, Aug 1982. 263p. Engl.

One approach to bringing primary health care to all peoples by the year 2000 is to identify and train village health workers to provide basic preventive and curative services to the rural communities. By improving the practices of traditional birth attendants through proper training and follow-up supervision, their services could be integrated with the existing health care system. India has undertaken various training programmes to this effect and in 1981 the Indian Institute of Management began carrying out an in-depth analysis to evaluate the effectiveness of the programmes. The detailed results of the evaluation of the training scheme in the state of Karnataka are presented in this report, which includes 141 tables and 7 sample questionnaires. (EB)

- 8771 Brieger, W.R.** *Behavioural guide for evaluating patient educators.* International Journal of Health Education (Geneva), 23(1), Jan-Mar 1980, 55-61. Engl. Refs.

Health education is a specific adaptation of behavioural science theory to health care. Some models exist for incorporating this discipline into health curricula, but a rigorous behavioural approach that can be objectively assessed needs to be developed. This paper proposes one such model, in reference to patient education, for use in training and evaluating medical students at the University of Ibadan, Nigeria. It covers 10 areas of competence for health educators (data gathering, records maintenance, educational techniques, etc.) and 43 behavioural items to be observed. (DP-E)

- 8772 Erasmus, P.S., Harland, G., Cox, D.L., Lyew, M., Lindo, F.** *Composition of oral solutions prepared by Jamaican mothers for treatment of diarrhoea.* Lancet (London), 1(8220), Pt. 1, 14 Mar 1981, 600-601. Engl.

This study compares the composition of home-made oral rehydration solutions prepared by 44 Jamaican mothers following directions given during health education programmes and using the double-ended spoon supplied by

Teaching Aids at Low Cost, Institute of Child Health, London. The results, discussed and presented as statistical data, confirm that the composition of home-made solutions is often dangerously wrong because mothers prepared them according to taste (too high in sugar) or used limes instead of oranges or bananas (too low in potassium). While the use of the spoon greatly improved accuracy, the type of sugar is also important. (DP-E)

- 8773 Kadry, K., Mourad, I., El-Rafie, M.** *Health and biological knowledge among students of High Institute of Nursing.* Journal of the Egyptian Public Health Association (Cairo), 54(5/6), 1979, 370-381. Engl.

In a 1979 study, all 249 student nurses and interns at the High Institute of Nursing (Cairo, Egypt) were tested on their knowledge of sex and human behaviour. The results are discussed and presented as statistical data. The findings indicate serious deficiencies in this area, although knowledge had generally increased by the 3rd year of studies. The authors suggest that improvements are necessary in the curriculum of secondary school biological education and in the curriculum of the High Institute of Nursing. (DP-E)

- 8774 Lennox, C.E.** *Standard treatments — a must but a myth.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(1), Jun 1979, 140-144. Engl.

In a 1979 study, physicians, nurses, and health extension officers in Papua New Guinea were asked to complete questionnaires on their treatment of particular conditions and the books that they would use in these treatments; their answers were compared to the procedures found in three standard treatment books. The results are discussed and presented as statistical data. They indicate that standard treatments are often poorly followed. The author feels that, by rigid and visible adherence to standard regimes, doctors will not only improve their own clinical standards but will also have a beneficial teaching influence on nurses and other health workers with whom they are working. (DP-E)

- 8775 National Academy of Sciences, Institute of Medicine, Panel on Health Services Research, Washington, D.C.** *Assessment of medical care for children.* Washington, D.C., National Academy of Sciences, Contracts in Health Status, Vol. 3, 1974. 231p. Engl.

This 3rd volume in the series reports the results of a field

test of the methodology for evaluating health services set forth in Volume 2. It presents social, demographic, and health status profiles of 1 436 families with 2 780 children aged 6 months-11 years living in the northwest part of Washington, D.C.; it also deals with the organization, education, and attitudes of attending physicians. The tracer conditions in this study were visual disorders, middle-ear infections, and iron-deficiency anaemia. The authors point to the major differences in the way physicians from different organizations screen, diagnose, and treat these conditions. Statistical data are included. (EB)

- 8776 Oyebola, D.D.** *Perinatal care by traditional healer — midwives of Nigeria.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 18(4), 1980, 295-299. Engl. 24 refs. In a Nigerian study, a group of 106 Yoruba traditional healers who practiced midwifery were interviewed regarding their knowledge of perinatal care. The study confirmed earlier reports that these herbalists are indispensable to delivery services in Nigeria. However, they were found to be ignorant in such important areas as duration of labour, causes of various obstetric complications, and functions of the placenta; this could account for the high morbidity and mortality associated with their practice. The need to provide them with appropriate training is emphasized. Statistical data are included. (Modified journal abstract)

- 8777 Tuli, J.** *Community initiative for better health pays off.* Nursing Journal of India (New Delhi), 72(4), Apr 1981, 106-107. Engl.

Under an Indian government scheme, villages select a community health volunteer (CHV) for every 1 000 inhabitants; this article describes the difference this has made in 2 years in the village of Hasanpur. The CHV underwent a 3-month training course in promotive and preventive health care and the treatment of minor ailments. He has also taken initiatives in the areas of water supply, waste disposal, health education, and the provision of clothing. Formerly, the villagers quickly forgot the advice of visiting health officials; the presence of the CHV has led to constructive collective action. (DP-E)

- 8778 Valyasevi, A.** *Nutrition education for medical and other health science professions in Asia.* In Bourne, G.H., Physiology and Social Nutrition and Nutritional Education, Basel, Switzerland, S. Karger AG, 1981, 174-183. Engl.

A survey of nutrition education was carried out in medical schools in India, Japan, Korea, Malaysia, Pakistan, Philippines, Sri Lanka, and Thailand. All countries except Japan face common nutrition problems including protein-calorie malnutrition, vitamin A and B₂ deficiencies, and nutritional anaemia, and doctors have primary responsibility for solving them. The survey revealed that 11 of the 14 schools were dissatisfied with the present curriculum and wished to see nutrition taught from the 1st to the final year and integrated into practical experience. The schools expressed a need for more qualified staff to teach nutrition and a desire to improve nutrition

education with the support of the international agencies. A description of the nutrition programme at the Ramathibodi Medical Faculty, Bangkok, Thailand, is included. (HC-L)

V.2 Organization and Administration

See also: 8661, 8857, 8954, 9097.

- 8779 Al Rubaie, A.** *Statistical system in promoting health services (summarized).* Bulletin of Endemic Diseases (Baghdad), 19(1/4), 1978, 87-102. Engl. 8 refs.

The essential basis for planning and evaluation in any promotional effort is quantitative information obtained regularly. With health services, three basic information sources can be distinguished: vital statistics (birth, mortality, causes of mortality), health statistics (hospital discharges, laboratory data, disposition of medical personnel, etc.), and health surveys (morbidity, epidemiology). This paper attempts to explain, against an Iraqi background, the nature of data available from these sources, their limitations, the efforts to improve them, and their potential uses in improving health services. Some statistical data are included. (Modified journal abstract)

- 8780 Allan, W.G., Snell, N.J., Hill, L.E., Fayers, P.M., Scadding, J.G.** *Survey of deaths in Hong Kong attributed to tuberculosis.* Tubercle (Edinburgh), 62(1), 1981, 1-11. Engl. 9 refs.

An examination of the records of 578 patients certified as having died from tuberculosis in Hong Kong from September 1, 1975-August 31, 1976 indicated that some had never had the disease while in others it had been irrelevant or only a factor contributing to death. Of the remaining 430 patients, 123 died from the late effects of inactive tuberculosis. It is suggested that deaths from active disease should be compiled separately since this is the best index of the effectiveness of an antituberculosis programme. Statistical data are included. (Modified journal abstract)

- 8781 Basu, R.N.** *Expanded Programme on Immunization in India: progress report.* Indian Journal of Pediatrics (Calcutta, India), 47(368), Sep-Oct 1980, 361-365. Engl.

The Expanded Programme on Immunization (EPI) in India, begun in January 1978, aims to reduce the incidence of a number of diseases for which effective vaccines are available. This 1980 progress report outlines the necessary tasks, provides a vaccination schedule, reviews the incidence of diseases, discusses the availability of vaccines and the steps that have been taken to improve the cold chain, and describes current and future coverage. Some statistical data are included. (DP-E)

- 8782 Berggren, W.L., Ewbank, D.C., Berggren, G.G.** *Reduction of mortality in rural Haiti through a primary-health-care program.* New England

Journal of Medicine (Boston, Mass.), 304(22), 28 May 1981, 1324-1330. Engl. 29 refs.

Evaluation of a disease control programme carried out by village health workers in Haiti revealed that mortality fell progressively during 5 years, eventually reaching 25% of national levels. The fall in mortality was associated principally with services that prevented deaths due to tetanus, malnutrition, diarrhea, and tuberculosis. The total programme of hospital and village health services saved 495 years of potential life per 1 000 population per year. Most of the saving was attributed to preventive services. The programme reached more than 115 000 persons and has been replicated by other agencies for an additional 135 000 Haitians. Statistical data are included. (Modified journal abstract)

8783 Bhatia, S., Mosley, W.H., Faruque, A.S., Chakraborty, J. *Matlab family planning-health services project.* Studies in Family Planning (New York), 11(6), Jun 1980, 202-212. Engl. 9 refs.

In October 1975, the Cholera Research Laboratory (now the International Center for Diarrheal Disease Research, Bangladesh), in collaboration with the Ministry of Health and Population Centre, initiated a simple but intensive house-to-house distribution of oral contraceptives and condoms in 150 villages (population 125 000) in rural Bangladesh. Another 84 villages (population 135 000) were observed as a control group. Sample surveys revealed an immediate impact of the project; within 3 months, the contraceptive use rate among married women aged 15-44 years rose from 1.1%-17.9% and an 11% decline in fertility was observed about 10-14 months later. Statistical data are included. (Modified journal abstract)

8784 Bignall, J.R. *Cooperative international study of the Iuat on evaluation of treatment in routine practice.* Bulletin of the International Union against Tuberculosis (Paris), 54(1), Mar 1979, 35-46. Engl.

A study was made in Portugal, Romania, and Algeria to assess the efficacy of various chemotherapy regimes for tuberculosis, with the aim of devising a simple design for a prospective study applicable to any country. The results are discussed and presented as statistical data. The essential requirements were: a simple system for recording basic details of all patients; facilities for determining sputum state, including drug sensitivity tests; and facilities for keeping large numbers of patients under observation. It is suggested that a national reference laboratory is also essential for each country so that tests can be standardized and data correlated and monitored. (Modified journal abstract)

8785 Bignall, J.R. *Committee on treatment; national survey of the results of routine treatment of pulmonary tuberculosis.* Bulletin of the International Union Against Tuberculosis (Paris), 53(2), Jun 1978, 112-114. Engl.

The Committee on Treatment of the International Union Against Tuberculosis met in Mexico City in 1975 and initiated a study designed to assess the results of

routine treatment of pulmonary tuberculosis. A pilot survey was carried out in early 1976 to test the protocol and methods; the main survey began in January 1977. This report concerns the methods used and progress during the 1st 4 months of the study. The main objective was to devise and test a simple design for a prospective survey, one that could be applied in any country that has the basic minimum of records and clinic organization. The process of designing the survey and its implementation in Algeria, Portugal, and Romania are described. Some statistical data are included. (DP-E)

8786 Brandling-Bennett, A.D., Doberstyn, E.B., Pinichpongse, S. *Current epidemiology of malaria in Southeast Asia.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 12(3), Sep 1981, 289-297. Engl. Refs.

Current malaria control programmes in Burma, Indonesia, Laos, Kampuchea, Malaysia, the Philippines, Singapore, Thailand, and Vietnam are described and evaluated. A discussion session examines the region as a whole, noting that, despite some extremely successful control effects, these countries eventually abandoned the concept of rapid eradication and adopted the objective of eliminating mortality and reducing morbidity to a level that would not interfere with development. Present problems include drug- and pesticide-resistant strains, war, and migration. (DP-E)

8787 Briscoe, M.E., Hochstrasser, D.L., Somes, G.W., Cowen, D.L., Culley, G.A. *Follow-up study of the impact of a rural preventive care outreach program on children's health and use of medical services.* American Journal of Public Health (New York), 70(2), Feb 1980, 151-156. Engl. 11 refs.

All infants born in the Hazard Appalachian Regional Hospital, Kentucky, USA, after February 1972 have participated in a preventive programme consisting of seven home visits involving nutrition counselling, immunization education, growth monitoring, treatment of minor health problems, referral of major health problems, and advice on social assistance, etc., as required. A 1975 evaluation of the programme revealed that, although the participants did not differ substantially from their matched controls in terms of certain health indicators, they did have significantly lower utilization rates for outpatient services. These findings were borne out with respect to 79 new pairs, but not with respect to 65 of the original pairs, in a 2nd study undertaken in 1977. This paper gives the details of the methodology and results of the 1977 study. (HC-L)

8788 Browne, S.G. *Contribution of medical missionaries to tropical medicine.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(4), 1979, 357-360. Engl. Symposium on the Contribution of Medical Missionaries to Tropical Medicine, London, UK, 19 Oct 1978.

With reference to personal experiences in the former Belgian Congo, the author traces the work of medical missionaries in tropical countries in the 1920s and 1930s;

their contributions in service, training, and research were of crucial importance in the development of health services. A church-related comprehensive health care programme was set up based upon rural health centres, manned by trained auxiliaries and replacing primitive dispensaries. Trypanosomiasis, yaws, tuberculosis, and cerebral malaria were reduced, nutrition was improved, and research on onchocerciasis and leprosy was undertaken by the missions. (EB)

- 8789 Campos S., M., González M., J., Irazoqui B., A., Margozzini R., J., Ravera P., R.** *Estructura de la morbilidad del lactante en la atención primaria. (Profile of infant morbidity in primary care).* Revista Chilena de Pediatría (Santiago), 52(1), Jan-Feb 1981, 51-59. Span. 8 refs.

Clinical records of 315 infants seen in an outpatient clinic were followed from birth to age 2 years. The infants were classified according to the cause and frequency (high, medium, or low) of consultation; the morbidity pattern of each group for each year of life was calculated. Nine tables of data are presented and discussed. It is concluded that review of clinical records is methodologically superior to analysis of clinic statistics as a means of profiling the morbidity of a client population. (HC-L)

- 8790 Cardona Alvarez, M.** *Metodología para el estudio de la morbilidad laboral. (Methodology to study morbidity in the work force).* Revista Cubana de Administración de Salud (Havana), 8(1), Jan-Mar 1982, 96-102. Span. 15 refs. Primer Congreso de Higiene y Epidemiología, Havana, Cuba, 1981.

Of the two traditional sources of morbidity data (medical records and mass examination) the 1st reflects only the demand for medical attention (and not other felt or unfelt needs) and the 2nd is prohibitively expensive and feasible only within a closed population. A 3rd possibility is now being used in many countries in the study of morbidity in the work force and it is based upon a questionnaire that is administered to a certain proportion of the population. This paper points out the advantages and limitations of the 3rd approach and outlines (with an example) a methodology for the sampling design and selection procedure. (HC-L)

- 8791 Chakraborty, A.K.** *Use of screening tools for the estimation of tuberculosis case rates in a community.* Indian Journal of Public Health (Calcutta, India), 24(3), Jul-Sep 1980, 115-120. Engl.

Five different methods of estimating the prevalence of tuberculosis in a given area in India are described, compared with respect to their approximation of the true rate of tuberculosis in the community, and represented by a mathematical equation. The five methods are sputum culture of all persons, sputum culture of chest symptomatics and/or X-ray abnormalities (both screening methods used), sputum culture of X-ray abnormalities, sputum culture of chest symptomatics, and sputum smear examination of chest symptomatics. Discovery of

a constant relationship between the number of cases uncovered by the various methods would allow the application of the simplest and least expensive (the last) without compromising on the precision of the estimates reached. Efforts to this end are in progress. (HC-L)

- 8792 Chaturachinda, K.** *Use of the laparoscope in rural Thailand.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 18(6), 1980, 414-419. Engl. 14 refs.

A survey of the use of laparoscopy in 27 local and three urban health centres in Thailand over a 30-month period revealed that the technique had a low utilization rate (2 hours/month/centre), a high complication rate (one major complication: 296 operations, including four deaths), and a high rate of abandonment (40% of the physicians qualified to perform the technique were no longer using it). In view of these factors and the high cost of the technique and of training physicians to use it, the adoption of a simpler and harder technology requiring less surgical skill to use and little or no maintenance is recommended. (HC-L)

- 8793 Chisick, M.** *Dental care in China.* New Dentist (Chicago, Ill.), 10(5), Jan 1980, 10-13. Engl.

Dental health care in the People's Republic of China is reviewed. There is a serious shortage of dental health manpower (there are no "barefoot dentists"), particularly in rural areas where treatment is often primitive. Little is being done for oral disease prevention and the situation is worsened by the consumption of large quantities of soft drinks and pastries. More dentists, better facilities, and effective preventive measures are needed. However, in light of the task and the available resources, the Chinese dental profession is making a commendable effort. The training of dentists is briefly described. (DP-E)

- 8794 Cooper, R.L., Constable, I., Terrell, A.** *Mass screening for glaucoma and other eye diseases using the Arden grating test.* Australian Journal of Ophthalmology (Sydney), 8(2), 1980, 131-137. Engl.

Eleventh Annual Scientific Congress of the Royal Australian College of Ophthalmologists, Sydney, Australia, 9 Oct 1979.

Preliminary studies have shown the Arden grating test to be of value in separating normal subjects from those with glaucoma, even in the presence of normal optotype visual acuity. This paper compares the results on 1 180 Australian individuals screened by the Arden grating test, Schiotz tonometry, and optic disc cupping and attempts to establish the proportions of false positives and negatives for the Arden grating test. Other diseases (e.g., cataract) picked up by the test are briefly discussed. (HC-L)

- 8795 Côté, R.A.** *Rural community health information acquisition.* In Wagner, G., Reichertz, P.L., Mase, E., Technology and Health, Berlin, Springer-Verlag, 1980, 55-60. Engl. 10 refs.

It is argued that, in order to facilitate the flow of health information, rural health care data should be collected

in a simple manner at the source and coded using a specially developed subset of the Systematized Nomenclature of Medicine (SNOMED). This will ensure the compatibility of the data with that coming from more sophisticated centres. Furthermore, the proper use and management of this data will permit rural medical audit and disease costing that will generate additional utilization statistics necessary for better health care management of the rural community. The impact of such a system in Quebec (Canada) is used as an example. (DP-E)

- 8796 Cuffaro, C., Shymko, D.L.** *Games and audiovisual aids in preadolescent nutrition education.* Journal of Nutrition Education (Berkeley, Cal.), 12(3), 1980, 162-164. Engl. 10 refs.

In a study to assess the relative merits of active versus passive aids in nutrition education, two 6th grade classes of Canadian children were given the same 6-week course in nutrition. Lectures were supplemented with posters and films in one case and competitive board and word games in the other. A control group received no nutrition education whatsoever. Pre- and post-tests revealed that, while the level of nutrition knowledge in both experimental groups increased significantly compared to the control group, no significant difference in their increases could be discerned. This paper describes the study method and discusses its results. (HC-L)

- 8797 de la Loza Saldivar, A.** *Evaluación de los programas de salud para la niñez en México.* (Evaluation of health programmes for children in Mexico). Salud Pública de México (Mexico City), 22(6), Nov-Dec 1980, 631-654. Span. 16 refs.

In 17 tables and 9 graphs, this paper presents data on infant and child mortality in Mexico for the years 1966-1975 by year, by state, by cause, by age of death, and in comparison to similar statistics from selected developed and developing (Latin America) countries. A brief commentary on the data is included. (HC-L)

- 8798 Donovan, C.** *Medicine on the move in Africa.* CUSO Forum (Ottawa), Winter 1983, 23-25. Engl.

A Canadian physician reports on her experiences working, primarily in maternal child health care, in one of the least developed areas of Africa, southern Sudan. She found medical care in the area sadly lacking, mainly because of poor training of health workers, lack of money for salaries and drugs, a poor referral system, badly equipped (and often distant) health care facilities, and a heavy reliance on traditional medicine. The region's problems have been compounded by a massive influx of Ugandan refugees, most of whom are badly in need of medical care. (DP-E)

- 8799 Dungog, E.P.** *Rural health practice program evaluated.* Philippine Journal of Nursing (Manila), 50(2), Apr-Jun 1980, 69-73. Engl.

This in-depth evaluation of the impact of the Rural Health Practice Program on the recipients and delivery of health care in the two fishing barrios of Obando and

Salambao in the Philippines examines these aspects: how the programme's objectives are being realized in the field, how the barrios are affected by the programme, the strengths and weaknesses of medical and nursing curricula, and the practical value of the programme. Four similar studies conducted in the last two decades are briefly reviewed and the methodology, findings, and implications of the current study are described. The author points to the need for educators to rectify existing medical curricula to meet health needs in rural areas and to develop health workers who are willing to serve in such regions and also provides insights into why social programmes fail at the implementation level. A number of recommendations are put forward. (EB)

- 8800 Elling, R.H.** *Political economy, cultural hegemony, and mixes of traditional and modern medicine.* Social Science and Medicine (Aberdeen, UK), 15A(1), Jan 1981, 89-99. Engl. 79 refs.

An attempt is made to place the public health system in the political and economic rather than the cultural context of society, with examples from Cuba, the People's Republic of China, the USA, Thailand, and Paraguay. At the same time, the efficacy of both modern and traditional medicine is recognized as something difficult to evaluate. Consequently, the form of health service available is determined not by culture or effectiveness but by the power structure of the country and the interests of the ruling class. The mix of modern and traditional elements, their degree of integration, and their availability and use by different classes are related to resource levels and the country's political orientation and may not matter as much for health as the control and distribution of resources. (Modified journal abstract)

- 8801 Escudero, J.C.** *On lies and health statistics: some Latin American examples.* International Journal of Health Services (Westport, Conn.), 10(3), 1980, 421-433. Engl. 52 refs.

This study explores the large discrepancies that exist between the official mortality and morbidity figures generated by statistics organizations in Latin American countries and those figures obtained by modern measurement techniques in the same regions. Attention is focused on the underestimation and under-registration of vital statistics and the incorrect allocation of causes of death. A structural interpretation is made of the Latin American situation. Emphasizing that the seriousness of the problem goes far beyond a technocratic concern over unreliable statistical data, the author suggests that there are structural conditions that portend a worsening of the situation in the next few years. Proposals for alternative health statistics procedures are put forward; a copious reference list is included. (EB)

- 8802 Field, J.O., Burkhardt, R., Ropes, G.** *Supplementary feeding in rural Egypt; the health system in action.* Food Policy (London), 6(3), 1981, 163-172. Engl. 30 refs.

One of the functions of Egypt's rural health care delivery system is the distribution of food supplements; this arti-

cle evaluates the implementation and results of this programme. In general, supplementary feeding was found to be ineffective because it was neither aimed at vulnerable groups nor continuous nor accompanied by nutrition surveillance or education. These failures illustrate management weaknesses in the administration of the system and a lack of understanding on the part of the doctors in charge of the rural health centres of the organization and purpose of food supplementation programmes. Statistical data are included. (DP-E)

- 8803 Florenzano Urzua, R., Feuerhake Molina, O.** *Atención psiquiátrica en programas de salud general. (Psychiatric care in general health programmes).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 90(3), Mar 1981, 200-210. Span. 14 refs.

Studies conducted since 1968 in Chile indicate that mental illness ranks 1st or 2nd among reasons for visits to the clinics of the National Health Services. In view of the great need for mental health services and the paucity of resources (2.6% of the health budget and 1 psychiatrist:50 000 population), a programme aimed at training general practitioners to provide primary care for mental patients and alcoholics was devised and tested in a clinic in the eastern area of Santiago. This paper describes the programme organization and operation. After 1 year, clinic staff expressed continued interest in participating and an abstinence rate of 62% among the alcoholics had been achieved. (HC-L)

- 8804 Foster, S.O., Ward, N.A., Joarder, A.K., Arnt, N., Tarantola, D.** *Smallpox surveillance in Bangladesh; 1. development of surveillance containment strategy.* International Journal of Epidemiology (Oxford, UK), 9(4), Dec 1980, 329-334. Engl.

A major epidemic of *Variola major* with an estimated 90 000 cases and 18 000 deaths occurred in Bangladesh in 1972. During a 3-year period, methods of active surveillance (market search, outbreak investigation, and house-to-house search) were developed to supplement the passive reporting system. The percentage of smallpox cases detected increased from 11.8% in 1972 to 83% in 1975. Together with the implementation of improved methods of outbreak control, smallpox transmission was interrupted in October 1975. (Modified journal abstract)

- 8805 Frank, J.W.** *Primary health care systems utilizing auxiliaries: problems and prospects in the 1980's (with special reference to Tanzania).* London, London School of Medicine and Tropical Hygiene, 1981. 153p. Engl.
- Thesis presented to the London School of Medicine and Tropical Hygiene, University of London, in partial fulfillment of the Master of Science degree in Community Health in Developing Countries.

This thesis identifies the major operational problems found by evaluations of primary health care delivery systems using medical auxiliaries in developing coun-

tries, especially in Africa. The particular case of Tanzania's system, and its main functional restraints, are analyzed using a systems analysis model emphasizing factors influencing performance and the worker's interaction with the system as well as a literature review. Two programme proposals are presented, one aimed at expanding the training capabilities of the Ministry of Health and the other at setting up a management training course and evaluation process for primary care workers. A glossary, a bibliography, and appendices containing statistical data are included. (DP-E)

- 8806 Frankenberg, R.** *Alopathic medicine, profession, and capitalist ideology in India.* Social Science and Medicine (Aberdeen, UK), 15A(2), Mar 1981, 115-125. Engl. 26 refs.

It is argued that, notwithstanding medical pluralism, Western medicine in India serves a secondary function of legitimizing and reinforcing capitalist state power. It is seen as the bearer of an urban, male, technological, hospital-based, cosmopolitan, curative, and individualistic world view. Three cases are presented: the use of medical terms in industry, the events surrounding the President's 1977 illness, and a so-called epidemic of poisoning among bonded Nagesia tribals in Madhya Pradesh. Finally, it is suggested that other forms of medical ideology have weaker social bases and can provide no institutional challenge to an admittedly poorly organized medical profession. (Modified journal abstract)

- 8807 Gadjah Mada University, Indonesia.** *Hasil Survei Sosiologis tentang Kader dan Klien. (Sample sociological survey of cadres and clients).* Yogyakarta, Indonesia, Gadjah Mada University, Hedera Report 3, 1979. 125p. Indonesian.

This 3rd Hedera Report deals with the outcomes of the survey on the project described in the Hedera Reports 1 and 2. With the use of tables, the data on five health-related items are evaluated: sanitation, waste disposal, nutrition, use of traditional remedies, and knowledge of five selected folk illness concepts and family illness behaviour. There appeared to be a general lack of knowledge and understanding among villagers of the presence and roles of cadres. The programme, it is felt, should be introduced at a slow pace to enable better cooperation between various subdistrict agencies. A more reliable and valid investigation of cadre performance is also needed. (EB)

- 8808 González Toro, N., Infante Barros, A.** *Programas de alimentación complementaria del sector salud en Chile. (Dietary supplementation programmes of the health sector in Chile).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 89(6), Dec 1980, 563-571. Span. 19 refs.

This paper reviews the evolution of Chile's food supplementation programme from 1901 up to the present, describing the kind and amount of supplement distributed, the kind and number of recipients, the cost, etc. Although the impact of food distribution on child nutri-

tion is difficult to measure, its positive influence on health services utilization is evident. (HC-L)

- 8809 Gramiccia, G.** *Health education in malaria control — why has it failed?* World Health Forum (Geneva), 2(3), 1981, 385-389. Engl.

This article identifies and discusses the reasons why health education has had little impact on malaria control: the rural poor are the main victims of the disease; the fact that malaria is part of the daily lives of these people, only one scourge among many; the complex nature of the disease; and the educational methods currently employed. It is suggested that education in malaria control must take into account these factors. This difficult task must involve the entire health care system, aided by specialists, as well as the community. It would probably be helpful to begin malaria education at an early age; a sequence of topics for teaching schoolchildren is presented. (DP-E)

- 8810 Guillemot, L., Chakraborty, M., Mitra, P.K., Dey, D.K.** *Integration of leprosy and tuberculosis control — a field experiment.* Leprosy in India (New Delhi), 52(4), Oct 1980, 491-500. Engl.

An experimental Indian programme using house-to-house surveys performed by 10 auxiliary health workers in Calcutta attempted to integrate both leprosy and tuberculosis control measures. Various aspects of the programme, including clinics, diagnosis and registration, treatment, and the laboratory, are examined and the results discussed and presented as statistical data. Preliminary evaluation indicates that the main advantages of the integrated programme are improved utilization of available manpower, ease in training multipurpose workers, better acceptance of leprosy control activities in the community, and the provision of the two services in one place. (DP-E)

- 8811 Harrison, S., Saul, J.** *Uphill struggle — self-help in Bangladesh.* World Health Forum (Geneva), 2(3), 1981, 350-357. Engl.

An account is presented of the uphill struggle against apathy, ignorance, and opposition waged by the People's Health Centre at Savar, Bangladesh, in an effort to organize self-help. The scope of the relatively inexpensive programme ranged from health care to the creation of agricultural cooperatives and its organization involved four subcentres. Issues dealt with include preventive measures, water and sanitation, drugs, training, and financing. The results have been very positive and could serve as an example to health and development workers in other developing countries. (Modified journal abstract)

- 8812 Hartfield, V.J., Woodland, M.** *Prevention of maternal death in a Nigerian village.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 18(2), 1980, 150-152. Engl.

This paper analyzes data on maternal mortality in a Nigerian village on the basis of 2 324 births that occurred over a period of almost 9 years. Despite the fact that 15.6% of all deliveries were associated with a potentially

dangerous abnormality, mortality was only 1.72:1 000, of which 0.43 were due to obstetric complications. This low rate is attributed to: the health services, which comprise a village dispensary located 1 hour's drive from the base hospital; the availability of a small car for transportation; 24-hour service at both facilities; and uncomplicated and rapid admission procedures. Other features of the hospital that contribute to its efficacy and acceptability to the community are pointed out. (HC-L)

- 8813 Heiby, J.R.** *Some lessons from Nicaragua.* World Health Forum (Geneva), 3(1), 1982, 27-29. Engl.

In 1976, Nicaragua's ministry of public health began a programme to provide health services in rural areas through the use of trained traditional birth attendants or *parteras*. By 1978, 768 *parteras* had been trained in 47 courses, but only 497 returned to replenish their supply of drugs, whose sale was their only source of income from the programme. Although never formally evaluated, the programme's shortcomings signal areas to be strengthened in other efforts of this nature, particularly the need for adequate supervision, measures for evaluating performances, and selective drug subsidies. (DP-E)

- 8814 Heimgartner, E.** *Ambulante Tropenmedizin dort und hier. (Ambulant tropical medicine there and here).* PRAXIS (Bern, Switzerland), 70(39), 22 Sep 1981, 1699-1706. German.

The present study involves evaluation and comparison of tropical medicine practices in three varied locations to show that tropical medicine can still be practical using simple resources without any loss in efficiency. Three tables are used to compare figures and types of infectious, parasitic, and deficiency diseases in the following populations: 300 patients at a mission hospital in Ghana, 1 453 patients at a medical outpost in Peru, and 570 patients in a tropical medicine practice in Switzerland. The author further considers diagnostic possibilities and the reliability of the diagnosis, degree of severity, standard drugs used for treatment, and differences in morbidity among normal tourists, hitchhikers, and long-time residents. (EB)

- 8815 Hughes, K., Foster, S.O., Tarantola, D., Mehta, H., Tulloch, J.L.** *Smallpox surveillance in Bangladesh; II: smallpox facial scar survey assessment of surveillance effectiveness.* International Journal of Epidemiology (Oxford, UK), 9(4), Dec 1980, 335-340. Engl.

A smallpox facial scar survey of 465 892 persons aged 0-19 years was carried out in Bangladesh in 1976. Of the 4 306 persons found with facial scarring consistent with previous smallpox infection, none had a history of smallpox with onset after the last reported case on October 16, 1975. Histories taken from persons with facial scars allowed smallpox incidence to be estimated for each year from 1972-1975. These estimates indicate that completeness of reporting increased steadily from 11.8% in 1972 to 83% in 1975, reflecting the increasing effec-

tiveness of surveillance. Statistical data are included. (Modified journal abstract)

- 8816 Jancloues, M., Seck, B., Kebe, M.** *Autofinancement et autogestion des soins de santé primaires; une expérience au Sénégal. (Self-supporting and self-administered primary health care; an experiment in Senegal).* Revue Internationale d'Education pour la Santé (Geneva), 23(3), Jul-Sep 1980, 117-123. Fren. 26 refs.

A community-based, community-administered primary health care system has proved viable in the squatter settlement of Pikine, Senegal. In 1975, a health post was set up in a house offered by a community leader and staffed by a nurse provided by the state; health insurance payments were collected on a regular basis by an elected committee and used to purchase drugs, defray operational costs, etc. By 1978, there were eight such posts in operation and community participation in the administration of a referral centre was being secured. It is concluded that this system is an invaluable tool for extending the health services at modest cost to the state and for ensuring the support and utilization of the health services by the community. (HC-L)

- 8817 Kumar, V., Monga, O.P., Jain, N.K.** *Introduction of oral rehydration in a rural community in India.* World Health Forum (Geneva), 2(3), 1981, 365-366. Engl.

Factors that have made oral rehydration therapy acceptable, affordable, and accessible to many rural villagers in India include the use of the available health infrastructure, the involvement of the community, the simplification of the technology through the use of village volunteers in packaging and delivering the ingredients, the integration of the treatment programme into the existing health care delivery system, the training of the health staff, and the education of the population. Many operational problems remained unsolved but the results so far have been encouraging. (DP-E)

- 8818 Kunitz, S.J.** *Underdevelopment, demographic change, and health care on the Navajo Indian Reservation.* Social Science and Medicine (Aberdeen, UK), 15A(2), Mar 1981, 175-192. Engl. 94 refs.

Viewed from an historical perspective, the Navajo Indian Reservation in the southwestern USA can be considered an underdeveloped nation. The consequences of this are examined in terms of demographic response, organization and utilization of health services, and employment patterns within the service sector generally and in health care specifically. In some respects, the health and other services come to serve as a misplaced target of the Indians' anger and frustration, which might be better directed toward more fundamental concerns such as control of resources, business, industry, etc. The focus on health may also teach people that their problems are personal, which they are not. Some statistical data are included. (Modified journal abstract)

- 8819 Latini, O.A., Latini, M.D. de, Claverie, E.** *Evaluación técnica de la búsqueda de casos de tuberculosis por baciloscopia en los servicios generales de salud de la provincia de Santa Fe, Argentina. (Technical evaluation of tuberculosis case-finding by bacilloscopy in the general health services of the province of Santa Fe, Argentina).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 89(3), Sep 1980, 209-216. Span.

Since 1974, tuberculosis case-finding has been integrated within the general health services in the province of Santa Fe, Argentina, where facilities for performing a simple, standardized diagnostic test are available. The work of eight general services was evaluated by having all samples processed during 1 week (226 in all) and the results obtained sent to the reference laboratory where quality of sample, smear, stain, and reading were assessed. Also, the results obtained from rereading the slides and repeating the bacilloscopy were compared, as were the results of bacilloscopy and culture. The technical quality of the work of the general services was deemed adequate; regular rereading of slides, however, and sporadic repetition of bacilloscopy by the reference laboratory was recommended. Culture was not found to add anything to bacilloscopy, at least not under present shipping conditions. (HC-L)

- 8820 Leung, S.M.** *Mental health home care program in the communes of the People's Republic of China.* Journal of Psychiatric Treatment and Evaluation (New York), 3(1), 1981, 53-58. Engl. 23 refs.

This paper examines the mental health home care programme in a rural community of the People's Republic of China. The project basically aims for the early detection of mental illness and treatment of the patients in their own social milieu with family and community support. The programme was instituted through the joint efforts of the psychiatrists of the Beijing Medical College, the Mobile Mental Health Teams, and the barefoot doctors of the Commune Health Clinic. From July 1974-February 1977, 12 communes in Haitien District (near Beijing) with a total population of 189 915 were served. The main diagnoses were epilepsy, schizophrenia, retardation, and other psychoses (reactive psychosis and manic-depressive psychosis). Statistical data are included. (Modified journal abstract)

- 8821 Mangay-Angara, A., Fulgencio, L., Casabal, G., Gudani, L., Sumpaico, J.** *Two-dose schedule for immunization of infants against diphtheria, pertussis and tetanus.* Journal of Biological Standardization (London), 8(2), 1980, 87-96. Engl. Refs.

In a controlled field trial in infants in the Philippines, a two-dose, 6-month interval schedule using an adsorbed DPT-vaccine with an increased AIPO₄ content was evaluated. The serological responses to all components were satisfactory. The side effects in the group that was given this vaccine did not differ from those observed in the group that received a control DPT-vaccine with a lower

AlPO₄ content. Two implications of a two-dose schedule are discussed: the possibility that it could be incorporated into a complete schedule of immunization and the consequences that the 6-month interval might have on the epidemiological spread of *Bordetella pertussis* infection. Statistical data are included. (Modified journal abstract)

- 8822 McEwan, P.J., de Kadt, E., Segall, M.** *Health needs and health services in rural Ghana*. Social Science and Medicine (Aberdeen, UK), 15A(4), Jul 1981, 397-517. Engl. Refs.

A detailed study of the quality and utilization of health services in Jasikan and Birim districts, Ghana, was undertaken in order to determine whether the system truly addresses itself to the basic health needs of the villagers. It is concluded that factors related to the organization of primary health care services have a major effect on the quality of care provided. This paper describes the study findings, sets down a list of tasks that would provide the minimal acceptable level of health services within the given financial restraints, identifies those tasks that could be provided by non-medical personnel, and formulates an organizational framework and service specifications for the implementation of the aforementioned tasks. (HC-L)

- 8823 Minocha, A.A.** *Medical pluralism and health services in India*. Social Science and Medicine (Aberdeen, UK), 14B(4), Nov 1980, 217-223. Engl. 13 refs.

The author maintains that certain biases and generalizations about India's health services (that they are elitist, urban-oriented, curative, hospital-based, etc., and by implication unsuited to Indian conditions) are simplistic and confusing. For the purposes of a more realistic assessment, she examines and discusses the pluralistic character of these services, their distribution and utilization, traditional practitioners, and medical and non-medical health interventions. (DP-E)

- 8824 Mujibur Rahman, M., Patwari, Y., Aziz, K.M., Munshi, M.H.** *Diarrhoeal mortality in two Bangladeshi villages with and without community-based oral rehydration therapy*. Lancet (London), 2(8147), 20 Oct 1979, 809-812. Engl.

A study conducted from January 1977-December 1979 involving two Bangladesh villages is described. To combat dehydration from diarrhea in Shamlapur, a village of 7 021 people, multiple community-based points were set up by trained volunteers for the distribution of glucose-electrolyte oral rehydration salt (ORS) packets. The comparable adjoining village, Bordil (population 3 888), obtained its ORS from Shamlapur. Surveillance showed that, although diarrheal attack rates were equal, consumption of ORS was much higher and fatality rates much lower in Shamlapur. This indicates that easy availability of rehydration solution and its early use may save many lives. Statistical data are included. (Modified journal abstract)

- 8825 Murphy, M., Baba, T.M.** *Rural dwellers and health care in northern Nigeria*. Social Science and Medicine (Aberdeen, UK), 15A(3: Pt. 1), May 1981, 265-271. Engl. 36 refs.

In this 1978 analysis of the health services available to rural dwellers in a northern region of Nigeria, it was found that the majority of villagers had no ready access to Western-style health care facilities and, where such services existed, villagers used both Western and traditional systems. In the case of obstetric services, sociocultural traditions and lack of education appeared to affect adversely women's propensity to utilize obstetric care. However, locally initiated cooperative enterprise indicates that an integrated approach to health care delivery would make health care facilities more readily available, although a pure water supply, a good road system, and educational and economic development are necessary if the health status of the rural dwellers of this region is to be raised. (DP-E)

- 8826 Narayanan, I., Darbari, R., Sachdev, T.R., Bhola, N., Panag, P.** *Comprehensive health service in a resettlement colony*. Indian Journal of Pediatrics (Calcutta, India), 47(385), Mar-Apr 1980, 145-149. Engl. 10 refs.

Experience in a resettlement colony in a suburban area of Delhi (India) is presented. The main problems accrued from the abrupt transplantation of large groups of families from different localities to an undeveloped area. These included the tasks of building new houses and finding occupations, especially for women who could not leave their children and travel long distances to their previous places of work. The latter had an adverse impact on infant care and feeding. The salient features of the services rendered are described. At the end of the year, there was a significant improvement in the immunization status and in the acceptance of family planning. Statistical data are included. (Modified journal abstract)

- 8827 Pessini de Oliveira, M.H., Pileggi Vinha, V.H.** *Dois níveis de assistência de enfermagem a pacientes com primo-infecção tuberculosa. (Two levels of nursing assistance for patients with primary tuberculosis infection)*. Boletim de la Oficina Sanitaria Panamericana (Washington, D.C.), 90(2), Feb 1981, 105-113. Portuguese. 9 refs.

In a study undertaken in Ribeiro Preto, Brazil, 27 children with primary tuberculosis infection were treated only in the outpatient department while 25 were treated in the outpatient department and at home. The 2nd group was found to have more success than the 1st in terms of treatment completed (100% as opposed to 66.6%), treatment completed without interruption (84% as opposed to 52%), and sources of infection discovered (88% as opposed to 33%). Details of the study methodology and findings are given. (HC-L)

- 8828 Pinotti, J.A., Brenelli, H.B., Moragues, J.D., Pastene, L.L., Ramos, R.S.** *Preventive obstetrics and gynecology program: pilot plan for integrated medical care*. Bulletin of the Pan American

Health Organization (Washington, D.C.), 15(2), 1981, 104-112. Engl.

Also published in Portuguese in *Boletín de la Oficina Sanitaria Panamericana*, 90(2), 1981, 144-151.

A special screening programme established at the university hospital of Campinas (São Paulo, Brazil) detected major gynaecological or breast pathologies in nearly 25% of the female outpatients coming to the hospital for other kinds of complaints. These findings clearly demonstrate that primary care needs to be provided for such patients and that, in the absence of an effective national or local primary care system, individual hospitals should be aware of the need to conduct primary care screening before providing specialized consultation. A sample patient form and statistical data are included. (Modified journal abstract)

- 8829 Sanyal, R.K., Alam, S.N., Kaul, S.M., Wattal, B.L.** *Some observations on epidemiology of current outbreak of kala-azar in Bihar.* Journal of Communicable Diseases (New Delhi), 11(4), Dec 1979, 170-182. Engl. 11 refs.

A study of three villages located in an area in Bihar (India) endemic for leishmaniasis was undertaken in order to compare features of the 1979 outbreak with features of similar incidences in the past; no significant deviation was found. It has been shown that active case detection and early treatment are extremely important in reducing transmission, while insecticide spray produces synergistic action; these were the controls used in the latest outbreak. It is hypothesized that the spraying also reduced post-kala-azar dermal leishmaniasis. Copious statistical data are included. (Modified journal abstract)

- 8830 Schamphelre, I. de, Wollast, E.** *Integrated family planning activities in maternal and child health centres in Cap Bon, Tunisia; I: methodology and results.* Journal of Tropical Pediatrics (London), 27(4), Aug 1981, 190-195. Engl. 9 refs. See also entry 8703.

Since 1973, five maternal and child health centres serving 10 000-20 000 inhabitants each in the suburban area of Cap Bon, Tunisia, have been offering family planning services along with the regular well-baby care. An evaluation of the integrated programme was carried out on the basis of a sample consisting of 362 new acceptors and its results were compared with those of a national evaluation of the mobile family planning clinics. The integrated clinics were found to reach a greater percentage of the target population at a younger age, to have longer continuance rates, and to cost considerably less than the mobile clinics. Eight tables of data on the characteristics of the acceptors, methods, continuation rates, etc., are presented and discussed. (HC-L)

- 8831 Sebina, D.B.** *Botswana — a health care case study.* Africa Health (Sutton, UK), 2(10), Jul-Aug 1980, 31-34. Engl.

This paper discusses the health services of Botswana, covering such topics as the background situation, the

health problems, the economic constraints, priorities and policies, and some of the criteria used for assessing progress. Much of the information, particularly on the patterns of expenditures and sources of finance, was derived from a recent research project on resource use undertaken by the Ministry of Health in collaboration with the University College of Botswana and WHO. In addition, case studies on the role of mobile services and procedures for purchasing pharmaceuticals have been selected. Some statistical data are included. (Modified journal abstract)

- 8832 Senghor, D.** *Soins de santé primaires: révolution ou alibi? (Primary health care: revolution or excuse?).* Famille et Développement (Dakar), 28, Nov-Dec 1981, 35-57. Fren.

With respect to the demonstration area of Sine-Saloum, Senegal, this paper examines the operation of the primary health care concept of which the 1st line is the village pharmacy. Except for isolated instances, usually due to outside funding and the efforts of a particularly dynamic individual, the system is not functioning as intended. Lack of supplies, transportation, and support from the health centre is making the 1st line of services the last and community interest in the scheme is flagging. (In 1980, the demonstration area lost 49 health workers, including 12 village workers, or 10% of the total). It is concluded that the peasants are paying twice, through taxes and out-of-pocket purchases from the village pharmacies, for services that can hardly be considered adequate and the will of the government to provide health care for all is seriously questioned. (HC-L)

- 8833 Sepúlveda, B.** *Medicina social y salud de la comunidad. (Social medicine and community health).* Gaceta Médica de México (Mexico City), 116(1), Jan 1980, 9-11. Span.

Cuarto Congreso Nacional de la Academia de Medicina, Mexico City, Mexico, 23 Jan 1979.

This paper briefly reviews the concept of social medicine and the extent to which it has been implemented in Mexico. In 1976, an estimated 36 million Mexicans were beneficiaries of public health facilities, another 10 million received private medical attention, and some 16 million had little access to health care at all. Quality of service was considered generally excellent at the secondary and tertiary levels but somewhat deficient, for lack of adequate numbers of health personnel, at the primary level. (HC-L)

- 8834 Shishido, S., Saadat, A.M.** *Tuberculosis control programme in Afghanistan; analysis on reasons of defaulting from treatment of tuberculosis patients.* Kekkaku (Tokyo), 55(7), Jul 1980, 315-322. Engl., Japanese.

After a 1975 survey revealed that 80.7% of tuberculosis patients defaulted from treatment at the Kabul Tuberculosis Centre, Afghanistan, after 12 months, this 1978 study was conducted to find ways of improving the attendance rate. A survey of the 251 defaulters who could be located revealed that 219 had failed to follow proper treatment procedures due to lack of health education;

236 of those included in the 2nd survey resumed treatment after being interviewed. The authors recommend that health education be incorporated into future treatment programmes. Statistical data are included. (Modified journal abstract)

- 8835 Tandon, B.N.** *Coordinated approach to children's health in India; Integrated Child Development Service.* Lancet (London), 1(8221), 21 Mar 1981, 650-653. Engl. 12 refs.

In 1976, the Integrated Child Development Service, a programme integrating nutritional, health, and educational services for children, mothers, and pregnant women, was set up in India. These services were delivered to the local people mainly through members of their own community. After 21 months, evaluation of the programme indicated improvements in the nutritional status of the children that had not been attained by decades of many other separate nutritional, health, and educational programmes. Acceptance of immunization schemes also improved. Statistical data are included. (Modified journal abstract)

- 8836 Weiss, E., Udo, A.A.** *Calabar Rural Maternal and Child Health/Family Planning Project.* Studies in Family Planning (New York), 12(2), Feb 1981, 47-57. Engl. 20 refs.

Modern family planning methods were introduced to the rural population near Calabar, Nigeria, for the 1st time in late 1975. This paper discusses the acceptance and role of family planning in the area 5 years later. It appears that the programme did not gain wide acceptance, largely because of language barriers, well-established traditional practices, and a scarcity of facilities. However, some progress was made, and the authors feel that the programme can be used to estimate what would be achieved through a large-scale governmental programme. Statistical data are included. (DP-E)

- 8837 Wertheim, L.J., Abreu, A., Valdés-Vivó, P.** *Problems and approaches in the surveillance and control of sexually transmitted diseases: the Cuban experience.* American Journal of Obstetrics and Gynecology (St. Louis, Mo.), 138(7), Pt. 2, 1 Dec 1980, 1082-1087. Engl. 22 refs.

Cuba's national health system, which delivers primary and secondary health care to the entire population, includes both disease control and preventive programmes. The national syphilis control programme, briefly described in this article, is an example of a successful programme for controlling sexually transmitted diseases, although data on the incidence of gonorrhea and pelvic inflammatory disease are not complete. Plans for improved gonorrhea surveillance and control are examined. Statistical data are included. (DP-E)

- 8838 Williams, G., Sirait, D.** *Banyusidi village water supply: a case study of project implementation and utilization in rural Indonesia.* Journal of Tropical Medicine and Hygiene (London), 84(4), Aug 1981, 141-146. Engl.

Analysis of a water supply project in Java, Indonesia,

revealed that, while the project was implemented competently, it contained design features that resulted in inadequate water availability in one section of the village. It is concluded that richer households contributed more to the implementation and maintenance of the project than did poorer households, that most water usage was for domestic purposes, and that the use of water for productive purposes was mainly by better-off households. Certain modifications of the project are recommended and statistical data included. (DP-E)

- 8839 Williams, G., Satoto** *Sociopolitical constraints in primary health care: a case study from Java.* World Health Forum (Geneva), 2(2), 1981, 202-208. Engl.

That considerations of power, authority, social status, and citizen participation can make or break efforts to provide primary health care is vividly demonstrated by the experience of Sukodono, a village in Indonesia. After visiting successful health care projects, the village elders formed a village health organization, started a health insurance fund based on monthly contributions of US\$0.08 per household, and arranged for the training of 15 male health cadres with completely separate functions. Although many of the cadres' activities have been successful, major problems have included strained relations with (and competition from) the village chief, the dominating role of men (whose refusal to allow women to participate in decision-making led to the failure of the nutrition programme), the exclusion of the landless, and a lack of cooperation from the district health services and government. Suggestions for overcoming these obstacles are put forward. (DP-E)

V.3 Planning

- 8840 Fonseca Tinôco, A. da** *Problemas que dificultam a implementação do planejamento de saúde. (Problems hampering the implementation of health planning).* Revista de Saúde Pública (São Paulo, Brazil), 14(2), Jun 1980, 246-252. Portuguese. 17 refs.

The various problems hampering the implementation of health planning in Brazil are examined. These include: scarcity and inadequacy of statistical data; lack of a planning methodology and policy guidelines adapted to local, regional, and socioeconomic realities; inadequate financial and human support; the existence of various levels of government; and resistance on the part of administrators to change. The importance of developing a health plan within the framework of an overall development plan is pointed out. (HC-L)

- 8841 Grieve, M.J.** *Political economy of health policy in Sierra Leone.* Halifax, N.S., Dalhousie University, Department of Political Science, May 1980. 27p. Engl.

Meeting of the Canadian Association of African Studies, Guelph, Ontario, Canada, 6-9 May 1980. Unpublished document.

This paper attempts to describe the inputs, constraints,

and objectives pertaining to policy-making in the health sector of Sierra Leone. It outlines some of the shortcomings in the conception of health care strategy that have been increasingly highlighted in analyses of health systems in industrialized nations and shows how these have been reflected in the theories and practice of health care in a developing country. The primary emphasis of the study is on policy-making in the area of drug purchasing, but, since this is determined to a large extent by the existing structure of the health delivery system and by the interaction between domestic and external interests and ideas, some more general points are made. (DP-E)

- 8842 MacKenzie, B.** *Consultation report for Strengthening Health Delivery Systems Project.* Boston, Boston University, Center for Strengthening Health Delivery Systems in Africa, 3 Jan 1980. 1v. (various pagings). Engl., Fren.

This consultation report covers meetings and workshops held in Senegal and the People's Republic of the Congo from November 19-December 22, 1979, undertaken for Boston University's Center for Strengthening Health Delivery Systems in Africa. The author enlarges on the following: the observation of part of a 6-week Planning Seminar Workshop in Dakar, a consultation with officials from WHO's Regional Office in Brazzaville concerning plans for a Top-Level Interministerial Management Workshop, and the design and delivery of the Intermediate-Level Health Management Workshop in Dakar. The documents attached to the report are in French and include a list of workshop participants, objectives, organization and approach, a problem identification questionnaire, and an evaluation questionnaire. A number of recommendations are made throughout the report. (EB)

- 8843 Williams, H.E.** *Social change and child health in China over 22 years — a personal view.* Australian Paediatrics Journal (Melbourne, Australia), 16(3), Sep 1980, 161-165. Engl.

After two visits to the People's Republic of China 22 years apart, the author reports a steady improvement in living standards and remarkable changes in the health and education of children. These achievements are attributed to the fact that China chose what should be important priorities for all developing countries, namely: development of agriculture and distribution of food to abolish malnutrition; improvement in housing, sanitation, and water supply; development of a system of primary medical care for all people with participation and education of indigenous health personnel and the people themselves; immunization; maternal care; abolition of illiteracy; and a political and social system of justice for all. (Modified journal abstract)

V.4 Geographical Distribution of Health Services and Workers

- 8844 Becker, P., Hartz, A., Cutler, J.** *Time trends in the association of a rural or urban background with physician location.* Journal of Medical Edu-

cation (Chicago, Ill.), 54(7), Jul 1979, 544-550. Engl.

The association of rural or urban background with choice of practice location was investigated in two time periods, 1950-1955 and 1963-1968, using the alumni of the Marquette School of Medicine (now the Medical College of Wisconsin) in Milwaukee, Wisconsin, USA. It was found that, in the 1950s, the percentage of physicians from rural high schools who chose to practice in rural areas was 2.2 times as great as this percentage for physicians from non-rural high schools (26% versus 12%). In the 1960s, the ratio increased to 3.5 (35% versus 10%). Place of birth and place of internship also were significantly associated with practice location, place of college showed a significant association with practice location only in the 1950s, and class rank was not associated with practice location. Some statistical data are included. (Modified journal abstract)

- 8845 Biddulph, J.** *Where have all the doctors gone? an analysis of national medical officers.* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(3), Sep 1979, 190-199. Engl.

In response to concern over deployment, a survey of the status and distribution of all 124 graduates of three medical schools in Papua New Guinea during the past 27 years was undertaken. The results are discussed and presented as statistical data. The findings indicate that only 66 of these doctors are currently working and many are engaged as administrators or lecturers. There are shortages in all areas, mainly due to the small number of doctors available. There are only four doctors working in the highlands, but this situation may improve as the proportion of highland medical students increases. (DP-E)

- 8846 Coggins, W.J., Dodge, R.E., Haas, W.H., Crandall, L.S.** *Study of Florida's rural physicians.* Journal of the Florida Medical Association (Jacksonville, Fla.), 67(11), Nov 1980, 1005-1010. Engl.

The Florida (USA) Medical Association distributed a questionnaire to all its members but only those practicing in rural areas were requested to respond; 248 did. This report summarizes characteristics of 183 of the respondents, based on their attitudes and estimates of various features. Most are engaged in family or general practice. There appears to be a high degree of stability among them regarding future professional plans. All indicate that the current physician manpower need for rural Florida is principally family physicians; internists and pediatricians are needed also. Their average work week probably does not exceed that of urban practitioners but there is a wide variation in scheduled work time and after-hours call time. Statistical data are included. (Modified journal abstract)

- 8847 Family Health Care, Washington, D.C.** *Retention of National Health Service Corps physicians in health manpower shortage areas; a survey of the characteristics and attitudes of NHSC physi-*

cians and their spouses during their first tours of duty. Washington, D.C., Family Health Care, 1 Feb 1977. 101p. Engl.

This 3rd annual survey of US National Health Service Corps (NHSC) physicians and their spouses collects and analyzes data to determine what factors lead to NHSC assignees' satisfaction in medically underserved areas. The 1976 series of 9 questionnaires completed by 90 physicians generated data on 378 variables of the attitudes and characteristics of NHSC physicians and their spouses. The findings are presented and comparison is made with the 1974 and 1975 surveys. The copious appendix includes responses to the questionnaires cross-tabulated by "stay/leave," a sample questionnaire, and a bibliography. (EB)

- 8848 Haynes, R.** *Geographical distribution of mortality by cause in Chile.* Social Science and Medicine (Aberdeen, UK), 17(6), 1983, 355-364. Engl. 26 refs.

Standardized rates for 19 causes of death are computed for the provinces of Chile. All have a particular geographical distribution in common: they are either positively or negatively associated with the availability of health services. This is likely to be the result of the proximity of health services to population of higher socioeconomic status and also of the differences in recording accuracy between provinces. By holding the effect of health service variability constant, other geographical patterns in mortality emerge. Statistical data are included. (Modified journal abstract)

- 8849 Jablonowski, A.R., Russell, P.W., Settles, S.A., Kay, B.J.** *Specialty and location of recent medical school graduates in Georgia — implications for primary care.* Journal of the Medical Association of Georgia (Atlanta, Ga.), 69(11), Nov 1980, 895-898. Engl.

In a 1979 survey, information on specialty selection and practice location was obtained from 1 260 physicians who had graduated from two medical schools in Georgia (USA) from January 1974-December 1978. The results are discussed and presented as statistical data. The findings indicated that 47.4% of the physicians were in primary care practices or residencies compared with a national average of 62%. Only 12.7% had located in small communities. It was also found that a high percentage of graduates had left Georgia for further training or to practice elsewhere. The issues raised by these findings are discussed. (DP-E)

- 8850 Kunitz, S.J.** *Recruitment, training, and distribution of physicians in Yugoslavia.* International Journal of Health Services (Westport, Conn.), 10(4), 1980, 587-609. Engl. 42 refs.

After tracing the history of medical education in Yugoslavia, the author describes how that country deals with the problem of health manpower distribution. While issues of recruitment, training, and the trend toward specialization are similar to those in developed countries, Yugoslavia has managed to distribute its physicians more equitably. Two major factors appear to account

for this success: the number of physicians has increased dramatically over the last 30 years and health workers and representatives of social insurance and other institutions exercise control over the positions that are available to physicians. Statistical data are included. (Modified journal abstract)

- 8851 Sakulkoo, S., Meesathien, U.** *Trend of vocation of dentists.* Journal of the Dental Association of Thailand (Bangkok), 30(3), May-Jun 1980, 114-128. Thai.

Title translated from original Thai.

This study examines factors influencing the nature and place of practice of Thai dentists who graduated from 1973-1977 and predicts future vocational trends. The results show that 33.07% of graduate dentists were employed by the government in Bangkok, 31.5% were government employees in the other areas, 23.1% were in private practice in Bangkok, and 12.33% were practicing privately in the other areas. Except for those in government positions outside of Bangkok, most dentists were practicing in their home towns. Statistical data are included. (Modified journal abstract)

- 8852 Stefanu, C., Pate, M.L., Ross, W.F., Goldman, W.W.** *Family practice residency training programs: a mechanism to provide primary medical care in rural areas.* Texas Medicine (Austin, Tex), 77(2), Feb 1981, 67-70. Engl.

A study was conducted in Texas (USA) to determine private practice patterns among graduates of a family practice residency programme as well as to identify underlying factors that influenced certain physicians to locate in small towns as opposed to larger communities. The availability of family practice residency positions is identified as a primary factor in the physician's choice of practice locale and the expansion of the state's family practice programme is recommended. Other factors influencing this decision included availability of hospital facilities, presence of other physicians, and spouse's home town. Some statistical data are included. (DP-E)

- 8853 Stuart-Siddall, S.** *Backwoods nursing.* Nurse Educator (Wakefield, Mass.), 6(3), May-Jun 1981, 14-17. Engl.

Developed in an effort to counter registered nurse maldistribution, the Rural Clinical Nurse Placement Center in California (USA) places senior nursing students with preceptors in rural areas. The resulting programme provides students with a type of reality-oriented clinical experience they might not otherwise encounter, reduces conflict between nursing programmes for clinical experience sites, and encourages a certain percentage of students to return to rural nursing following graduation. It is hoped that the programme, which has been successful, will serve as a model for other areas. Some statistical data are included. (Modified journal abstract)

- 8854 Woolf, M.A., Uchill, V.L., Jacoby, I.** *Demographic factors associated with physician staffing in rural areas: the experience of the National Health Service Corps.* Medical Care (Philadel-

phia, Pa.), 19(4), Apr 1981, 444-451. Engl. 13 refs.

To determine which demographic factors favor rural communities obtaining physicians, county characteristics of US National Health Service Corps sites are analyzed. Through the use of a difference of means test, sites that were staffed at least once are compared with sites that were never able to obtain physicians. Discounting the fact that many never-staffed sites were located in southeastern states, five factors related to income, employment, and education were identified. Given the presence of both socioeconomic and non-demographic constraints on rural communities, significant improvements in physician distribution may require that programmatic interventions be intensified. Statistical data are included. (Modified journal abstract)

V.5 Financial Aspects

See also: 8832.

- 8855 Creese, A.L., Henderson, R.H.** *Cost-benefit analysis and immunization programmes in developing countries.* Bulletin of the World Health Organization (Geneva), 58(3), 1980, 491-497. Engl. 18 refs.

Also published in French and Spanish.

Cost-benefit analysis of health programmes shows whether a particular investment is economically justified. Existing studies of immunization indicate high rates of return, suggesting that WHO's Expanded Programme on Immunization makes a real contribution to economic development. Modifications to cost-benefit methods are illustrated that take into account more appropriate methods of valuing increases in life expectancy and that more accurately reflect costs in developing countries. It is shown that existing studies probably underestimate the benefits of immunization. (Modified journal abstract)

- 8856 Frerichs, R.R., Becht, J.M., Foxman, B.** *Prevalence and cost of illness episodes in rural Bolivia.* International Journal of Epidemiology (Oxford, UK), 9(3), Sep 1980, 233-239. Engl. 12 refs.

As part of a demonstration project to improve the delivery of health services in rural Bolivia, a 1977 household survey of 3 372 persons (52% aged less than 15 years) was conducted in the Montero region. Spells of illness occurring during the 14 days prior to the survey were reported by 42% of the population. Nearly half (46%) of these symptomatic illnesses were respiratory or gastrointestinal, and medical assistance was sought for 21% of them. The average expenditure for illness episodes during the preceding 2 weeks was \$2.13 per person (76% for medication). Statistical data are included. (Modified journal abstract)

- 8857 Isaac, M.K., Kapur, R.L.** *Cost-effectiveness analysis of three different methods of psychiatric case finding in the general population.* British Journal of Psychiatry (London), 137(6), Jun 1980, 540-546. Engl. 13 refs.

A study was carried out in an Indian village (population 4 000) to test the reliability of three techniques for identifying cases of psychosis and epilepsy. The 1st involved administering a 5-6-minute "symptoms in others" questionnaire to 3%-4% of the adult population. The 2nd consisted of administering the same questionnaire to one member of each household. The 3rd was an epidemiological survey of the entire population using the exhaustive Indian Psychiatric Survey Schedule. The 1st method correctly identified all the adult epileptics and virtually all the psychotics identified by the complete survey at one-ninth the cost. The 2nd method picked out, in addition, a large number of juvenile epileptics and mentally retarded children at one-fifth the cost of the full survey. Since the aim in developing countries is to focus on all epileptics (adults and children), the 2nd method is recommended for use. Statistical data are included. (HC-L)

- 8858 Salubritas, Washington, D.C.** *Revolving funds: trials and errors in the search for self-sufficiency.* Salubritas (Washington, D.C.), 5(3), Jul 1981, 4-5. Engl.

Health planners are finding that it is possible to help pay for drug supplies and other recurrent costs with a revolving drug fund. In such a fund, the patient pays for medicine or services; then this money is used to replenish drug supplies. Examples are given from Peru, Guatemala, India, Costa Rica, Senegal, Thailand, Afghanistan, Bolivia, Niger, Mexico, and Indonesia. Problems, such as irregular supplies and lack of trained personnel, are examined and solutions, including appeals to aid agencies, are proposed. (DP-E)

- 8859 Scheffler, R.M., Rossiter, L.F.** *Advances in health economics and health services research. Volume 3.* Greenwich, Conn., Jai Press, 1982. 326p. Engl. Refs.

The authors combine discussions of significant advances in research methods with coverage of today's health policy issues in the 3rd volume of this series. Papers presented examine hospital characteristics, physician reimbursement, an economic analysis of the utilization of nursing labour, a short history of the US hospital industry since 1800, the market for retail pharmacies, the impact of sick leave, and health manpower credit subsidies. One chapter is devoted to consequences of industrial injuries — earning losses, workers' compensation benefits, etc. — citing the subsequent experiences of a work group injured in 1968. Statistical data are included. (AF)

V.6 Cultural Aspects

See also: 8528.

- 8860 Bastien, J.** *Exchange between Andean and Western medicine.* Social Science and Medicine (Aberdeen, UK), 16(7), 1982, 795-804. Engl. 26 refs.

The reasons why rural Andeans prefer traditional to Western medicine are analyzed. Reflecting the Andean

economy in general, certain communities specialize in various aspects of Andean medicine, i.e., curing by ritual and divination or herbal preparations; their practitioners travel to other villages and exchange their skills for services and goods. Suggestions are presented for adapting features of Western medicine to fit the Andean social and economic structure. (Modified journal abstract)

- 8861 DelVecchio Good, M.J.** *Of blood and babies: the relationship of popular Islamic physiology to fertility.* Social Science and Medicine (Aberdeen, UK), 14B(3), Sep 1980, 147-156. Engl. 24 refs.

This study explores the relationship between popular beliefs about female physiology and contraceptive behaviour and practices in contemporary Iranian society. The discussion emphasizes the prevalent assumptions and notions regarding the nature of the female temperament, the structure of the reproductive system, the function of blood, and the role of the heart and nerves and examines how these beliefs relate to the traditions of Galenic-Islamic medicine. Data on attitudes collected in December 1973 among women in Maragheh (population 63 000) are presented with the use of three tables, and common complaints of contraceptive pill users and physicians' incapability or unwillingness to address such disorders are discussed. (EB)

- 8862 Dobkin de Ríos, M.** *Socio-economic characteristics of an Amazon urban healer's clientele.* Social Science and Medicine (Aberdeen, UK), 15B(1), Jan 1981, 51-63. Engl. 21 refs.

After a decade of analyzing urban Amazonian folk healing, the author conducted a field study in the city of Pucallpa, Peru, by interviewing the total client population of one folk healer during a month's period. Information on socioeconomic and ideological characteristics of this group and a comparison of the views of patients and healer on illness and treatment are discussed and presented as statistical data. The findings indicate that the rapport between healer and patient and their shared cognitions are the mainstay of on-going healing activity. The questionnaire used in the survey is included as an appendix. (Modified journal abstract)

- 8863 George, T.I.** *Polygamy: a cultural trait and maternal and child health.* Journal of Advanced Nursing (Oxford, UK), 6(3), May 1981, 215-220. Engl. 18 refs.

The author observes that polygamy, as practiced within a particular Ashanti village ecosystem in West Africa, positively contributes to child health by spacing pregnancies, promoting breast-feeding, and preventing kwashiorkor and severe malnutrition. Data on five generations of six polygamous and six monogamous families indicate that monogamous women had more children (7.8) than polygamous women (4.1); that kwashiorkor and malnutrition were highly prevalent among children of monogamous women and non-existent among the children of polygamous women; but that child mortality was higher for polygamous than for monogamous mothers, probably because of the latter's proximity to the mission hospital. (HC-L)

- 8864 Good, C.M., Kimani, V.N.** *Urban traditional medicine: a Nairobi case study.* East African Medical Journal (Nairobi), 57(5), May 1980, 301-316. Engl. 22 refs.

Traditional healing is the most widely available form of health care in Kenya. While not formally accredited by the government, traditional medicine is functionally interconnected with modern medicine through patient's use of both systems, particularly in the urban areas. This paper reports some findings of a 1977-1978 survey of 45 traditional healers, or *waganda*, and their patients in Mathare Valley, Nairobi. It concludes that the urban setting represents the arena of growth for traditional medicine and points to some of the policy implications of medical pluralism. Statistical data are included. (Modified journal abstract)

- 8865 Heggenhougen, H.K.** *Rural health care: Malaysian physicians' opinions about traditional Malay medicine and hospital assistants — a pilot study.* Medical Journal of Malaysia (Singapore), 34(3), Mar 1980, 238-247. Engl. 70 refs.

A questionnaire was sent out to 426 randomly selected physicians in Malaysia in order to determine their attitudes regarding the value of traditional Malay medicine. Of the 98 who responded, 74 felt that it might sometimes benefit a patient to see a traditional practitioner, particularly for mental illness, and 56 supported closer contact between traditional and cosmopolitan systems. With respect to the role of the hospital assistant (auxiliary health worker) in rural health care, the majority of respondents envisioned hospital assistants being gradually replaced by physicians. The 98 responses (23%) cannot be held representative of all Malaysian physicians and a more thorough survey is deemed desirable. (HC-L)

- 8866 Heggenhougen, H.K.** *Bomohs, doctors and sinsehs — medical pluralism in Malaysia.* Social Science and Medicine (Aberdeen, UK), 14B(4), Nov 1980, 235-244. Engl. 74 refs.

In addition to the official Western model, a number of different health care systems flourish in Malaysia. This article provides an overview of the current situation of the dominant systems and discusses the multiplicity of use by the multi-ethnic Malaysian population. An examination of the reasons for the persistence of traditional health care systems provides a perspective from which to evaluate Western practices and indicates that the Western system is seen as an incomplete health system. The need and possibilities for collaboration between different health systems are examined in light of specific studies carried out in rural Malaysia. (Modified journal abstract)

- 8867 Ho, S.C., Lun, K.C., Ng, W.K.** *Role of Chinese traditional medical practice as a form of health care in Singapore; I: preliminary study.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(1/2), Summer 1980, 26-36. Engl.

A study of records of 672 patients of a major institution providing Chinese traditional medicine in Singapore re-

vealed that 97.3% were Chinese, with a dialect group distribution following closely that of the Singapore Chinese. The male:female patient ratio was 1.0:1.13. There were fewer patients of the pediatric age group and more of those aged 30 years or older. Some 43% of the patients sought treatment for "infective" and "internal, emotional, and weakness" diseases. The prevalent disease conditions seen among patients from the different age groups are also analyzed and discussed. Statistical data are included. (Modified journal abstract)

- 8868 Hoorweg, J., Niemeyer, R.** *Preliminary studies on some aspects of Kikuyu food habits.* Ecology of Food and Nutrition (London), 9, 1980, 139-150. Engl. Refs.

In order to collect data for a comprehensive evaluation of child nutrition among the Kikuyu in Kenya, the authors studied foods currently used, the classification of foods, and food preferences among children and their mothers. Changes in food habits during the preceding 10 years are mentioned and a quick method for analyzing food classification is described. Included are statistical data and a list of food names in the vernacular. (DP-E)

- 8869 Igun, U.A.** *Child-feeding habits in a situation of social change: the case of Maiduguri, Nigeria.* Social Science and Medicine (Aberdeen, UK), 16(7), 1982, 769-781. Engl. 22 refs.

Interviews with 250 mainly illiterate, low-income mothers attending a child health and antenatal clinic in Maiduguri, Nigeria, revealed that child-feeding patterns are characterized by a combination of traditional and Western methods. The latter were learned not from Western health practitioners but from mass media advertisements, which have influenced upper class mothers to adopt bottle feeding as a status symbol that lower class women then try to emulate. Health workers are urged to combat this trend. Statistical data are included. (DP-E)

- 8870 Johannes, A.** *Many medicines in one: curing in the Eastern Highlands of Papua New Guinea.* Culture, Medicine and Psychiatry (Dordrecht, Netherlands), 4(1), 1980, 43-70. Engl. Refs.

Analyses of non-Western medical treatments have focused mainly on their psychotherapeutic value. This paper describes medical care among the Nekematigi, horticulturalists of the Eastern Highlands of Papua New Guinea. Presented within an ecological framework, the materials employed demonstrate dependence upon a wide range of physical manipulations. An examination of each contribution to the medical regime leads to the conclusion that it is a precise mix of physical and psychological elements that accounts for Nekematigi success in treating illness; this is likely to be true of many previously reported medical systems hitherto interpreted primarily in psychological, social, or symbolic terms. (Modified journal abstract)

- 8871 Khan, A., Gupta, B.M.** *Study of malnourished children in Children's Hospital Lusaka (Zambia).* Journal of Tropical Pediatrics and Environmental

Child Health (London), 25(2/3), Apr-Jun 1979, 42-45. Engl. 12 refs.

Fifteenth International Congress of Pediatrics, New Delhi, India, Oct 1977.

In interviews with the parents of 200 malnourished Zambian children admitted to hospital in 1976, information was collected on marital status, education, income source, size and type of family, area of residence, monthly food spending, and feeding patterns. The results are discussed and presented as statistical data. Since 68.5% of the children's families showed signs of social deprivation in addition to poverty and illiteracy, it is recommended that any social and nutritional rehabilitation programme must involve the whole family, and particularly the father, who controls food spending. (DP-E)

- 8872 Koss, J.D.** *Therapist-spiritist training project in Puerto Rico: an experiment to relate the traditional healing system to the public health system.* Social Science and Medicine (Aberdeen, UK), 14B(4), Nov 1980, 255-266. Engl. 18 refs.

This paper describes a Puerto Rican project that attempts to integrate two healing systems by providing their practitioners with a means of continuous contact. Spiritist healers, mental health workers, and medical and other health professionals meet on neutral academic ground provided by the programme to exchange ideas and discuss cases. The project appears to be successful in that therapists and spiritists have begun to refer patients to each other; in some cases they have even consulted each other about their own personal problems. (Modified journal abstract)

- 8873 Machnes, Y.** *Consumption of dental services by ethnic groups in Israel.* Community Dentistry and Oral Epidemiology (Copenhagen), 8(1), 1980, 33-35. Engl. 8 refs.

This study, based on data collected on households and their expenditures on dental health, analyzes the consumption of dental services in Israel. Interview subjects were divided into two groups: households with both parents born in Asian or African countries and others. Analysis of the data established a difference between the two groups in their expenditures on dental services. However, this study demonstrates that income and socioeconomic variables characterizing the various ethnic groups are the underlying causes for the difference in dental care expenditure. (Modified journal abstract)

- 8874 Mamvura, C.B., Channabhai, M., Shennan, C., Hilligan, R., Tichagwa, A.** *Successful use of nhopi in the treatment of kwashiorkor.* Central African Journal of Medicine (Salisbury), 26(10), Oct 1980, 216-218. Engl. 16 refs.

Nhopi, a traditional Shona dish of crushed pumpkin and peanut butter, was used in a 1980 study to treat 30 patients aged 1-3 years hospitalized for kwashiorkor in Salisbury, Zimbabwe. When compared to a control group of 30 children fed the usual hospital diet, the study children were more quickly cured of diarrhea and required an average of 4 days less hospitalization. It is

suggested that *nhopi* should be used as a substitute kwashiorkor diet in all the country's hospitals. (DP-E)

- 8875 Murali, I., Kataria, M.** *Perception regarding need for ante-natal care among rural and urban women in Delhi.* Indian Journal of Public Health (Calcutta, India), 24(2), Apr-Jun 1980, 68-75. Engl.

In an Indian study, 122 urban and 77 rural women were surveyed to determine their views regarding the need for, and their knowledge of the purpose of, antenatal care; the relationship between their views and certain social factors is also examined. The results are discussed and presented as statistical data. Urban women displayed greater awareness of the need for antenatal care; many rural women felt that the purpose of antenatal care was to register the pregnancy. The authors feel that both groups are in need of further information on the subject. (DP-E)

- 8876 Ojofeitimi, E.O., Tanimowo, C.M.** *Nutritional beliefs among pregnant Nigerian women.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 18(1), 1980, 66-69. Engl. 16 refs.

At a Nigerian maternity centre, 114 low-income women in their 2nd trimester of pregnancy were asked to list the food items they considered good and those they thought should be avoided during pregnancy. Starches were considered good most often, while vegetables, fruits, and proteins were infrequently mentioned or avoided for cultural, religious, or health reasons. Nearly 75% of the women did not gain enough to meet the recommended weekly weight gain; 24.6% lost weight. Traditional beliefs rather than the more frequently cited reasons of poverty and nonavailability of foods are seen as major factors limiting the quality of diet among the respondents. Statistical data are included. (Modified journal abstract)

- 8877 Oyebola, D.D.** *Professional associations, ethics and discipline among Yoruba traditional healers of Nigeria.* Social Science and Medicine (Aberdeen, UK), 15B(2), Apr 1981, 87-102. Engl. 13 refs.

A survey involving 165 Yoruba traditional healers in Nigeria and the collection of photographs of signs related to the practice of traditional medicine in Ibadan revealed a proliferation of Yoruba herbalist associations, which serve as meeting points for social purposes and professional consultations. Disciplinary bodies also exist to deal with healers who violate the (largely unwritten) rules and regulations governing practice. The disadvantage of not having a central professional body and the dangers of false advertising are emphasized, while other problems related to traditional healers are dealt with in the separate discussion section. (DP-E)

- 8878 Pares, Y.** *Lèpre: vers une nouvelle approche thérapeutique; pharmacopée et médecine traditionnelles; perspective d'avenir. (Leprosy: towards a new therapeutic approach; traditional*

pharmacopoeia and medicine; future perspective). Afrique Médicale (Dakar), 19(185), Dec 1980, 713-724. Fren. 31 refs.

The author, who is with the *Centre de Recherches Biologiques sur la Lèpre, Faculté des Sciences, Université de Dakar, Sénégal*, elaborates on her work with plants in the traditional treatment of human leprosy. She lists 240 plants that have been used for this purpose in Senegal, Mali, Ivory Coast, Central African Republic, the Congo, and Madagascar. She discusses the approach of traditional medicine and the ways in which the body reacts to herbal preparations, comparing the findings with those resulting from modern chemotherapy treatment of leprosy. The need is expressed for further studies into the potentials of locally available medicinal plants, as is the hope that collaboration between modern and traditional medical practitioners in this area will be forthcoming. (EB)

- 8879 Phoon, W.O.** *Changing patterns of community health; university research in Singapore during 1970-1979.* Singapore Medical Journal (Singapore), 21(3), Jun 1980, 573-582. Engl.

This article summarizes some of the university research into changes in health status in Singapore from 1970-1979. Topics covered include problems of urbanization, health consequences of changing life-style, the differing epidemiology of diseases, new aspects of health care delivery, Chinese medicine, health education techniques and priorities, medical problems and social changes, and industrial health. Statistical data are included. (DP-E)

- 8880 Ramesh, A., Hyma, B.** *Traditional Indian medicine in practice in an Indian metropolitan city.* Social Science and Medicine (Aberdeen, UK), 15D(1), Feb 1981, 69-83. Engl. 35 refs.

This paper presents some of the practical aspects of traditional Indian medical practices from data and information obtained from the results of field questionnaires administered to private, registered practitioners of indigenous medicine in Madras. The analysis is primarily concerned with the actual distribution and socioeconomic characteristics of the practitioners rather than theoretical or developmental ideals. The findings indicate that, despite competition from modern practitioners, traditional practitioners draw many patients from the entire spectrum of society. Nevertheless, they remain a vast underutilized resource outside the official health services, largely because they are unwilling to assume the dependent, subordinate role that they would have as part of these services. (Modified journal abstract)

- 8881 Sivagnanasundram, C., Nugegoda, D.B.** *Study of registered Ayurvedic practitioners in five M.O.H. divisions in the Kandy district, — on their role in maternal and child care and family planning.* Ceylon Medical Journal (Colombo), 24(1/2), Mar-Jun 1979, 21-28. Engl.

In this study, registered Ayurvedic practitioners in Sri Lanka were questioned about immunization, weaning foods, parasitic diseases, convulsions, antenatal care,

and a number of family planning practices to determine those areas in which traditional practitioners could assist Western physicians. The results are discussed and presented as statistical data. It is suggested that, after additional training, traditional practitioners be given priority over lay health volunteers or barefoot doctors as supplementary community health workers. (DP-E)

- 8882 Snyder, P.** *Ethnicity and folk healing in Honolulu, Hawaii*. Social Science and Medicine (Aberdeen, UK), 15B(2), Apr 1981, 125-132. Engl. 20 refs.

This paper examines the significance of ethnicity in relation to folk healing within the context of a multi-ethnic urban US setting. The principal findings — that healers and clients are often not of the same ethnicity, that healers' practices are eclectic, and that healers and clients attempt to accommodate one another's ethnicities — are discussed. The implications of these findings for professional health care and general research are considered. Some statistical data are included. (Modified journal abstract)

- 8883 Stubbe, H.** *Ethnopsychiatrie in Brasilien. (Ethnopsychiatry in Brazil)*. Social Psychiatry (Berlin), 14(4), Feb 1979, 187-195. German. Refs.

After presenting a brief description of historic, demographic, social and cultural aspects of this country, the author refers to a number of sociological studies and theories in his discussion of ethnopsychiatry in Brazil. He looks at the scarcely explored syncretistic cultures, e.g., Candomble, Umbanda, Macumba, and Spiritualism, in modern Brazilian civilization and the ritualized therapeutic treatment of psychiatric conditions provided by institutions within these cults. The observation of successful treatment of certain types of psychiatric conditions by magical practices of medicine has led in recent years to analysis of worship-oriented therapies, indicating a trend towards the development of a transcultural, anthropologically-based psychiatry. (EB)

- 8884 Suwanwela, C., Poshychinda, V., Thasanapradit, P., Dharmkrong-At, A.** *Assessing health status in remote villages in Thailand*. World Health Forum (Geneva), 2(2), 1981, 222-224. Engl.

A survey of Thai hill tribes studied social and living conditions, opium dependence, and illnesses and physiological reactions to them. It is shown that, after an adjustment period, villagers do come to rely more on Western-style services, especially if the practitioners are local people, than on traditional medicine. As a result of lessons learned from this survey, health planners are urged to remember that: 1) a way of life practiced for generations may represent a workable (and fragile) ecological balance; 2) a survey made at one particular time may be inaccurate at another; 3) laboratory tests must be interpreted within the sociocultural setting; 4) statistical interpretation without consideration of the human element may be misleading; and 5) one of the essential

elements of primary care is the ability to maintain the services. (DP-E)

- 8885 Trotter, R.T.** *Remedios caseros: Mexican American home remedies and community health problems*. Social Science and Medicine (Aberdeen, UK), 15B(2), Apr 1981, 107-114. Engl. 19 refs.

Analysis of 1 235 Mexican American patients in Texas (USA) who used home remedies to treat 70 specific illnesses reveals that they classify these diseases into three groups: those for which no medical treatment exists, e.g., the evil eye; those not requiring medical treatment, such as rashes and burns; and ailments, including terminal cancer and baldness, that the medical system has failed to cure or eliminate. An appreciation of their perception of these diseases is important in planning community health services. In addition, the study methodology used is an alternative way of exploring community morbidity patterns. Statistical data are included. (DP-E)

- 8886 Wone, I., de Lauture, H., Penot, C., Kambire, P.** *Médecine traditionnelle et croyances alimentaires. (Traditional medicine and nutritional beliefs)*. Médecine d'Afrique Noire (Paris), 29(1), Jan 1982, 27-33. Fren.

Séminaire de l'Organisation Panafricaine de la Famille, Dakar, Sénégal, 10-18 Nov 1980.

This paper discusses the concepts of traditional medicine and some of the reasons for and origins of beliefs regarding forbidden foods in certain African cultures. The traditional healer, his methods of diagnosis and treatment of disease, and his use of traditional plants, rituals with animals, prayers, precious stones, water, etc. are considered. For example, in some areas certain fruits, nuts, fish, fowl, meat, or eggs cannot be consumed by pregnant women and/or children. The need for an anthropological and sociocultural approach in the exploration of practical ways in which traditional medical knowledge can be used effectively and integrated with Western practices is stressed. (EB)

- 8887 Wu, A.C., Hu, Y.H.** *Many ways to health: a study of 2,000 rural and urban Taiwan families*. American Journal of Chinese Medicine (Garden City, N.Y.), 8(4), Winter 1980, 313-330. Engl. 21 refs.

Over a 2-year period, 1 000 urban and 1 000 rural Taiwanese families were interviewed regarding their preferred form of medical care: folk, traditional Chinese, or Western. Such variables as age, sex, educational level, family structure, religious convictions, and birthplace (mainland or Taiwan) were correlated with their responses. This paper presents and analyzes the survey findings. Urban and rural health behaviour was found to differ less than expected, with 90% of all respondents combining a variety of approaches in warding off and treating illness. (HC-L)

V.7 Epidemiological, Family Planning, Maternal Child Health, Nutrition, and Disease Control Studies

See also: 8555, 8562, 8566, 8579, 8591, 8621, 8626, 8654, 8781.

- 8888** Abanto, Z.U., Guzmán, M.P. de, Donato, D.S., Cuaderno, F.C., Jandayan, M.O. *Height and weight measurements of high school students in central Luzon*. Philippine Journal of Nutrition (Manila), Jan-Mar 1981, 21-27, 48. Engl.

See also entry 8977.

During the 1974 school lunch survey in Luzon, the Philippines, height and weight measurements were taken from 1 535 students (753 males) aged 12-23 years from 14 public high schools and compared with data from previous studies of the same nature. The results show close agreement in the trend of growth of these students with those of Manila. Comparison with US standards reveals that these students are considerably lighter and smaller than their American counterparts. Statistical data are included. (Modified journal abstract)

- 8889** Abdurrahman, M.B., Joss, D.V. *Pattern of enteric fever in Kaduna, Nigeria*. Nigerian Medical Journal (Lagos), 9(4), 1979, 437-441. Engl. 15 refs.

This paper reviews the age and sex distribution, clinical features, pathological agent, management, and outcome of all proven cases (150) of enteric fever seen in hospitalized patients in Kaduna, Nigeria, over a 2-year period. The disease was characterized by a high incidence, long duration prior to hospitalization, considerable delay in starting appropriate chemotherapy, and an appreciable number of missed diagnoses. The mortality was 12%, with poor prognosis associated with complications such as intestinal perforation, severe haemorrhage, or coma. Typhoid was responsible for the majority (91%) of cases and the treatment of choice was chemotherapy with chloramphenicol. (HC-L)

- 8890** Abiose, A., Bhar, I.S., Allanson, M.A. *Ocular health status of postprimary school children in Kaduna, Nigeria: report of a survey*. Journal of Pediatric Ophthalmology and Strabismus (Thorofare, N.J.), 17(5), Sep-Oct 1980, 337-340. Engl. 19 refs.

In a study of 5 220 postprimary schoolchildren in Nigeria, 10.36% had one or more ophthalmic defects requiring attention. The most common problems encountered were conjunctivitis, refractive errors, and muscle imbalance. Low degree myopia was common and uveitis and corneal opacities were found to cause gross visual defects in some students; early macular degeneration was detected in 9 children. The responsibility of the school medical officer in treating early infective cases and in referring other more complicated cases to hospital is emphasized. Statistical data are included. (Modified journal abstract)

- 8891** Abou-Alanah, F.M. *Some aspects of infant mortality in Alexandria, Egypt: a study in medical geography*. Genus (Rome), 35(3/4), 1979, 203-225. Engl. 11 refs.

Trends in infant mortality in Alexandria, Egypt, are discussed and presented as statistical data. Information is provided on age, sex, seasonal variations, causes of death (principally gastroenteritis, congenital and neonatal diseases, pneumonia and bronchitis, and infectious and parasitic diseases), and social and economic factors including housing, literacy, and occupational status. (DP-E)

- 8892** Abrams Slome, B., Rozier, R.G., Seidel, J.S. *Survey of dental disease in children of Wuvulu Island, Papua New Guinea*. Community Dentistry and Oral Epidemiology (Copenhagen), 8(3), 1980, 146-150. Engl. 12 refs.

A brief introduction to the geographic and social aspects of Wuvulu Island (Papua New Guinea) is followed by an outline of the objectives of this 1977 study, namely to examine the prevalence of dental caries and periodontal disease in the island children, to assess the oral hygiene status, to compare caries prevalence in the primary and permanent teeth, and to determine dental health problems. The findings of the examination of 153 children aged 3-16 years are discussed with the use of three tables and compared to similar surveys conducted in the South Pacific region. Males were found to have significantly more periodontal disease than females; oral hygiene was generally poor. Primary teeth were about 3 times more susceptible to caries than permanent teeth, but this susceptibility did not present a problem as far as tooth loss was concerned. (EB)

- 8893** Aderole, W.I. *Radiological patterns of pulmonary tuberculosis in Nigerian children*. Tubercle (Edinburgh), 61(3), 1980, 157-163. Engl. 12 refs.

The radiological features of pulmonary tuberculosis in 273 Nigerian children are presented. The commonest lesion, lymphadenopathy, was present in 79% followed by parenchymal lesions, which were present in 68%. Seventy-two percent of children with pleural effusions were aged less than 5 years while 2 of 13 with cavitations were infants. A majority of cases presented with multiple lesions. Statistical data are included. (Modified journal abstract)

- 8894** Adeyokunnu, A.A., Taiwo, O., Antia, A.U. *Childhood mortality among 22,255 consecutive admissions in the University College Hospital, Ibadan*. Nigerian Journal of Paediatrics (Ibadan, Nigeria), 7(1), 1980, 7-15. Engl. 22 refs.

In order to evaluate the pattern of childhood mortality at the University College Hospital, Ibadan, Nigeria, this study analyzes the recorded cause of 3 190 deaths, 14% of 22 255 admissions over the 5-year period of 1969-1973, and compares the figures with a similar study of pediatric deaths from 1964-1966 at the same hospital. It found that, while overall mortality has not changed, there has been a significant decline in deaths from tetanus, malaria, measles, and malnutrition. In the present

review, 50% of the deaths occurred in the 1st year of life, 43% in the next 4 years, and 7% in children aged 6-14 years. The need for improvements in health care delivery, nutrition, health education, and immunization against communicable diseases is stressed. (Modified journal abstract)

- 8895 Agarwal, D.K., Agawekar, S., Katiyar, G.P., Tewari, I.C., Agarwal, K.N.** *Morbidity pattern and source of first contact care in rural underfive children.* Indian Pediatrics (Calcutta, India), 17(12), Dec 1980, 931-937. Engl. 15 refs.

The morbidity pattern and source of primary care were studied with respect to 120 rural children aged less than 5 years in Varanasi, India, over a 1-year period. The children averaged 6.69 episodes of illness, with gastrointestinal diseases, respiratory tract infections, skin diseases, and fevers accounting for the bulk of all morbidity. This paper tabulates the distribution and prevalence of morbidity by group and by WHO International Classification code and the utilization of the various types of treatment (home remedies, folk practices, indigenous medicine, and modern medicine) by type of illness and caste of patient. In view of the fact that government medical facilities were consulted in only 37.5% of all episodes, involvement of local practitioners in the provision of child health services is advocated. (HC-L)

- 8896 Agarwal, D.K., Kaur, P., Katiyar, G.P., Agarwal, K.K.** *Pattern of care during pregnancy and lactation in Sunderpur (an urban slum area of Varanasi).* Indian Journal of Public Health (Calcutta, India), 24(2), Apr-Jun 1980, 82-87. Engl.

A 1976-1977 study of 218 pregnant and lactating women in the Sunderpur urban slum area of Varanasi, India, explored the pattern of care during pregnancy and lactation, dietary habits, and environmental sanitation practices. The interviews revealed that 88% of the women were illiterate and 50% had poor housing conditions and an unsafe water supply. About 18% had no knowledge of family planning methods, while 68% having such knowledge were not practicing it. The regular antenatal check-up was attended by 80% of the women and 78% of the deliveries occurred at home. In conclusion, the authors stress the importance of maternal education in order to achieve better utilization of the services available. Statistical data are included. (EB)

- 8897 Akinkugbe, F.M.** *Anaemia in a rural population of Nigeria (Ilora).* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 74(6), 1980, 625-633. Engl. Refs.

With an aim to determining the prevalence of childhood anaemia and identifying causal factors in a rural part of Nigeria, an examination of 370 children aged 1-10 years was undertaken in Ilora, a village 55 km north of Ibadan. The findings, herein presented with the use of five tables, revealed that 21.7% of the children were anaemic with haemoglobin of 10 g/100 ml or less, or a haematocrit of 30% or less, while iron deficiency anaemia occurred in 41%, with the highest prevalence in

children aged 2-3 years. Malarial parasites were found more frequently in the anaemic than in the non-anaemic children; of the 191 children (51.6%) with malaria, 16 had severe infections. Data on the incidence of helminthiasis, hepatosplenomegaly, eosinophilia, and leucocytosis are presented and also discussed. (EB)

- 8898 Al-Taqi, M., Bhbehani, K.** *Cutaneous leishmaniasis in Kuwait.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 74(5), 1980, 495-501 Engl. Refs.

Examination of the lesions of 33 Kuwaiti patients revealed that most had multiple lesions, mainly on the lower and upper limbs. Both sexes and all ages were affected, with peak incidence occurring in February. The endemicity of cutaneous leishmaniasis in Kuwait is attributed to several factors, including its central location in an area of the Middle East where cutaneous leishmaniasis is endemic, the rapid increase in economic activities, the number of travellers and immigrants, and the change in ecological conditions and nature of the habitat for the sandfly vectors following the rapid urbanization of some districts. Statistical data are included. (Modified journal abstract)

- 8899 Alkafajei, A.M., Sugathan, T.N., Antony, R., Abbas, S.J., Habib, O.S.** *Demographic and health characteristics of a rural Iraqi population.* International Journal of Epidemiology (Oxford, UK), 9(3), Sep 1980, 251-254. Engl.

A 1979 survey of 3 399 villagers in the Abu-al-Khasib field practice area of the College of Medicine, Iraq, to collect baseline demographic and health information revealed that 68% of the population comprised women of child-bearing age and children aged less than 15 years. The birth rate was 49:1 000 and the death rate 14.5:1 000, with a morbidity of 10%-15% concentrated among women of child-bearing age. While there was a general awareness of available health care facilities, they were utilized mainly for treatment of childhood illnesses and infrequently for antenatal care. Statistical data are included. (DP-E)

- 8900 Allal, L., Allal, K., Bouguermouh, A., Sari, L., Gaudin, O.G.** *Réponse immunitaire obtenue chez des enfants vaccinés contre la rougeole à Alger.* (Immune response in children vaccinated against measles in Algeria). Archives de l'Institut Pasteur d'Algérie (Algiers), 52, 1977, 139-142. Fren.

In the Mustapha hospital health sector, Algeria, 229 children aged 6-13 months were vaccinated against measles. The seroconversion rate for the 92 who returned for testing was 64.1%-63.3% for those aged 6-9 months and 65.6% for those aged 10-13 months. This paper discusses the study results and recommends that children be vaccinated between the ages of 9-12 months. (HC-L)

- 8901 Allen, B.J., Bourke, R.M., Clarke, L.J., Cogill, B., Pain, C.F.** *Child malnutrition and agriculture on the Nembi Plateau, Southern Highlands, Papua New Guinea.* Social Science and Medicine

(Aberdeen, UK), 14D(2), Jun 1980, 127-132. Engl.

A study of agriculture and child malnourishment in three Nembi clans in the Southern Highlands Province of Papua New Guinea revealed that food shortages were occurring as a result of extremely low yields from the staple sweet potato gardens. Low yields were attributed to poor agricultural practices, particularly failure to let the land lay fallow, and a sex-based division of labour, whereby men contribute little to food production, rather than to absolute shortages of arable land. (HC-L)

- 8902 Alvarez, M.L., Alvear, J., Cousiño, L., Saitúa, M.T.** *Influencia del medio en la desnutrición infantil. (Influence of environment on infantile undernourishment).* Archivos Latinoamericanos de Nutrición (Caracas), 30(2), Jun 1980, 254-263. Span. 8 refs.

Forty-five infants born at term but small for gestational age (experimental group) and 18 infants born at term and normal for gestational age (control group) were studied during their 3rd year of life. All were born at the Salvador Hospital, Santiago, Chile, and came from similar socioeconomic backgrounds. Both groups exhibited similar weights, 82% of the experimental group continuing below the 10th percentile and 61% of the control group falling below the 10th percentile. Breast-feeding had been of shorter duration and the introduction of solids later for the experimental group than for the control group and mothers' knowledge regarding proper nutrition was significantly lower. These and other parameters are discussed in this paper. (HC-L)

- 8903 Aly, H.E., Dakroury, A.H., Said, A.K., Hussein, M.A., El-Ghorab, M.I.** *Use of nutrition surveys for family planning program evaluation; the case of the Arab Republic of Egypt nutrition status.* Journal of the Egyptian Public Health Association (Cairo), 54(5/6), 1979, 290-312. Engl. 21 refs.

In conjunction with a 1978 nutrition survey in Egypt, investigators added a few questions about family planning, thereby acquiring much valuable information by an efficient and low-cost method. The results of both aspects of the survey are discussed and presented as statistical data. Along with the data obtained on these separate subjects, the survey yielded data that showed a correlation between contraceptive use and child health (and other reports reaching this conclusion are cited). The authors feel that this approach is good and recommend additions to such surveys that would make it possible to analyze this relationship in more depth. (DP-E)

- 8904 Amato Neto, V., Higaki, Y.** *Calazar em clínica especializada, na cidade de São Paulo, Brasil. (Kala-azar in a specialized clinic in the city of São Paulo, Brazil).* Revista de Saúde Pública (São Paulo, Brazil), 14(2), Jun 1980, 253-257. Portuguese.

Over a 12-year period, 62 patients with kala-azar (visceral leishmaniasis) were registered at the *Clínica de Doenças Infecciosas e Parasitárias* of the University of São Paulo, Brazil. They accounted for 0.91% of all

patients seen during this period and experienced a mortality of 19.33%. This paper discusses and presents statistical data on the age, sex, and racial background of the patients and the locality where the disease was acquired. (HC-L)

- 8905 Armijo, R.** *Epidemiology of cancer in Chile.* National Cancer Institute Monographs (Bethesda, Md.), Monograph No. 53, 1979, 115-118. Engl.

In most countries in Latin America, the importance of cancer is masked by the large number of deaths ascribed to unknown or ill-defined causes and the large proportion of deaths that are not medically certified. This paper summarizes available data on the epidemiology of cancer in Chile. (HC-L)

- 8906 Armstrong, B.** *Epidemiology of cancer in the Peoples (sic) Republic of China.* International Journal of Epidemiology (Oxford, UK), 9(4), Dec 1980, 305-315. Engl. 15 refs.

This review of the epidemiology of cancer in the People's Republic of China is based largely on a retrospective survey of mortality from all causes in the country from 1973-1975. Rates for different body sites are discussed with special attention given to cancer of the liver, lung, and nasopharynx. Incidences for the main ethnic minority groups are also presented. Considering the problems of population size and scarcity of resources, much progress has been made, largely because of the high priority given to prevention. Statistical data are included. (DP-E)

- 8907 Armstrong, R.W., Ahluwalia, H.S.** *Cancer incidence in Malaysia.* National Cancer Institute Monographs (Bethesda, Md.), Monograph No. 53, 1979, 53-57. Engl.

The frequency of cancers by body site, sex, and ethnic group from biopsy records of the Division of Pathology of the Institute for Medical Research in Kuala Lumpur, Malaysia for the years 1969-1971 was determined and compared with similar data from the Singapore Cancer Registry. Relative risk values for 21 sites indicated significant differences between the Indian, Malay, and Chinese ethnic groups. (Modified journal abstract)

- 8908 Arora, R.R., Datta, K.K., Sharma, R.S., Meena, K.R., Mishra, K.K.** *Morbidity and mortality in infants in a rural community of Rajasthan — a prospective cohort study.* Journal of Communicable Diseases (New Delhi), 12(1), Mar 1980, 27-33. Engl. 9 refs.

The parents of 331 newborns from a rural area of Rajasthan, India, were interviewed monthly for a year in order to establish the morbidity pattern and mortality of the cohort. This paper presents and discusses the study findings — including data on neonatal mortality, infant mortality, number of sickness episodes per child, duration of episodes, and morbidity and mortality by sex, cause, and quarterly period — and compares them to the results of longitudinal studies of urban children. Infant mortality was 148:1 000 live births, the number

of sickness episodes per child was 1.42, and the principal causes of illness were diarrhea, pyrexia of unknown origin, skin diseases, and diseases of the respiratory system. (HC-L)

- 8909** Avila, H., Arroyo, P., García, D., Huerta, F., Díaz, R. *Factors determining the suspension of breast-feeding in an urban population group.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(3), 1980, 286-292. Engl. 9 refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*, 84(5), 1978, 383-390.

This article reports findings from a 1975 retrospective survey of breast-feeding patterns in a socioeconomically homogenous sample of some 2 500 mothers visiting Mexican outpatient clinics. Among the many reasons cited for the termination of breast-feeding, the most common was the absence or insufficiency of milk; the authors suggest that this may be related to a lack of information on the proper way to breast-feed. The duration of breast-feeding and the type of milk substitute introduced (and when it was introduced and at whose suggestion) are also examined. Statistical data are included. (DP-E)

- 8910** Awadzi, K. *Therapy of filariasis.* Africa Health (Sutton, UK), 3(3), Dec 1980, 35-38. Engl.

After discussing the source, transmission, and clinical features of onchocerciasis, this article (by a Ghanaian physician) describes the treatment of the disease in detail. The effectiveness of a variety of drugs is evaluated. (DP-E)

- 8911** Baquir, H. *Progress of the control of urinary schistosomiasis among school-children in Iraq by selective mass treatment campaign with etrenol in the last four school years (1973-1974-1976-1977).* Bulletin of Endemic Diseases (Baghdad), 19(1/4), 1978, 77-86. Engl.

The control programme against urinary schistosomiasis among schoolchildren in the highly endemic areas of Iraq from 1973-1977 is described. Some 170 000 children were treated with etrenol during the campaign, with coverage increasing from 69%-86.2%. The prevalence of infection declined from 5.6% in 1973-1974 to 4.4% in 1976-1977; the cure rate for the period ranged from 64%-61.7%. The advantages of etrenol, such as its safety, efficacy, and convenience, are discussed; strict medical supervision is advised. Statistical data are included. (Modified journal abstract)

- 8912** Beall, C.M. *Growth in a population of Tibetan origin of high altitude.* Annals of Human Biology (London), 8(1), Jan-Feb 1981, 31-38. Engl. Refs.

This report describes height, weight, and triceps skinfold measurements for 239 individuals aged 5-22 and 30-39 years living in the rural Tibetan village of Mugu, Nepal (altitude 3 800 m). It compares this population with a high-altitude Andean Quechua population and another high-altitude Tibetan population. A delay in height and weight is manifested in the Mugu population. The reasons for the contrasting growth patterns are not known

precisely due to lack of thorough nutritional, epidemiological, and genetical studies from Mugu. Some statistical data are included. (Modified journal abstract)

- 8913** Belizán, J.M., Delgado, H., Mejía-Pivaral, V., Valverde, V., Klein, R.E. *Criteria for selection of communities in poor rural areas with high risk of low birth weight babies.* Journal of Tropical Medicine and Hygiene (London), 86(6), Dec 1981, 243-248. Engl. 18 refs.

From October 1977-October 1978, a study of 6 595 inhabitants of 10 rural communities in a coffee plantation area on the Pacific coast of Guatemala was undertaken to identify populations with greater risk of low-birth-weight babies in order to establish priorities for public health activities. The study population, characterized by extremely poor health, nutrition, and education conditions and a very low *per capita* income, included 302 new births. The accessibility to villages, literacy rate, height and weight of pregnant women, daily caloric intake, and the prevalence of smoking mothers were among the factors taken into consideration. A number of suggestions for detection of high-risk communities and for improvement of health activities are put forward. (EB)

- 8914** Bhandari, A., Ghosh, B.N. *Longitudinal study on child development in relation to socio-economic factors.* Indian Journal of Medical Research (New Delhi), 72(5), Nov 1980, 677-684. Engl. 18 refs.

In Calcutta, India, 123 healthy newborns were studied from birth to age 1 year and classified according to Gesell's Norm as developmentally delayed or developmentally not delayed in four fields of development: gross motor, fine motor-adaptive, personal-social, and language-speech. The classifications were then correlated with a number of socioeconomic factors (family income, father's occupation, and mother's education) and the child's birth order. This paper presents related data and discusses the study findings. All three socioeconomic factors were positively correlated with the child's performance in two or more developmental fields. In addition, 1st-born children scored significantly better than subsequent children with respect to gross motor, fine motor-adaptive, and language-speech development. (HC-L)

- 8915** Bhavsar, B.S., Mehta, N.R. *Epidemiological study of leprosy through school survey in Surat district (South Gujarat).* Leprosy in India (New Delhi), 52(4), Oct 1980, 548-556. Engl. 17 refs.

A leprosy survey involving 21 412 elementary and high school students was carried out in Surat City and surrounding villages, Gujarat, India. Evidence of leprosy was obtained by clinical examination and background data by a pretested questionnaire. The overall leprosy rate was 0.12% (0.06% in the urban and 0.28% in the rural area). The prevalence was significantly higher among males than females and increased with deterioration in socioeconomic status and sanitary conditions. BCG vaccination seemed to afford some protection

against leprosy. The study results are discussed and presented as statistical data. (HC-L)

- 8916 Bollag, U., Bennike, T., Adigun, C.A., Agwu, N.I., Awobusuyi, J.O.** *Problem based medical education in the community: a student nutritional survey in Nigeria.* International Journal of Epidemiology (Oxford, UK). 9(4), Dec 1980, 375-379. Engl. 8 refs.

As part of their curriculum, students at the Faculty of Health Sciences, Unilorin, Nigeria, conducted a survey to investigate the nutritional and health status of three distinct groups of children in nearby villages. The results are discussed and presented as statistical data. The nutritional status of the children in the three groups differed; an attempt is made to explain the results on the basis of environmental and socioeconomic differences among the groups. The usefulness of such a project as a self-educational tool is briefly considered. (Modified journal abstract)

- 8917 Bonang, G.** *Asymptomatic bacteriuria in schoolgirls of Pademangan North Jakarta.* Jakarta, Atma Jaya Research Centre, 1977. 9p. Engl. 8 refs.

A survey of asymptomatic bacteriuria in 902 primary schoolgirls, aged 5-12 years, was carried out in Pademangan, a district in north Jakarta, from May-August 1975. Its purpose was to obtain data to be used as a basis for therapy and for further studies on bacteriuria and its relation to kidney disease and other clinical conditions. Survey methodology and findings are described. Positive traces of bacteriuria were found in 2.8% of the girls examined. It was apparent from the histories of these children that the majority of those with bacteriuria had complained of dysuria (72%). Five tables of data from the study are included. (EB)

- 8918 Boon, W.H.** *Priorities in health care delivery to the school child.* Nursing Journal of Singapore (Singapore), 20, Aug 1980, 47-52. Engl. 15 refs.

As a prelude to the establishment of priorities in the health care delivery to the schoolchild in Singapore, the main causes of mortality and morbidity from 1967-1977 in children aged 5-19 years are examined. The data indicate that cancer, accidents, and suicide are the main causes of death. The role of nutrition in overall health is considered and problems with vision, hearing, and dental caries are reviewed. Finally, some types of morbidity (such as cough, fever, psychological problems, drug addiction, etc.) that are never diagnosed are discussed. Statistical data are included. (DP-E)

- 8919 Boulahbal, F., Mazouni, L., Chaulet, P.** *Enquête prospective sur l'organisation et la supervision du diagnostic bactériologique de la tuberculose pulmonaire dans un réseau de dépistage en Algérie. (Prospective survey on the organization and supervision of the bacteriological diagnosis of pulmonary tuberculosis in a screening system in Algeria).* Archives de l'Institut Pasteur d'Algérie (Algiers), 52, 1977, 55-70. Fren.

A study was undertaken in western Algiers to determine the efficacy of tuberculosis identification in seven peripheral dispensaries. Sputum samples provided by approximately 1 200 tuberculosis suspects were examined *in situ* by microscope and, after a delay of 2-5 days, in the central tuberculosis laboratory by microscope, fluorescent microscope, and culture. Examination by microscope in both peripheral and central laboratories yielded an 11% positive rate, while fluorescent microscopy and culture yielded 15% and 22% respectively. This paper presents the study methodology and findings and discusses their implications for the organization of tuberculosis control in Algeria. (HC-L)

- 8920 Bowie, M.D., Moodie, A.D., Mann, M.D., Hansen, J.D.** *Prospective 15-year follow-up study of kwashiorkor patients; part I: physical growth and development.* South African Medical Journal (Cape Town), 58(17), 25 Oct 1980, 671-676. Engl. 19 refs.

A series of 221 children with kwashiorkor admitted to hospital in Cape Town, South Africa from 1958-1960 were followed-up for 15 years; their physical growth and development were compared to those of 89 of their siblings. Seventy-two (32%) of the study group died of malnutrition or its complications at the time of hospitalization or shortly thereafter. The 116 available for the entire study followed a growth pattern that was virtually identical to that of the controls. It is concluded that malnutrition exacts its toll early in life and it is then that interventions (e.g., food supplementation) can be expected to have the most benefit. Data on growth increments and pubertal changes are presented in seven tables and four graphs and discussed. (HC-L)

- 8921 Brandt, F., Malla, O.K.** *Ocular findings in leprosy patients; a report of a survey in Malunga/Nepal.* Albrecht von Graefes Archiv für Klinische und Experimentelle Ophthalmologie (Berlin), 217(1), 1981, 27-34. Engl. Refs.

A total of 116 patients in Nepal with advanced leprosy were examined in an ophthalmological survey. The results are discussed and presented as statistical data. All patients were older than 20 years of age and none had suffered from leprosy for less than 10 years. Abnormal ocular findings occurred in 69.8% of all patients and 9.3% were blind. Many conditions are reported and compared with the results of surveys by other authors. (Modified journal abstract)

- 8922 Brar, R.K., Singh, S.** *Prevalence of intestinal helminthic infections.* Indian Journal of Public Health (Calcutta, India), 24(3), Jul-Sep 1981, 157-162. Engl.

Analysis of 375 stool samples from individuals living in and around Punjabi University Campus, India, revealed an infestation prevalence of 35.2%. High levels of infestation were associated with off-campus living, a younger age group (5-9 years old), the male sex, lower socioeconomic levels, overcrowded living conditions, and symptoms in the host. This paper describes the survey methodology and findings, including the helminths that

were identified. The lower rate of infection (29.5%) among those living on campus is attributed to the good sanitary facilities there. (HC-L)

8923 Briener, S.J. Early child development in China. Child Psychiatry and Human Development (New York), 11(2), Winter 1980, 87-95. Engl. 11 refs.

A psychiatrist compares his direct observations of child rearing in the People's Republic of China with reports from other Western professionals. He differs from them in interpreting what all of them saw, distinguishing between contented children and conforming children. Chinese emphasis on conforming and discipline, and the failure to acknowledge emotional factors, result in psychopathology going undetected or misdiagnosed and in emotional impoverishment of the children. The discrepancy between psychiatric knowledge in the cities and the abundance of it among the teachers in the provinces is also discussed. (Modified journal abstract)

8924 British Medical Journal, London. BCG vaccination in the newborn. British Medical Journal (London), 281(6253), 29 Nov 1980, 1445-1446. Engl. 18 refs.

It is argued that the sometimes acrimonious discussion of the protection given by BCG vaccination is often based on incorrect assumptions. Analysis of vaccination programmes should be founded on two concepts: the direct effect (prevention of tuberculosis in vaccinated persons) and the indirect effect (reduction of tuberculosis in the population as a whole). Further evaluation of mass BCG programmes in newborn infants is needed; account should be taken of the quality of vaccine, its transportation, and the technique of application. Until further information becomes available, BCG vaccinations should continue. Statistical data from various research reports are presented to support these ideas. (DP-E)

8925 Carney, W.P., Veyra, V. de, Cala, E.M., Cross, J.H. Intestinal parasites of man in Bukidnon, Philippines, with emphasis on schistosomiasis. Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 12(1), Mar 1981, 24-30. Engl. Refs.

Examination of 831 fecal samples from Filipino villagers revealed a schistosomiasis prevalence of 16%; hookworm, 44%; and ascariasis, 32%. Other findings are discussed and presented as statistical data and the implications for disease control activities are examined. (DP-E)

8926 Carney, W.P., Banzon, T., Veyra, V. de, Papasin, M.C., Cross, J.H. Intestinal parasites of man in Oriental Mindoro, Philippines, with emphasis on schistosomiasis. Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 12(1), Mar 1981, 13-19. Engl. 13 refs.

An intestinal parasite survey was conducted in the town of Victoria, Oriental Mindoro, Philippines, in 1978 in order to estimate the prevalence of schistosomiasis in the area. The results are discussed and presented as statisti-

cal data. *Schistosoma japonicum* eggs were detected in 20% of 1 058 fecal specimens examined, indicating a prevalence that was more than twice as high as had been previously estimated. Infection rates were higher in males and infrequent in young children. Many other intestinal helminths and protozoan parasites were also found. (Modified journal abstract)

8927 Carrada-Bravo, T. Avances recientes en el conocimiento de las enfermedades transmisibles en México. (Recent advances in knowledge of infectious diseases in Mexico). Gaceta Médica de México (Mexico City), 116(1), Jan 1980, 47-49. Span.

Infectious and parasitic diseases continue to be the principle cause of morbidity and mortality in Mexico. This paper briefly reviews recent findings regarding the spread and/or control of epidemics of infectious disease (measles, rabies, diarrhea, etc.) and the discovery of previously unrecognized pathogens and foci (cutaneous leishmaniasis). (HC-L)

8928 Cerny, K., Hoa, D.Q., Dinh, N.L., Zelena, H. Winged bean (*Psophocarpus tetragonolobus* L./DC) as major source of protein in infant nutrition. Courrier (Paris), 31(2), 1981, 121-134. Engl. 15 refs.

The extraordinary growth potential, high protein yield, and promising nutritional characteristics of the winged bean have aroused considerable interest in its potential as a substitute for cow's milk in weaning mixtures. The effects of two diets (one based on skim milk and the other on winged beans and rice) were compared in long-term (4-months) feeding trials involving 10 well-nourished Czech infants and 32 malnourished Vietnamese infants. Also, metabolic balance studies were performed on six healthy Vietnamese infants fed both diets, alternately. This paper details the study methodology and presents and discusses its results. The efficacy of the winged bean formula was found to be above 90% of that of the skim milk formula, based on the mean weight gain, and its adoption as a weaning food where cow's milk is inappropriate or unavailable is recommended. (HC-L)

8929 Chavalittamrong, B., Vathakanon, R., Walsrip-ong, R., Rungrith, W. Height, weight, height velocity and weight velocity in school-age Bangkok children. Journal of Tropical Pediatrics (London), 26(4), Aug 1980, 139-143. Engl.

Height and weight of 72 751 schoolchildren (35 871 boys, 36 880 girls) aged 6-18 years from 60 schools in Bangkok (Thailand) were measured; height, weight, height velocity, and weight velocity were calculated in percentiles. The results are discussed and presented as statistical data. The findings indicated that girls were taller and heavier than boys from approximately 8-14 years of age; boys were taller and heavier both before and after these ages. The peak velocity for both height and weight was about 2 years earlier in girls than in boys (about 12-14 years of age). In both, the peak height velocity was a few months earlier than the peak weight velocity. (Modified journal abstract)

- 8930** Chen, L.C., Chowdhury, A.K., Huffman, S.L. *Anthropometric assessment of energy-protein malnutrition and subsequent risk of mortality among preschool aged children.* American Journal of Clinical Nutrition (Bethesda, Md.), 33(8), Aug 1980, 1836-1845. Engl. 23 refs.

A longitudinal study of 2 019 children aged 13-23 months was undertaken in Bangladesh to determine the usefulness of the following anthropometric measurements in prognosticating child mortality: weight-for-age; weight-for-height; height-for-age; arm circumference for age; arm circumference for height; weight quotient; and height quotient. The results indicated that severely malnourished children according to all indices experienced substantially higher risk of mortality while normal and mild- and moderately-malnourished children all experienced the same risk. For each index, a threshold level was noted below which mortality risk climbed sharply and the discriminating power of anthropometry was enhanced when maternal weight, maternal height, or housing size were included. (Modified journal abstract)

- 8931** Chen, L.C., Rahman, M., Sarder, A.M. *Epidemiology and causes of deaths among children in a rural area of Bangladesh.* International Journal of Epidemiology (Oxford, UK), 9(1), Mar 1980, 25-33. Engl. 31 refs.

A study in rural Matlab, Bangladesh, revealed that children aged less than 5 years formed 15.9% of the population but contributed 53.1% of all deaths; infant mortality was 142.6:1 000 live births. Mortality from neonatal tetanus was 37.4:1 000, 19.6:1 000 from diarrhea, and 10.4:1 000 from respiratory diseases. The death rate for children aged 1-4 years was 34.3:1 000, caused mainly by diarrhea (15.1:1 000), measles (4.5:1 000), fever (2.9:1 000), and respiratory diseases (2.9:1 000). Higher mortality among girls was attributed to reduced child care, food intake, and other health practices detrimental to female children in this traditional rural community. It is suggested that the delivery of some basic health measures, namely oral hydration and immunization, could result in a substantial reduction of deaths in young children in Bangladesh. (Modified journal abstract)

- 8932** Chen, S.T. *Measles in peninsular Malaysia.* Medical Journal of Malaysia (Singapore), 34(1), Sep 1979, 18-23. Engl. Refs.

Although statistics indicated that measles caused only 0.5% of infant deaths in Malaysia in 1972, a search through case records of the University Hospital revealed that there was under-reporting of measles as an underlying cause of death; 15% of deaths certified as due to pneumonia in children aged 6 months-4 years were the result of underlying measles. The most common complications were respiratory in nature (73%) followed by gastroenteritis (14%) and encephalitis and meningitis (7%). To control measles, active immunization should be carried out in Malaysia as part of the routine immunization programme for children. Statistical data are included. (Modified journal abstract)

- 8933** Chhabra, H.N. *Prevalance and pattern of eye disease in the Western Province, Zambia.* Medical Journal of Zambia (Lusaka), 13(1), 1979, 2-4. Engl.

A 1976 survey of 9 139 new patients attending the eye clinic at Lewanika General Hospital, Mongu, Zambia, revealed that 7 818 were suffering from eye diseases, while 266 were found to be totally blind and 78 were blind in one eye. The principal blinding diseases were trachoma (43.6%), glaucoma (23.6%), and cataracts (22.6%). The epidemiology and prevalence of eye diseases in Zambia are discussed. (DP-E)

- 8934** Chikanza, I.C., Paxton, D., Loewenson, R., Laing, R. *Health status of farmworker communities in Zimbabwe.* Central African Journal of Medicine (Salisbury), 27(5), May 1981, 88-91. Engl. 11 refs.

Health and nutrition status in six farm worker communities in Zimbabwe were assessed by means of standard interviews with community members regarding diet, income, living conditions, illness, death, immunization, etc., and anthropometric measurement of all children aged less than 5 years. Undernutrition among the children was found to be 68.8%. The survey results are discussed and some suggestions for improving the situation, beginning with a review of wages in the light of a carefully-researched Poverty Datum Line, are put forward. Statistical data are included. (HC-L)

- 8935** Chlebowski, H.O., Zielke, E. *Studies on Bancroftian filariasis in Liberia, West Africa; IV: notes on side effects observed during a diethylcarbamazine treatment campaign in a rural area endemic for Wuchereria bancrofti and Onchocerca volvulus.* Tropenmedizin und Parasitologie (Stuttgart, Germany FR), 31(3), 1980, 339-344. Engl. Refs.

In a Liberian study, 464 persons, of whom 189 proved to be infected with microfilariasis of *Wuchereria bancrofti* and/or *Onchocerca volvulus*, were examined for adverse reactions to diethylcarbamazine, which was administered during a filariasis control campaign. The results are discussed and presented as statistical data. Persons aged more than 20 years were significantly more affected than younger persons; males showed distinctly more side effects than females. Persons with microfilariasis of *O. volvulus* had the highest rate of adverse reactions, while bancroftian microfilariasis carriers and non-infected persons showed no significant difference in side effects. This suggests that, where both species are endemic, mass treatment with diethylcarbamazine for the control of bancroftian filariasis will have limited effectiveness. (Modified journal abstract)

- 8936** Chukudebelu, W.O., Obi, G.O. *Anaemia in pregnancy in Nigerians.* Nigerian Medical Journal (Lagos), 9(2), 1979, 221-223. Engl. 15 refs.

Of 570 women attending the antenatal clinic of the University Teaching Hospital in Enugu, Nigeria, for the 1st time, 50 (8.8%) had haemoglobin levels below 10 g

and six (1.1%) had haemoglobin levels below 8 g. These rates of mild and severe anaemia are lower than those found in Lagos, Nigeria, and in other, mostly tropical, countries. The data are presented in relation to trimester of pregnancy and parity. It is suggested that the low level of pregnancy anaemia found among the Enugu is due to a high rate of self-medication with haematinics obtained from drug peddlars and a diet rich in fresh green vegetables. (HC-L)

- 8937** Clements, M.L., Levine, M.M., Cleaves T., F., Hughes, T.P., Cáceres, M. *Comparison of simple sugar/salt versus glucose/electrolyte oral rehydration solutions in infant diarrhoea*. Journal of Tropical Medicine and Hygiene (London), 84(5), Oct 1981, 189-194. Engl. Refs.

In a February-March 1980 randomized, double-blind in Hospital Escuela, Tegucigalpa, Honduras, 61 infants aged 3-18 months with mild or moderate diarrheal dehydration were rehydrated orally either with a simple solution containing table sugar and salt without potassium or bicarbonate or with a complete glucose/electrolyte formula. All of the latter group and 27 (93%) of the children receiving the sugar and salt solution were successfully rehydrated, although the drawbacks in the sugar/salt group were the frequent development of hypokalaemia and greater volume of vomiting during treatment, which could be overcome by adequate potassium supplementation. Statistical data are included. (DP-E)

- 8938** Cline, B.L., El-Alamy, M., Ruiz-Tiben, E. *Planning of a community health model project in an area in Egypt (El Qalyub) with concomitant occurrence of S. mansoni and S. haematobium*. Arzneimittel-Forschung/Drug Research (Aulendorf, Germany FR), 31(1), 1981, 609-612. Engl. The US-sponsored Qalyub Project was undertaken in 1975 to measure the impact of alternate control strategies in eight Egyptian villages with a 50% prevalence of *Schistosoma mansoni* and a 30% prevalence of *S. haematobium*. Chemotherapy, alone and in combination with snail control, was evaluated in terms of cost and impact on transmission as measured in changes in precontrol level of incidence and host rates. The results of the project, which are discussed and presented as statistical data, indicate that, while the outlook for controlling *S. haematobium* looks favourable, the control measures were less effective against *S. mansoni*. (DP-E)

- 8939** Colin, M., Jeanney, J.C., Kanga, J.M., Heroine, P. *Etude de 200 cas de la maladie de Hansen suivis dans le service de dermatologie du C.H.U. d'Abidjan de 1975 à 1981. (Study of 200 cases of Hansen's disease followed through the dermatology service of Abidjan's C.H.U. from 1975-1981)*. Médecine d'Afrique Noire (Paris), 28(8/9), Jan 1981, 504. Fren.

From 1975-1981, 400 clinically-suspect cases of Hansen's disease were seen in a dermatology service in Abidjan, Ivory Coast. Half of these (130 men and 70 women) were confirmed by histological examination and

classified as follows: intermediate leprosy, 37 cases; major and minor tuberculoid leprosy, 128 cases; and lepromatous leprosy, 35 cases. The risk of clinical error and the importance of histological examination in the diagnosis of leprosy is pointed out. (HC-L)

- 8940** Cornu, A., Delpeuch, F., Chevalier, P. *Etat nutritionnel et croissance au cours des deux premières années de la vie chez des enfants de Yaoundé. (Nutritional status and growth in the first two years of life in Yaounde)*. Archives Françaises de Pédiatrie (Paris), 37(2), 1980, 125-129. Fren. 21 refs.

Sixty-three children in Yaoundé, Cameroon were monitored by means of anthropometric and biochemical measurements from birth to age 2 years, when they were classified as either normal or moderately malnourished. The moderately malnourished children were found to have lower birth weights than the normal children, to have a weight gain between the age of 0-8 months that was equal to the standard but less than that of the normal children, and to have a weight gain between the age of 8-23 months that was much lower than that of the normal children. This paper presents statistical data and discusses the study findings. (HC-L)

- 8941** Coyne, T., Dowling, M., Condon-Paoloni, D. *Evaluation of preschool meals programmes on the nutritional health of Aboriginal children*. Medical Journal of Australia (Sydney), 2(7), 4 Oct 1980, 369-375. Engl. 44 refs.

In an evaluation of the effect of preschool meals programmes on their nutritional health, 61 Aboriginal children aged 3-5 years attending preschools in five Australian communities were examined at the beginning and end of the school year and compared to 55 children in five matched communities. Children in both groups had initial measurements and nutrient levels below acceptable standards, but the former group had consistently better growth than the latter. A negative correlation was found between gains in weight and height and serum levels of ferritin, haemoglobin, and ascorbic acid, indicating that more rapidly growing children may have been rapidly utilizing nutrients for growth. Statistical data are included. (Modified journal abstract)

- 8942** Creed, H.M., Graham, G.G. *Determinants of growth among poor children; I: food and nutrient intakes*. American Journal of Clinical Nutrition (Bethesda, Md.), 33(3), Mar 1980, 715-722. Engl. 14 refs.

A follow-up study involving 178 children from 167 families admitted to a metabolic unit in Lima, Peru, from 1961-1971 for severe malnutrition was conducted up to 1976 in order to shed light on the relationship between child growth and socioeconomic background. As part of the study, a detailed nutrition survey of 26 of the families (including six adoptive families of a slightly higher socioeconomic level) was carried out during which all portions of food consumed by family members during 7 days were weighed and their nutrient components estimated. This paper describes the study population and

dietary survey methods and presents the survey findings (mean daily intakes by weight, mean daily intakes by nutrient, major sources of each food group, etc.), comparing them to data from a national food consumption survey (1971-1972) involving 1 446 households in greater Lima. (HC-L)

- 8943 da Rocha e Silva, E.O., Ferreira Guarita, O., Kenge Ishihata, G.** *Doença de Chagas: atividades de controle dos transmissores no estado de São Paulo, Brasil. (Chagas' disease: vector control activities in the state of São Paulo, Brazil).* Revista Brasileira de Malariologia e Doenças Tropicais (Brasília), 31, 1979, 99-119. Portuguese. 32 refs.

This paper reviews the evolution of the campaign against the vectors of Chagas' disease (trypanosomiasis) in São Paulo, Brazil, from 1950-1978, with emphasis on the 1970s. In 1972, 161 counties within the endemic area had houses infested with *Triatoma infestans*; 125 had houses free from *T. infestans* but subject to invasion from *T. sordida* and *Panstrongylus megistrus*; and 193 had houses that were free of triatomines. By 1978, the figures were 78, 199, and 202, respectively. Two maps and 11 tables of data, including one showing the annual costs of the campaign for 1961-1978, are included and research into the behaviour of household triatomines is briefly reviewed. (HC-L)

- 8944 Dahners, H.W., Barac-Nieto, M., Spurr, G.B.** *Development of standards for rapid assessment of nutritional status: Colombian children.* American Journal of Clinical Nutrition (Bethesda, Md.), 34(1), Jan 1981, 110-112. Engl.

A method is presented for deriving polynomial equations that describe weight- and height-for-age and weight-for-height for children aged 6-16 years. Data for Colombian boys and girls have been used to illustrate the procedure. The ready availability of programmable hand calculators makes the method feasible for use under field conditions. (Modified author abstract)

- 8945 Datta, K.K., Sharma, R.S., Misra, B.S., Kaushic, V.K., Sankaran, A.** *Surveillance of cholera at Alwar, Rajasthan.* Journal of Communicable Diseases (New Delhi), 12(3), Sep 1980, 156-160. Engl.

Since 1973, the Field Practice Unit of the National Institute of Communicable Diseases, Alwar, Rajasthan, India, has been examining stool samples from all reported cases of gastroenteritis in the district for el-tor cholera. Bacteriological positive cholera cases have been found in all the years from 1973-1979 with the exceptions of 1975 and 1976. It is concluded that cholera is in the process of establishing itself in this previously non-endemic area and that strict surveillance and control measures aimed at reversing the process are warranted. Data on the geographical distribution, age and sex distribution, and the seasonal indices of the disease are tabulated. (HC-L)

- 8946 Davies, J.E.** *Sleeping sickness and the factors affecting it in Botswana.* Journal of Tropical Medicine and Hygiene (London), 85(2), Apr 1982, 63-71. Engl. 12 refs

From the 1st appearance of sleeping sickness in Botswana in 1934, outbreaks increased in severity up to 1971. This article examines the age, sex, and seasonal variations of infection rates, mortality, and factors affecting prevalence rates. Early tsetse fly control measures had little effect on sleeping sickness, but aerial spraying with endosulfan coincided with a decline in the disease since 1973 and was shown to be effective in averting a threatened epidemic in 1979. Statistical data are included. (Modified journal abstract)

- 8947 Dedet, J.P., Addadi, K.** *Epidémiologie des leishmanioses en Algérie; 3: dépistage systématique de la leishmaniose cutanée dans la région de Biskra. (Epidemiology of leishmaniasis in Algeria; 3: systematic screening for cutaneous leishmaniasis in the Biskra area).* Archives de l'Institut Pasteur d'Algérie (Algiers), 52, 1977, 71-84. Fren. 22 refs.

In the leishmaniasis-endemic region of Biskra, Algeria, 710 children aged 6-15 years from 11 schools were examined for leishmaniasis scars and sensitivity to intradermal skin testing with Leishmanin. Scars were found in 32.4% of the children and positive reactions to skin tests in 76.9%. This paper describes the survey methodology and findings and discusses the meaning of the discrepancy between the two methods used. (HC-L)

- 8948 Desai, I.D., Garcia Tavares, M.L., Dutra de Oliveira, B.S., Douglas, A., Duarte, F.A.** *Food habits and nutritional status of agricultural migrant workers in southern Brazil.* American Journal of Clinical Nutrition (Bethesda, Md.), 33(3), Mar 1980, 702-714. Engl. 27 refs.

The results of a 1978 collaborative study undertaken to assess the food habits and nutritional status of 100 migrant worker families of Vila Recreio, Brazil, revealed that their traditional diet is nutritionally inadequate both in quality and quantity. These findings are discussed and presented as statistical data. In addition, anthropometric examinations showed clear signs of malnutrition and/or undernourishment, which likely impairs their capacity for physical work and adversely affects their overall health. (Modified journal abstract)

- 8949 Dillenberg, J.** *Public health dentistry in Jamaica and India.* New Dentist (Chicago, Ill.), 10(5), Jan 1980, 21-25. Engl.

An American dentist describes his experiences practicing dentistry at Green Island, Jamaica, and later as a public health consultant in Calcutta (India). The Jamaicans suffered from dental neglect; consequently, the 1st part of his 2 years there was taken up almost entirely with extractions. He was eventually able to give more time to restorative work and lecturing in schools on prevention. By contrast, many of the inhabitants of Calcutta lacked adequate health and hygiene services;

in this setting, dental services seemed almost irrelevant. (DP-E)

- 8950 Dowler, E.A., Luck, M.B., Robson, V.A., Kigeme, E.A.** *Anthropometric survey of 1,074 preschool children in southern Rwanda, Central Equatorial Africa.* *Journal of Tropical Pediatrics* (London), 26(4), Aug 1980, 134-138. Engl. 15 refs.

The nutritional status, as determined by anthropometry, of 1 074 preschool children was measured in a 6-week survey of a small area of southern Rwanda, Central Equatorial Africa. Little evidence of low weight for height, clinical signs of protein-energy malnutrition, or reduced arm circumference was found, but a proportion with marked reduction in height for age was seen at every age. The risks of being stunted in this population are discussed. Statistical data are included. (Modified journal abstract)

- 8951 Drejer, G.F.** *Bottle-feeding in Douala, Cameroons.* *Journal of Tropical Pediatrics* (London), 26(1), Feb 1980, 31-36. Engl.

In a survey conducted in Douala (Cameroon) from August-November 1973, 476 mothers of infants aged less than 1 year were questioned about various aspects of bottle feeding. The results are discussed and presented as statistical data. It was found that 69 of the mothers practiced bottle feeding, but 63 of them used it in combination with other foods, including breast milk. Of the infants who were not bottle fed, 101 received imported commercial cereal. Bottle feeding incidence was highest among those most influenced by the Western way of life. Many mothers were unable to bottle feed because of small household budgets or inadequate kitchen facilities. (Modified journal abstract)

- 8952 Dugdale, A.E.** *Infant feeding, growth and mortality: a 20-year study on an Australian Aboriginal community.* *Medical Journal of Australia* (Sydney), 2(7), 4 Oct 1980, 380-385. Engl. 15 refs.

Statistical data are presented on infant mortality, growth, and feeding for an Australian Aboriginal settlement from 1953-1972. During this period, infant mortality fell from about 280:1 000 to about 40:1 000, although growth, infant feeding, and health facilities remained approximately the same. It is proposed, as a hypothesis worthy of further exploration, that major factors leading to a reduction in infant mortality have been a changed attitude towards small infants and an ability to use health services appropriately. These factors may be important in all developing communities. (Modified journal abstract)

- 8953 Duncan, M.E.** *Babies of mothers with leprosy have small placentae, low birth weights and grow slowly.* *British Journal of Obstetrics and Gynaecology* (London), 87, Jun 1980, 471-479. Engl. 18 refs.

At the Addis Ababa Leprosy Hospital, Ethiopia, 116 women with leprosy and 31 healthy controls were studied through 155 pregnancies and their babies observed for

a period of 2 years. Babies born to mothers with lepromatous leprosy were the smallest, weighing significantly less than those born to mothers with borderline lepromatous leprosy, tuberculoid or borderline tuberculoid leprosy, or healthy mothers. Placental weights and placental coefficients (placental weight divided by baby's weight) followed the same pattern. Babies of mothers with lepromatous leprosy gained weight slowly (after 6 months) and were unusually susceptible to infection. This paper describes the study methodology and presents and discusses possible explanations for the findings. (HC-L)

- 8954 Dutra de Oliveira, J.E., Pileggi Vinha, V.H., Moura Duarte, F.A.** *Reaching preschool children through a community food program.* *Ecology of Food and Nutrition* (London), 9, 1980, 223-228. Engl. 9 refs.

A 1973 supplementary food and educational programme, intended to make use of the locally available infrastructure to reach a low socioeconomic level of the population in a periurban area of São Paulo, Brazil, consisted of supplying milk to 255 children aged 2-6 years who lived within walking distance of six small food stores. The milk was served and consumed at the stores during the children's twice-a-day visits over a 9-month period, and mothers and children attended monthly and weekly educational meetings respectively during the last 5 months of the programme. The findings revealed a practical and inexpensive way to improve the nutritional status of preschoolers of low income families. Statistical data are included. (EB)

- 8955 Dutta, R.** *Abortion in India, with particular reference to West Bengal.* *Journal of Biosocial Science* (London), 12(2), 1980, 191-200. Engl. 16 refs.

Since 1971, legal abortion has been available in India in licensed institutions on liberal grounds. This paper presents and compares data on the socioeconomic and demographic characteristics of women seeking legal abortions from national, West Bengal State, and West Bengal local samples. Also, a series of illegal abortions (1969) in West Bengal is compared with a more recent experience (1977-1978) of legal abortion. The findings from the various surveys are discussed and it is suggested that the demand for abortions in India has not yet peaked and that expanded clinical facilities, especially for the earlier, less risky procedures, will be required. Statistical data are included. (HC-L)

- 8956 Egemen, A., Bertan, M.** *Study of oral rehydration therapy by midwives in a rural area near Ankara.* *Bulletin of the World Health Organization* (Geneva), 58(2), 1980, 333-338. Engl. 12 refs. Also published in French and Spanish.

In a rural district near Ankara, Turkey, 1 237 children (746 in the treatment group receiving home oral rehydration from midwives to combat diarrhea, the rest in the control group) were followed-up for 16 months. A significant difference was found between the treatment and control groups with respect to weight gain;

monthly weight gains were 230.2 g and 189.9 g respectively. Also, in the treatment group, fewer antibiotics were used and fewer referrals were made to health centres. In conclusion, oral rehydration therapy was found to be a convenient and effective method for managing diarrhea. Statistical data are included. (Modified journal abstract)

- 8957 Ejezie, G.C.** *Parasitic diseases of school children in Lagos State, Nigeria.* Acta Tropica (Basel, Switzerland), 38(1), 1981, 79-84. Engl. 9 refs.

A survey involving 5 595 primary schoolchildren in Lagos State, Nigeria, revealed high rates of parasitic infestation, including malaria (37.7%), schistosomiasis (13.4%), ascariasis (74.2%), trichuriasis (75.8%), hookworm (29.5%), and tungiasis (49.5%). Multiple infections were common, with 16.2% of the children harbouring all of the aforementioned agents. These findings are indicative not only of the community's low level of health but also of its need for health education. It is suggested that the school teachers have a tremendous role to play in this regard. (HC-L)

- 8958 El-Fatraty, M., El-Kashlan, K., El-Garem, O., Ghazi, A.M.** *Psychiatric patients of Egyptian culture in Alexandria.* International Journal of Social Psychiatry (London), 26(1), 1980, 69-71. Engl.

Some observations from a study of 2 745 psychiatric patients seen at the outpatient clinics of the Alexandria University Central Hospital (Egypt) from December 1973-January 1975 are presented. There were significantly more neurotics and fewer psychotics among women. Mental disorders were in general most prevalent in the group aged 15-30 years. No definite educational correlates with any group of mental disorders were recognized. Some statistical data are included. (Modified journal abstract)

- 8959 Evans, D., Bowie, M.D., Hansen, J.D., Moodie, A.D., van der Spuy, H.I.** *Intellectual development and nutrition.* Journal of Pediatrics (St. Louis, Mo.), 97(3), Sep 1980, 358-363. Engl. 26 refs.

After receiving medical care and food supplements for the 1st 2 years of life, a group of 14 South African children attained higher IQ scores (full-scale, verbal, and performance) at age 8-9 years than three control groups comprising siblings who had recovered from kwashiorkor, received only health care, or received neither health care nor food supplements. In no group was there evidence of brain damage or significant differences in anthropometric measurements. The authors attribute the test group's superior performance to their early nutritional supplementation without discounting the effects of other factors such as increased mental stimulation. Statistical data are included. (DP-E)

- 8960 Fenwick, A., Cheesmond, A.K., Kardaman, M., Amin, M.A., Manjing, B.K.** *Schistosomiasis among labouring communities in the Gezira irrigated area, Sudan.* Journal of Tropical Medicine

and Hygiene (London), 85(1), Feb 1982, 3-11. Engl.

A study was undertaken to determine the level of schistosomiasis among immigrant farm labourers in two unregistered villages in the Gezira irrigated area of Sudan and to describe the interaction between ecological factors (water sources, snail biology) and sociological factors (water contact behaviour, excretory behaviour, domestic and economic division of labour) that encourage the spread of the disease. The prevalence of *Schistosoma mansoni* and *S. haematobium* was 67.7% and 17.9%, respectively, for the population as a whole, but as high as 90% and 57%, respectively, among school-aged children. On the basis of the study findings, a control effort including treatment of men and school-aged children and focal mollusciciding is recommended. Statistical data are included. (HC-L)

- 8961 Flores, M., Aranda-Pastor, J.** *Evaluación dietética a nivel nacional en Costa Rica: cambios en una década. (Nation-wide dietary evaluation in Costa Rica: changes during a decade).* Archivos Latinoamericanos de Nutrición (Caracas), 30(3), Sep 1980, 432-450. Span.

This paper compares the results of two national surveys conducted in 1966-1967 and 1978 to determine quantity and quality of food consumed by rural and urban families and preschoolers in Costa Rica. The findings indicate that increased consumption of meat and dairy products (particularly powdered milk) has resulted in substantial dietary improvement, especially for rural dwellers and preschoolers. At the individual level, however, deficiencies persist: for example, 35% of rural preschoolers receive less than 75% of their energy requirement and 14% receive less than 75% of their protein requirement. (In 1966-1967, these figures were 55% and 19%, respectively.) The need for a surveillance system for identifying these high risk children is pointed out. Statistical data are included. (HC-L)

- 8962 Franks, A.J.** *Patterns of illness and the use of health services on a coral atoll — observations in Kiribati (Central Pacific).* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 77(1), 1983, 68-72. Engl.

In this study of attendance patterns over a 1-year period at the sole dispensary on Kiribati — a coral atoll (population 2 411) — the patterns of presenting illness for those aged less than 5 years and those aged more than 5 years were analyzed in terms of distance from the facility. Under-fives had disease incidences some 4.5-5.5 times those of over-fives, but the apparent detrimental effect of distance was less in the under-fives. The skills required in the management of presenting illnesses were assessed in relation to those available — village health worker, trained nurse, doctor — and most were considered manageable by a nurse or village health worker. Statistical data are included. (Modified journal abstract)

- 8963 Fuentes Aguilar, L.** *Perinatal mortality and the evolution of population in Mexico.* *Geographia Medica* (Budapest), 10, 1980, 28-39. Engl.

From 1930-1970, Mexico's annual mortality descended from 2.7%-0.9%, while birth rates remained practically stable. Today it is a country with a very young population: 50% aged less than 15 years, 5% aged more than 60 years. The author discusses mortality, natality, and demographic mobility, with special attention to perinatal mortality. Using six shaded country maps to show spatial distribution, he explores the decrease in fetal, hebdomadal, and perinatal death rates for 1930 and 1975, stating reasons for decline. A list of the WHO classification of medical causes of perinatal mortality is included. (EB)

- 8964 Gaitán, E., Medina, P., DeRouen, T.A., Zia, M.S.** *Goitre prevalence and bacterial contamination of water supplies.* *Journal of Clinical Endocrinology and Metabolism* (Philadelphia, Pa.), 51(4), 1980, 957-961. Engl. 110 refs.

As a follow-up to previous epidemiological studies that showed a significant correlation between goitre prevalence and rock types in the watersheds that supply 37 localities in western Colombia, this article reports on a more recent study of 34 of these localities that took account of this variable. The results are discussed and presented as statistical data. Only two variables had significant relationships with goitre prevalence: *Klebsiella pneumoniae* with a low prevalence and bacterial concentration with a higher prevalence. These factors were associated directly with rock types, indicating that the presence of sedimentary rocks is the best indicator of the disease. (Modified journal abstract)

- 8965 Ganapati, R., Revankar, C.R., Pandya, S.S., Acharekar, M.Y.** *Prevalence of leprosy among in-patients in general hospitals — a survey in Bombay.* *Leprosy Review* (London), 51(4), Dec 1980, 325-328. Engl.
Eleventh Biennial Conference of the Indian Association of Leprologists, Madras, India, 5-8 Apr 1979.

Screening of 11 505 adult inpatients admitted in various Indian general hospitals (for complaints other than leprosy) revealed that 101 had leprosy as well, with a prevalence of 8.8:1 000. Ten of these were found to be smear positive (prevalence rate 0.9:1 000). Such surveys provide a quick and convenient method of screening the urban population, especially adults who usually are not available during mass surveys. Some statistical data are included. (Modified journal abstract)

- 8966 Garai, R., Chakraborty, A.K.** *Measles in a rural community.* *Indian Journal of Public Health* (Calcutta, India), 24(3), Jul-Sep 1980, 150-153. Engl.

Measles have been included in WHO's Expanded Programme of Immunization for developing countries, but before launching a country-wide programme, it is desirable to study the epidemiological features of the disease under local conditions. Such a study was carried out in

the rural practice area of the All India Institute of Hygiene and Public Health, West Bengal, during 1976, 1977, and 1978. This paper presents the study findings, describing the incidence of measles in relation to age, sex, and season. (HC-L)

- 8967 Girardin, F.** *Perception des lépreux par les non-lépreux dans une région d'hyperendémie.* (*Perception of leprosy patients by non-leprosy persons in a hyperendemic area*). *Acta Leprologica* (Geneva), (81), Oct-Dec 1980, 15-25. Fren. 9 refs.

A survey of attitudes toward leprosy was conducted in two leprosy-endemic areas of Bolivia, one rural and one urban. The results of the survey showed greater tolerance of the leprosy victim and less fear of contagion on the part of the traditional rural population than either the urban student or educated adult. A mass educational campaign aimed, first, at overcoming the population's fear of the disease and, later, encouraging people to come forward with early signs of it is recommended. (HC-L)

- 8968 Gomes Pereira, M., Rocha e Silva, M.J.** *Doenças de transmissão sexual em estudantes de nível médio; inquérito epidemiológico em colégio agrícola — Planaltina, Distrito Federal — 1978.* (*Venereal diseases in high school students; epidemiological survey in an agricultural school — Planaltina, Federal District — 1978*). *Anais Brasileiros de Dermatologia* (Rio de Janeiro, Brazil), 55(3), 1980, 137-140. Portuguese.

The prevalence of venereal diseases in 320 male students (85.6% of the school population) in an agricultural high school in Planaltina, Federal District, Brazil was studied. Of the 284 students relating previous sexual experience, 73 (25.7%) had already had at least one venereal disease, most frequently gonorrhea. Migration and age of 18 years were risk factors for venereal disease, with local prostitution constituting only a minor source of contamination. Drugstores rather than physicians were the main source of treatment. Statistical data are included. (Modified journal abstract)

- 8969 Gothi, G.D., Chakraborty, A.K., Nair, S.S., Ganapathy, K.T., Banerjee, G.C.** *Prevalence of tuberculosis in a south Indian district — twelve years after initial survey.* *Indian Journal of Tuberculosis* (New Delhi), 26(3), 1979, 121-135. Engl. 8 refs.

A 1972-1973 survey of 41 390 persons in 62 Indian villages and 4 urban areas revealed that 41% of those aged 0-24 years exhibited BCG scars, as compared to 15% in 1961. The standardization rate of infection was calculated at 15.4%, a drop of 0.2%, and the incidence of active pulmonary tuberculosis decreased from 1.9%-1.1%. It is concluded that repeated epidemiological surveys done at short intervals of 10-15 years may reveal little change in prevalence rates. Statistical data are included. (Modified journal abstract)

- 8970 Graitcer, P.L., Gedeon, M.A., de Beausset, I., Duckett, E.M.** *Haiti nutrition status survey, 1978.* Bulletin of the World Health Organization (Geneva), 58(5), 1980, 757-765. Engl. 14 refs.

Also published in French and Spanish.

The Haiti National Nutrition Survey, conducted from June-September 1978, measured the magnitude and distribution of malnutrition in young children and their mothers. Of the 5 353 preschool children surveyed, 6% were severely wasted and over 40% were stunted. Although the causes of malnutrition cannot be documented in a cross-sectional survey, the baseline data obtained constitute important evidence that acute undernutrition is a major problem in Haiti, that it is particularly pronounced in children aged 12-23 months, and that it is evenly distributed through all rural areas. Statistical data are included. (Modified journal abstract)

- 8971 Grassivaro Gallo, P., Franceschetti Mestriner, M.** *Growth of children in Somalia.* Human Biology (Detroit, Mich.), 52(3), Sep 1980, 547-561. Engl. Refs.

In various studies from 1971-1975, the height, weight, and arm and calf circumferences of 2 115 Somali children aged 1-18 years from good socioeconomic backgrounds were obtained. In addition, 397 Somali girls aged 10-16 years were asked whether they had started to menstruate. The results, discussed and presented as statistical data, were compared with variables in Americans of European descent; only the average arm circumference of Somali girls was comparable. The authors suggest that the uncritical use of international growth charts could indicate a greater nutritional problem than really exists; a local growth chart is desirable. (DP-E)

- 8972 Guderian, R.H., León, L.A., León, R., Corral, F., Vascóñez, C.** *Report on a focus of onchocerciasis in Esmeraldas province of Ecuador.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 31(2), Mar 1982, 270-274. Engl. 8 refs.

A 1977 epidemiological survey in an isolated 20 km section of the Cayapa River in Esmeraldas province of Ecuador involved the performance of the Mazzotti test, skin biopsy, and nodulectomy on 300 inhabitants (165 blacks and 135 Cayapa Indians). The dress and living habits of both groups are described. Mazzotti tests and skin biopsies were performed on each patient, showing a 73% prevalence of onchocerciasis when combining the positive results of both tests. Nodulectomies were performed in 25 of the 64 cases with visible nodules. Considerable fear was expressed by the river people concerning the possibility of malignant nodules and tumours. *Simulium exiguum* and *S. reventi* are believed to be the main vectors of transmission in this region. (EB)

- 8973 Gunardi, A.S., Suyaka, Ratna Budiarto, L.** *Study on BCG vaccination using bifurcated needle in babies.* Paediatrica Indonesiana (Jakarta), 19(11/12), Nov-Dec 1979, 295-301. Engl.

An investigation done on 527 Indonesian infants compared the results of BCG vaccination by bifurcated needle and the intradermal method. For this study, Japanese and Biofarma BCG vaccines were used. The tuberculin reaction produced did not show any significant difference between the two methods. On the other hand, vaccination lesions produced by bifurcated needle were significantly larger, although the main lesion size was below the 7 mm limit. Complications did not occur with either method. Statistical data are included. (Modified journal abstract)

- 8974 Guthrie, G.M., Guthrie, H.A., Fernández, T.L., Estrera, N.** *Maintenance and termination of breast feeding in rural and urban Philippine communities.* Ecology of Food and Nutrition (London), 10, 1980, 35-43. Engl. 9 refs.

This Philippine study of 75 rural, 121 urban slum, and 209 urban mothers, all with children aged less than 2 years, revealed that over 90% initiated breast-feeding and at least 50% continued it for 1 year. Early terminations after less than 6 months were due to insufficient milk, the baby's diarrhea, or the mother's illness or painful nipples. Later terminations were principally due to another pregnancy or the decision by the mother that the baby was old enough to be weaned. Since folk beliefs and practices were often found to lead to unnecessary early termination of breast-feeding, they must be taken into account in any programme designed to support breast-feeding. Statistical data are included. (Modified journal abstract)

- 8975 Gutiérrez Avila, J.H., Villalobos Olivas, A., Contreras Lemus, J.** *Mortalidad en el periodo perinatal I. (Mortality in the perinatal period, I).* Salud Pública de México (Mexico City), 22(3), May-Jun 1980, 261-268. Span. 10 refs.

In a retrospective study carried out at the general hospital of Mexico, 100 infants who died during the perinatal period were compared with 100 infants who survived with respect to a number of social, physiological, and physiopathological factors. Significant risk was associated with the following factors: unmarried status of the mother; lack of antenatal care; low birth weight; duration of pregnancy less than 37 weeks; and suspected diabetes. Apgar values at 5 minutes and fetal cardiac frequency also seemed to be good risk indicators. This paper presents and discusses the study findings and emphasizes the role of antenatal care in reducing perinatal mortality. (HC-L)

- 8976 Guyer, B., Bisong, A.A., Gould, J., Brigaud, M., Aymard, M.** *Injections and paralytic poliomyelitis in tropical Africa.* Bulletin of the World Health Organization (Geneva), 58(2), 1980, 285-291. Engl. 18 refs.

Also published in French and Spanish.

A case-control study of 33 poliomyelitis cases and 66 controls was conducted in Yaoundé, Cameroon, to evaluate the hypothesis that intramuscular inoculations predisposed young children to paralysis if they were later exposed to poliomyelitis virus. The results, which are

discussed and presented as statistical data, demonstrated that there was a strong temporal relationship between these injections and the onset of poliomyelitis. The increased relative risks (13 and 27, respectively) 3 and 4 weeks prior to onset were felt to be consistent with the hypothesis that intramuscular injections provoked paralysis. Overestimation of this measure of the effect because of bias in the control group is discussed. (Modified journal abstract)

- 8977 Guzmán, M.P. de, Donato, D.S., Jandayan, M.O., Abanto, Z.U., Agustin, C.P.** *Nutritional evaluation of the food intake, dietary pattern and food habits of public high school students in central Luzon.* Philippine Journal of Nutrition (Manila), Jul-Sep 1981, 147-159. Engl. See also entry 8888.

In 1974, a questionnaire survey was conducted among 1 535 students (750 males) aged 12-23 years in 14 public high schools in Luzon, the Philippines, in order to obtain information on food habits, dietary patterns, and food intake. The results are discussed and presented as statistical data. The findings showed that, for almost all of the subjects, the intake of certain nutrients was below 70% of the recommended dietary allowances. The author suggests that nutrition intervention in the form of education is necessary and presents a number of ideas for making such action effective. (DP-E)

- 8978 Hiatt, R.A., Cline, B.L., Ruiz-Tiben, E., Knight, W.B., Berrios-Duran, L.A.** *Boqueron Project after 5 years: a prospective community based study of infection with Schistosoma mansoni in Puerto Rico.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(6), Nov 1980, 1228-1248. Engl. 24 refs.

Puerto Rico's Boquerón Schistosomiasis Project is a prospective community-based study of *Schistosoma mansoni* infection after the interruption of transmission by non-chemotherapeutic control measures. The study methods and the parasitological results of the 1st five annual stool surveys are described in this report. In the 1st year, 1972, among 904 inhabitants (88% of the population) the prevalence of infection was 40%. After snail control was begun in 1973 with molluscicides and habitat modification, the incidence of new infection dropped to 0.1% and has remained negligible since then. Nevertheless, prevalence has only dropped from 37%-34%, suggesting that, in populations with low intensity of infection, further decreases occur slowly. Statistical data are included. (Modified journal abstract)

- 8979 Joarder, A.K., Tarantola, D., Tulloch, J.L.** *Eradication of smallpox from Bangladesh.* New Delhi, WHO, WHO Regional Publications, South-East Asia Series, No. 8, 1980. 275p. Engl. This book documents the successful smallpox eradication programme in Bangladesh. It contains chapters on: the land and its people; administrative structure; smallpox in Bangladesh; the smallpox outbreak; smallpox in Dacca; epidemiology; surveillance; special investigation; vaccination; laboratory investigation; un-

usual episodes; personnel, finance, and logistics; and contributions to other health programmes. A conclusion and a number of annexes are also included. (DP-E)

- 8980 John, T.J., Joseph, A., George, T.I., Radhakrishnan, J., Singh, R.P.** *Epidemiology and prevention of measles in rural south India.* Indian Journal of Medical Research (New Delhi), 72(2), Aug 1980, 153-158. Engl. 14 refs.

The epidemiology of measles was investigated in a village without any health care supervision, three villages with health care supervision but without measles immunization, and in two villages covered with measles vaccine as part of their health care, near Vellore in south India. During a measles epidemic, the attack rate among preschool children in the 1st village was 26% and the mortality 14%; in the 2nd group, 20% with 3.7% mortality; and in the vaccinated villages, 4% with no fatalities and all cases confined to unvaccinated children. This paper presents the study methodology and findings — including those related to complication rates, past history of measles, and serological evidence of measles infection — and strongly recommends the routine immunization of preschool children in India. (Modified journal abstract)

- 8981 Johnson, E.J., Goyea, H.S., Ogbeide, M.I.** *Nutritional status and weaning patterns of Benin City children.* East African Medical Journal (Nairobi), 57(6), Jun 1980, 405-411. Engl. 9 refs.

In Benin City, Nigeria, the nutrition status of 254 children aged less than 5 years was assessed by weight and height-for-age and by weight-for-height and compared with the Harvard standards as adapted by Jelliffe. Their mothers were then questioned regarding infant feeding and weaning practices and awarded a weaning score. Analysis of the data revealed a positive relationship between weaning score and weight for age. This paper presents and comments on the study findings and includes statistical data. (HC-L)

- 8982 Johnston, F.E., Scholl, T.O., Newman, B.C., Cravioto, J., De Licardie, E.R.** *Analysis of environmental variables and factors associated with growth failure in a Mexican village.* Human Biology (Detroit, Mich.), 52(4), Dec 1980, 627-637. Engl. Refs.

Analysis of seven environmental variables associated with malnutrition in 276 rural Mexican children revealed that malnourished children came from poorer families with less well educated parents whose linear body measurements were smaller, relative to the community as a whole. A discriminant function analysis of the individual variables yielded five that differentiated malnourished from non-malnourished children: the height, biacromial and bicristal diameters, and personal hygiene of the father and the bicristal diameter of the mother. Using these variables to calculate the discriminant function, 19 of 25 malnourished children were correctly identified, a sensitivity of 76%. This suggests that the use of parental variables is suitable as

a screening device. Statistical data are included. (Modified journal abstract)

- 8983 Kalancha, R.I.** *Priciny detskoj smernosti v sel'skoj mestnosti. (Causes of infant mortality in rural districts).* Sovetskoe Zdravookhranenie (Moscow), (4), 1980, 45-48. Russ.

In rural districts of the USSR, neonatal mortality accounted for 20% of all child mortality from 1974-1977. In the 1st week of life, the causes of death were endocranial birth trauma (30.3%), congenital abnormality (28%), premature birth (13%), and asphyxia and atelectasis (9%). Disease affected the mother during pregnancy in 12.7% of cases of stillbirth. In children aged 1-11 months, death was due mainly to respiratory diseases (54%). Other factors causing death in the 1st year of life were congenital development abnormalities (13.2%), disease (9.8%), diseases of the nervous system (6.1%), and accidents (5.2%). (DP-E)

- 8984 Kalankhodzhaev, A.A., Khamrakulov, R.S., Iskhakov, T.M., Ivannikov, V.A.** *Izucernie zbolevaemosti y inficirovannosti tuberkulëzoni v sel'skih rajonah. (Tuberculosis and morbidity and infectiousness among the population in rural districts).* Problemy Tuberkuleza (Moscow), 6, 1981, 6-88. Russ.

A two-stage method of screening for tuberculosis in a rural USSR community in the Tashkent region involved mass X-ray examination of the population followed by the testing of local cattle. It was found that both the frequency and the intensity of skin sensitivity was much higher to tuberculin than to sensitin. Because so many non-registered tuberculosis patients were identified, registration at a dispensary was made a requirement for participation in mass screening. (Modified journal abstract)

- 8985 Kalra, A., Pandey, D.N., Dayal, R.S.** *Decade's morbidity and mortality pattern amongst children hospitalized in a pediatric (medical) unit.* Indian Pediatrics (Calcutta, India), 17(11), Nov 1980, 893-896. Engl.

Seventeenth National Conference of the Indian Association of Pediatricians, Bangalore, India, 1980.

A retrospective study of 16 087 children admitted to the pediatrics department of S.N. Medical College, Agra, India, during the decade 1969-1978 revealed that nearly 70% were aged less than 5 years and that the most common causes of morbidity were gastrointestinal infections, respiratory infections, and tuberculosis, with underlying malnutrition. It is noted that the pattern of morbidity has not changed substantially since the last decade, except for an increase in admissions due to malaria and immaturity. Morbidity and mortality by age, sex, and cause are presented and discussed. (HC-L)

- 8986 Khan, M.** *Infant feeding practices in rural Meheran, Comilla, Bangladesh.* American Journal of Clinical Nutrition (Bethesda, Md.), 33(11), Nov 1980, 2356-2364. Engl. 17 refs.

Infant feeding practices were elicited by questionnaire from 401 rural, 98 urban poor, and 95 urban elite families in Bangladesh and anthropometric measurements of the rural children were taken regularly up to age 5 years. One hundred percent of the rural, 98% of the urban poor, and 78% of the urban elite breast-fed their babies at birth; by 1 year, 97% of the rural, 90% of the urban poor, and 25% of the urban elite were still breast-feeding. Many of the urban and some of the rural mothers supplemented breast milk with cow's milk. A comparison of the age at which the three groups introduced various foods into the infant's diet is presented in seven graphs and two more compare growth by age of weaning and birth weight by mother's weight. The need to educate mothers in the preparation of baby foods from local resources, and to improve the nutrition status of the mothers themselves, is pointed out. (HC-L)

- 8987 Khan, M.U.** *Efficacy of short course antibiotic prophylaxis in controlling cholera in contacts during epidemic.* Journal of Tropical Medicine and Hygiene (London), 85(1), Feb 1982, 27-29. Engl. 13 refs.

Vaccination has limited use during a cholera epidemic since the disease has a 48-60 hour incubation period and the vaccine takes 8 days to afford protection; four doses of tetracycline has been found effective, but expensive and difficult to enforce. During the cholera epidemic in Dacca in 1975, the efficacy of two doses of tetracycline (250 mg each) in reducing secondary cholera among contacts of hospitalized, confirmed cholera victims was assessed. The experimental families (265) were visited and given the drug 12-24 hours after a member's hospitalization; both experimental and control families (145) were visited after 10-12 days and a history of subsequent diarrhea obtained. The number of cases of diarrhea requiring hospitalization was significantly higher in the control (8%) than in the experimental group (4.5%). Testing the epidemic strain for antibiotic sensitivity is considered a prerequisite to this control measure. (HC-L)

- 8988 Kloos, H., Lemma, A., Kirub, B., Gebre, A., Mazengia, B.** *Intestinal parasitism in migrant farm labour populations in irrigation schemes in the Awash Valley, Ethiopia, and in major labour source areas.* Ethiopian Medical Journal (Addis Ababa), 18(2), 1980, 53-62. Engl. 18 refs.

Examination of stool samples of migrant farm workers and children from nine irrigation schemes in the Awash Valley, Ethiopia, revealed that the most common parasites in this population were hookworm (20% prevalence), *Entamoeba histolytica* (16%), *Ascaris lumbricoides* (13%), and *Trichuris trichura* (13%). Comparison surveys of locally born children demonstrated a lower incidence of all parasitic diseases except ascariasis. It is suggested that human population movements and density, varying types of agricultural irrigation, and sanitation are of more influence than climate and soil on variations in intestinal parasitism. Statistical data are included. (DP-E)

- 8989 Koma, M., Beer, S.A.** *Kisechny sistosomoz v Gvinejskoj Narodnoj Revoljucionnoj Respublike (Zapadnaja Afrika) (Intestinal schistosomiasis in the Guinea People's Revolutionary Republic (West Africa)).* Meditsinskaya Parazitologiya i Parazitarnye Bolezni (Moscow), 60(2), 1982, 43-48. Russ.

Four tables of data are used in this discussion of the incidence of human schistosomiasis in the West African country of Guinea. Overall prevalence averages 33.4%, while in forest areas it reaches approximately 51.4% in humans and 11.9% in intermediate hosts. Substantially lower prevalence rates are found in Upper Guinea: 16.3% in humans and 8.2% in mollusks, of which the species *Biomphalaria pfeifferi* with a population density of about 68 specimens/metre² is the main intermediate host. Persons, especially females, aged 8-30 years are most susceptible to the disease. (Modified journal abstract)

- 8990 Konar, M., Sikdar, K., Basak, S., Lahiri, D.** *Maternal mortality (ten years' survey in Eden Hospital).* Journal of the Indian Medical Association (Calcutta, India), 75(3), 1 Aug 1980, 45-51. Engl.

Analyses of medical records at Eden Hospital, Calcutta, India, from 1964-1973 show that major causes of maternal mortality included: direct obstetric causes such as toxemia, haemorrhage, etc. (61.1%); indirect obstetric causes comprising anaemia, heart disease, and jaundice (32.6%); and non-obstetric factors, i.e., encephalitis, smallpox, and tuberculosis (6.3%). Recommendations are made for reducing maternal death rates. Statistical data are included. (DP-E)

- 8991 Kusin, J.A., Kardjati, S., De With, C., Sudibia, I.K.** *Nutrition and nutritional status of rural women in east Java.* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(4), Dec 1979, 571-585. Engl. Refs.

In a survey conducted during the dry seasons of 1975 and 1976 in East Java, Indonesia, information on the nutrition and nutritional status of 3 828 rural mothers was gathered. The results are discussed and presented as statistical data. Surprisingly, the results did not show a high correlation between socioeconomic conditions and nutritional status; indeed, low percentages of illiteracy and the highest rates of child survival were found in an area with low income and food production. The authors speculate on the reasons for this and recommend some steps for improving nutritional status and reducing child mortality in problem areas. (DP-E)

- 8992 Lambert, J.** *Papua New Guinea's national food and nutrition policy.* Food and Nutrition (Rome), 6(1), 1980, 28-33. Engl.

The history of national food and nutrition policy in Papua New Guinea is traced. The 1st nutrition study, carried out in 1947, and the government policies that resulted are described. A survey conducted in 1978 indicated that progress had been made but that malnutrition rates were still high, particularly protein-energy

malnutrition. The implementation of the current nutrition improvement programme, which aims to increase the food supply and provide nutrition education, is discussed; the author feels that this programme will eventually reduce the severity of the problem. Some statistical data are included. (DP-E)

- 8993 Lasker, J.N.** *Choosing among therapies: illness behavior in the Ivory Coast.* Social Science and Medicine (Aberdeen, UK), 15A(2), Mar 1981, 157-168. Engl. 53 refs.

After reviewing the wide variety of medical systems available to inhabitants of the Ivory Coast, the author presents the results of utilization surveys of town and village residents. It appears that the choice of therapy depends more on its accessibility, which is analyzed in terms of time delay, cost, and communications problems, than on any characteristics of the individual patient. The choice of Western medicine is inhibited not by "unscientific attitudes" but rather by the political and economic forces that limit the usefulness of these services and by the availability of attractive alternatives. Some statistical data are included. (Modified journal abstract)

- 8994 le François, P., Chevasus-Agnes, S., Benefice, E., Dyck, J.L., Maire, B.** *Vitamin A status of populations in three West African countries.* International Journal for Vitamin and Nutrition Research (Bern, Switzerland), 50(4), 8 Oct 1980, 352-363. Engl. 33 refs.

The results of food consumption and epidemiological (clinical and biochemical) surveys undertaken in 1980 in three West African countries have established: the existence of xerophthalmia in Upper Volta; a transitory vitamin A deficiency during the dry season in South Mali, without serious clinical signs; and a good vitamin A status in Casamance, in south Senegal. A combined biochemical indicator that takes account of plasma carotenoids and vitamin A is recommended to assess the importance of vitamin A deficiency in a population. Statistical data are included. (Modified journal abstract)

- 8995 Lima e Costa, M.F. de, Katz, N., Pinto Dias, J.C.** *Reinfecção de pacientes em áreas endêmicas de esquistossomose mansoni após tratamento específico; IV: observações em Belo Horizonte.* (Reinfection of patients in schistosomiasis mansoni endemic areas after specific treatment; IV: observations in Belo Horizonte). Revista do Instituto de Medicina Tropical de São Paulo (São Paulo, Brazil), 22(3), May-Jun 1980, 97-107. Portuguese. 42 refs.

In Belo Horizonte, capital of Minas Gerais, Brazil, 191 adults and 121 children from the lower socioeconomic class were treated for schistosomiasis with hycanthone (2.5 mg/kg of body weight, intramuscularly). Stool examinations performed 3-4 years after treatment revealed that 12% of the adults and 46% of the children had *Schistosoma mansoni* eggs in their feces. The figures at 5-6 years were 26% for adults and 60% for children. No correlation between reinfection and the availability of

local services such as electricity or piped water could be established and it is therefore supposed that reinfection resulted from contact with infected waters elsewhere. It is also suggested that adults, at least in the 1st years after treatment, display more resistance to reinfection than do children. (Modified journal abstract)

- 8996 Ling, H.M.** *Evaluation of the antenatal health education programme in selected maternal and child health clinics in Singapore.* Singapore Community Health Bulletin (Singapore), (21), 1980, 48-57. Engl.

A survey of 142 primigravid women (most aged 20-24 years) attending 6 antenatal clinics in Singapore revealed that 82% had attended an average of 1-3 antenatal health talks given at the clinics. The topics that aroused the most interest and elicited the best attendance were antenatal care and child care and feeding. Because of this positive response, it is suggested that health education talks be given as a regular part of antenatal care. Statistical data are included. (DP-E)

- 8997 Magaña Cárdenas, A., Padilla González, L.M., García de Alba, J.E., Troyo San Román, R., Delgado Becerra, A.** *Some epidemiological aspects of maternal breast-feeding in a population entitled to social welfare services in Mexico.* Bulletin of the Pan American Health Organization (Washington, D.C.), 15(2), 1981, 139-147. Engl. 36 refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*, 90(3), 1981, 218-228.

A survey of breast-feeding practices was conducted among 632 obstetric patients with access to social welfare services in Guadalajara, Mexico. The results indicate a decline in the extent and duration of breast-feeding since 1959 and suggest that, within the group studied, education, higher income, urban living, and access to social welfare services (milk donations) tended to encourage early weaning. Statistical data are included. (Modified journal abstract)

- 8998 Magzoub, M., Kasim, A.A.** *Schistosomiasis in Saudi Arabia.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 74(5), 1980, 511-513. Engl.

A January 1977-December 1978 study was carried out in Saudi Arabia in order to provide information for an overall assessment of the status of schistosomiasis; i.e., water sources in several areas were examined for the presence of infective snail hosts and an estimation of the schistosomiasis prevalence rates among people in these areas was obtained. The results are discussed and presented as statistical data. The findings indicate that both intestinal and urinary schistosomiasis occur widely in Saudi Arabia but that different types of water bodies did not show any apparent overlap between the different snail vectors of *Schistosoma*. (DP-E)

- 8999 Marques, A.C.** *Migrações internas e as grandes endemias. (International migrations and major endemic diseases).* Revista Brasileira de

Malariologia e Doenças Tropicais (Brasília), 31, 1979, 137-158. Portuguese. 13 refs.

Recent development projects have attracted many people from different parts of Brazil to the Amazon Region. This paper presents numerous instances, backed up by statistical data, where malaria, schistosomiasis, trachoma, and yellow fever have been introduced by migrants. Case-finding and treatment of diseases in migrating populations must be stepped up if the development of new foci is to be avoided. (HC-L)

- 9000 Marshall, L.B., Marshall, M.** *Breasts, bottles and babies: historical changes in infant feeding practices in a Micronesian village.* Ecology of Food and Nutrition (London), 8, 1979, 241-249. Engl. Refs.

The mothers of 375 children born in a Micronesian village during the past 50 years were interviewed about their infant feeding practices. From 1945-1975, use of commercial formula increased steadily, breast-feeding declined, weaning age decreased, and consumption of milk by children aged 1-2 years increased; these trends accelerated in the 1970s. Educational level and employment history of the mother were significantly associated with bottle feeding. The mothers most commonly reported convenience as their reason for bottle feeding. Historical factors that appear to have influenced the course of infant feeding practices in the village as a whole are discussed. Statistical data are included. (Modified journal abstract)

- 9001 Martorell, R., Klein, R.E.** *Food supplementation and growth rate in preschool children.* Nutrition Reports International (Los Altos, Cal.), 21(3), Mar 1980, 447-454. Engl.

In a 1969-1977 Guatemalan study, children aged 0-7 years in two villages received protein-energy supplementation in the form of a drink high in protein and calories, while children in two similar villages received a drink containing no protein and few calories; growth rates of the two drinks are compared and the results discussed and presented as statistical data. The findings indicated wide variations in impact of the former group with some measures, such as fat fold, actually decreasing in some cases. In both drinks, growth in the 1st 3 years of life was most affected. (DP-E)

- 9002 Measham, A.R., Rosenberg, M.J., Khan, A.R., Obaidullah, M., Rochat, R.W.** *Complications from induced abortion in Bangladesh related to types of practitioner and methods, and impact on mortality.* Lancet (London), 1(8213), 24 Jan 1981, 199-202. Engl. 18 refs.

Health workers in 795 health centres in Bangladesh were interviewed regarding the practitioner, method, and outcome in cases of complications arising from induced abortion. The results are discussed and presented as statistical data. The findings indicate that mortality was low in cases where approved procedures were followed. The authors estimate that 7 800 deaths occurred in Bangladesh in 1978 from abortion complications; many of these deaths might have been prevented if a safe,

affordable means of terminating unwanted pregnancy had been available. They caution that, because abortion is illegal and ethically unacceptable, the data obtained should be interpreted carefully. (DP-E)

- 9003 Medina, E., Kaempffer, A.M.** *Características de la atención de salud en el gran Santiago. (Health care characteristics in metropolitan Santiago).* Revista Médica de Chile (Santiago), 108(10), Oct 1980, 937-944. Span.

In a survey conducted in greater Santiago, Chile, 2 074 individuals considered representative of the general population were interviewed regarding their utilization of health services. It was found that women consulted more frequently than men, the young and the old more than the middle-aged groups, and the upper more than the lower classes — for check-ups, though not for illness. Those with 9 or more years of schooling experienced fewer episodes of illness than those with less education. The survey findings are presented in nine tables and discussed. (HC-L)

- 9004 Menck, H.R., Henderson, B.E.** *Cancer incidence rates in the Pacific Basin.* National Cancer Institute Monographs (Bethesda, Md.), Monograph No. 53, 1979, 119-124. Engl.

The many and varied ethnic groups of the Pacific Basin are surveyed for cancer risk in several environments within the basin. Annual incidence rates for 13 of these groups and incidence rates for 21 ethnically similar populations are given. The authors caution that specific comparisons should be made carefully since the data were collected from registries that operate within widely different health delivery systems. (Modified journal abstract)

- 9005 Mengistu, M., Maru, M., Ahmed, Z.** *Malaria in Gondar, Ethiopia, 1975-1978: a review of 435 cases with special emphasis on cerebral malaria.* Ethiopian Medical Journal (Addis Ababa), 17(3), 1979, 57-62. Engl. 32 refs.

In an Ethiopian study, 435 malaria cases admitted to the Public Health College Teaching Hospital, Gondar, from January 1975-December 1978 were analyzed. Of these, 52 had cerebral malaria, which was often misdiagnosed on admission. The treatment of these cases is described in some detail and the outcome of the treatment is given. The authors suggest that, since the presentation of malaria is sometimes misleading, a blood film for malaria should be a routine procedure, particularly in those patients who have come from an endemic area. Statistical data are included. (Modified journal abstract)

- 9006 Mittal, S., Gupta, M.C.** *Evaluation of a supplementary feeding programme through take home system.* Journal of Tropical Pediatrics (London), 26(2), Apr 1980, 50-53. Engl. 9 refs.

Evaluation of a nutrition programme offering a take-home supplement to 201 Indian village children aged 6-23 months revealed that there was no significant improvement in the nutritional status of the experimental group as compared to that of the 125 children in the

control group. This result was attributed to the sharing of the supplement by elder siblings. It is suggested that supervised, on-the-spot feeding should be the method of choice for nutrition programmes aimed at preschoolers. Statistical data are included. (DP-E)

- 9007 Mokhtari, L., Mokhtari, Z., Mirovsky, J., Fyad, A., Rahmani, K.** *Epidémie brisního tyfu v oranu v léte 1978. (Typhoid fever epidemic in Oran in the summer of 1978).* Casopis Lékaru Ceských (Prague), 120(12), 1981, 348-353. Czechoslovakian.

During the typhoid epidemic of 1978 in Oran, Algeria, 651 patients were hospitalized at the Sidi Lahourari fever department. The causative strain was identified as *Salmonella typhi* phagotype E1. Treatment with antibiotics, especially chloramphenicol and ampicillin, was successful. The source of the infection was a public laundry, waste waters from which spread the bacteria through the water mains. The explosive character of the epidemic and the sudden onset of the disease with tremor, vomiting, joint and muscle pains, and rose spots in many patients at first suggested paratyphoid rather than typhoid fever. Only 4 (0.6%) of the patients in hospital died. (Modified journal abstract)

- 9008 Molineaux, L., Gramiccia, G.** *Garki Project: research on the epidemiology and control of malaria in the Sudan savanna of West Africa.* Geneva, WHO, 1980. 311p. Engl.

This book describes a study of the epidemiology of malaria in the lowland rural Sudanese savanna, concentrating on the measurement of entomological, parasitological, and seroimmunological variables and on their relationships. The study also included assessment of the effect of house-spraying with a residual insecticide, alone and in combination with mass drug administration. A mathematical model of the transmission of malaria was constructed and tested in order to compare various control strategies in terms of their expected effects; a realistic simulation of the transmission should make for better understanding of the interplay between the factors involved and for better planning of future control programmes. (Modified journal abstract)

- 9009 Molteno, C.D., Hollingshead, J., Moodie, A.D., Willoughby, W., Bowie, M.D.** *Study on child development in Cape Town; the cohort and sample.* South African Medical Journal (Cape Town), 58(18), 1 Nov 1980, 729-732. Engl. 16 refs.

This 5-year prospective study of growth and development in children of the "coloured" population of Cape Town, South Africa, covered 1 000 infants born from May 1-June 8, 1976. A random sample of the cohort (187 infants) was selected for more detailed study including facts about socioeconomic status, education, housing, etc. It is noted that 14% of the infants weighed less than 2 500 g at birth and that poor maternal education, low income, and overcrowding are risk factors in child rearing. These factors will be explored in greater detail in a later report. Statistical data are included. (HC-L)

- 9010 Nilakanta Rao, M.S., Shankar, S.V., Narasimha Murthy, D.P., Vomstein, E., Meermeier, H.** *Problem of leprosy in Karnataka.* *Leprosy in India* (New Delhi), 52(2), Apr 1980, 236-244. Engl.
Eleventh Biennial Conference of the Indian Association of Leprologists, Madras, India, 5-8 Apr 1979.

This conference paper examines the leprosy problem in the South Indian state of Karnataka, formerly known as Mysore, with its rural population of 25.7 million (73.5% of all inhabitants). Prevalence figures from two WHO surveys (1961 and 1964) are compared with data obtained in 1977, when 79 078 cases were under treatment, revealing a more serious leprosy problem than previously believed. Of the state's 14 districts, 6 are considered hyperendemic, with a prevalence of more than 10:1 000 population, and 6 endemic, with a prevalence of 5:1 000. In urban areas, where there are treatment facilities and population migration, prevalence is about 10:1 000. Statistical data are included. (EB)

- 9011 Noah, M.A.** *Soy-based formula for infantile diarrhoea: a controlled trial.* *Nigerian Medical Journal* (Lagos), 9(2), 1979, 243-245. Engl. 8 refs.
Given the frequency of lactose intolerance among African children, soy-based formula may be superior to milk-based formula for infants convalescing from diarrhea. In a study carried out in a teaching hospital in India, 22 infants admitted for moderate to severe gastroenteritis of non-bacterial aetiology were given, at random, either the soy-based or the cow's milk-based formula after approximately 24 hours of intravenous fluids. No significant difference in the length of hospital stay between the two groups was observed. It is therefore concluded that soy-based formula shows no significant advantage over cow's milk formula in the management of infantile diarrhea of short duration, although its advantage in episodes of longer duration is not precluded. (HC-L)

- 9012 Nozais, J.P., Doucet, J., Dunand, J.** *Panorama de la bilharziose en Côte d'Ivoire. (Survey of schistosomiasis in Ivory Coast).* *Médecine Tropicale* (Marseilles, France), 40(1), Jan-Feb 1980, 41-44. Fren. 13 refs.

This survey revealed that *Schistosoma intercalatum* has not yet been observed in the Ivory Coast, but that *S. mansoni* and *S. haematobium* are frequent. *Schistosomiasis mansoni* is distributed in limited foci as a consequence of the vital requirements of the host parasite. Its clinical detection is difficult and stool control is necessary. Prevalence has great topographic variations; complications are not frequent and can be detected only with rather sophisticated hospital equipment. *Schistosomiasis haematobium* is much more widespread due to the strong resistance of the mollusc host. Its clinical syndrome is significant and the diagnosis is easily controlled by microscopic examination of the urine centrifugation deposit. Detection of complications requires hospital equipment. Some statistical data are included. (Modified journal abstract)

- 9013 Nuraid, H., Ontoseno, T., Purwodibroto, S.** *Use of young coconut water in pediatric cholera.* *Paediatrica Indonesiana* (Djakarta), 19(9/10), Sep-Oct 1979, 219-225. Engl. 11 refs.
Sixth World Congress of Gastroenterology, Madrid, Spain, 5-9 Jun 1978.

In a 1977 Indonesian study, 86 children aged 2-12 years were given young coconut water as part of treatment for cholera. This proved to be effective, as shown by serum-electrolytes and E.C.G. determinations and the findings of no signs of clinical hyperkalemia. Only one patient died, possibly due to encephalopathy. It appears that coconut water is a suitable substitute for electrolyte solutions for cholera management, partly because it is readily available everywhere in Indonesia. The author recommends research on the use of coconut water at an early stage of dehydration. Statistical data are included. (Modified journal abstract)

- 9014 O'Dowd, M.J., Siddiqui, N.A., Low, J.** *Anaemia in pregnancy — a report of two trials.* *Medical Journal of Zambia* (Lusaka), 13(1), 1979, 4-6. Engl.

Two 3-month clinical trials were carried out on 140 pregnant anaemic patients at the University Teaching Hospital, Lusaka, Zambia, in 1977 by means of blood, marrow, urine, and stool examinations. The mean haemoglobin on entry to the trial was 7.4%; 84.2% of the anaemias were due to iron deficiency. The authors discuss nutritional factors and treatment of this condition, which is the main pregnancy complication in Lusaka. Statistical data are included. (Modified journal abstract)

- 9015 O'Sullivan, G., Ebrahim, S., O'Sullivan, J., Tafts, C.** *Nutritional status of Laotian refugee children in Ubon camp, Thailand.* *Journal of Epidemiology and Community Health* (London), 45(2), 1980, 83-86. Engl.

A survey carried out in May 1979 of the nutritional status of 2 152 children aged 1-5 years in Ubon Refugee Camp, Thailand, showed that, using arm circumference as an index, 165 (7.5%) probably suffered from malnutrition. This index was validated by comparisons with weight for age and with morbidity in malnourished and normal groups. Arm circumference appeared to be a valid index of nutritional status and a useful screening test with a false positive ratio of 1:5. Application to children attending feeding centres within the camp showed that the centres were not attended by as many malnourished children as expected. A feeding centre in a greatly impoverished area of the camp had a higher percentage of malnourished children attending. Statistical data are included. (Modified journal abstract)

- 9016 Oberle, M.W., Merson, M.H., Islam, M.S., Rahman, A.S., Huber, D.H.** *Diarrhoeal disease in Bangladesh: epidemiology, mortality averted and costs at a rural treatment centre.* *International Journal of Epidemiology* (Oxford, UK), 9(4), Dec 1980, 341-348. Engl. 29 refs.

In this 1975 epidemiological survey of diarrheal diseases

at a field hospital in Matlab, Bangladesh, *Vibrio cholerae* was isolated from 28% of 1 964 patients. Overall hospital mortality was 9:1 000, but it is estimated that 25%-50% of hospitalized patients would have died without rehydration therapy. The region's total mortality was reduced, especially among children, by 7%-15%, at a cost of US\$0.14 *per capita*. Rehydration therapy was consequently considered very effective in reducing mortality and morbidity. Statistical data are included. (Modified journal abstract)

- 9017 Okouoyo, E.** *Mortalité infantile globale à l'hôpital pédiatrique d'Owendo de 1977 à 1980. (Survey of infant mortality at the Owendo pediatric hospital from 1977-1980).* Courrier (Paris), 31(4), 1981, 367-369. Fren.

Analysis of 508 deaths that occurred in the university pediatric hospital in Libreville, Gabon, from January 1977-November 1980 revealed the following: 35.8% occurred in newborns; 34% in infants aged 1-12 months; 15.35% in children aged 1-5 years; and 4.52% in children aged more than 5 years. Infectious diseases were the major cause of death with prematurity accounting for a considerable mortality in the newborn group. This paper further breaks down and discusses the study findings, comparing them to data from other African hospitals, and points out their implications for public health. (HC-L)

- 9018 Omolayole, A.** *Critical appraisal of high parity among Nigerians as seen at the Lagos University Teaching Hospital.* Nigerian Medical Journal (Lagos), 9(5), 1979, 585-588. Engl. 8 refs.

This analysis of fertility patterns and pregnancy outcome in 1 102 high parity women delivered in the Lagos University Teaching Hospital from January 1972-December 1976 revealed a higher incidence of obstetrical complications than among low parity women. Suggestions are made for implementing a family planning programme to discourage large families. Statistical data are included. (DP-E)

- 9019 Onadeko, M.O.** *Nutritional status of pre-school children in a rural community.* Nigerian Journal of Paediatrics (Ibadan, Nigeria), 7(2), 1980, 33-38. Engl. Refs.

A survey of 120 rural Nigerian preschool children revealed that their nutritional status was markedly below that of the elite and significantly below that of urban preschoolers from similar backgrounds, a situation due mainly to poor environmental sanitation and underutilization of health services and available food. It is suggested that any nutrition programme in rural communities should include education on health and food production. Statistical data are included. (Modified journal abstract)

- 9020 Osuho, P.C.** *Weaning practices amongst the Hausas.* Journal of Human Nutrition (London), 34(4), Aug 1980, 273-279. Engl. Refs.

A 1975 survey of 238 Hausa (Nigeria) women revealed that the average age of weaning was 12-18 months for

a variety of reasons: religion, the child's reaching the traditional age of weaning and exhibiting normal development, the onset of another pregnancy, severe illness or death of the mother, and the husband's unwillingness to observe the traditional abstinence from sexual intercourse during lactation. The supplementary foods introduced between 5-9 months of age were found to be deficient in energy, essential nutrients, and proteins and suggestions are made for improving these as well as weaning practices. Statistical data are included. (DP-E)

- 9021 Osuho, P.C., Etta, K.M.** *Morbidity patterns amongst children in a semi-urban community in northern Nigeria.* Journal of Tropical Pediatrics (London), 26(3), Jun 1980, 99-103. Engl. 8 refs.

Results of an anthropometric survey carried out on 399 Nigerian children aged less than 5 years from September-October 1975 are discussed and presented as statistical data; they revealed that the commonest health problems were respiratory diseases (25.1%), malnutrition (21.1%), and gastroenteritis (15%). Immunization and health and nutrition education are recommended as short-term solutions, although continuing government efforts in the areas of housing, education, nutrition, and environmental health are needed. (DP-E)

- 9022 Oviasu, V.O., Okupa, F.E.** *Relation between hypertension and occupational factors in rural and urban Africans.* Bulletin of the World Health Organization (Geneva), 58(3), 1980, 485-489. Engl. 11 refs.

Also published in French and Spanish.

Two populations in Bendel State, Nigeria, were surveyed for systolic and diastolic blood pressure, evidence of protein and sugar in the urine, and Quetelet's Index (weight:height² X 100) and questioned regarding age, occupation, smoking habits, etc. In all, 1 482 rural male clerks and field labourers, 600 rural female subsistence farmers/petty traders, 916 urban male clerks, and 347 urban female clerks were involved. Mean systolic and diastolic blood pressures of urban subjects (both men and women) were higher than those of rural subjects, but the differences were statistically significant only in certain age groups. Consistently intermediate values for rural clerks over the whole range of age groups, however, indicate that area of residence as well as occupation may be responsible for these differences. (HC-L)

- 9023 Oyemade, A., Olugbile, A., Janes, M.D.** *Health of Nigerian rural school children.* Journal of Tropical Pediatrics (London), 27(2), Apr 1981, 101-105. Engl. 13 refs.

Seventh International Congress of Rural Medicine, Salt Lake City, Utah, 17-22 Sep 1978.

A survey of 353 schoolchildren aged 6-14 years in Badeku, Nigeria, revealed that: most were short and underweight; 26.9% had dental caries; the splenic rate was surprisingly low, probably due to malaria prophylaxis; some 25% had not been immunized against smallpox and tuberculosis; and 28.9% suffered from angular stomatitis, 6.8% from scabies, and 13.6% from

tinea capitis. Suggestions are made for improving school health care. Statistical data are included. (DP-E)

- 9024 Paccaud, M.F.** *World trends in poliomyelitis morbidity and mortality, 1951-1975/Evolution et tendances de la morbidité et de la mortalité dues à la poliomyélite dans le monde (1951-1975)*. World Health Statistics (Geneva), 32(3), 1979, 198-224. Engl., Fren.

World trends in poliomyelitis morbidity and mortality from 1951-1975 are analyzed in terms of geographical region, seasonal distribution, and age and sex groupings. Copious statistical data indicate that those countries that have not yet implemented vaccination programmes are suffering from an increasing burden of disability and infant mortality, while morbidity and mortality from poliomyelitis have been dramatically reduced in the rest. Because vaccination programmes are so effective, their implementation is strongly advocated. (DP-E)

- 9025 Park, T.K.** *Analysis of all pregnancy outcomes in a rural Korean community*. Yonsei Medical Journal (Seoul), 20(2), 1979, 170-183. Engl. Refs.

An analysis of pregnancy outcomes among 1 106 married women in a rural Korean community from April 1975-March 1977 is provided. This paper presents the results of a retrospective study, a prospective pregnancy follow-up study, and a life table that calculates the probabilities of pregnancy termination and estimated probabilities of fetal mortality. Copious statistical data are included. (DP-E)

- 9026 Patodi, R.K., Park, J.E., Mathur, L.K., Sharma, S.K.** *Demographic impact of family welfare programme in the area covered by rural health training centre, Harsola Indore (Madhya Pradesh)*. Indian Journal of Public Health (Calcutta, India), 24(1), Jan-Mar 1980, 32-34. Engl.

A 1977 survey of a 5% sample of the 56 000 village population of the catchment area of the Rural Health Training Centre, Harsola, India, revealed that in the previous 10 years the birth rate had decreased from 39.7:1 000-23.6:1 000, the death rate from 11.4:1 000-3.7:1 000, and infant mortality from 122.4:1 000-85.7:1 000. In addition to the above-mentioned results of the family welfare programme, 51.34% of eligible couples were practicing birth control, of whom 25.36% were using permanent methods. Statistical data are included. (DP-E)

- 9027 Périssé, J., Polacchi, W.** *Distribution géographique et modifications récentes des disponibilités de vitamine A dans le monde. (Geographic distribution and recent changes in vitamin A availability in the world)*. Alimentation et Nutrition (Rome), 6, 1980, 23-31. Fren.

Data on the availability of vitamin A of both animal and vegetable origin are presented by region and fluctuations in the same (1961-1977) are examined. It is noted that outside of certain favourable ecological situations, e.g., the extensive availability and use of palm oil in equatorial Africa, consumption of vitamin A is directly related

to household purchasing power. Indeed, availability of vitamin A is one of the most sensitive indicators of fluctuations in the economy. Long-term improvement in the situation, whether in disadvantaged regions, countries, or segments of society, depends on income redistribution; an intermediate solution would be to encourage small livestock and household vegetable production. (HC-L)

- 9028 Pizzaro, D., Mata, L., Posada, G., Nalin, D., Mohs, E.** *Oral rehydration of neonates with dehydrating diarrhoeas*. Lancet (London), 2(8158), 8 Dec 1979, 1209-1210. Engl. 15 refs.

In a Costa Rican study, 39 of 40 neonates with mean dehydration equivalent to 6.7% of body weight were orally rehydrated with a glucose/electrolyte solution. Only one patient required any intravenous fluid for rehydration. Hypernatraemia and acidosis present at admission were corrected in a few hours without complications. It is concluded that oral rehydration is suitable for neonates as well as for children and adults. Statistical data are included. (Modified journal abstract)

- 9029 Polderman, A.M.** *Transmission dynamics of endemic schistosomiasis*. Tropical and Geographical Medicine (Haarlem, Netherlands), 31(4), Dec 1979, 465-475. Engl. Refs.

Observations on schistosome infections in a human population, on the occurrence of the intermediate host, and on the exposure of man to infested water in an endemic area in Ethiopia, are brought together. There is an apparent lack of correlation between the results of the 1st type of observation and those of the other two. The relative insensitivity of stool examination methods, the low counts of *Schistosoma mansoni* eggs, and the consequent underestimation of infection rates are discussed along with serologic findings. It is suggested that schistosomiasis in the area could be described as hyperendemic, a situation with a surplus of transmission in which the parasite populations do not seem to be regulated any more by transmission factors. Statistical data are included. (Modified journal abstract)

- 9030 Ramos, H.** *Mortalidad infantil y atención materno infantil en el Perú. (Infant mortality and maternal child health services in Peru)*. Santiago, Centro Latinoamericano de Demografía, Serie D, No. 108, Mar 1981. 58p. Span. 17 refs. Encuesta Mundial de Fecundidad, Seminario de Análisis y Capacitación, Santiago de Chile, Apr-Dec 1980.

A nation-wide investigation involving 5 640 women aged 15-49 years was undertaken in Peru with a view to analyzing the evolution of infant mortality over the past four decades, identifying the demographic and socioeconomic factors associated with it, establishing the relationship between utilization of health facilities and infant mortality, and targeting specific high-risk groups for public health interventions. This paper outlines the study methodology and presents its findings, conclusions, and recommendations. Thirty-two tables of data are included. (HC-L)

- 9031 Ramprasad, V., Williams, V.W.** *Nutrition education through nutrition rehabilitation.* Journal of Tropical Pediatrics (London), 26(3), Jun 1980, 123-126. Engl. 9 refs.

This article describes a programme in Bangalore, India, which attempts to combine nutrition rehabilitation with nutrition education. In a preliminary survey, 285 families from over 14 villages were questioned on feeding practices of infants and children and the findings were used in designing the programme. The results of the 1st 8 months of operation of the rehabilitation centre were satisfactory; the nutritional status of most of the children was improved and at least 20% of the mothers continued to practice what they had been taught. Statistical data are included. (DP-E)

- 9032 Ree, G.H., Taylor, V.E.** *Do leprosy patients in Papua New Guinea take their dapsone?* Papua New Guinea Medical Journal (Port Moresby, Papua New Guinea), 22(2), Jun 1979, 145-147. Engl. 8 refs.

In a study involving 15 supervised inpatients with leprosy, 105 outpatients with leprosy, and 20 control subjects without leprosy, researchers in Papua New Guinea used a simple colorimetric urine test to determine if the outpatients were taking their twice-weekly dosage of 200 mgm of dapsone. The results are discussed and presented as statistical data. The findings indicate that some 25% of the outpatients were not consuming their medicine regularly, thus making dapsone resistance a considerable threat. However, the authors feel that 75% compliance is a positive achievement, given the literacy level, length of treatment, and distance from the clinic of some patients. (DP-E)

- 9033 Richardson, B.D.** *Malnutrition and nutritional anthropometry.* Journal of Tropical Pediatrics (London), 26(3), Jun 1980, 80-84. Engl. 12 refs.

The author stresses the need for taking height into account when assessing the nutritional status of children. Analysis of anthropometric data from 4 607 South African preschoolers gave substantially different results when height was disregarded by overestimating the number who were undernourished and underestimating those overweight. Statistical data are included. (Modified journal abstract)

- 9034 Ripert, C., Tchamfong Njabo, R., Same Ekobo, A.** *Etude épidémiologique des filarioses humaines: loase, dipétalonémose, tétrapétalonémose, chez les pêcheurs Douala de l'estuaire du Wouri (Cameroun).* (Epidemiological study of human filariasis: loa-loa, dipetalonemiasis, trapetalonemiasis, in Douala fishermen of the Wouri estuary (Cameroon)). Revue d'Epidémiologie et de Santé Publique (Paris), (28), 1980, 331-339. Fren. 11 refs.

A study was undertaken to determine the prevalence of filariasis among the inhabitants of eight villages in the Wouri estuary, Cameroon. Scarification prints stained with Bohmer hematoxylin taken from 788 individuals

(73% of the population) revealed a 35.8% infestation rate, 11.2% with *Loa loa* and 23.2% with *Dipetalonema perstans*. Prevalence and parasitic load were higher in men than in women and tended to increase with age. High infestation rates were associated with pruritis and scabies. Statistical data are included. (Modified journal abstract)

- 9035 Robins-Browne, R.M., Still, C.S., Miliotis, M.D., Richardson, N.J., Koornhof, H.J.** *Summer diarrhoea in African infants and children.* Archives of Disease in Childhood (London), 55(12), 1980, 923-928. Engl. 8 refs.

Stool samples from 70 black South African infants and children with acute summer diarrhea and 30 age-matched controls drawn from the same population were examined for enterotoxigenic bacteria, rotaviruses, and traditional enteropathogens. This paper describes the methodology, laboratory procedures, and results of the study. A wide variety of enteropathogens was recovered from the patients, attesting to the role of the environment in the transmission of diarrhea-causing bacterial agents. It is noted that 70% of the experimental group (i.e., the group with diarrhea) were receiving no breast milk at all while almost half of the control group were entirely or partially breast-fed. (HC-L)

- 9036 Rodrigues Coura, J., Argento, C.A., Conceição, M.J., Lewis, E.M., dos Santos, M.L.** *Field experiences with oral oxamiquine in the treatment of schistosomiasis mansoni.* Revista do Instituto de Medicina Tropical de São Paulo (São Paulo, Brazil), 22(12), Jan-Feb 1981, Suppl. 4, 77-84. Engl.

A total of 1 790 persons in four Brazilian villages were treated for schistosomiasis mansoni by a single dose of 12.5-20 mg/kg of oral oxamiquine and followed-up by periodic physical and fecal examination for 2 years. The results, discussed and presented as statistical data, indicate that this treatment temporarily reduces schistosomiasis prevalence, although reinfection is inevitable in endemic areas. The number of severe forms of the disease do, however, appear to be reduced. (Modified journal abstract)

- 9037 Roodt, J.E., Kloppers, P.J.** *Kropgeswelvoorkoms in die Masebuko-Gebied van KwaZulu. (Incidence of endemic goitre in the Masebuko area of KwaZulu).* South African Medical Journal (Cape Town), 58(17), 25 Oct 1980, 693-694. Afrikaans.

From August 1976-December 1977, 780 persons were examined for endemic goitre at the clinic in the Masebuko area of KwaZulu, South Africa. Of these, 60 (29 children and 31 adults) had palpable euthyroid enlargements. Using tables, their medical treatment and results are compared to those of a control group of 60 persons in the non-endemic area of Greytown. (Modified journal abstract)

- 9038 Roy, A.K., Rao, A.R., Srinivas, D.K., Ghosh, M.N.** *Community level malnutrition vis-a-vis the role of nutrition rehabilitation centre.* Indian

Journal of Medical Research (New Delhi), 72(6), Dec 1980, 846-853. Engl. 8 refs.

A follow-up study was undertaken on 112 children suffering from various degrees of malnutrition who were admitted to the Nutrition Rehabilitation Centre at Pondicherry, India, and stayed for more than 2 weeks (average stay, 34 days). All the children showed improvement, those with edema improving less than those without edema. Fifty children were followed-up at home and the large majority of these showed improvement. More than 50% of the mothers had introduced some changes in feeding practices, indicating the impact of the nutrition education given during their stay at the Centre. Statistical data are included. (Modified journal abstract)

9039 Sadasivam, S., Kasthuri, R., Subramaniam, S.
Nutritional survey in a village of Tamil Nadu. Indian Journal of Nutrition and Dietetics (Coimbatore, India), 17(7), Jul 1980, 245-250. Engl. 8 refs.

A dietary survey of 50 randomly selected families from the village of Veerapandi, India, and biochemical evaluation of the local diet revealed total calorie deficiency among all age groups. The deficiency of vitamins A, B₁, B₂, and C was due to the low consumption of leafy green vegetables, fruits, and milk. It is concluded that biochemical analysis of cooked diet following a diet survey seems to show a better picture of nutritional status than the diet survey alone. Statistical data are included. (DP-E)

9040 Salzano, A.C., Batista Filho, M., Flores, H., Calado, C.L. *Prevalência de anemia no ciclo gestacional em dois estados do nordeste brasileiro, Pernambuco e Paraíba. (Prevalence of anaemia among pregnant women in the Brazilian states of Pernambuco and Paraíba).* Revista Brasileira de Pesquisas Médicas e Biológicas (São Paulo, Brazil), 13(4/6), 1980, 211-214. Portuguese. 12 refs.

In a study of anaemia during pregnancy, 472 urban women from Pernambuco state, Brazil, and 217 rural women from Paraíba state were tested for haemoglobin levels. Thirty-four percent of the women from Pernambuco and 36.9% from Paraíba presented haemoglobin levels below 11%:100 ml. This paper presents the findings by locality, with a view to mapping the distribution of anaemia in pregnant women in northeast Brazil. The high incidence of anaemia is attributed to insufficient iron intake and the prevalence of parasitism in the area. (Modified journal abstract)

9041 Sanyal, R.K., Banerjee, D.P., Ghosh, T.K., Ghose, J.N., Misra, B.S. *Longitudinal review of kala-azar in Bihar.* Journal of Communicable Diseases (New Delhi), 11(4), Dec 1979, 149-169. Engl. 19 refs.

This article reviews the situation with regard to kala-azar in Bihar (India) to 1979. An epidemic occurred in 1937 and several treatment centres were opened. Fresh cases, while sharply reduced in number, continued to

appear until 1960. From 1960-1970, there was an apparent disappearance of the disease, possibly as a residual benefit of malaria spraying programmes. However, stray cases of visceral as well as post-kala-azar dermal leishmaniasis continued to occur all along. This problem reached epidemic proportions in mid-1977 but organized control measures have stabilized the situation. Active surveillance is recommended. Statistical data are included. (Modified journal abstract)

9042 Satitsatian, S. *Mortality trends in Thailand.* Bulletin of the Institute of Public Health (Tokyo), 28(1), 1979, 22-36. Engl. 8 refs.

Statistical data on mortality by sex and cause in Thailand are presented. The total death rate declined from 1 034.8:100 000 in 1957 to 634.7:100 000 in 1973. The promotion of public health programmes is needed in order to control infectious diseases as well as the rate of degenerative diseases, both of which have been increasing in Thailand as changes in life style occur. (DP-E)

9043 Satyanarayana, K., Naidu, A.N., Rao, B.S. *Adolescent growth spurt among rural Indian boys in relation to their nutritional status in early childhood.* Annals of Human Biology (London), 7(4), Jul-Aug 1980, 359-365. Engl. Refs.

The growth pattern of 677 rural Hyderabad (India) boys aged 3-18 years was studied over a year (1977-1978) to obtain annual increments. Height for age at 5 years in relation to Boston standards was used to classify these subjects into four nutritional categories. Height deficits observed at age 5 continued into adolescence and weight deficits increased. As a consequence, the group that was shortest at age 5 continued to be shorter and lighter at 17-18 years of age. Statistical data are included. (Modified journal abstract)

9044 Schamschula, R. *Social causes of dental disease.* World Health (Geneva), Jun 1981, 26-29. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

After describing the aetiology of dental decay and periodontal disease, the author explains how some communities, such as the Australian Aborigines, were protected from these conditions as long as they maintained their traditional diet. Since adopting a Western diet, Aboriginal children aged 6-8 years showed 90% more tooth decay than Caucasians; at age 10 years, this rate was 120%. Reasons for this rapid deterioration in Aboriginal dental health include their higher susceptibility to these diseases, their underutilization of preventive and curative dental services (including tooth-brushing), and, especially, malnutrition leading to defective tooth enamel formation. (DP-E)

9045 Schelp, F.P., Sornmani, S., Egormaihol, S., Pongpaew, P., Keller, W. *Physical growth of pre-school children in relation to a water resource development scheme in Thailand.* Journal of

Tropical Pediatrics (London), 28(4), Aug 1982, 187-192. Engl.

From August-September 1978, weight-for-height and height-for-age were measured in Thai children aged less than 5 years residing in an irrigation area, in villages around the shores of a man-made lake, in a resettlement area, and in traditional villages. The results for each area are discussed and presented as statistical data. Anthropometric measurements in the resettlement area seemed to be similar to those from the lake shore, while data from traditional villages resembled those from the irrigation area. It is concluded that, although there appears to be a different age distribution of undernourishment in the irrigation area when compared with the lake shore, there is no difference in the total number of malnourished children as far as wasting is concerned, despite the different socioeconomic conditions. (Modified journal abstract)

9046 Schlote, H.W., Schlote, A. Augenerkrankungen in Äquatorialafrika. (Eye diseases in equatorial Africa). Folia Ophthalmologica (Jena, Germany DR), 5(2), 1980, 114-119. German. 22 refs.

The authors report on their 1976-1977 survey of the types and frequencies of eye diseases in the Republic of the Congo. Inflammatory changes of the anterior part of the eye occurred in 32% of the 4 797 patients documented. In this region where strong sun, wind, and dust are major causes of serious eye infections, relatively few cases of trachoma and onchocerciasis were found; advanced cases of trachoma occurred mostly in foreigners. Glaucoma (139 cases) is especially difficult to treat due to lack of proper medical equipment and neglect on the patients' part to follow therapeutic instructions. The need to combat eye diseases and prevent blindness in people of developing countries is stressed. Five tables illustrate types, frequency, and age groups. (EB)

9047 Schulpen, T.W., Swinkels, W.J. Machakos Project studies: agents affecting health of mother and child in a rural area of Kenya; XIX: the utilization of health services in a rural area of Kenya. Tropical and Geographical Medicine (Haarlem, Netherlands), 32(4), Dec 1980, 340-349. Engl. Refs.

In a Machakos Project (Kenya) study, 20% of all households (800 households, representing 4 500 persons) were surveyed on their utilization of the available health services during the last 4 months of 1976. Of those reported to have been unwell, 37% took no action, and 35% took self-medication (which was analyzed). Those who went to a medical authority were questioned as to cost, time lost, and outcome. Special attention is given to the methods and materials of the survey and the factors that may have affected its accuracy. Statistical data are included. (Modified journal abstract)

9048 Schutte, C.H., van Deventer, J.M., Lamprecht, T. Schistosoma mansoni and S. mattheei infestation in northern KwaZulu. South African Medical Journal (Cape Town), 58(2), 12 Jul 1980, 66-70. Engl. 21 refs.

A 1977-1978 survey carried out in northern KwaZulu to determine the prevalence of *Schistosoma mansoni* and *S. mattheei* revealed that, despite the abundance of relevant snail intermediate hosts, there was a respective prevalence of 1.7% and 1.1% in the 7 943 schoolchildren examined. It is suggested that the seasonal nature of the majority of small streams and high water temperatures are contributing factors to the low endemicity of schistosomiasis in the area. Statistical data are included. (DP-E)

9049 Schutz, Y., Lechtig, A., Bradfield, R.B. Energy expenditures and food intakes of lactating women in Guatemala. American Journal of Clinical Nutrition (Bethesda, Md.), 33(4), Apr 1980, 892-902. Engl. 31 refs.

Total energy expenditures and intakes were simultaneously assessed in 18 lactating women aged 18-38 years (10 months postpartum) and compared to 6 similarly-sized, non-lactating, non-pregnant but multiparous women living in the same rural villages in the Guatemalan highlands. The results are discussed and presented as statistical data. The findings indicated that the lactating women were moderately active rather than sedentary. They responded to the additional energy stress by reducing their body fat stores rather than by either significantly increasing their energy intake or decreasing their energy level of expenditure, or both. (DP-E)

9050 Sheiham, A., Effendi, I., Noi, B.K. Assessment of dental needs: pilot studies in Indonesia. Tropical Dental Journal (Dakar), 11(8), Nov 1979, 45-53. Engl. 21 refs.

A survey of dental treatment needs and manpower requirements was made in one urban and one rural area of Java, Indonesia, using the WHO Oral Health Surveys basic method (1977); the applicability of this method for public health planning was then assessed. This paper describes the survey methodology and findings and identifies seven major problems that need to be addressed before the findings can be converted into a practical dental manpower plan. (HC-L)

9051 Sherlock, I.A. Profilaxia da doença de Chagas. (Prophylaxis of Chagas' disease). Revista Brasileira de Malariologia e Doenças Tropicais (Brasilia), 31, 1979, 121-135. Portuguese. 21 refs.

The existence of several vectors, reservoirs, and mechanisms of transmission of *T. cruzi* make eradication of Chagas's disease impracticable. The principal prophylactic measures for the control of the disease (improvement of dwellings, sanitary education, control of blood transfusions and combating the vectors with insecticides) are discussed. The results of effectiveness and operational costs of the following insecticides are presented: BHC (benzene hexachloride), Malathion (0,0-dimethyl phosphorodithioate diethyl mercaptosuccinate), Baygon (isopropoxyphenyl-N-methyl carbamate). (Journal abstract)

- 9052 Silva Paim, J., Netto Dias, C., Duarte de Araújo, J.** *Influência de fatores sociais e ambientais na mortalidade infantil. (Influence of social and environmental factors on child mortality).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 88(4), Apr 1980, 327-340. Portuguese. 48 refs.

A retrospective study of the role of environmental factors in infant mortality was conducted in the city of Salvador, Bahia, Brazil, for the years 1962-1971. Health, meteorological, socioeconomic, and sanitary indicators were obtained from scientific documents and official records and subjected to multiple regression analysis. This paper describes the study methodology and findings. Environmental factors accounted for over 70% of the variations of the global indexes of child death rates, with economic growth, actual wages, water supply, and education having the most influence on the health indicators used. (HC-L)

- 9053 Silva, J.F.** *Review of patients with skeletal tuberculosis treated at the University Hospital, Kuala Lumpur.* International Orthopaedics (New York), 4(2), 1980, 79-81. Engl.

Two hundred and nineteen patients admitted to the University of Malaysia Hospital in Kuala Lumpur from 1968-1976 with skeletal tuberculosis are reviewed in terms of the site of the lesion and the treatment given. Operative management is advocated since the results of this approach are encouraging. Statistical data are included. (Modified journal abstract)

- 9054 Sinha, N.P.** *Measles in children under six months-of-age: an epidemiological study.* Journal of Tropical Medicine and Hygiene (London), 83(6), Dec 1980, 255-257. Engl. 8 refs.

A study was carried out of 989 children with measles attending the communicable diseases clinic at University of Benin Teaching Hospital (Benin) in 1977. It was found that measles usually afflicts children aged less than 5 years and is most frequent among infants. A study of socioeconomic backgrounds of some of these cases indicated that multiparity, poor environmental hygiene, and low income were factors in the spread of the disease; malnutrition was not found to be a contributory factor. Statistical data are included. (Modified journal abstract)

- 9055 Sinniah, D., Chon, F.M., Arokiasamy, J.** *Infant feeding practices among nursing personnel in Malaysia.* Acta Paediatrica Scandinavica (Stockholm), 69(4), 1980, 525-529. Engl.

A survey of the infant feeding practices of 317 Malaysian nurses revealed that, although 75% of these women breast-fed their babies at birth, only 19% did so at age 2 months and 5% at age 6 months, respectively. The prevalence of breast-feeding was higher among lower category nurses, lower income groups, and those from health centres. The decision to breast-feed was based in most instances on conviction derived from reading, lectures, or advice from relatives. The vast majority of mothers listed work as the reason for termination of

breast-feeding, followed by insufficient breast milk and satisfactory past experience with bottle feeding. The ramifications of these findings and measures to improve the prevalence and duration of breast-feeding are discussed. Statistical data are included. (Modified journal abstract)

- 9056 Soeprapto, Soenarto, Y., Nelwan, Moenginah, P.A., Ismangoen** *Feeding children with diarrhea.* Journal of Tropical Pediatrics and Environmental Child Health (London), 25(4), Aug 1979, 97-100. Engl.

The most important management technique for diarrhea is rehydration, but refeeding also needs considerable attention to prevent repetition or prolongation of diarrhea. This evaluation of a refeeding method that allowed dehydrated Indonesian children to begin consuming their normal diet within 4-5 days, as compared to 9-11 days in the conventional programme, revealed a significant increase in weight and a 50% decrease in hospitalization time. Statistical data are included. (DP-E)

- 9057 Spira, W.M., Khan, M.U., Saeed, Y.A., Sattar, M.A.** *Microbiological surveillance of intra-neighbourhood El Tor cholera transmission in rural Bangladesh.* Bulletin of the World Health Organization (Geneva), 58(5), 1980, 731-740. Engl. 13 refs.

Also published in French and Spanish.

Four studies of the impact of tubewells on the incidence of cholera have been conducted by the Cholera Research Laboratory in Matlab Thana, Bangladesh, and all have shown that for el-tor cholera, there is no difference in attack rates between those who use tubewells and those who do not. In this study, the authors have attempted, through microbiological surveillance, to identify *Vibrio cholerae* in people and the environment in the neighbourhood of cholera patients in order to define its transmission and to estimate the conditions and level of exposure that actually lead to infection. The findings indicate that contaminated surface water used for bathing, food preparation, etc. was the source of infection, with vehicles other than water (food, utensils, etc.) playing virtually no role in transmission. Proximity to individuals shedding *V. cholerae*, susceptibility to infection (i.e. age less than 10 years), and frequency of contact with small numbers of cholera vibrios appeared to be determinants of infection. (HC-L)

- 9058 Srivastava, B.C., Chandra, R., Srivastava, V.K., Saxena, S.C., Nandan, D.** *Epidemiological study of scabies and community control.* Journal of Communicable Diseases (New Delhi), 12(3), Sep 1980, 134-138. Engl. 9 refs.

A study of five villages around the Rural Health Training Centre, Sarojini, Lucknow, India, revealed that the prevalence rate of scabies was 5.8%. It was commonly seen in male preschool children and usually involved the fingers, wrists, and axillae. The majority of patients contracted the disease either from family members or neighbours. A number of cures were tried, the most

effective being crotamiton ointments. Statistical data are included. (Modified journal abstract)

- 9059 Stetler, H.C., Ayeboua, A., Brink, E.W., Agle, A.N., Staehling, N.W.** *Nutritional status of pre-school children in Togo, 1976-77.* Bulletin of the World Health Organization (Geneva), 58(6), 1980, 889-895. Engl. 18 refs.

Also published in French and Spanish.

A nation-wide nutrition survey was undertaken to determine the prevalence of protein-energy malnutrition and anaemia among Togolese children aged 6 months-6 years by age group and geographical area. This paper describes the survey sampling procedure and data collection methods and presents its findings in 11 tables. The overall prevalence of acute undernutrition was 2.0%, chronic undernutrition was 19.1%, and anaemia was 58.6%; all three were more prevalent in the northern savanna region than in the urban areas. A group of socioeconomically privileged children had substantially better nutritional status than the survey children, with anthropometric measurements approaching those of the US reference population. The survey methodology was deemed effective, efficient, and economical in terms of time, money, and personnel. (HC-L)

- 9060 Sturchler, D., Stahel, E., Saladin, K., Saladin, B.** *Intestinal parasitoses in eight Liberian settlements: prevalences and community anthelmintic chemotherapy.* Tropenmedizin und Parasitologie (Stuttgart, Germany FR), 31(1), 1980, 87-93. Engl. 14 refs.

In eight Liberian settlements with piped water supplies and latrines, control of soil-transmitted intestinal helminthiases was attempted by additional anthelmintic community treatment. About 1 500 people were treated with either *ciclobendazole* or *pyrantelpamoate*, both of which produced high cure rates and greatly reduced egg output in *Trichuris* and *Ascaris*. Both these drugs were significantly less effective against hookworm than was *mebendazole*. The programme cost US\$4.00 per person; 75% of the costs were for drugs. It is concluded that the improvement of environmental hygiene, mass treatment, and health education should be combined to deal with these infestations. Statistical data are included. (Modified journal abstract)

- 9061 Sudjadi, S.T., Palmieri, J.R., Purnomo, Marwoto, H.A., Bertrand, I.** *Survey of dental health in a rubber plantation in south Kalimantan (Borneo), Indonesia.* Odontostomatologie Tropicale (Dakar), 4(1), Apr 1981, 15-20. Engl.

The findings of a dental survey of 245 individuals living on a rubber plantation in south Kalimantan (Borneo), Indonesia, are presented by age group and discussed. Calculus and plaque were commonly seen, periodontal diseases were prevalent, and 89% of those sampled were considered to have poor oral hygiene. The number of decayed, missing, or filled teeth rose with age, ranging from 0.9 among those aged 6-13 years to 18.3 among those aged 50-70 years; 1.6 teeth per person needed

filling and 4 teeth per person required extraction at the time of examination. Little interest in treatment was expressed on the part of the survey population. (HC-L)

- 9062 Sunakorn, P., Pongparit, S., Wongrung, S.** *Short course chemotherapy in tuberculosis meningitis; a pilot trial.* Journal of the Medical Association of Thailand (Bangkok), 63(6), Jun 1980, 340-345. Engl.

In an evaluation of short course chemotherapy with multiple drugs, 16 children with tuberculous meningitis seen at Bangkok, Thailand, from January 1977-July 1979 were treated with a variety of drugs and the outcomes compared with 33 patients who had received different treatment. The results are discussed and presented as statistical data. The findings indicated that the combination of drugs under study was the most effective treatment. Only 1 of the 16 patients died (as compared to 13 of the other 33) and a follow-up after 1 year showed no relapse. (DP-E)

- 9063 Susser, M.** *Prenatal nutrition, birthweight, and psychological development: an overview of experiments, quasi-experiments, and natural experiments in the past decade.* American Journal of Clinical Nutrition (Bethesda, Md.), 34(4), Apr 1981, Suppl., 784-803. Engl. 28 refs.

This article reviews a number of experiments, quasi-experiments, and natural experiments on the effects of prenatal nutrition on birthweight and psychological development in both developed countries (USA, Canada, the Netherlands) and developing countries (Colombia, Guatemala, Taiwan). It is concluded that prenatal energy supplements will produce modest increments in growth, reduce perinatal and early postnatal mortality, and improve physical growth and cognitive performance. The limitations of these conclusions are outlined. Statistical data are included. (DP-E)

- 9064 Sutnick, A.I., Puchkov, Y.I.** *Cancer in India. (Correspondence).* New England Journal of Medicine (Boston, Mass.), 303(16), 16 Oct 1980, 945. Engl. 8 refs.

This letter, from two members of the 1st joint Soviet-American health mission to a 3rd country, describes the problem of cancer in India. The incidence of cancer is about 100:100 000 (as compared to 300:100 000 in the USA) and the patients tend to be 10-15 years younger than those in Western countries. Cancers of the uterine cervix in women and the oral cavity in both sexes represent about half of the cases in the country; the former is probably related to poor genital hygiene, early marital age, and multiparity, the latter to chewing *pan* and smoking *bidi* (a crude tobacco). In most cases, patients seek treatment only when the disease is too far advanced to be cured. Consequently, a large portion of India's resources for cancer management is allocated to facilities designed to relieve suffering. (DP-E)

- 9065 Swinkels, W.J., Schulp, T.W.** *Machakos Project studies: agents affecting health of mother and child in a rural area of Kenya; XX: a dynamic*

approach to the utilization of health services in a rural area of Machakos, Kenya. Tropical and Geographical Medicine (Haarlem, Netherlands), 32(4), Dec 1980, 350-357. Engl.

In a Machakos Project (Kenya) study, 20% of all households (800 households, representing 4 500 persons) were surveyed to determine the choices made by ailing individuals between various health-improving activities. The results are discussed and presented as statistical data. Differences between males and females and between children aged more or less than 5 years were found. Self-medication and taking no action on a complaint were considered important options. As a distinct path through the health services emerges, an indicator of effectiveness of different types of services is tentatively applied. (Modified journal abstract)

- 9066 Takemoto, T., Suzuki, T., Kashiwazaki, H., Mori, S., Hirata, F.** *Human impact of colonization and parasite infestation in subtropical lowlands of Bolivia.* Social Science and Medicine (Aberdeen, UK), 15D(1), Feb 1981, 133-139. Engl.

Kinds and prevalence of intestinal parasite infestation were studied in four types of settlements in a tropical forest undergoing colonization in Bolivia: a new government-directed colony of 5 years (A); an older government-directed colony of 9 years (B); a spontaneous settlement of 10 years (C); and a small riverside town (D). The number of carriers was highest in colony A, followed by C, D, and B. This would seem to suggest that recent and spontaneous settlements are the most vulnerable to intestinal parasites. This paper describes the study methodology and presents and discusses its findings. Eight tables of data and three graphs are included. (HC-L)

- 9067 Tandon, B.N., Ramachandran, K., Bhatnagar, S.** *Integrated child development service in India: evaluation of the delivery of nutrition and health services and the effect on the nutritional status of the children.* Indian Journal of Medical Research (New Delhi), 73(3), Mar 1981, 385-394. Engl. 10 refs.

Delivery of nutrition and health services to pregnant women, lactating women, and preschool children and their impact on the nutritional status of preschool children have been evaluated in India's integrated child development service (ICDS). A stratified random sample of 17 904 preschool children, 1 210 pregnant women, and 3 482 nursing mothers was drawn from 5 rural, 7 tribal, and 3 urban projects. A follow-up study was conducted 20-21 months after the utilization of the ICDS package of services. Considerable improvement was registered in all three categories of beneficiaries in the utilization of supplementary nutrition, vitamin A, iron and folic acid, and immunization with the scheduled vaccines and toxoid. Statistical data are included. (Modified journal abstract)

- 9068 Tay y Cols, J.** *Enfermedad de Chagas en la República mexicana. (Chagas' disease in the Republic of Mexico).* Salud Pública de México

(Mexico City), 22(4), Jul-Aug 1980, 409-450. Span. 20 refs.

With the aid of 39 tables, 6 maps, and 2 graphs, this paper exhaustively reviews the available literature and information on the occurrence of trypanosomiasis in humans, animal reservoirs of trypanosomiasis, vectors of trypanosomiasis, and animal studies of *Trypanosoma cruzi* in the Republic of Mexico from 1939-1979. (HC-L)

- 9069 Taylor, H.R.** *Prevalence of corneal disease and cataracts in Australian Aborigines in northwestern Australia.* Australian Journal of Ophthalmology (Sydney), 8(4), 1980, 289-301. Engl. 38 refs.

Examinations of 82 Australian Aborigines aged more than 30 years in two settlements revealed that all showed signs of trachoma; 8 were bilaterally blind and 15 had monocular blindness. Corneal opacities were found in 60%, pterygium in 44%, cataract in 32%, climatic droplet keratopathy in 18%, and pseudo-exfoliation of the lens in 11%. Only 4% of a control group of urban Europeans had corneal scarring, 4% had pterygium, 10% had cataracts, but trachoma, climatic droplet keratopathy, and pseudo-exfoliation of the lens were not present. It is postulated that much of the anterior segment disease seen in Australian Aborigines is due to environmental factors. Statistical data are included. (Modified journal abstract)

- 9070 Taylor, P.R., Merson, M.H., Black, R.E., Mizanur Rahman, A.S., Yunus, M.D.** *Oral rehydration therapy for treatment of rotavirus diarrhoea in a rural treatment centre in Bangladesh.* Archives of Disease in Childhood (London), 55(5), 1980, 376-379. Engl. 11 refs.

During 40 days at the end of 1977, the stools of 480 children aged less than 5 years admitted to a rural treatment centre in Bangladesh were tested for rotavirus as well as bacterial pathogens. Forty-five percent had rotavirus; 99% of these were aged less than 2 years and 94% had watery diarrhea (although only 9% had moderate or severe dehydration). The WHO-recommended oral rehydration formula was used and most small children were also breast-fed. The treatment failed in only 11 cases, and there were no serious side effects. Statistical data are included. (Modified journal abstract)

- 9071 Thomas, V., Hock, S.K., Leng, Y.P.** *Seroepidemiology of malaria; age-specific pattern of Plasmodium falciparum antibody, parasite and spleen rates among children in an endemic area in peninsular Malaysia.* Tropical Doctor (London), 11(4), Oct 1981, 149-154. Engl. Refs.

A seroepidemiological study of blood samples from 143 semi-nomadic Orang Asli children from Ulu Kalantan, Malaysia, revealed a *Plasmodium falciparum* antibody prevalence rate of 84.6%, compared to a spleen rate of 81.8% and a rate of parasitic infestation of 43.3%. The study results are discussed and presented as statistical data. (DP-E)

- 9072** Thylefors, B., Tonjum, A.M. *Three-year follow-up of ocular onchocerciasis in an area of vector control.* Bulletin of the World Health Organization (Geneva), 58(1), 1980, 107-112. Engl. 11 refs.

Also published in French and Spanish.

An evaluation of the effects on onchocerciasis of a 3-year period of vector control was undertaken during 1978 in the Onchocerciasis Control Programme area in West Africa. The results are discussed and presented as statistical data. They revealed that the overall prevalence of ocular onchocerciasis showed only a slight decrease, but that there was significantly less infection among children aged 5-14 years when compared with 1975 rates. There was an 8.6% incidence of ocular signs of onchocerciasis over the 3 years, but also a disappearance of those signs in 11.7% of the sample examined. The incidence of blindness due to onchocerciasis was low and confined to individuals who already presented severe eye manifestations of the disease before the beginning of the vector control campaign. (Modified journal abstract)

- 9073** Tripp, R.B. *Farmers and traders: some economic determinants of nutritional status in northern Ghana.* Journal of Tropical Pediatrics (London), 27(1), Feb 1981, 15-22. Engl. 12 refs.

A study was undertaken in a farming community in northern Ghana to identify the factors associated with better than average child nutrition status. Anthropometric measurements were taken for 187 children and data on the socioeconomic characteristics of their parents gathered. The findings indicated a strong positive correlation between child nutrition and parents', particularly mother's, and trading activity and also showed the relative lack of importance of agricultural variables to child nutrition status. It is concluded that any increase in a woman's income will have a greater impact on child nutrition than an equivalent increase in a man's income and that development efforts must recognize women's role in the economic as well as the domestic and agricultural spheres. (HC-L)

- 9074** Tuli, J. *Drink of life.* World Health (Geneva), Jan-Feb 1984, 14-15. Engl.

The use of oral rehydration solutions (prepared either from WHO packets or by mothers in the home using their own ingredients) to manage children with diarrhea has led to an 80% reduction in the need for intravenous treatment, considerably reducing the demand for beds at the rural health centre in Dayalpur, Haryana state, India. Children who do attend the centre are either in a much less desperate condition, have shown no improvement, or developed complications. Surveys of local villages did not identify even one case of moderate malnutrition and local women are taking other diarrhea-reducing measures, such as prolonged breast-feeding, as a result of health education programmes. In view of this success, it is recommended that similar programmes be carried out in all parts of the developing world. (RMB)

- 9075** Ursi, J.P., van Dyck, E., van Houtte, C., Piot, P., Colaert, J. *Syphilis in Swaziland: a seriological survey.* British Journal of Venereal Diseases (London), 57(2), 1981, 95-99. Engl. 22 refs.

The results of serological tests for syphilis on 536 adults and children in Swaziland are discussed and presented as statistical data. None of the 130 sera from children was reactive in either the rapid plasma reagin (RPR) test or the *Treponema pallidum* haemagglutination (TPHA) test; 8.6% of sera from 185 healthy adults were reactive in the RPR test and 33% in the TPHA test; 24.5% of 220 sera from patients with genital ulcers were RPR-positive and 45.9% TPHA-positive. The yearly incidence rate for both healthy adults and patients with genital ulcers is about 1.4%, an unusually high figure. (Modified journal abstract)

- 9076** Valverde, V., Nieves, I., Sloan, N., Pillet, B., Trowbridge, F. *Life styles and nutritional status of children from different ecological areas of El Salvador.* Ecology of Food and Nutrition (London), 9, 1980, 167-177. Engl. Refs.

A higher proportion of children suffering from weight-for-age and height-for-age growth retardation was observed in coffee and subsistence regions of Guatemala compared with areas of intensive cultivation and urban slums. Social, economic, and cultural problems contributing to poverty are identified and suggestions made for nutrition programmes designed to combat specific regional problems. Statistical data are included. (DP-E)

- 9077** van Hecke, E., Bugingo, G. *Prevalence of skin disease in Rwanda.* International Journal of Dermatology (Philadelphia, Pa.), 19(9), 1980, 526-529. Engl.

Skin diseases of 861 urban and 1 958 rural patients attending dermatological clinics in Rwanda are discussed; 34 different conditions are recorded. Significant differences were found between the urban and rural groups and the authors consider the factors that may account for this. The distribution and treatment of the various diseases are discussed and it is recommended that efforts be made to diagnose and treat such prevalent diseases as scabies, tinea, and syphilis. Statistical data are included. (DP-E)

- 9078** Van Sprundel, M., Butera, S., Dindinian, O., Eyllenbosch, W., Meheus, A. *Etat nutritionnel des enfants de 0 à 5 ans dans la République Rwandaise en 1976. (Nutritional status of children aged 0-5 years in the Republic of Rwanda in 1976).* Médecine d'Afrique Noire (Paris), 26(8/9), Jan 1979, 665-671. Fren. 8 refs.

In 1976, a prevalence survey was conducted in Rwanda to determine the nutritional status of preschool children. A total of 3 029 children aged 0-5 years and chosen from 12 different agricultural areas were examined. Distribution according to age, sex, and ethnic group was fairly well balanced, providing a representative sample. Data collected revealed that 33% of all children have a linear

growth deficiency and 3% suffer from severe protein-energy malnutrition. Although there were some slight differences between the regions, they were not considered significant. Statistical data are included. (FM)

- 9079 Voorhoeve, A.M., Kars, C., van Ginneken, J.K.** *Machakos Project studies: agents affecting health of mother and child in a rural area of Kenya; XXI: antenatal and delivery care.* Tropical and Geographical Medicine (Haarlem, Netherlands), 34(1), Mar 1982, 91-101. Engl. Refs.

In this 1975-1976 survey of 2 223 pregnant women in Machakos, Kenya, 84% attended an antenatal clinic at least once, but only 26% delivered in hospital. Hospital delivery was determined mostly by opportunity and habit, although other factors, including previous caesarean section, short stature, and primiparity also operated in favour of hospitalization. The functions of traditional midwives are described and suggestions presented on how to promote hospital delivery among women who require it for medical reasons. Statistical data are contained in five tables. (Modified journal abstract)

- 9080 Vuori, L., Navarro, L. de, Christiansen, N., Mora, J.O., Herrera, M.G.** *Food supplementation of pregnant women at risk of malnutrition and their newborns' responsiveness to stimulation.* Developmental Medicine and Child Neurology (London), 22(1), 1980, 61-71. Engl. Refs.

Pregnant women at risk of malnutrition were enrolled in a health care programme in Colombia and randomly assigned to a group receiving supplementary food or to a control group at the beginning of the 3rd trimester of pregnancy. There were no differences between the groups in social or nutritional variables. Supplementary food was found to have an effect on infants' reactions to mild aversive stimulation and their degree of irritability. The findings are believed to show maturational effect of maternal diet during the last trimester of pregnancy. Statistical data are included. (Modified journal abstract)

- 9081 Vyrvanathan, S., Jeyarajah, R.** *Tuberculosis peritonitis: a review of thirty-five cases.* Postgraduate Medical Journal (London), 56, Sep 1980, 649-651. Engl. 12 refs.

The clinical course of 35 patients with tuberculosis peritonitis seen in Kandy (Sri Lanka) over a 6-year period is reviewed. The maximum incidence occurred in the group aged 21-40 years and the female:male ratio was 3:2. Clinical features were non-specific and the main presenting features were fever (68.5%), abdominal pain (65.7%), abdominal distension (54.2%), abdominal mass (54.2%), and ascites (45.7%). The symptoms were of insidious onset and 85% had symptoms for more than 1 month. Chest X-ray revealed abnormality suggestive of tuberculosis in 47%. Intra-abdominal tuberculosis was suspected in 43% of 26 patients before laparotomy. Four of the 32 patients given anti-tuberculosis drugs died. Overall mortality was 20%. (Modified journal abstract)

- 9082 Wahdan, M.H., Serie, C., Germanier, R., Lackany, A., Cerisier, Y.** *Controlled field trial of live oral typhoid vaccine Ty21a.* Bulletin of the World Health Organization (Geneva), 58(3), 1980, 469-474. Engl. 13 refs.

Also published in French and Spanish.

Three doses of a vaccine prepared from the *Salmonella typhi* mutant strain Ty21a were administered to approximately 16 500 primary schoolchildren; another 16 000 who received a placebo and 25 500 unvaccinated children acted as controls. This paper describes the materials and methods used in the study, including the vaccine preparation and quality control, pilot study, criteria for typhoid diagnosis, etc. During 1 year of observation, seven cases of typhoid were confirmed in the placebo group, 14 in the unvaccinated group, and none in the vaccinated group. The incidence of confirmed plus probable cases was 12.57:10 000 for the placebo group and 13.27:10 000 for the unvaccinated group and none for the vaccinated group. Follow-up is being continued on the same population to determine how long the protection afforded by the vaccine will last. (HC-L)

- 9083 Walther, F.J.** *At-risk selection and outcome studies at the Kibara Hospital antenatal clinic in Tanzania.* Tropical and Geographical Medicine (Haarlem, Netherlands), 32(4), Dec 1980, 336-339. Engl. 8 refs.

When 328 pregnant women attending the Kibara Hospital antenatal clinic in rural Tanzania were followed-up, 26.2% were found to be at risk. Of normal pregnancies, 24% delivered under trained supervision as against 40% of at-risk pregnancies. Of complicated deliveries in both groups, 60% were supervised, although at-risk pregnancies had four times as many complications at delivery; 87% of at-risk pregnancies were recognized at the clinic, but this often did not result in improved care and outcome at birth. Statistical data are included. (Modified journal abstract)

- 9084 Weekly Epidemiological Record, Geneva.** *Expanded Programme on Immunization/Programme Elargi de Vaccination.* Weekly Epidemiological Record (Geneva), 56(6), 13 Feb 1981, 43-46. Engl., Fren.

See also entry 8393 (volume 12).

This report from the Malaysian peninsula gives encouraging evidence of reduction in the incidence of acute poliomyelitis following the very good coverage of the child population with a primary course and boosters of oral polio vaccine. There has also been a reduction in the incidence of diphtheria and tuberculosis of the central nervous system. It is concluded that the control and prevention of these diseases will be possible given infrastructure, facilities, manpower, government and community support, and immunization services with continuous evaluation and improvement. Statistical data are included. (DP-E)

- 9085 Wenlock, R.W.** *Social factors, nutrition and child mortality in a rural subsistence economy.* Ecology of Food and Nutrition (London), 8, 1979, 227-240. Engl. 33 refs.

As part of the National Nutrition Status Survey of Zambia, village mothers with a child aged less than 5 years were asked how many children they had borne alive and how many of these had since died. These data were correlated with a number of social factors (mother's age, parity, tribe, educational level, etc.) and the health and nutrition status of the youngest child. When the factors were rated according to their importance in determining child death rates, "malaria in youngest child" came first. This paper presents and discusses the survey findings and concludes that a malaria control programme might do more to reduce child mortality than would a nutrition intervention. Copious statistical data are included. (HC-L)

- 9086 WHO, Division of Family Health, Geneva.** *Incidence of low birth weight; a critical review of available information/Fréquence de l'insuffisance pondérale à la naissance; étude critique des données.* World Health Statistics (Geneva), 33(3), 1980, 197-224. Engl., Fren. 219 refs.

About 21 million low-birth-weight infants are born each year, the vast majority in the poorest parts of the developing world. It is suggested that low birth weight could be a highly relevant indicator of social development, reflecting the health and nutritional status of the mother as well as the chances of the newborn to experience healthy growth and development. The data reviewed cover 90 countries (accounting for 90% of the world's births) but the coverage is sometimes incomplete. This paper advocates further studies of low-birth-weight infants and actions to reduce the problem where it is most severe. (Modified journal abstract)

- 9087 WHO, Geneva.** *Wholesomeness of irradiated food.* Geneva, WHO, WHO Technical Report Series, No. 659, 1981. 34p. Engl. 22 refs.

This is the report of a joint FAO/IAEA/WHO committee that met in Geneva from October 27-November 3 1980 to consider, in terms of wholesomeness, the use of ionizing radiation of food for storage and preservation. The technical aspects of the process are described, as are the nutritional, microbiological, and toxicological aspects of the food so treated. This is followed by evaluation of a number of foods that have undergone irradiation. The committee concluded that irradiation, up to a certain dose, presents no toxicological hazard nor any special nutritional or microbiological problems. Further research is recommended, especially in the area of high-dose radiation. Statistical data are contained in a related document. (DP-E)

- 9088 WHO, Geneva.** *Vaccination against tuberculosis; report of an ICMR/WHO scientific group.* Geneva, WHO, WHO Technical Report Series, No. 651, 1980. 21p. Engl.

A controlled, double-blind trial of BCG vaccines was carried out in south India in which the entire resident

population (360 000) aged over 1 month was eligible for inclusion. Intensive follow-up efforts to date indicated that BCG vaccine did not protect against bacillary tuberculosis; in other words, that its protective effect may depend on epidemiological, environmental, and immunological factors affecting the infective agent as well as the host. The study group reviewed the trial and its findings, postulated reasons for the vaccine's inefficacy, and put forward six proposals (hypotheses and experimental approach) for future research. The follow-up of the trial is to continue for another 10 years. (HC-L)

- 9089 WHO, Geneva.** *Quantitative aspects of the epidemiology of Schistosoma japonicum infection in a rural community of Luzon, Philippines.* Bulletin of the World Health Organization (Geneva), 58(4), 1980, 629-638. Engl. 19 refs.

Also published in French and Spanish.

An epidemiological study was undertaken in two villages (population 755) on Luzon, Philippines, to obtain data on the prevalence and morbidity of *Schistosoma japonicum* infection, to determine the epidemiological relationship between *S. japonicum* infection and morbidity, and to obtain demographic information necessary for future selective chemotherapy campaigns. The methods used in the study included stool examination by a new modified quantitative thick smear technique and by the merthiolate-iodine-formaldehyde concentration technique. This paper presents the study methodology and findings. Since overall prevalence of schistosomiasis was 49.5%, any effective control strategy for this area would have to be based on treating all infected persons rather than a selected age group. (HC-L)

- 9090 WHO, International Study Group, Geneva.** *Beneficial effects of oral electrolyte-sugar solutions in the treatment of children's diarrhoea; I: studies of two ambulatory care clinics.* Journal of Tropical Pediatrics (London), 27(2), Apr 1981, 62-67. Engl. 8 refs.

A 2-year study involving over 2 000 episodes was carried out in two villages in the Philippines to determine the feasibility and efficacy of oral rehydration solution (ORS) in the treatment of diarrhea. Analysis of the study results, including before and after weighing of the children, led to the following observations: after 1 year of intensive nutrition education and ORS, the incidence of dehydration dropped remarkably; throughout the 2 years of the study, the average weight gain over an episode of diarrhea was greater for the ORS-glucose group than for the control or the ORS-sucrose groups; non-specific anti-diarrheal drugs did not appear to add anything to ORS therapy; and ORS-sucrose, while averaging longer episodes of diarrhea, proved acceptable in terms of overall outcome. (HC-L)

- 9091 Willcox, R.R.** *Venereal diseases in the Pacific Islands; Papua New Guinea.* British Journal of Venereal Diseases (London), 56(5), 1980, 277-281. Engl. 10 refs.

While some 75% of all venereal disease cases in the South Pacific are reported in Papua New Guinea, that country

contains virtually all the cases of yaws found in the area. With the opening up of communications, syphilis has gained a foothold in what were areas previously endemic with yaws; moreover, some yaws still remains (particularly in the offshore islands), the two conditions tending to be mutually exclusive. In the area around the capital, Port Moresby, the prevalence of donovanosis is unparalleled. Statistical data are included. (Modified journal abstract)

- 9092 Willcox, R.R.** *Venereal diseases in the islands of the South Pacific.* British Journal of Venereal Diseases (London), 56(4), 1980, 204-209. Engl. 16 refs.

Meeting of the Medical Society for the Study of Venereal Diseases, Lübeck, Germany FR, May 1979.

This paper sets down and discusses international health statistics on syphilis and gonorrhea published in 1978 by WHO and the South Pacific Commission for Micronesia, Polynesia, and Melanesia. It is noted that syphilis is emerging as an important public health problem, while yaws, which was once widespread, has been eradicated from many islands. (HC-L)

- 9093 Willcox, R.R.** *Venereal diseases in the islands of the North Pacific.* British Journal of Venereal Diseases (London), 56(3), 1980, 173-177. Engl. 13 refs.

Meeting of the Medical Society for the Study of Venereal Diseases, Lübeck, Germany FR, May 1979.

Information on venereal diseases in the islands of the North Pacific (Guam, the Hawaiian Islands, and the Trust Territory of the Pacific Islands) are discussed and presented as statistical data. While the rates for both syphilis and gonorrhea are lower than those of the USA as a whole, there has been an increase in gonorrhea since 1970. The pattern of venereal disease in the most developed Pacific islands is thus gradually approaching what may be expected elsewhere in modern Western society and it would seem logical to expect that this trend will continue. (Modified journal abstract)

- 9094 Winslow, C., Lechtig, A., Newman, B., Klein, R.E.** *Impact of a feeding program on preschool children with severe malnutrition.* Archivos Latinoamericanos de Nutrición (Caracas), 30(2), Jun 1980, 273-278. Engl.

This Guatemalan study compares the effects of feeding programmes using protein- and non-protein-based drinks on the nutritional status of 1 519 village children, particularly the 147 (9.7%) with severe protein-energy malnutrition. The results are discussed and presented as statistical data. It is concluded that, while there was a significant impact on weight-for-height, the effect of the programme of weight- and height-for-age was insufficient to either improve percentile standing or significantly change the status of children relative to their peers. (DP-E)

- 9095 Wood, P.B., Soheranda, K.S., Bracken, P.M., Houser, N.E.** *Measles vaccination in Zaire — when and how?* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(3), 1980, 381-382. Engl.

Of 121 children vaccinated for measles in Zaire, antibody studies revealed that 69% sero-converted. These included 53% of children vaccinated by two shots of a dermojet (0.2 ml intradermally) and 80% of children vaccinated by 0.5 ml subcutaneously. While a dermojet gives poorer results, a decision on its use needs to be made in each individual situation, taking into account the quantity of vaccine available for the number of children presenting for vaccination. (Modified journal abstract)

- 9096 Yala, F.** *Enquêtes préliminaires sur les infections à Neisseria gonorrhoeae à Brazzaville: fréquence et pharmacosensibilité. (Preliminary report of gonococcal infections in Brazzaville: frequency and pharmacosensitivity).* Bulletin de la Société de Pathologie Exotique (Paris), 73(1), 1980, 38-48. Fren. 14 refs.

Eighty strains of *Neisseria gonorrhoeae* isolated in Brazzaville, Congo, were tested for their sensitivity to nine antibiotics. The proportions of strains resistant to the various drugs were as follows: penicillin, 55%; ampicillin, 22.5%; kanamycin, 3.75%; gentamycin, 0%; streptomycin, 60%; chloramphenicol, 0%; tetracyclin, 2.5%; spiramycin, 3.75%; and trimethoprim-sulfamethoxazole, 12.5%. Given the high prevalence of the disease and the uncontrolled use of antibiotics by nurses and pharmacists, it is imperative that health personnel be educated in the proper management of sexually transmitted diseases. Details of the study methods are provided and statistical data included. (HC-L)

- 9097 Yáñez, A.** *Evolución de la tuberculosis en Chile. (Epidemiological trends of tuberculosis in Chile).* Revista Médica de Chile (Santiago), 108(12), Dec 1980, 1175-1181. Span.

During the 1st decade after the introduction of effective chemotherapy (1950-1959), mortality from tuberculosis in Chile fell from 250:100 000 population to 57:100 000. The decrease in the incidence of the disease in children was even more dramatic due to the introduction of a nation-wide BCG vaccination programme. During the following 20 years, in spite of refinements in case-finding techniques and drug regimens, tuberculosis continued its regression at a much slower rate. By 1979, the incidence of bacillogenic cases was still 75:100 000 for those aged more than 15 years and the global death rate from tuberculosis was 16:100 000. It is hoped that stepped-up case-finding, improved diagnostic techniques, and the introduction of short-course drug therapy will further reduce the prevalence of the disease in the future. (HC-L)

- 9098 Yu, S.Z., Hua, H.M.** *Schistosomiasis investigation in Somalia.* Chinese Medical Journal (Peking), 93(9), 1980, 637-646. Engl.

This paper presents the findings of epidemiological and

vector studies of schistosomiasis conducted at the experimental station and selected points in the endemic Shebeli and Giuba Valleys, Somalia. It also gives the results of trials of two chemical molluscicides (sodium pentachlorophenate (Na-pcp) and Anti-S 67 paste) and four indigenous plants known to have molluscicidal effects: tobacco, *luwang*, *alondo*, and *daraken*. Statistical data are included. (HC-L)

- 9099 Zachariah, P.S., Cowan, B., Dhillon, H.** *Limitations of the under-fives' clinics in a comprehensive health care programme.* Journal of Tropical Pediatrics (London), 26(4), Aug 1980, 144-149. Engl. 9 refs.

Analysis of the medical records of 5 082 children attending four rural health centres in India, which was undertaken to assess the utilization of these facilities by families from within and outside of the catchment area, revealed about 50% less malnutrition and much higher rates of immunization coverage among regular attenders. Since most regular attenders were from higher caste and class families and comprised only 27%

of the target population, it is concluded that greater efforts must be made to motivate mothers of lower class, mainly Harijan, patients to attend. Statistical data are included. (DP-E)

- 9100 Zulueta, J. de, Mujtaba, S.M., Shah, I.H.** *Malaria control and long-term periodicity of the disease in Pakistan.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(5), 1980, 624-632. Engl. Refs.

The history of malaria in Pakistan, the relatively successful eradication campaign launched in 1961, the resurgence of the disease from 1967-1972, and the new control programme begun in 1975 are described. Surveillance conducted from 1970-1977 indicated that the main focus of malaria was the Punjab. The most recent control programme has brought the disease under control, largely through indoor spraying. The authors caution, however, that malaria epidemics occur in the Punjab on an 8-year cycle and vigilance must be maintained. Statistical data are included. (DP-E)

Author Index

(figures refer to abstract numbers)

A

Abanto, Z.U., 8888, 8977
 Abbas, S.J., 8899
 Abbatt, F.R., 8750
 Abdurrahman, M.B., 8889
 Abela, M.T., 8752
 Abeykoon, P., 8707
 Abiose, A., 8890
 Abou-Alanah, F.M., 8891
 Abrams Slome, B., 8892
 Abreu, A., 8837
 Acharekar, M.Y., 8965
 Acta Tropica, Basel., 8547
 Acton, H., 8693
 Addadi, K., 8947
 Adelaja, O.A., 8481
 Aderere, W.I., 8893
 Adeyokunnu, A.A., 8894
 Adigun, C.A., 8916
 African Medical and Research Foundation, Nairobi., 8401
 Agarwal, D.K., 8895, 8896
 Agarwal, K.K., 8896
 Agarwal, K.N., 8895
 Agawekar, S., 8895
 Agboton, Y., 8408
 Aggarwal, V.P., 8548
 Agle, A.N., 9059
 Agustin, C.P., 8977
 Agwu, N.I., 8916
 Ahluwalia, H.S., 8907
 Ahmed, Z., 9005
 Akinkugbe, F.M., 8897
 Al Rubaie, A., 8779
 Al-Taqi, M., 8898
 Alam, S.N., 8829
 Alim, A.R., 8555
 Alkafajei, A.M., 8899
 Allal, K., 8900
 Allal, L., 8900
 Allan, W.G., 8780
 Allanson, M.A., 8890
 Allen, B.J., 8901
 Allum, N., 8522
 Alvarez, M.L., 8902
 Alvear, J., 8902
 Aly, H.E., 8903
 Amar, D.S., 8599
 Amato Neto, V., 8904

Amigo, H., 8549
 Amin, M.A., 8960
 Ampofo, O., 8557
 Ana, J.R., 8409
 Aneja, K.S., 8723
 Ansello, E.F., 8550
 Antia, A.U., 8894
 Antony, R., 8899
 Anya, A.O., 8605
 Aranda-Pastor, J., 8549, 8961
 Areekul, S., 8551
 Argento, C.A., 9036
 Arita, I., 8423
 Armijo, R., 8905
 Armstrong, B., 8906
 Armstrong, R.W., 8907
 Arnt, N., 8804
 Arokiasamy, J., 9055
 Arora, R.R., 8908
 Arroyo, P., 8909
 Assale, N., 8586
 Association Africaine d'Education pour le Développement, Dakar., 8552
 Astorquiza, E., 8624
 Atanasiu, P., 8649
 Avila, H., 8909
 Awadzi, K., 8910
 Awobusuyi, J.O., 8916
 Ayebova, A., 9059
 Aymard, M., 8976
 Ayonrinde, A., 8650
 Aziz, K.M., 8553, 8824

B

Baard, A.P., 8424
 Baba, T.M., 8825
 Bahattab, A.S., 8708
 Bain, H., 8693
 Banam, J., 8482, 8724
 Bandaranayake, R.C., 8707
 Banerjee, D.P., 9041
 Banerjee, G.C., 8969
 Bannerman, R.H., 8523
 Banzon, T., 8926
 Baquir, H., 8911
 Barac-Nieto, M., 8944
 Barbosa de Parada, J. do C., 8667
 Barmes, D.E., 8554
 Barua, D., 8700

Barzegar, M.A., 8725
 Basak, S., 8990
 Bastien, J., 8860
 Basu, R.N., 8781
 Batista Filho, M., 9040
 Bauhahn, M.J., 8689
 Baylet, R., 8624, 8625
 Beall, C.M., 8912
 Becht, J.M., 8856
 Becker, P., 8844
 Beckett, J.L., 8553
 Beer, S.A., 8989
 Beghin, I., 8549
 Belizán, J.M., 8913
 Bell, D.R., 8613
 Benaim, F., 8425
 Benefice, E., 8994
 Benenson, A.S., 8753
 Bennett, F.J., 8426, 8709
 Bennike, T., 8916
 Berggren, G.G., 8782
 Berggren, W.L., 8782
 Bergvall, A., 8651
 Bernard-Bonnin, A.C., 8524
 Berrios-Duran, L.A., 8978
 Berstein, M., 8680
 Bertan, M., 8956
 Bertrand, I., 9061
 Bhalerao, V.R., 8668
 Bhandari, A., 8914
 Bhar, I.S., 8890
 Bhatia, J.C., 8770
 Bhatia, S., 8525, 8783
 Bhatnagar, S., 9067
 Bhavsar, B.S., 8915
 Bhbehani, K., 8898
 Bhole, N., 8826
 Bibeau, G., 8483
 Bichmann, W., 8526
 Biddulph, J., 8845
 Bignall, J.R., 8784, 8785
 Bisong, A.A., 8976
 Black, R.E., 8555, 9070
 Boletín de la Oficina Sanitaria Panamericana, Wash-
 ington, D.C., 8690
 Bollag, U., 8916
 Bonang, G., 8917
 Bonifacio, A.F., 8726
 Boon, W.H., 8918
 Bouguermouh, A., 8900
 Boulahbal, F., 8919
 Bouramoué, C., 8556
 Bourke, R.M., 8901
 Bowie, M.D., 8920, 8959, 9009
 Bracken, P.M., 9095
 Bradfield, R.B., 9049
 Brandling-Bennett, A.D., 8786
 Brandt, F., 8921
 Branicki, F.J., 8710
 Brar, R.K., 8922
 Brasil, Ministério da Educação e Cultura, Secretaria de
 Ensino Superior., 8711
 Brenelli, H.B., 8828

Brieger, W.R., 8771
 Briener, S.J., 8923
 Brigaud, M., 8976
 Brink, E.W., 9059
 Briscoe, M.E., 8787
 British Medical Journal, London., 8924
 Brown, E.M., 8557
 Brown, I.M., 8427
 Browne, S.G., 8558, 8788
 Browner, C., 8527
 Brownlea, A., 8669
 Bruce-Chwatt, L.J., 8559
 Buckles, R.G., 8484
 Bugingo, G., 9077
 Bulletin of the International Union against Tuberculo-
 sis, Paris., 8560
 Bullough, C.H., 8561
 Burkhardt, R., 8802
 Burkhardt, M.C., 8420
 Busnello, E.D'A., 8428
 Butera, S., 9078

C

Cabral, J., 8454
 Cáceres, M., 8937
 Cala, E.M., 8925
 Calado, C.L., 9040
 Campos S., M., 8789
 Cardona Alvarez, M., 8790
 Carmona Gutiérrez, A., 8500
 Carney, W.P., 8925, 8926
 Carrada-Bravo, T., 8927
 Carstairs, G.M., 8712
 Casabal, G., 8821
 Cerisier, Y., 9082
 Cerny, K., 8928
 Cesarman, E., 8670
 Chakraborty, A.K., 8723, 8791, 8966, 8969
 Chakraborty, J., 8783
 Chakraborty, M., 8810
 Cham, M.K., 8477
 Chandra, R., 9058
 Chandy, A., 8429
 Channabhai, M., 8874
 Chatterjee, S.N., 8562
 Chaturachinda, K., 8792
 Chaulet, P., 8919
 Chavalittamrong, B., 8929
 Cheesbrough, M., 8754
 Cheesmond, A.K., 8960
 Chen, L.C., 8930, 8931
 Chen, S.T., 8641, 8932
 Chevalier, P., 8940
 Chevasus-Agnes, S., 8994
 Chhabra, H.N., 8933
 Chikanza, I.C., 8934
 Children in the Tropics, Paris., 8563
 Chisick, M., 8793
 Chlebowsky, H.O., 8935
 Chochanov, B.P., 8739
 Chon, F.M., 9055
 Choudhury, M.R., 8485

Chowdhury, A.K., 8930
 Christiansen, N., 9080
 Chukudebelu, W.O., 8936
 Ciari, C., 8564
 Clarke, L.J., 8901
 Claverie, E., 8819
 Cleaves T., F., 8937
 Clements, M.L., 8937
 Climent, C.E., 8430
 Cline, B.L., 8603, 8938, 8978
 Cobas Manrique, J., 8486
 Coggins, W.J., 8846
 Cogill, B., 8901
 Colaert, J., 9075
 Colin, M., 8586, 8939
 Collier, L.H., 8691
 Conceição, M.J., 9036
 Condon-Paoloni, D., 8941
 Conrath, D., 8693
 Constable, I., 8794
 Contreras Lemus, J., 8975
 Cooper, R.L., 8794
 Cornu, A., 8940
 Corral, F., 8972
 Correa, P., 8565
 Côte, A.A., 8639
 Cosminsky, S., 8528
 Costa e Silva, J.A., 8652
 Côté, R.A., 8795
 Courtejoie, J., 8683
 Cousiño, L., 8902
 Cowan, B., 9099
 Cowen, D.L., 8787
 Cox, C., 8737
 Cox, D.L., 8772
 Coyne, T., 8941
 Crandall, L.S., 8846
 Cravioto, J., 8982
 Creed, H.M., 8942
 Creese, A.L., 8855
 Cripwell, K.R., 8671
 Critical Health, Johannesburg, South Africa., 8566
 Cross, J.H., 8925, 8926
 Crouch, P.R., 8713
 Crout, E., 8514, 8738
 Cuaderno, F.C., 8888
 Cuffaro, C., 8796
 Culley, G.A., 8787
 Curtis, C.F., 8692
 Cutler, J., 8844
 Cutting, W.A., 8517
 da Rocha e Silva, E.O., 8943

D

Dahners, H.W., 8944
 Dakroury, A.H., 8903
 Dalhaus G., A.A., 8727
 Darbari, R., 8826
 Darrow, K., 8402
 Datta, K.K., 8908, 8945
 Davidson, S., 8645
 Davies, J.E., 8946

Dayal, R.S., 8985
 Daynes, G., 8658
 Daza, C.H., 8567
 de Beausset, I., 8970
 de Kadt, E., 8822
 de la Loza Saldivar, A., 8797
 de la Torre, L.A., 8568
 de Lauture, H., 8886
 De Licardie, E.R., 8982
 De With, C., 8991
 Dean, P.B., 8672
 Dedet, J.P., 8947
 del Toro, M.H., 8720
 Delahaye, M.C., 8673
 Delgado Becerra, A., 8997
 Delgado, H., 8913
 Delmas, M., 8594
 Delpeuch, F., 8940
 DelVecchio Good, M.J., 8861
 DeRouen, T.A., 8964
 Desai, I.D., 8948
 Dey, D.K., 8810
 Développement et Santé, Paris., 8487
 Dharmkrong-At, A., 8884
 Dhillon, H., 9099
 Diakparomre, M.A., 8642
 Diamant, B.Z., 8569
 Díaz, R., 8909
 Dillenberg, J., 8949
 Dindinian, O., 9078
 Dinh, N.L., 8928
 Diop, B.S., 8430
 Diop, S.M., 8431, 8714
 Dixon, J., 8432
 Djazayery, A., 8725
 Doberstyn, E.B., 8786
 Dobkin de Ríos, M., 8862
 Dodge, R.E., 8846
 Doherty, A.A., 8488
 Donato, D.S., 8888, 8977
 Donley, R., 8433
 Donovan, C., 8798
 dos Santos, M.L., 9036
 Doucet, J., 8586, 9012
 Douglas, A., 8948
 Dowler, E.A., 8950
 Dowling, M., 8941
 Drejer, G.F., 8951
 Duarte de Araújo, J., 9052
 Duarte, F.A., 8948
 Duckett, E.M., 8970
 Dugdale, A.E., 8952
 Duke, B.O., 8570
 Dunand, J., 9012
 Duncan, M.E., 8953
 Dungog, E.P., 8799
 Dunn, E.V., 8693
 Dunnill, P., 8694
 Dupont, A., 8594
 Dutra de Oliveira, B.S., 8948
 Dutra de Oliveira, J.E., 8519, 8954
 Dutta, R., 8955
 Dyck, J.L., 8994

E

Ebrahim, S., 9015
 Edelman, R., 8571
 Effendi, I., 9050
 Egemen, A., 8956
 Egormaiaphol, S., 9045
 Ejezie, G.C., 8957
 Ekeh, H.E., 8572
 El-Alamy, M., 8938
 El-Fatatry, M., 8958
 El-Garem, O., 8958
 El-Ghorab, M.I., 8903
 El-Kashlan, K., 8958
 El-Rafie, M., 8773
 Ellerbrock, T.V., 8674
 Elling, R.H., 8800
 Engler, T., 8715
 Erasmus, P.S., 8772
 Erinosho, O.A., 8650
 Ermolief, S., 8573
 Escudero, J.C., 8801
 Estrera, N., 8974
 Etta, K.M., 9021
 Evans, D., 8959
 Ewbank, D.C., 8782
 Eylenbosch, W., 9078

F

Family Health Care, Washington, D.C., 8847
 Farnsworth, N.R., 8529
 Faruque, A.S., 8783
 Fattorusso, V., 8489
 Fayers, P.M., 8780
 Feachem, R., 8503
 Feierman, S., 8403
 Fendall, N.R., 8530, 8750
 Fenwick, A., 8960
 Fernandes da Silva, M.A., 8675
 Fernández, T.L., 8974
 Ferreira Guarita, O., 8943
 Ferreira, J.R., 8458
 Feuerhake Molina, O., 8803
 Field, J.O., 8802
 Fitzgerald, J., 8662
 Florenzano Urzua, R., 8803
 Flores, H., 9040
 Flores, M., 8961
 Fonseca Tinôco, A. da, 8840
 Fortune, R.A., 8574
 Foster, S.O., 8804, 8815
 Foxman, B., 8856
 Franceschetti Mestriner, M., 8971
 Frank, J.W., 8805
 Frankel, L., 8676
 Frankenberg, R., 8806
 Franks, A.J., 8962
 Frazier, R.G., 8434
 Freitas Carvalho, L. de, 8435
 Frenk, J., 8688
 Frerichs, R.R., 8856
 Fuentes Aguilar, L., 8963
 Fulgencio, L., 8821

Fyad, A., 9007

G

Gadjah Mada University, Indonesia., 8807
 Gaitán, E., 8964
 Galán Morera, R., 8490
 Gameiro, V., 8454
 Ganapathy, K.T., 8969
 Ganapati, R., 8965
 Garai, R., 8966
 García Averasturi, L., 8436
 García de Alba, J.E., 8997
 García Gutiérrez, A., 8437
 García Tavares, M.L., 8948
 García, D., 8909
 Garrigue, R., 8438
 Gartmann, J., 8575
 Gaudin, O.G., 8900
 Gavrilo, N.I., 8739
 Gebre, A., 8988
 Gedeon, M.A., 8970
 Gee, K., 8713
 George, T.I., 8863, 8980
 German, G.A., 8576
 Germanier, R., 9082
 Gerson, A., 8439
 Ghana, Ministry of Health, Ghana Health Assessment
 Project Team., 8491
 Ghazi, A.M., 8958
 Ghose, J.N., 9041
 Ghose, N., 8492
 Ghosh, B.N., 8914
 Ghosh, M.N., 9038
 Ghosh, T.K., 9041
 Gibson, D., 8728
 Gilles, H.M., 8613
 Girardin, F., 8967
 Goh, T.H., 8577
 Goldman, W.W., 8852
 Gomes Pereira, M., 8968
 Gómez, M.R., 8440
 Gómez-Crespo, G., 8410
 Gómez-Orozco, L., 8411
 González M., J., 8789
 González Toro, N., 8808
 González-Guzmán, J., 8578
 Good, C.M., 8864
 Gordon, L., 8531
 Gosnell, D.J., 8740
 Gothi, G.D., 8969
 Gould, J., 8976
 Goyea, H.S., 8981
 Grab, B., 8609
 Graham, G.G., 8942
 Grainger, C.R., 8579
 Graitcer, P.L., 8970
 Gramiccia, G., 8809, 9008
 Grassivaro Gallo, P., 8971
 Graz, L., 8663
 Green, P.F., 8664
 Grieve, M.J., 8841
 Griffiths, M.L., 8441

Grosch, C., 8580
 Grosshans, E., 8573
 Gruntzig, J., 8581
 Gudani, L., 8821
 Guderian, R.H., 8972
 Gueri, M., 8582, 8583
 Guha, D.K., 8643
 Guilbert, J.J., 8412
 Guile, E.E., 8741
 Guillemot, L., 8810
 Gunardi, A.S., 8973
 Gupta, B.M., 8871
 Gupta, M.C., 9006
 Gurney, J.M., 8583
 Gusmão, H.H., 8653
 Guthrie, G.M., 8974
 Guthrie, H.A., 8974
 Gutiérrez Avila, J.H., 8975
 Guyer, B., 8976
 Guzmán, M.P. de, 8888, 8977

H

Haas, W.H., 8846
 Habib, O.S., 8899
 Hadley, D., 8417
 Haegi, V., 8575
 Hagens, E., 8741
 Hamer-Hodges, M., 8677
 Hamzah, M., 8507
 Hanlon, J., 8654
 Hansen, J.D., 8920, 8959
 Hardie, M., 8442
 Hardiman, M.G., 8443
 Harding, T.W., 8430
 Harland, G., 8772
 Harrison, P., 8678
 Harrison, S., 8811
 Hartfield, V.J., 8812
 Hartz, A., 8844
 Harvey, B.C., 8716
 Harvey, J.C., 8444
 Haute-Volta, Secrétariat Général, Organisation de Co-ordination et de Coopération pour la Lutte contre les Grandes Endémies., 8584
 Haynes, R., 8848
 Heenan, L.D., 8493
 Heggenhougen, H.K., 8865, 8866
 Heiby, J.R., 8746, 8813
 Heimgartner, E., 8814
 Henderson, B.E., 9004
 Henderson, R.H., 8855
 Hendricson, B., 8763
 Heredia Duarte, A., 8688
 Heroin, P., 8939
 Herrera, M.G., 9080
 Hiatt, R.A., 8978
 Higaki, Y., 8904
 Higgins, C., 8693
 Hightower-Vandamn, M.D., 8655
 Hill, L.E., 8780
 Hilligan, R., 8874
 Hirata, F., 9066

Ho, M.L., 8466
 Ho, S.C., 8679, 8867
 Hoa, D.Q., 8928
 Hochstrasser, D.L., 8787
 Hock, S.K., 9071
 Hoehn-Saric, R., 8729
 Hof, H., 8585
 Hollingshead, J., 9009
 Hoorweg, J., 8868
 Hoppler, R., 8494
 Houser, N.E., 9095
 Hu, Y.H., 8887
 Hua, H.M., 9098
 Huber, D.H., 9016
 Hudepohl, N., 8763
 Huerta, F., 8909
 Huffman, S.L., 8930
 Hughes, K., 8815
 Hughes, T.P., 8937
 Hunter, J.M., 8495
 Huq, I., 8555
 Hussein, M.A., 8903
 Hyma, B., 8880

I

Ibrahim, H.H., 8430
 Iguna, U.A., 8869
 Infante Barros, A., 8808
 Institute of Scientific Research, Healers' Medical Centre, Kinshasa, Zaire., 8532
 International Centre for Diarrhoeal Disease Research, Bangladesh, Dacca., 8755
 International Development Research Centre, Ottawa., 8695, 8696
 International Union of Nutritional Sciences, Zurich., 8496
 Irazoqui B., A., 8789
 Irianni, F., 8680
 Isaac, M.K., 8857
 Iskhakov, T.M., 8984
 Islam, M.S., 9016
 Ismangoen, 9056
 Ivannikov, V.A., 8984

J

Jablonowski, A.R., 8849
 Jabre, B., 8681
 Jacoby, I., 8854
 Jaggi, O.P., 8533
 Jain, N.K., 8817
 Jancloes, M., 8816
 Jandayan, M.O., 8888, 8977
 Janes, M.D., 9023
 Jayasena, K., 8707
 Jayawickramarajah, P.T., 8707
 Jeanney, J.C., 8586, 8939
 Jeboda, S.O., 8665
 Jegede, R.O., 8445, 8644
 Jelliffe, D.B., 8730
 Jelliffe, E.F., 8730
 Jeyarajah, R., 9081
 Joarder, A.K., 8804, 8979

Johannes, A., 8870
 John, T.J., 8980
 Johnson, E.J., 8981
 Johnson, W.D., 8717
 Johnson-Romauld, F.D., 8557
 Johnston, F.E., 8982
 Joo, I., 8587
 Joseph, A., 8980
 Joss, D.V., 8889
 Jutsum, P., 8583

K

Kadry, K., 8773
 Kaempffer, A.M., 9003
 Kalancha, R.I., 8983
 Kalankhodzhaev, A.A., 8984
 Kale, O.O., 8697
 Kalra, A., 8985
 Kambire, P., 8886
 Kamm, G., 8518
 Kanga, J.M., 8586, 8939
 Kapur, R.L., 8857
 Kardaman, M., 8960
 Kardjati, S., 8991
 Kars, C., 9079
 Kashani, I.A., 8588
 Kashiwazaki, H., 9066
 Kasim, A.A., 8998
 Kasthuri, R., 9039
 Kataria, M., 8875
 Katiyar, G.P., 8895, 8896
 Katz, N., 8995
 Kaul, S.M., 8829
 Kaur, P., 8896
 Kaushic, V.K., 8945
 Kay, B.J., 8849
 Kebe, M., 8816
 Keehn, M., 8534
 Keller, K., 8402
 Keller, W., 9045
 Kenge Ishihata, G., 8943
 Kentopp, K.E., 8682
 Khamrakulov, R.S., 8984
 Khan, A., 8871
 Khan, A.R., 9002
 Khan, M., 8986
 Khan, M.U., 8987, 9057
 Kigeme, E.A., 8950
 Kimani, V.N., 8864
 Kipp, J.E., 8731
 Kirub, B., 8988
 Klein, R.E., 8913, 9001, 9094
 Kloos, H., 8988
 Kloppers, P.J., 9037
 Knight, W.B., 8978
 Köhler, G.K., 8446
 Koma, M., 8989
 Konar, M., 8990
 Koopman, J.S., 8589
 Koornhof, H.J., 9035
 Koss, J.D., 8872
 Krcek-Frank, R., 8447

Kuberski, R., 8590
 Kumar, V., 8497, 8817
 Kunitz, S.J., 8818, 8850
 Kupka, K., 8698
 Kusaimi, N.T., 8591
 Kusin, J.A., 8991

L

Lackany, A., 9082
 Lackierowicz, E., 8680
 Ladrado-Ignacio, L., 8430
 Lahiri, D., 8990
 Laing, R., 8934
 Lam, S.L., 8466
 Lambert, J., 8992
 Lamprecht, T., 9048
 Lampton, D.M., 8498
 Landbeck, M., 8669
 Lane, R.A., 8448
 Larivière, M., 8756
 Lasker, J.N., 8993
 Latini, M.D. de, 8819
 Latini, O.A., 8819
 Laurente, C.M., 8742
 Laurin, C.J., 8757
 le François, P., 8994
 Lechat, M.F., 8656
 Lechermann, H.S., 8699
 Lechtig, A., 8592, 9049, 9094
 Ledo Duarte, S.R., 8486
 Lee, R.P., 8535
 Leleu-Perrin, R., 8413
 Lelo di Kimbi-Kiaku, N.M., 8683
 Leman, C., 8594
 Lemley Schattner, E., 8748
 Lemma, A., 8988
 Leng, T., 8507
 Leng, Y.P., 9071
 Lennox, C.E., 8774
 León, L.A., 8972
 León, R., 8972
 Leowski, J., 8593
 Leung, S.M., 8820
 Levine, M.M., 8937
 Lewis, E.M., 9036
 Lim, C., 8463
 Lima e Costa, M.F. de, 8995
 Lindberg, D.A., 8449
 Lindo, F., 8772
 Ling, H.M., 8996
 Linn, J.T., 8716
 Lisansky, M., 8450
 Liu, X., 8451
 Llanes, J., 8670
 Loewenson, R., 8934
 Longy, M., 8594
 Lopes, R.M., 8719
 Lorraine, A., 8536, 8595
 Lourie, I.M., 8672
 Low, J., 9014
 Luck, M.B., 8950
 Lun, K.C., 8867

Lyew, M., 8772
Lyle, K.C., 8452

M

MacCormack, C.P., 8499
Machnes, Y., 8873
Macías Menéndez, Z., 8500
Mackay, D.M., 8596
MacKenzie, B., 8842
Madeley, J., 8597
Magaldi, C., 8719
Magaña Cárdenas, A., 8997
Magdiev, R.R., 8666
Magzoub, M., 8998
Mahalanabis, D., 8700
Mahler, H., 8501, 8502
Maire, B., 8994
Makgothi, M.M., 8441
Malla, O.K., 8921
Mamvura, C.B., 8874
Mandl, P.E., 8598
Mangay-Angara, A., 8821
Manjing, B.K., 8960
Manjunath, M., 8723
Mann, M.D., 8920
Mansfield, D., 8453
Mara, D., 8503
Margozzini R., J., 8789
Marques, A.C., 8999
Marshall Burnett, S., 8743
Marshall, J.T., 8599
Marshall, L.B., 9000
Marshall, M., 9000
Martins, H., 8454
Martorell, R., 9001
Maru, M., 9005
Marwoto, H.A., 9061
Marzagão, C., 8414
Mata, L., 8600, 9028
Matheson, A., 8732
Mathur, L.K., 9026
Mati, J.K.G., 8548
Mazengia, B., 8988
Mazouni, L., 8919
McDermott, W., 8701
McEwan, P.J., 8822
McGlashan, N.D., 8515
McKendrick, D.R., 8601
McPherson, M., 8763
Measham, A.R., 9002
Medici, T., 8575
Medina, E., 9003
Medina, P., 8964
Meena, K.R., 8908
Meermeier, H., 9010
Meesathien, U., 8851
Meheus, A., 9078
Mehta, H., 8815
Mehta, N.R., 8915
Mejia-Pivaral, V., 8913
Melisaratos, N., 8729
Mellerio, A., 8758

Menck, H.R., 9004
Mengistu, M., 9005
Menon, N.K., 8723
Menon, P.K., 8455
Menye, P.A., 8602
Merson, M.H., 8555, 8700, 9016, 9070
Midgley, J.O., 8443
Miles, J.E., 8657
Miliotis, M.D., 9035
Millan, J., 8456, 8457
Minocha, A.A., 8823
Miranda, J.C. de, 8741
Mirovsky, J., 9007
Mishra, K.K., 8908
Misra, B.S., 8945, 9041
Misson, C.B., 8656
Mitra, P.K., 8810
Mittal, S., 9006
Miyakawa, M., 8718
Mizanur Rahman, A.S., 9070
Moenginah, P.A., 9056
Mohs, E., 9028
Mokhtari, L., 9007
Mokhtari, Z., 9007
Molineaux, L., 9008
Molteno, C.D., 9009
Monga, O.P., 8817
Moodie, A.D., 8920, 8959, 9009
Mora, J.O., 9080
Moraes Novaes, H. de, 8458
Moragues, J.D., 8828
Morgan, R.E., 8684
Mori, S., 9066
Morris, A., 8453
Mosley, W.H., 8783
Moss, E., 8645
Mott, K.E., 8603
Moura Duarte, F.A., 8954
Mourad, I., 8773
Moxey, L., 8747
Msengi, P., 8658
Mujibur Rahaman, M., 8824
Mujtaba, S.M., 9100
Muller, S., 8659
Mung, Y.K., 8685
Munshi, M.H., 8824
Murali, I., 8875
Murphy, M., 8825
Murray, A.B., 8537
Murray, M.J., 8537
Murray, N.J., 8537

N

Na-Nakorn, S., 8749
Naidu, A.N., 9043
Nair, S.S., 8969
Nakayama, S., 8459
Nalder, G., 8669
Nalin, D., 9028
Nam, A.C., 8679
Nandan, D., 9058
Narasimha Murthy, D.P., 9010

Narayanan, I., 8826
 National Academy of Sciences, Institute of Medicine,
 Panel on Health Services Research, Washington,
 D.C., 8775
 National Institute of Health and Family Welfare, Na-
 tional Documentation Centre, New Delhi., 8404
 Navarro, L. de, 9080
 Nelwan, 9056
 Netto Dias, C., 9052
 Newman, B., 9094
 Newman, B.C., 8982
 Ng, W.K., 8867
 Ngeow, Y.F., 8577
 Nicolas-Randegger, J., 8759
 Niemeyer, R., 8868
 Nieves, I., 9076
 Nilakanta Rao, M.S., 9010
 Nimb, M., 8460
 Nimo, K.P., 8504
 Nkinda, S.J., 8604
 Noah, M.A., 9011
 Noi, B.K., 9050
 Nordesjö, G., 8441
 Nowinski, A., 8461
 Nozais, J.P., 9012
 Nugegoda, D.B., 8881
 Nurasid, H., 9013
 Nursing Times, London., 8462
 Nwosu, A.B., 8605

O

O'Dowd, M.J., 9014
 O'Sullivan, G., 9015
 O'Sullivan, J., 9015
 Obaidullah, M., 9002
 Ober, J.K., 8702
 Oberle, M.W., 9016
 Obi, G.O., 8936
 Obi, J.O., 8642
 Odejide, A.O., 8646
 Ogbeide, M.I., 8981
 Ogbuebele, H.U., 8647
 Ojofeitimi, E.O., 8876
 Okouoyo, E., 9017
 Okunade, A.O., 8606
 Okupa, F.E., 9022
 Olugbile, A., 9023
 Olweny, C.L., 8607
 Omolayole, A., 9018
 Omololu, A., 8608
 On, C.S., 8463, 8464
 Onadeko, M.O., 9019
 Onori, E., 8609
 Ontoseno, T., 9013
 Organización Panamericana de la Salud, Comité del
 Programa de Libros de Texto para la Enseñanza de
 la Administración en Salud, Washington, D.C., 8415
 Ortiz Castro, J., 8465
 Osifo, N.G., 8647
 Osoba, A.O., 8610
 Osuhor, A., 8538, 8751
 Osuhor, P.C., 8538, 8751, 9020, 9021

Oviasu, V.O., 9022
 Oyebola, D.D., 8776, 8877
 Oyemade, A., 9023

P

Pabón, H., 8508
 Paccaud, M.F., 9024
 Padilla González, L.M., 8997
 Pain, C.F., 8901
 Pajot, F.X., 8611
 Pakshong, D.I., 8466
 Palaypay Suanes, H., 8744
 Palko, M.E., 8405
 Palmieri, J.R., 9061
 Pam, R., 8402
 Pan American Health Organization, Washington, D.C.,
 8467, 8760
 Panag, P., 8826
 Pandey, D.N., 8985
 Pandya, S.S., 8965
 Papasin, M.C., 8926
 Pares, Y., 8878
 Park, J.E., 9026
 Park, T.K., 9025
 Parrott, N., 8505
 Parry, E.H., 8539
 Pastene, L.L., 8828
 Pate, M.L., 8852
 Patodi, R.K., 9026
 Pattanachak, S., 8475
 Pattanapunyasat, K., 8475
 Pattanayak, S., 8468
 Patwari, Y., 8824
 Paxton, D., 8934
 Paydar, M., 8588
 Paz Alvarez, G., 8437
 Penot, C., 8886
 Pereira Binder, M.C., 8719
 Pérez Miravete, A., 8506
 Périssé, J., 9027
 Perrin, M., 8540
 Perú, Ministerio de Salud., 8469
 Pessini de Oliveira, M.H., 8827
 Petrov, P.P., 8470
 Philpot, T., 8745
 Phoon, W.O., 8879
 Pileggi Vinha, V.H., 8519, 8827, 8954
 Pillet, B., 9076
 Pinichpongse, S., 8786
 Pinotti, J.A., 8828
 Pinto Dias, J.C., 8995
 Pio, A., 8593
 Piot, P., 9075
 Pizzaro, D., 9028
 Pleehachinda, R., 8475
 Polacchi, W., 9027
 Polderman, A.M., 9029
 Pongpaew, P., 9045
 Pongparit, S., 9062
 Posada, G., 9028
 Poshychinda, V., 8884
 Preston, N.W., 8612

Puchkov, Y.I., 9064
 Pugh, R.N., 8613
 Pull, J.H., 8559
 Purnomo, 9061
 Purwodibroto, S., 9013

Q

Quah, S.R., 8541

R

Racy, J., 8542
 Radhakrishnan, J., 8980
 Rahman, A.S., 9016
 Rahman, M., 8931
 Rahmani, K., 9007
 Rajan, V.S., 8614
 Ramachandiran, V., 8416
 Ramachandran, K., 9067
 Ramesh, A., 8880
 Ramesh, H.C., 8599
 Ramírez Rivera, J., 8720
 Ramos, H., 9030
 Ramos, R.S., 8828
 Ramos, S.R., 8639
 Ramprasad, V., 9031
 Rao, A.R., 9038
 Rao, B.S., 9043
 Ratna Budiarto, L., 8973
 Ravera P., R., 8789
 Ray, R., 8507
 Read, M.S., 8567
 Ree, G.H., 9032
 Reich, M.R., 8615
 Reich, R., 8615
 Reinert, P., 8616
 Repetto D., G., 8721
 Revankar, C.R., 8965
 Rey, L., 8495
 Rey, M., 8761
 Richards, B., 8763
 Richardson, B.D., 9033
 Richardson, N.J., 9035
 Rio de Janeiro, Brazil, Secretaria Municipal da Saúde., 8660
 Ríos Massabot, E., 8437
 Ripa, J.C., 8461
 Ripert, C., 9034
 Robins-Browne, R.M., 9035
 Robinson, D., 8471
 Robson, V.A., 8950
 Robyn, D., 8417
 Rocha e Silva, M.J., 8968
 Rochat, R.W., 9002
 Rodrigues Coura, J., 9036
 Rodríguez Hernández, P.A., 8617
 Rodríguez, J.G., 8437
 Rodríguez R., J., 8508
 Rohde, J.E., 8618
 Rojas Ochoa, F., 8472
 Romascova, T.N., 8739
 Roodt, J.E., 9037
 Ropes, G., 8802

Rosenberg, M.J., 9002
 Ross, W.F., 8852
 Rosser, J., 8747
 Rossiter, L.F., 8859
 Rougerie, G., 8619
 Roy, A.K., 9038
 Roy, R.G., 8468
 Royer, P., 8620
 Rozen Perlo, V., 8473
 Rozier, R.G., 8892
 Ruiz-Tiben, E., 8938, 8978
 Rungrith, W., 8929
 Russell, P.W., 8849

S

Saadat, A.M., 8834
 Sachdev, T.R., 8826
 Sadasivam, S., 9039
 Saeed, Y.A., 9057
 Sáenz, L., 8549
 Said, A.K., 8903
 Saitúa, M.T., 8902
 Sakulkoo, S., 8851
 Saladin, B., 9060
 Saladin, K., 9060
 Salubritas, Washington, D.C., 8858
 Salzano, A.C., 9040
 Same Ekobo, A., 9034
 Sandoval Marcondes, R., 8686
 Sankaran, A., 8945
 Sankaran, B., 8509
 Sansarricq, H., 8656
 Santos Hernández, C., 8437
 Sanyal, R.K., 8829, 9041
 Sarder, A.M., 8931
 Sari, L., 8900
 Satitsatian, S., 9042
 Satoto, 8839
 Sattar, M.A., 9057
 Satyanarayana, K., 9043
 Saul, J., 8811
 Saville, G.G., 8716
 Saxena, S.C., 9058
 Scadding, J.G., 8780
 Schampheleire, I. de, 8703, 8830
 Schamschula, R., 9044
 Scheffler, R.M., 8859
 Schelp, F.P., 9045
 Schlote, A., 9046
 Schlote, H.W., 9046
 Scholl, T.O., 8982
 Schulpfen, T.W., 9047, 9065
 Schupack, H., 8680
 Schutte, C.H., 9048
 Schutz, Y., 9049
 Schwarz, R., 8474
 Scott, D., 8495
 Scrimshaw, M., 8528
 Seal, K.S., 8656
 Sebina, D.B., 8831
 Seck, B., 8816
 Segall, M., 8822

Seidel, J.S., 8892
 Selvey, N., 8621
 Senghor, D., 8832
 Sengupta, U., 8622
 Sepúlveda, B., 8833
 Serie, C., 9082
 Settles, S.A., 8849
 Shah, I.H., 9100
 Shah, K.P., 8704, 8705
 Shah, P.M., 8704, 8705
 Shakibi, J.G., 8588
 Shankar, S.V., 9010
 Sharma, R.S., 8908, 8945
 Sharma, S.K., 9026
 Sheiham, A., 9050
 Shennan, C., 8874
 Sherif, M., 8623
 Sherlock, I.A., 9051
 Shishido, S., 8834
 Shymko, D.L., 8796
 Siddiqui, N.A., 9014
 Sikdar, K., 8990
 Silva Paim, J., 9052
 Silva, J.F., 9053
 Simaga, S.Y., 8624, 8625
 Simmonds, S., 8418
 Singh, N., 8687
 Singh, R.P., 8980
 Singh, S., 8922
 Sinha, N.P., 9054
 Sinniah, D., 9055
 Sirait, D., 8838
 Sivagnanasundram, C., 8881
 Skeet, M., 8520
 Sloan, N., 9076
 Smilkstein, G., 8419
 Smith, D.E., 8733
 Smith, S., 8543
 Smith, W.C., 8626
 Snell, N.J., 8780
 Snyder, P., 8882
 Soenarto, Y., 9056
 Soeprapto, 9056
 Soheranda, K.S., 9095
 Somes, G.W., 8787
 Sornmani, S., 9045
 Spira, W.M., 9057
 Spurr, G.B., 8944
 Srikantan, K., 8723
 Srinivas, D.K., 9038
 Srivastava, B.C., 9058
 Srivastava, V.K., 9058
 St. John Ambulance, Ottawa., 8762
 Staehling, N.W., 9059
 Stahel, E., 9060
 Stefanu, C., 8852
 Steinmann, W.C., 8516
 Stetler, H.C., 9059
 Still, C.S., 9035
 Stuart-Siddall, S., 8853
 Stubbe, H., 8883
 Sturchler, D., 9060
 Subramaniam, S., 9039

Sudibia, I.K., 8991
 Sudjadi, S.T., 9061
 Sugathan, T.N., 8899
 Sugmyama, L.C., 8639
 Sumpaico, J., 8821
 Sunakorn, P., 9062
 Susser, M., 9063
 Sutnick, A.I., 9064
 Suwanik, R., 8475
 Suwanwela, C., 8884
 Suyaka, 8973
 Suzuki, T., 9066
 Swinkels, W.J., 9047, 9065

T

Taft, C., 9015
 Taiwo, O., 8894
 Takemoto, T., 9066
 Talbert, R., 8763
 Talleyrand, D., 8661
 Tandon, B.N., 8835, 9067
 Tanimowo, C.M., 8876
 Tarantola, D., 8804, 8815, 8979
 Tay y Cois, J., 9068
 Taylor, C., 8669
 Taylor, H.R., 9069
 Taylor, P.R., 9070
 Taylor, V.E., 9032
 Tchamfong Njabo, R., 9034
 Teoh, S.K., 8577
 Terrell, A., 8794
 Tessema, S.S., 8544
 Tewari, I.C., 8895
 Thangavelu, M., 8702
 Thasanapradit, P., 8884
 Thiero, M., 8624
 Thomas, V., 9071
 Thylefors, B., 9072
 Tichagwa, A., 8874
 Tonjum, A.M., 9072
 Tripicchio Torres, A., 8680
 Tripp, R.B., 9073
 Trotter, R.T., 8885
 Trowbridge, F., 9076
 Troyo San Román, R., 8997
 Tsao, T.F., 8748
 Tshiula-wa-Tshiula, 8661
 Tuli, J., 8734, 8777, 9074
 Tulloch, J.L., 8815, 8979
 Tuntawiroon, M., 8475
 Turner, M., 8627
 Twumasi, P.A., 8476

U

Uchill, V.L., 8854
 Udo, A.A., 8836
 Underwood, B., 8628
 Uribe C., P., 8629
 Ursi, J.P., 9075

V

Valdés-Vivó, P., 8837
 Valentine, A.D., 8510
 Valverde, V., 8913, 9076
 Valyasevi, A., 8778
 van der Spuy, H.I., 8959
 van Deventer, J.M., 9048
 van Dyck, E., 9075
 van Ginneken, J.K., 9079
 van Hecke, E., 9077
 van Houtte, C., 9075
 Van Sprundel, M., 9078
 Vasconcelos, R., 8688
 Vascóñez, C., 8972
 Vathakanon, R., 8929
 Velasco Alzaga, J.M., 8688
 Vendeaud, M., 8594
 Veyra, V. de, 8925, 8926
 Vidal, R., 8619
 Villalobos Olivas, A., 8975
 Villarreal, R., 8511
 Villod, M.T., 8408
 Vomstein, E., 9010
 Voorhoeve, A.M., 9079
 Vuori, L., 9080
 Vyrvanathan, S., 9081

W

Wahdan, M.H., 9082
 Waife, R.S., 8420
 Walker, G.J., 8477
 Wallace, H.M., 8478
 Walsriping, R., 8929
 Walt, G., 8421
 Walter, J., 8656
 Walther, F.J., 9083
 Ward, N.A., 8804
 Wasi, P., 8749
 Wassen, S.H., 8545
 Wattal, B.L., 8829
 Weekly Epidemiological Record, Geneva., 8648, 9084
 Weiss, E., 8836
 Wenlock, R.W., 9085
 Werthein, L.J., 8837
 White, P.L., 8621
 WHO Expert Committee on the Selection of Essential
 Drugs, Geneva., 8706
 WHO, Division of Communicable Diseases, Diarrhoeal
 Diseases Control Programme, Geneva., 8764, 8765,
 8766, 8767

WHO, Division of Family Health, Geneva., 9086
 WHO, Geneva., 8406, 8422, 8479, 8512, 8630, 8631,
 8632, 8633, 8634, 8635, 8636, 8735, 8768, 8769,
 9087, 9088, 9089
 WHO, International Study Group, Geneva., 9090
 Wiederhold, G., 8480
 Wigton, R.S., 8516
 Willcox, R.R., 9091, 9092, 9093
 Williams, G., 8838, 8839
 Williams, H.E., 8843
 Williams, V.W., 9031
 Willoughby, W., 9009
 Wilson, L.G., 8722
 Winslow, C., 9094
 Wishart, R., 8669
 Wollast, E., 8830
 Wone, I., 8886
 Wongrung, S., 9062
 Wood, P.B., 9095
 Woodland, M., 8812
 Woodward, C.L., 8637
 Woolf, M.A., 8854
 World Health Forum, Geneva., 8513
 World Health, Geneva., 8736
 Wright, A.M., 8638
 Wu, A.C., 8887

X

Xerophthalmia Club, Oxford, UK., 8407

Y

Yala, F., 9096
 Yáñez, A., 9097
 Yangni-Angate, A., 8546
 Yu, S.Z., 9098
 Yudkin, J.S., 8521
 Yunus, M.D., 8555, 9070

Z

Zachariah, P.S., 9099
 Zamarripa Torres, C., 8688
 Zanger, F., 8682
 Zeitune, J.M., 8639
 Zelena, H., 8928
 Zheng, H., 8640
 Zhong, C., 8640
 Zia, M.S., 8964
 Zielke, E., 8935
 Zulueta, J. de, 9100
 Zulver, P., 8729

Subject Index

(figures refer to abstract numbers)

A

Aborigines, *See also: Minority Groups*; 8941, 8952, 9044, 9069, 9071
 Abortion, *See also: Birth Control*; 8527, 8548, 8561, 8634, 8955, 9002
 Acupuncture, *See also: Traditional Medicine*; 8531
 Administration, Health Manpower, 8859
 Administration, Health Services, *See also: Health Services*; 8408, 8415, 8435, 8442, 8458, 8465, 8467, 8472, 8480, 8508, 8513, 8816, 8840
 Administration, Hospital, 8461
 Administrative Aspect, 8408, 8415, 8431, 8435, 8442, 8458, 8461, 8465, 8467, 8472, 8480, 8508, 8513, 8585, 8644, 8712, 8717, 8768, 8770, 8802, 8816, 8840, 8842, 8859
 Administrator, *See also: Health Manpower*; 8415, 8442, 8458, 8465, 8744
 Agricultural Sector, *See also: Food Production*; 8402, 8569, 8608, 8630, 8633, 8638, 8811, 8870, 8901, 8948, 8960, 8968, 8984, 8988, 9073, 9076
 Anaemia, *See also: Nutrition*; 8475, 8538, 8551, 8704, 8749, 8754, 8775, 8897, 8936, 8990, 9014, 9040, 9059
 Anaesthesia, *See also: Surgery*; 8518
 Annual Report, *See also: Mass Media*; 8467, 8487
 Antenatal Care, *See also: Clinic, Antenatal; Maternal Child Health; Pregnancy*; 8420, 8577, 8680, 8776, 8835, 8875, 8881, 8896, 8975, 8996, 9063, 9079, 9080, 9083
 Anthrax, *See also: Infectious Diseases*; 8601, 8624, 8627
 Anthropometric Measurement, *See also: Evaluation, Nutrition; Nutrition*; 8549, 8583, 8704, 8764, 8765, 8876, 8888, 8901, 8902, 8912, 8913, 8920, 8928, 8929, 8930, 8934, 8940, 8944, 8948, 8950, 8953, 8956, 8959, 8970, 8971, 8975, 8981, 8982, 8986, 9015, 9021, 9033, 9045, 9056, 9059, 9073, 9078, 9085, 9086
 Appropriate Technology, *See also: Equipment*; 8402, 8423, 8484, 8489, 8503, 8518, 8520, 8583, 8621, 8655, 8674, 8689, 8690, 8691, 8692, 8693, 8694, 8695, 8696, 8697, 8698, 8699, 8701, 8702, 8703, 8704, 8705, 8706, 8727, 8752, 8754, 8756, 8766, 8772, 8792, 8817, 8956, 9074, 9087, 9090
 Ascariasis, *See also: Parasitic Diseases*; 8753, 8782, 8922, 8925, 8957, 8988, 9060
 Attitudes, *See also: Survey*; 8409, 8431, 8439, 8443, 8456, 8492, 8516, 8522, 8525, 8527, 8545, 8572, 8641, 8650, 8655, 8738, 8775, 8807, 8817, 8818, 8846, 8861, 8862, 8865, 8866, 8868, 8869, 8872,

8875, 8882, 8883, 8884, 8885, 8886, 8887, 8896, 8913, 8952, 8967, 8974, 8993, 8997, 9055, 9061, 9099
 Audiovisual Aid, *See also: Teaching Aid*; 8405, 8731, 8763
 Auxiliary Health Worker, *See also: Barber-woman; Community Health Aide; Community Health Worker; Dispensary Attendant; Dresser; Health Extension Officer; Health Manpower; Medical Assistant; Ophthalmic Medical Assistant; Rural Health Promotor; Rural Medical Aid; Traditional Birth Attendant; See: specific type of auxiliary*; 8410, 8413, 8420, 8421, 8454, 8455, 8476, 8518, 8525, 8531, 8671, 8672, 8674, 8678, 8683, 8721, 8723, 8724, 8725, 8726, 8727, 8728, 8729, 8730, 8731, 8732, 8733, 8734, 8735, 8736, 8746, 8749, 8751, 8764, 8777, 8788, 8805, 8807, 8810, 8832, 8839
 Auxiliary, Anaesthetist, 8518
 Auxiliary, Dental, *See also: Dental Manpower*; 8531, 8751
 Auxiliary, Health Educator, *See also: Health Educator*; 8674, 8683
 Auxiliary, Laboratory, 8749
 Auxiliary, Mental Health, *See also: Mental Health Manpower*; 8729
 Auxiliary, Multipurpose, 8455, 8723, 8810
 Auxiliary, Nutrition, 8730, 8751, 8839

B

Barber-woman, *See also: Auxiliary Health Worker*; 8406
 BCG Vaccination, 8560, 8593, 8604, 8622, 8635, 8915, 8924, 8969, 8973, 9088
 Bibliography, *See also: Mass Media*; 8401, 8402, 8403, 8404, 8406, 8481, 8539, 8587, 8634, 8689, 8752, 8760
 Birth Control, *See also: Abortion; Family Planning; Intrauterine Device; Oral Contraceptive; Tubal Ligation*; 8527, 8783, 8830, 8861, 8863, 8955, 9026
 Birthrate, *See also: Demography*; 8481, 8783, 8899, 8963, 9018, 9026
 Blindness, *See also: Eye Diseases*; 8407, 8455, 8479, 8597, 8735, 8768, 8921, 8933, 9069, 9072
 Brain Drain, *See also: Migration*; 8742
 Breast-feeding, *See also: Infant Feeding*; 8525, 8538, 8595, 8598, 8616, 8634, 8641, 8681, 8705, 8863, 8869, 8909, 8951, 8974, 8981, 8986, 8997, 9000, 9020, 9035, 9049, 9055, 9070
 Burns, *See also: Emergency Medical Care*; 8425, 8762

C

- Cancer, 8602, 8607, 8623, 8736, 8828, 8905, 8906, 8907, 8918, 9004, 9064
- Cardiovascular Diseases, 8512, 8556, 8588, 9022
- Cataracts, *See also: Eye Diseases*; 8735, 8794, 8933, 9069
- Child Care, *See also: Social Services*; 8580, 8923
- Child Health, *See also: Child Health Services; Children; Clinic, Child Health; Infant Feeding; Maternal Child Health; Pediatrics*; 8401, 8411, 8463, 8464, 8466, 8478, 8524, 8538, 8549, 8572, 8580, 8583, 8588, 8595, 8598, 8600, 8608, 8616, 8667, 8742, 8751, 8775, 8787, 8789, 8826, 8835, 8843, 8863, 8892, 8895, 8897, 8902, 8903, 8908, 8913, 8914, 8920, 8923, 8930, 8934, 8940, 8942, 8952, 8953, 8954, 8957, 8981, 8985, 9009, 9017, 9019, 9021, 9023, 9043, 9063, 9073, 9076, 9078, 9080, 9085, 9090, 9099
- Child Health Services, *See also: Child Health; Children; Health Services*; 8642, 8797
- Children, *See also: Child Health; Child Health Services; Family; Infants; Maternal Child Health; School Health*; 8437, 8463, 8464, 8466, 8478, 8519, 8549, 8555, 8563, 8571, 8580, 8582, 8583, 8588, 8598, 8606, 8613, 8620, 8642, 8648, 8655, 8668, 8673, 8677, 8681, 8684, 8686, 8725, 8758, 8759, 8764, 8765, 8787, 8796, 8797, 8824, 8827, 8835, 8868, 8871, 8874, 8888, 8890, 8892, 8893, 8894, 8897, 8900, 8901, 8902, 8903, 8911, 8915, 8916, 8917, 8918, 8920, 8923, 8929, 8930, 8931, 8932, 8940, 8941, 8942, 8944, 8947, 8950, 8954, 8956, 8957, 8959, 8960, 8961, 8962, 8966, 8970, 8971, 8976, 8977, 8980, 8981, 8982, 8983, 8985, 8986, 8991, 8995, 9001, 9006, 9013, 9015, 9016, 9017, 9019, 9020, 9021, 9023, 9024, 9030, 9031, 9033, 9035, 9038, 9043, 9044, 9045, 9048, 9052, 9054, 9056, 9058, 9059, 9062, 9063, 9067, 9070, 9071, 9073, 9074, 9075, 9076, 9078, 9082, 9085, 9090, 9094, 9095, 9099
- Cholera, *See also: Infectious Diseases*; 8566, 8587, 8590, 8596, 8654, 8753, 8767, 8945, 8987, 9013, 9016, 9057
- Clinic, *See also: Health Centre*; 8464, 8466, 8477, 8478, 8572, 8575, 8650, 8661, 8676, 8751, 8803, 8904, 8996, 9077, 9099
- Clinic, Antenatal, *See also: Antenatal Care*; 8466, 8996
- Clinic, Child Health, *See also: Child Health*; 8464, 8466, 8478, 8572, 8751, 9099
- Clinic, Dental, 8464
- Clinic, Mental Health, 8650
- Clinic, Outpatient, *See also: Outpatient Care*; 8575
- Cold Chain, *See also: Vaccination Programme*; 8422
- Communications, *See also: Mass Media*; 8449, 8520, 8671, 8682, 8693, 8760, 8993
- Community, *See also: Village*; 8426, 8499, 8634, 8644, 8711
- Community Development, *See also: Planning, Development; Social Participation*; 8476, 8496, 8667, 8734, 8811
- Community Diagnosis, *See also: Epidemiology*; 8496, 8549, 8709, 8885, 8913
- Community Health, *See also: Community Medicine*; 8418, 8426, 8429, 8459, 8495, 8496, 8585, 8709, 8719, 8737, 8769, 8879, 8885
- Community Health Aide, *See also: Auxiliary Health Worker*; 8727, 8733
- Community Health Worker, *See also: Auxiliary Health Worker*; 8401, 8408, 8421, 8455, 8476, 8496, 8525, 8671, 8672, 8678, 8725, 8728, 8730, 8731, 8732, 8734, 8736, 8764, 8777, 8782, 8807, 8839, 8962
- Community Medicine, *See also: Community Health*; 8483, 8833
- Community Nurse, *See also: Nurse*; 8744, 8745
- Conjunctivitis, *See also: Eye Diseases*; 8753, 8890
- Construction, 8495, 8503, 8676, 8689, 8692, 8696, 8702, 8752
- Construction, Equipment, *See also: Equipment*; 8689, 8702
- Construction, Housing, *See also: Housing*; 8752
- Construction, Sanitary Facilities, *See also: Sanitary Facilities*; 8503, 8692, 8696, 8752
- Construction, Water Supply, *See also: Water Supply*; 8495, 8676, 8752
- Continuing Education, *See also: Training*; 8693
- Cost-benefit Analysis, *See also: Health Economics*; 8517, 8633, 8855, 8857
- Costs and Cost Analysis, *See also: Health Economics*; 8417, 8495, 8518, 8519, 8665, 8696, 8831, 8855, 8856, 9016, 9060
- Cultural Aspect, *See also: Culture*; 8420, 8446, 8498, 8503, 8550, 8557, 8620, 8644, 8658, 8702, 8709, 8770, 8788, 8800, 8861, 8873, 8874, 8875, 8878, 8883, 8886, 8913, 8963, 8967, 8972, 9073, 9076, 9099
- Cultural Change, *See also: Culture; Urbanization*; 8537, 8550, 8868, 8869, 8879, 9044
- Culture, *See also: Cultural Aspect; Cultural Change; Ethics; Folklore; Language; Social and Cultural Anthropology; Tradition; Traditional Medicine; Women*; 8409, 8447, 8469, 8499, 8524, 8525, 8526, 8528, 8533, 8535, 8536, 8540, 8542, 8543, 8545, 8576, 8663, 8672, 8673, 8807, 8836, 8860, 8861, 8862, 8863, 8866, 8868, 8872, 8876, 8884, 8885, 8887, 8974
- Curriculum, *See also: Training Course; specific health worker*; 8712, 8714, 8718, 8729, 8741, 8747, 8750, 8778, 8799, 8916
- Curriculum, Auxiliary, 8729
- Curriculum, Dental Health Nurse, 8741
- Curriculum, Nurse, 8799
- Curriculum, Physician, 8712, 8714, 8718, 8778, 8799, 8916
- Curriculum, Teacher, 8750
- Curriculum, Traditional Birth Attendant, 8747

D

- Dai, *See also: Traditional Birth Attendant*; 8406, 8525, 8534, 8770
- Data Collection, *See also: Information System; Survey*; 8435, 8480, 8481, 8500, 8567, 8579, 8656, 8698, 8703, 8746, 8768, 8779, 8790, 8795, 8801, 8815, 9004
- Demography, *See also: Birthrate; Life Expectancy; Migration; Mortality; Population; Population Increase; Statistical Data; Survey*; 8469, 8481, 8493, 8871, 8963, 9026, 9030

- Dental Health, 8405, 8409, 8450, 8479, 8497, 8554, 8685, 8736, 8741, 8793, 8892, 8918, 8949, 9023, 9044, 9050, 9061
- Dental Manpower, *See also: Auxiliary, Dental; Dentist; Health Manpower; Nurse, Dental Health*; 8409, 8488, 8510, 8793, 9050
- Dental Services, *See also: Health Services*; 8450, 8488, 8497, 8510, 8531, 8554, 8653, 8662, 8793, 8873, 8949, 9044, 9050
- Dentist, *See also: Dental Manpower*; 8450, 8488, 8748, 8793, 8851, 8949
- Dentistry, 8401, 8488, 8557, 8748
- Dermatology, *See also: Skin Diseases*; 8401, 9077
- Developed Country, 8460, 8588
- Developing Country, 8420, 8421, 8422, 8428, 8442, 8459, 8460, 8474, 8483, 8484, 8489, 8494, 8495, 8497, 8499, 8501, 8510, 8517, 8518, 8520, 8521, 8522, 8563, 8576, 8588, 8593, 8598, 8606, 8618, 8620, 8665, 8689, 8694, 8698, 8699, 8700, 8701, 8706, 8730, 8735, 8749, 8754, 8756, 8768, 8805, 8855, 9086
- Diagnosis, *See also: Screening*; 8407, 8423, 8451, 8507, 8532, 8533, 8570, 8576, 8586, 8593, 8604, 8607, 8617, 8623, 8627, 8632, 8647, 8697, 8698, 8723, 8753, 8754, 8759, 8795, 8791, 8819, 8820, 8910, 8919, 8939, 8984, 9005, 9007, 9012, 9035, 9053, 9075, 9081
- Diarrhea, *See also: Enteric Diseases*; 8507, 8553, 8579, 8589, 8618, 8642, 8648, 8674, 8700, 8753, 8755, 8764, 8765, 8767, 8824, 8908, 8927, 8931, 8937, 8956, 9011, 9016, 9035, 9056, 9070, 9074, 9090
- Diet, *See also: Food; Nutrition*; 8537, 8551, 8621, 8793, 8808, 8868, 8876, 8896, 8912, 8928, 8936, 8942, 8948, 8961, 8977, 8986, 9020, 9031, 9039, 9044, 9056, 9076, 9080
- Diphtheria, *See also: Infectious Diseases*; 8753, 8781, 8821, 9084
- Direct Service Costs, *See also: Health Economics*; 8858
- Disabled, *See also: Rehabilitation*; 8432, 8479, 8563, 8606, 8655, 8702, 9024
- Disaster, *See also: Emergency Health Services*; 8760
- Disease Control, *See also: Epidemiology; Infectious Diseases; Immunization; Mass Campaign, Disease Control; Oral Rehydration; Pest Control*; 8407, 8423, 8438, 8441, 8444, 8451, 8456, 8457, 8463, 8467, 8468, 8473, 8479, 8495, 8497, 8507, 8509, 8512, 8533, 8537, 8538, 8545, 8547, 8552, 8553, 8555, 8558, 8559, 8562, 8565, 8566, 8568, 8570, 8573, 8574, 8575, 8576, 8577, 8578, 8579, 8580, 8581, 8584, 8585, 8587, 8588, 8589, 8591, 8593, 8596, 8597, 8601, 8602, 8603, 8605, 8607, 8608, 8609, 8610, 8611, 8612, 8613, 8614, 8617, 8618, 8620, 8621, 8622, 8623, 8624, 8625, 8627, 8628, 8632, 8635, 8638, 8639, 8640, 8648, 8649, 8654, 8656, 8659, 8666, 8675, 8688, 8691, 8697, 8700, 8753, 8755, 8756, 8759, 8760, 8761, 8764, 8765, 8766, 8767, 8768, 8769, 8772, 8781, 8784, 8785, 8786, 8788, 8804, 8809, 8810, 8814, 8819, 8820, 8824, 8827, 8829, 8834, 8837, 8878, 8889, 8900, 8910, 8911, 8917, 8919, 8924, 8932, 8935, 8937, 8938, 8943, 8946, 8956, 8960, 8969, 8972, 8976, 8978, 8979, 8987, 8995, 8999, 9005, 9007, 9008, 9011, 9013, 9016, 9028, 9032, 9036, 9037, 9041, 9051, 9053, 9056, 9058, 9060, 9062, 9070, 9072, 9074, 9077, 9082, 9084, 9089, 9090, 9096, 9097, 9098, 9100
- Dispensary, *See also: Health Centre*; 8448, 8464, 8812, 8962
- Dispensary Attendant, *See also: Auxiliary Health Worker*; 8448, 8751
- Distribution, 8428, 8434, 8453, 8488, 8498, 8504, 8514, 8515, 8516, 8721, 8743, 8793, 8823, 8833, 8844, 8845, 8846, 8847, 8848, 8849, 8850, 8851, 8852, 8853, 8854, 8880
- Distribution, Dental Manpower, 8793
- Distribution, Dentist, 8488, 8851
- Distribution, Health Manpower, 8420
- Distribution, Health Services, *See also: Health Services*; 8498, 8504, 8514, 8823, 8833, 8848
- Distribution, Mental Health Manpower, 8428
- Distribution, Nurse, 8743, 8853
- Distribution, Physician, 8434, 8453, 8515, 8516, 8721, 8823, 8844, 8845, 8846, 8847, 8849, 8850, 8852, 8854
- Distribution, Traditional Practitioner, 8880
- Dresser, *See also: Auxiliary Health Worker*; 8751
- Drugs, *See also: Essential Drugs; Medicinal Plant; Pharmacy*; 8405, 8407, 8430, 8441, 8446, 8457, 8468, 8484, 8518, 8521, 8527, 8547, 8558, 8562, 8570, 8575, 8578, 8581, 8593, 8604, 8620, 8639, 8640, 8647, 8694, 8699, 8701, 8753, 8756, 8759, 8761, 8765, 8767, 8769, 8784, 8811, 8814, 8822, 8831, 8832, 8841, 8858, 8884, 8910, 8911, 8935, 8938, 8987, 8995, 9007, 9008, 9032, 9036, 9060, 9062, 9081, 9096, 9097
- Dukun, *See also: Traditional Birth Attendant*; 8406

E

- Economic Aspect, 8452, 8566, 8800, 8859, 8860, 8871, 9027
- Economic Development, *See also: Health Economics; Planning, Development; Socioeconomic Development*; 8486, 8855
- Education, *See also: School; Students; Teacher; Training Centre*; 8402, 8405, 8453, 8464, 8507, 8511, 8519, 8539, 8572, 8582, 8598, 8608, 8630, 8650, 8654, 8655, 8668, 8669, 8670, 8671, 8672, 8673, 8674, 8675, 8676, 8677, 8679, 8680, 8681, 8682, 8683, 8686, 8687, 8688, 8696, 8709, 8731, 8751, 8763, 8767, 8771, 8773, 8782, 8796, 8809, 8817, 8834, 8879, 8902, 8914, 8954, 8967, 8977, 8996, 9009, 9031, 9052
- Education, Dental Health, 8405, 8557, 8685
- Education, Health, 8405, 8453, 8464, 8507, 8511, 8608, 8654, 8655, 8668, 8669, 8670, 8671, 8672, 8674, 8675, 8676, 8678, 8679, 8680, 8682, 8683, 8684, 8686, 8687, 8688, 8696, 8709, 8731, 8751, 8763, 8767, 8771, 8782, 8809, 8817, 8834, 8835, 8879, 8967, 8996
- Education, Nutrition, 8405, 8507, 8519, 8572, 8582, 8598, 8630, 8672, 8673, 8677, 8681, 8731, 8751, 8796, 8954, 8977, 9031
- Education, Sex, 8773
- Emergency Health Services, *See also: Disaster; Health Services*; 8478, 8642, 8760
- Emergency Medical Care, *See also: Burns; First Aid; Poisoning*; 8652, 8757, 8760, 8762

- Enteric Diseases, *See also: Diarrhea; Gastroenteritis; Infectious Diseases*; 8555, 8587, 8618, 8627, 8642, 8856, 8889, 8895, 8985, 9035, 9042, 9057, 9070
- Environmental Health, *See also: Living Conditions; Sanitation; Water Supply; Water Treatment*; 8467, 8479, 8481, 8569, 8589, 8615, 8633, 8636, 8638, 8760, 9051, 9052, 9057
- Environmental Health Manpower, 8401
- Environmental Sanitation, 8913
- Epidemiology, *See also: Community Diagnosis; Disease Control; Health Indicators; Infectious Diseases; Medical Records; Survey*; 8409, 8426, 8451, 8468, 8474, 8481, 8483, 8495, 8507, 8537, 8539, 8554, 8555, 8556, 8557, 8566, 8567, 8570, 8571, 8573, 8574, 8579, 8581, 8589, 8590, 8591, 8594, 8596, 8599, 8601, 8602, 8603, 8605, 8606, 8607, 8608, 8609, 8610, 8611, 8613, 8614, 8617, 8618, 8623, 8626, 8627, 8632, 8636, 8637, 8640, 8642, 8709, 8760, 8767, 8781, 8786, 8790, 8791, 8804, 8829, 8867, 8879, 8889, 8890, 8892, 8893, 8895, 8897, 8898, 8904, 8905, 8906, 8907, 8908, 8915, 8922, 8925, 8926, 8927, 8932, 8933, 8938, 8939, 8943, 8945, 8946, 8947, 8957, 8960, 8962, 8964, 8966, 8968, 8969, 8972, 8978, 8979, 8980, 8988, 8989, 8994, 8995, 8997, 8998, 8999, 9004, 9008, 9010, 9012, 9016, 9022, 9023, 9029, 9034, 9035, 9040, 9041, 9044, 9046, 9048, 9054, 9057, 9058, 9059, 9061, 9064, 9066, 9068, 9069, 9070, 9071, 9072, 9075, 9077, 9081, 9084, 9089, 9091, 9092, 9093, 9097, 9098, 9100
- Equipment, *See also: Appropriate Technology; Construction; Equipment; Prosthesis; specific type of equipment*; 8410, 8422, 8425, 8514, 8520, 8563, 8643, 8689, 8694, 8699, 8702, 8704, 8746, 8760, 8766, 8767, 8772, 8924, 8971, 8973, 9095
- Equipment, Hospital, 8514
- Equipment, Intensive Care Unit, 8425, 8643
- Equipment, Laboratory, 8689
- Equipment, Nutrition Evaluation, 8704, 8971
- Equipment, Rehabilitation, 8702
- Equipment, Rehabilitation Services, *See also: Prosthesis*; 8563
- Equipment, Vaccination, 8422, 8924, 8973, 9095
- Equipment, X-ray Unit, 8410
- Essential Drugs, *See also: Drugs*; 8489, 8521, 8706, 8756
- Ethics, *See also: Culture*; 8461, 8595, 8631, 8877
- Evaluation, *See also: Survey*; 8406, 8408, 8417, 8420, 8424, 8428, 8431, 8435, 8443, 8446, 8448, 8472, 8474, 8483, 8490, 8494, 8496, 8497, 8508, 8509, 8553, 8557, 8558, 8560, 8562, 8566, 8568, 8572, 8579, 8580, 8581, 8583, 8587, 8592, 8612, 8614, 8621, 8633, 8635, 8642, 8643, 8644, 8646, 8648, 8651, 8654, 8657, 8661, 8665, 8666, 8672, 8675, 8679, 8681, 8685, 8686, 8700, 8704, 8707, 8709, 8717, 8718, 8719, 8725, 8727, 8732, 8733, 8746, 8749, 8750, 8770, 8771, 8772, 8773, 8774, 8775, 8776, 8777, 8778, 8779, 8780, 8781, 8782, 8783, 8784, 8785, 8786, 8787, 8788, 8791, 8792, 8794, 8795, 8796, 8797, 8798, 8799, 8800, 8801, 8802, 8803, 8804, 8805, 8807, 8808, 8809, 8810, 8811, 8812, 8813, 8814, 8815, 8817, 8819, 8820, 8821, 8822, 8823, 8824, 8825, 8826, 8827, 8828, 8829, 8830, 8831, 8832, 8833, 8834, 8835, 8836, 8837, 8838, 8839, 8840, 8841, 8842, 8843, 8853, 8854, 8854, 8855, 8857, 8859, 8863, 8870, 8872, 8874, 8878, 8880, 8881, 8883, 8884, 8888, 8889, 8892, 8896, 8897, 8900, 8901, 8902, 8903, 8910, 8911, 8913, 8914, 8916, 8917, 8919, 8920, 8923, 8924, 8928, 8929, 8930, 8934, 8935, 8937, 8938, 8940, 8941, 8942, 8943, 8944, 8946, 8948, 8949, 8950, 8953, 8954, 8956, 8958, 8959, 8961, 8969, 8970, 8971, 8973, 8976, 8977, 8978, 8979, 8980, 8981, 8982, 8984, 8985, 8987, 8991, 8992, 8995, 8996, 9001, 9005, 9006, 9007, 9008, 9009, 9011, 9013, 9015, 9016, 9019, 9020, 9021, 9023, 9024, 9026, 9028, 9031, 9032, 9033, 9036, 9037, 9038, 9039, 9041, 9043, 9044, 9045, 9049, 9050, 9051, 9056, 9058, 9059, 9060, 9061, 9062, 9063, 9067, 9070, 9072, 9074, 9075, 9076, 9078, 9080, 9082, 9084, 9086, 9087, 9088, 9090, 9094, 9095, 9096, 9097, 9098, 9100
- Evaluation, Anthropometric Measurement, 9015, 9033
- Evaluation, Auxiliary, 8420, 8674, 8805
- Evaluation, Child Health, 8580, 8775, 8826, 8835, 8843, 8863, 8897, 8902, 8914, 8917, 8920, 8923, 8934, 8940, 8953, 8981, 8985, 9009, 9019, 9021, 9023, 9043, 9076, 9080, 9085, 9099
- Evaluation, Child Health Services, 8642, 8797
- Evaluation, Clinic, 8661, 8803
- Evaluation, Community Health Aide, 8733
- Evaluation, Community Health Worker, 8408, 8725, 8777, 8807
- Evaluation, Data Collection, 8801, 8815
- Evaluation, Dental Health, 8497, 8557, 8892, 8949, 9044, 9061
- Evaluation, Dental Services, 8557
- Evaluation, Disease Control, 8553, 8558, 8562, 8566, 8568, 8579, 8581, 8612, 8614, 8654, 8666, 8700, 8772, 8784, 8785, 8786, 8804, 8809, 8810, 8827, 8829, 8834, 8878, 8889, 8900, 8910, 8911, 8919, 8924, 8935, 8937, 8938, 8943, 8946, 8956, 8969, 8976, 8978, 8979, 8987, 8995, 9005, 9007, 9008, 9011, 9013, 9016, 9028, 9032, 9036, 9037, 9041, 9051, 9056, 9058, 9060, 9062, 9070, 9072, 9074, 9082, 9088, 9090, 9096, 9097, 9098, 9100
- Evaluation, Emergency Health Services, 8642
- Evaluation, Equipment, 8971, 8973, 9095
- Evaluation, Family Planning Programme, 8783, 8830, 8836
- Evaluation, Health, *See also: Health Indicators; Morbidity; Physical Examination*; 8709, 8883, 8884, 8916, 8934
- Evaluation, Health Centre, 8811
- Evaluation, Health Education, 8674, 8679, 8686, 8809, 8996
- Evaluation, Health Educator, 8771
- Evaluation, Health Extension Officer, 8774
- Evaluation, Health Services, *See also: Health Services*; 8435, 8448, 8472, 8483, 8490, 8496, 8508, 8509, 8775, 8779, 8782, 8787, 8788, 8799, 8800, 8805, 8814, 8822, 8823, 8824, 8825, 8826, 8831, 8832, 8833, 8837, 8843, 9026
- Evaluation, Inpatient Care, 8643, 8646
- Evaluation, Laboratory, 8819, 8919

Evaluation, Mass Campaign, 8654, 8675, 8679, 8804, 8935, 9072, 9100
 Evaluation, Maternal Child Health, 8896, 8913
 Evaluation, Maternal Child Health Services, 8798, 8812, 8825, 8835, 9067
 Evaluation, Medical Assistant, 8417
 Evaluation, Medical Records, 8780
 Evaluation, Mental Health, 8431, 8820, 8923, 8958
 Evaluation, Mental Health Services, 8428, 8431, 8446, 8474, 8644, 8657, 8803, 8820
 Evaluation, Methodology, 8775, 8903, 9050
 Evaluation, Mobile Dental Unit, 8665
 Evaluation, Nurse, 8773, 8774
 Evaluation, Nurse Practitioner, 8417
 Evaluation, Nutrition, *See also: Anthropometric Measurement*; 8583, 8621, 8704, 8835, 8888, 8901, 8916, 8920, 8928, 8929, 8930, 8934, 8940, 8941, 8942, 8944, 8948, 8950, 8961, 8970, 8971, 8977, 8981, 8982, 8991, 8992, 9001, 9006, 9009, 9015, 9019, 9020, 9021, 9023, 9031, 9033, 9038, 9039, 9043, 9045, 9049, 9056, 9059, 9063, 9076, 9078, 9086, 9094
 Evaluation, Nutrition Education, 8672, 8681, 9031
 Evaluation, Nutrition Programme, 8557, 8572, 8592, 8802, 8808, 8874, 8928, 8941, 8954, 8959, 8992, 9006, 9031, 9038, 9056, 9080, 9094
 Evaluation, Physician, 8773, 8774, 8775, 8859
 Evaluation, Planning, 8443, 8840, 8841, 8842, 8843
 Evaluation, Preventive Medicine, 8787, 8987
 Evaluation, Project, 8648, 8651, 8719, 8732, 8777, 8803, 8807, 8811, 8813, 8820, 8828, 8836, 8838, 8839, 8872, 8978
 Evaluation, Screening, 8791, 8794, 8857, 8984, 9075
 Evaluation, Survey, 8857
 Evaluation, Teaching Aid, 8796
 Evaluation, Traditional Birth Attendant, 8406, 8746, 8770, 8776
 Evaluation, Traditional Medicine, 8557, 8870, 8880, 8886
 Evaluation, Traditional Practitioner, 8881
 Evaluation, Training, 8707, 8718, 8719, 8727, 8749, 8770, 8778, 8813, 8853
 Evaluation, Tropical Medicine, 8814
 Evaluation, Tuberculosis Programme, 8560, 8784, 8834, 9097
 Evaluation, Vaccination Programme, 8560, 8587, 8612, 8635, 8781, 8821, 8855, 8900, 8924, 8980, 9024, 9082, 9084, 9088, 9095
 Evaluation, Water Supply, 8838
 Eye Diseases, *See also: Blindness, Cataracts; Conjunctivitis; Glaucoma; Infectious Diseases; Ophthalmology; Trachoma; Xerophthalmia*; 8407, 8455, 8581, 8597, 8735, 8768, 8775, 8794, 8890, 8921, 8933, 8994, 9046, 9069

F

Family, *See also: Children*; 8445, 8634
 Family Health, *See also: Maternal Child Health*; 8405, 8420, 8479, 8492, 8634, 8719
 Family Planning, *See also: Birth Control; Family Planning Programme*; 8427, 8466, 8509, 8522, 8527, 8548, 8619, 8634, 8703, 8705, 8783, 8826, 8830, 8836, 8861, 8881, 8896, 8903, 9026

Family Planning Programme, *See also: Family Planning*; 8783, 8830, 8836
 Filariasis, *See also: Parasitic Diseases*; 8495, 8547, 8611, 8640, 8753, 8754, 8910, 8935, 9034
 Film, 8685, 8796
 Financial Aspect, *See also: Health Economics*; 8417, 8486, 8493, 8498, 8503, 8504, 8517, 8518, 8519, 8521, 8578, 8620, 8643, 8665, 8674, 8694, 8704, 8717, 8761, 8768, 8770, 8791, 8808, 8810, 8811, 8816, 8822, 8830, 8830, 8832, 8855, 8856, 8857, 8858, 8859, 8873, 8943, 8979, 8993, 9016, 9050, 9060
 First Aid, *See also: Emergency Medical Care*; 8401, 8762
 Folklore, *See also: Culture*; 8557, 8883, 8886
 Food, *See also: Diet; Hygiene; Nutrition*; 8475, 8507, 8519, 8572, 8590, 8595, 8621, 8630, 8631, 8677, 8760, 8772, 8802, 8808, 8868, 8871, 8874, 8876, 8928, 8941, 8942, 8948, 8951, 8954, 8961, 8977, 8994, 9001, 9006, 9011, 9013, 9020, 9027, 9031, 9044, 9056, 9076, 9085, 9087, 9094
 Food Production, *See also: Agricultural Sector*; 8519, 8595, 8631, 8677, 8901, 8991, 9027

G

Gastroenteritis, *See also: Enteric Diseases*; 8579, 8587, 8753, 8891, 8932, 9021
 Geriatrics, 8550
 Glaucoma, *See also: Eye Diseases*; 8735, 8794, 8933, 9046
 Goitre, *See also: Nutrition*; 8475, 8964, 9037
 Government, 8659, 8806
 Government Policy, *See also: Planning, Development; Political Aspect*; 8414, 8433, 8469, 8472, 8485, 8489, 8495, 8498, 8504, 8505, 8506, 8509, 8513, 8541, 8567, 8744, 8805, 8831, 8843, 8859, 8992
 Government Project, *See also: Pilot Project*; 8476, 8651, 8725, 8737, 8777, 8807, 8813, 8831, 8836, 9065
 Guinea Worm, *See also: Parasitic Diseases*; 8753
 Gynaecology, *See also: Maternal Child Health; Obstetrics*; 8401, 8492, 8548, 8619, 8828

H

Haemorrhagic Fever, *See also: Infectious Diseases*; 8594
 Handbook, *See also: Teaching Aid*; 8402, 8479, 8694, 8752, 8754, 8755, 8756, 8757, 8758, 8759, 8760, 8761, 8762, 8764, 8765, 8766, 8767, 8768, 8769
 Handbook, Community Health Worker, 8671
 Handbook, Disease Control, 8753, 8755, 8756, 8759, 8761, 8764, 8765, 8766, 8767, 8768, 8769
 Handbook, First Aid, 8757, 8762
 Handbook, Laboratory, 8754
 Handbook, Nurse, 8758
 Handbook, Planning, 8760
 Handbook, Rehabilitation, 8479, 8758
 Handbook, Teacher, 8764
 Health Centre, *See also: Clinic; Dispensary; Hospital; Inpatient Care; Mobile Health Unit; Rural Health Post*; 8448, 8470, 8477, 8524, 8651, 8660, 8719, 8788, 8811, 9015, 9074
 Health Economics, *See also: Cost-benefit Analysis; Costs and Cost Analysis; Direct Service Costs; Eco-*

conomic Development; Financial Aspect; Wage Structure; 8481, 8486, 8498, 8521, 8822, 8831, 8832, 8841, 8858, 8859

Health Educator, *See also: Auxiliary, Health Educator; Health Manpower*; 8771

Health Extension Officer, *See also: Auxiliary Health Worker*; 8713, 8724, 8774

Health Indicators, *See also: Epidemiology; Evaluation, Health; Health Status*; 8485, 8491, 8737, 8975, 9086

Health Insurance, *See also: Social Security*; 8417, 8816, 8839

Health Manpower, *See also: Administrator; Auxiliary Health Worker; Dental Manpower; Health Educator; Health Team; Medical Social Worker; Medical Technologist; Mental Health Manpower; Midwife; Nurse; Physician; Sanitation Manpower; Teacher; Volunteer*; 8408, 8412, 8414, 8417, 8419, 8420, 8422, 8440, 8482, 8485, 8499, 8504, 8535, 8553, 8557, 8631, 8634, 8653, 8696, 8726, 8859

Health Services, *See also: Administration, Health Services; Child Health Services; Dental Services; Distribution, Health Services; Emergency Health Services; Evaluation, Health Services; Home Visiting; Maternal Child Health Services; Mental Health Services; Nursing Services; Organization, Health Services; Planning, Health Services; Radiology; Rehabilitation Services; Sanitation Services*; 8402, 8403, 8404, 8408, 8415, 8418, 8425, 8426, 8433, 8434, 8435, 8438, 8442, 8444, 8448, 8449, 8452, 8453, 8454, 8455, 8458, 8459, 8464, 8465, 8467, 8469, 8470, 8472, 8476, 8477, 8480, 8481, 8482, 8483, 8485, 8486, 8487, 8490, 8491, 8493, 8494, 8496, 8498, 8500, 8501, 8502, 8504, 8506, 8508, 8508, 8509, 8513, 8514, 8522, 8526, 8528, 8530, 8533, 8535, 8536, 8539, 8540, 8543, 8544, 8550, 8557, 8564, 8580, 8585, 8597, 8630, 8631, 8634, 8651, 8653, 8696, 8724, 8737, 8779, 8782, 8787, 8788, 8800, 8805, 8806, 8814, 8816, 8817, 8818, 8822, 8823, 8824, 8825, 8826, 8831, 8832, 8833, 8834, 8837, 8840, 8841, 8843, 8848, 8856, 8860, 8864, 8866, 8885, 8887, 8895, 8899, 8913, 8952, 8993, 9003, 9026, 9046, 9047, 9065, 9079

Health Status, *See also: Health Indicators*; 8775, 8879
Health Team, *See also: Health Manpower*; 8418, 8663, 8664, 8709

Hilot, *See also: Traditional Birth Attendant*; 8406, 8799

History of Health Services, *See also: Traditional Medicine*; 8425, 8452, 8463, 8464, 8466, 8530, 8533, 8644, 8788, 8859

Home Visiting, *See also: Health Services*; 8678, 8745, 8783, 8787, 8827

Hookworm, *See also: Parasitic Diseases*; 8551, 8605, 8666, 8753, 8922, 8925, 8957, 8988, 9060

Hospital, *See also: Health Centre*; 8411, 8416, 8425, 8435, 8436, 8446, 8448, 8450, 8461, 8477, 8478, 8498, 8502, 8514, 8561, 8598, 8637, 8641, 8642, 8643, 8645, 8647, 8657, 8683, 8687, 8707, 8739, 8744, 8828, 8859, 8889, 8894, 8937, 8965, 8985, 8990, 9016, 9017, 9054, 9079

Housing, *See also: Construction, Housing; Living Conditions*; 8402, 8696, 8752, 8826, 8884, 8922, 9009, 9051

Hygiene, *See also: Food; Living Conditions; Sanitation*; 8507, 8585, 8587, 8590, 8982, 9061

I

IBRD, 8487

Immunization, *See also: Disease Control; Vaccination; Vaccination Programme*; 8426, 8466, 8479, 8507, 8612, 8622, 8625, 8668, 8769, 8781, 8782, 8826, 8835, 8855, 8881, 8900, 8976, 8980, 9023

Infant Feeding, *See also: Breast-feeding; Child Health; Infants; Nutrition*; 8572, 8595, 8598, 8616, 8631, 8634, 8677, 8826, 8869, 8871, 8881, 8902, 8909, 8928, 8948, 8951, 8952, 8981, 8986, 9000, 9011, 9020, 9031, 9055, 9056

Infants, *See also: Children; Infant Feeding; Maternal Child Health*; 8466, 8478, 8560, 8598, 8616, 8631, 8637, 8642, 8643, 8725, 8789, 8797, 8801, 8821, 8869, 8891, 8893, 8894, 8908, 8909, 8914, 8924, 8931, 8937, 8952, 8953, 8973, 8975, 8983, 8985, 8986, 9000, 9011, 9017, 9018, 9020, 9024, 9025, 9026, 9028, 9030, 9035, 9042, 9052, 9054, 9063, 9086

Infectious Diseases, *See also: Anthrax; Cholera; Diphtheria; Disease Control; Enteric Diseases; Epidemiology; Eye Diseases; Haemorrhagic Fever; Leprosy; Malaria; Measles; Parasitic Diseases; Pertussis; Poliomyelitis; Rabies; Respiratory Diseases; Sexually Transmissible Diseases; Skin Diseases; Smallpox; Tetanus; Tuberculosis; Typhoid Fever; Yellow Fever*; 8444, 8479, 8565, 8584, 8594, 8608, 8632, 8637, 8638, 8679, 8753, 8761, 8797, 8814, 8891, 8894, 8917, 8927, 9017, 9042

Information Service, *See also: Information System*; 8435, 8449, 8471, 8480, 8682

Information System, *See also: Data Collection; Information Service*; 8435, 8449, 8479, 8480, 8567, 8633, 8656, 8682, 8698, 8795

Inpatient Care, *See also: Health Centre; Inpatient Care, Rural*; 8435, 8447, 8641, 8642, 8643, 8646, 8648, 8658, 8739

Inpatient Care, Rural, *See also: Inpatient Care*; 8644

Intensive Care Unit, *See also: Hospital*; 8425, 8643

International Aid, *See also: International Cooperation*; 8444, 8462

International Cooperation, *See also: International Aid*; 8419, 8444, 8453, 8462, 8479, 8498, 8501, 8506, 8584, 8595, 8630, 8655, 8662, 8672, 8690, 8717, 8760
International Organization, *See also: PAHO; UNICEF; Voluntary Organization*; 8656

Intrauterine Device, *See also: Birth Control*; 8830

J

Job Description, *See: specific health worker*; 8406, 8414, 8416, 8417, 8418, 8421, 8462, 8476, 8496, 8509, 8534, 8543, 8637, 8674, 8678, 8710, 8713, 8722, 8723, 8724, 8725, 8728, 8730, 8731, 8732, 8733, 8734, 8735, 8736, 8739, 8740, 8741, 8742, 8744, 8745, 8746, 8747, 8748, 8751, 8777, 8803, 8813, 8839, 8846, 8949, 9079

Job Description, Administrator, 8744

Job Description, Auxiliary, 8674, 8751

Job Description, Community Health Aide, 8733

Job Description, Community Health Worker, 8421,

8476, 8496, 8678, 8725, 8728, 8730, 8731, 8732, 8734, 8736, 8777, 8839
 Job Description, Community Nurse, 8744, 8745
 Job Description, Dental Health Nurse, 8741
 Job Description, Dentist, 8748, 8949
 Job Description, Dispensary Attendant, 8751
 Job Description, Dresser, 8751
 Job Description, Health Extension Officer, 8713, 8724
 Job Description, Health Team, 8418
 Job Description, Medical Assistant, 8417
 Job Description, Midwife, 8747
 Job Description, Multipurpose Auxiliary, 8723
 Job Description, Nurse, 8418, 8462, 8739, 8740, 8744
 Job Description, Nurse Practitioner, 8417, 8742, 8744
 Job Description, Nutrition Auxiliary, 8730, 8839
 Job Description, Ophthalmic Medical Assistant, 8735
 Job Description, Physician, 8414, 8509, 8637, 8710, 8713, 8803, 8846
 Job Description, Psychiatrist, 8722
 Job Description, Social Worker, 8416
 Job Description, Traditional Birth Attendant, 8406, 8534, 8746, 8747, 8813, 9079
 Job Description, Traditional Practitioner, 8534, 8543

K

Kwashiorkor, *See also: Nutrition*; 8677, 8874

L

Laboratory, *See also: Research Centre*; 8401, 8423, 8468, 8507, 8586, 8689, 8697, 8749, 8754, 8767, 8819, 8919, 8979, 9035, 9096
 Language, *See also: Culture*; 8671, 8672, 8763, 8795, 8836
 Legal Aspect, 8647
 Legislation, *See also: Legislation, Health*; 8440, 8585, 8595, 8629, 8631, 8955
 Legislation, Health, *See also: Legislation*; 8585, 8595, 8629, 8631, 8955
 Leishmaniasis, *See also: Parasitic Diseases*; 8547, 8591, 8611, 8829, 8898, 8904, 8927, 8947, 9041
 Leprosy, *See also: Infectious Diseases*; 8401, 8438, 8456, 8457, 8473, 8479, 8558, 8562, 8571, 8584, 8599, 8622, 8626, 8656, 8810, 8878, 8915, 8921, 8939, 8953, 8965, 8967, 9010, 9032
 Life Expectancy, *See also: Demography; Mortality*; 8855
 Living Conditions, *See also: Environmental Health; Housing; Hygiene; Slums*; 8443, 8569, 8618, 8660, 8884, 8922, 8972, 9066
 Local Level, 8449

M

Machakos Project, Kenya, 9047, 9065
 Malaria, *See also: Infectious Diseases*; 8468, 8495, 8538, 8547, 8559, 8584, 8609, 8611, 8675, 8754, 8756, 8786, 8788, 8809, 8894, 8897, 8957, 8985, 8999, 9005, 9008, 9071, 9085, 9100
 Mass Campaign, 8423, 8593, 8640, 8654, 8659, 8675, 8679, 8804, 9072, 9100
 Mass Campaign, Disease Control, *See also: Disease*

Control; 8423, 8593, 8640, 8654, 8659, 8675, 8804, 8935, 8943, 9072, 9100
 Mass Campaign, Health Education, 8679
 Mass Media, *See also: Annual Report; Bibliography; Communications; Periodical*; 8654, 8659, 8675, 8679, 8684, 8685, 8688, 8693
 Maternal Child Health, *See also: Antenatal Care; Child Health; Children; Family Health; Gynaecology; Infants; Maternal Child Health Services; Obstetrics; Postpartum Care*; 8401, 8420, 8427, 8466, 8548, 8565, 8592, 8598, 8600, 8608, 8634, 8661, 8669, 8680, 8703, 8705, 8798, 8812, 8835, 8863, 8913, 8953, 8986, 9030, 9063, 9080
 Maternal Child Health Services, *See also: Health Services; Maternal Child Health*; 8426, 8427, 8443, 8448, 8466, 8478, 8492, 8561, 8798, 8812, 8825, 8830, 8835, 9030, 9067, 9083
 Measles, *See also: Infectious Diseases*; 8552, 8642, 8781, 8797, 8894, 8900, 8927, 8931, 8932, 8966, 8980, 9054, 9095
 Medical Assistant, *See also: Auxiliary Health Worker*; 8417, 8448, 8455, 8724, 8865
 Medical Records, *See also: Epidemiology; Medical Records Maintenance*; 8435, 8656, 8698, 8699, 8703, 8705, 8751, 8780, 8789, 8867, 8932, 9052
 Medical Records Maintenance, *See also: Medical Records*; 8416, 8435, 8480, 8656, 8698, 8699, 8705, 8780
 Medical Social Worker, *See also: Health Manpower*; 8416
 Medical Technologist, *See also: Health Manpower*; 8749
 Medicinal Plant, *See also: Drugs; Traditional Medicine*; 8523, 8527, 8529, 8531, 8532, 8538, 8540, 8545, 8561, 8860, 8878, 8886, 8936, 9098
 Mental Health, 8405, 8430, 8431, 8439, 8445, 8446, 8447, 8451, 8474, 8479, 8539, 8542, 8576, 8600, 8634, 8644, 8646, 8650, 8652, 8658, 8712, 8729, 8803, 8820, 8857, 8872, 8883, 8918, 8923, 8958
 Mental Health Manpower, *See also: Auxiliary, Mental Health; Health Manpower; Psychiatrist*; 8428, 8430, 8431, 8446, 8712
 Mental Health Services, *See also: Health Services; Psychiatry*; 8428, 8430, 8431, 8436, 8439, 8445, 8446, 8447, 8451, 8460, 8474, 8644, 8645, 8646, 8650, 8652, 8657, 8658, 8803, 8820, 8872, 8883
 Mental Retardation, *See also: Nutrition*; 8959
 Methodology, 8413, 8418, 8430, 8475, 8484, 8490, 8491, 8493, 8495, 8499, 8500, 8501, 8503, 8508, 8510, 8512, 8515, 8517, 8549, 8583, 8588, 8592, 8593, 8599, 8603, 8608, 8609, 8621, 8628, 8638, 8686, 8709, 8754, 8766, 8768, 8769, 8771, 8774, 8775, 8779, 8785, 8789, 8790, 8791, 8799, 8801, 8831, 8841, 8847, 8854, 8855, 8884, 8885, 8903, 8917, 8924, 8940, 8942, 8944, 8982, 9032, 9039, 9059, 9032, 9039, 9050, 9059, 9066, 9070, 9089
 Methodology, Evaluation, 8490, 8496, 8583, 8621, 8686, 8771, 8774, 8779, 8785, 8831, 8854, 8855, 8884, 8924, 8940, 8942, 8944, 8982, 9032, 9039, 9059
 Methodology, Planning, 8413, 8418, 8430, 8475, 8484, 8491, 8493, 8495, 8496, 8499, 8501, 8503, 8508, 8510, 8512, 8515, 8517, 8549, 8588, 8592, 8593, 8599, 8608, 8609, 8621, 8628, 8638, 8841, 8842

Methodology, Research, *See also: Research*; 8490, 8500, 8790

Methodology, Screening, 8754

Methodology, Survey, 8603, 8768, 8785, 8789, 8790, 8791, 8847, 8885, 8903, 8917, 8972, 9025, 9059, 9066, 9070, 9089

Midwife, *See also: Health Manpower; Traditional Birth Attendant*; 8737, 8747, 8956

Migration, *See also: Brain Drain; Demography; Urbanization*; 8444, 8539, 8589, 8615, 8617, 8742, 8743, 8786, 8826, 8898, 8948, 8963, 8988, 8999, 9066

Minority Groups, *See also: Aborigines; Tribes*; 8540, 8873, 8882, 8885, 8906

Missionary, *See also: Volunteer*; 8453, 8664, 8788

Mobile Dental Unit, 8662, 8665

Mobile Family Planning Unit, 8830

Mobile Health Unit, *See also: Health Centre*; 8478, 8663, 8664, 8666, 8767, 8831

Morbidity, *See also: Evaluation, Health; Statistical Data*; 8420, 8446, 8451, 8474, 8481, 8491, 8495, 8537, 8539, 8551, 8556, 8573, 8574, 8580, 8581, 8589, 8591, 8599, 8603, 8608, 8610, 8613, 8614, 8623, 8627, 8637, 8642, 8646, 8654, 8698, 8775, 8781, 8786, 8789, 8790, 8801, 8804, 8814, 8815, 8824, 8856, 8869, 8885, 8889, 8890, 8893, 8894, 8895, 8897, 8898, 8899, 8904, 8905, 8906, 8908, 8915, 8917, 8918, 8925, 8926, 8927, 8932, 8933, 8936, 8938, 8939, 8946, 8947, 8957, 8960, 8962, 8964, 8965, 8966, 8968, 8969, 8972, 8978, 8980, 8985, 8988, 8989, 8995, 8998, 9003, 9010, 9012, 9016, 9018, 9023, 9024, 9029, 9034, 9035, 9040, 9041, 9044, 9046, 9048, 9054, 9058, 9064, 9066, 9068, 9069, 9070, 9071, 9072, 9075, 9077, 9081, 9083, 9084, 9089, 9091, 9092, 9093, 9097

Mortality, *See also: Demography; Life Expectancy; Statistical Data*; 8420, 8481, 8491, 8580, 8608, 8624, 8626, 8627, 8634, 8637, 8642, 8654, 8698, 8725, 8769, 8780, 8782, 8786, 8797, 8801, 8804, 8812, 8824, 8848, 8863, 8889, 8891, 8894, 8899, 8904, 8905, 8906, 8908, 8918, 8920, 8927, 8930, 8931, 8932, 8946, 8952, 8975, 8980, 8983, 8985, 8990, 8991, 9002, 9007, 9016, 9017, 9018, 9024, 9025, 9026, 9030, 9042, 9052, 9063, 9064, 9081, 9085, 9097

Mortality, Child, 8608, 8725, 8797, 8824, 8863, 8894, 8918, 8920, 8930, 8931, 8932, 8980, 8983, 8985, 8991, 9017, 9024, 9030, 9052, 9085

Mortality, Infant, 8637, 8642, 8725, 8797, 8801, 8891, 8894, 8908, 8931, 8952, 8963, 8975, 8983, 8985, 9017, 9018, 9024, 9025, 9026, 9030, 9042, 9052, 9063

Mortality, Maternal, 8561, 8634, 8812, 8990, 9002, 9018, 9025

N

National Health Plan, *See also: Planning, Health Services; Planning, National*; 8455, 8485, 8505, 8509, 8621, 8992

National Plan, *See also: Planning, National*; 8513

Nomads, *See also: Minority Groups*; 8537, 8663, 8664, 8732, 9071

Nurse, *See also: Community Nurse; Health Manpower; Nurse Practitioner; Nurse, Dental Health*; 8401, 8418, 8429, 8462, 8661, 8663, 8673, 8693, 8733, 8737, 8738, 8739, 8740, 8741, 8742, 8743, 8744, 8745, 8758, 8773, 8774, 8799, 8827, 8853, 8962, 9055

Nurse Practitioner, 8417, 8742, 8744

Nurse, Dental Health, *See also: Dental Manpower; Nurse*; 8741

Nursing Services, *See also: Health Services*; 8653, 8859

Nutrition, *See also: Anaemia; Anthropometric Measurement; Diet; Food; Goitre; Infant Feeding; Kwashiorkor; Mental Retardation; Nutrition Programme; Vitamin Deficiency*; 8401, 8403, 8405, 8437, 8444, 8463, 8475, 8519, 8537, 8549, 8567, 8571, 8572, 8573, 8580, 8582, 8583, 8592, 8595, 8598, 8600, 8608, 8616, 8618, 8621, 8630, 8634, 8653, 8672, 8673, 8677, 8681, 8700, 8704, 8705, 8730, 8731, 8751, 8760, 8778, 8796, 8835, 8863, 8876, 8888, 8894, 8896, 8901, 8902, 8903, 8916, 8918, 8920, 8928, 8929, 8930, 8934, 8940, 8941, 8942, 8944, 8948, 8950, 8954, 8961, 8970, 8971, 8977, 8981, 8982, 8985, 8986, 8991, 8992, 9001, 9006, 9009, 9014, 9015, 9019, 9020, 9021, 9023, 9027, 9031, 9033, 9038, 9039, 9040, 9043, 9044, 9045, 9049, 9056, 9059, 9067, 9073, 9076, 9078, 9080, 9085, 9086, 9094

Nutrition Programme, *See also: Nutrition*; 8437, 8464, 8475, 8509, 8519, 8549, 8567, 8572, 8592, 8621, 8668, 8672, 8677, 8782, 8802, 8808, 8871, 8874, 8928, 8941, 8954, 8959, 8992, 9001, 9006, 9019, 9031, 9038, 9056, 9076, 9080, 9094

O

Obstetrics, *See also: Gynaecology; Maternal Child Health; Parturition*; 8401, 8427, 8492, 8548, 8619, 8812, 8825, 8828, 8990, 9018

Occupational Health, 8404, 8432, 8439, 8440, 8479, 8481, 8615, 8629, 8634, 8653, 8790, 8859, 8879, 9022

Occupational Therapy, *See also: Rehabilitation Services*; 8655

Onchocerciasis, *See also: Parasitic Diseases*; 8570, 8581, 8584, 8586, 8697, 8910, 8935, 8972, 9046, 9072

Ophthalmic Medical Assistant, *See also: Auxiliary Health Worker*; 8455, 8735

Ophthalmology, *See also: Eye Diseases*; 8735

Oral Contraceptive, *See also: Birth Control*; 8783, 8830

Oral Rehydration, *See also: Disease Control*; 8507, 8553, 8618, 8648, 8674, 8700, 8755, 8764, 8765, 8766, 8767, 8772, 8782, 8817, 8824, 8937, 8956, 9013, 9016, 9028, 9070, 9074, 9090

Organization, *See: specific service or activity*; 8403, 8408, 8414, 8420, 8423, 8425, 8426, 8427, 8428, 8429, 8430, 8431, 8432, 8433, 8434, 8436, 8437, 8438, 8439, 8441, 8443, 8444, 8445, 8446, 8447, 8448, 8449, 8450, 8451, 8452, 8453, 8454, 8455, 8456, 8457, 8459, 8460, 8464, 8467, 8468, 8469, 8470, 8472, 8473, 8474, 8475, 8476, 8477, 8478, 8485, 8487, 8488, 8507, 8510, 8511, 8512, 8513, 8519, 8522, 8526, 8530, 8533, 8535, 8536, 8540, 8544, 8546, 8557, 8562, 8568, 8574, 8575, 8578, 8580, 8585, 8617, 8630, 8633, 8640, 8645, 8646, 8651, 8652, 8653, 8657, 8658, 8660, 8661, 8675, 8687, 8708, 8724, 8737, 8739, 8760, 8769, 8775, 8781, 8783, 8784, 8786, 8787, 8788, 8793, 8795, 8796, 8800, 8802, 8803, 8804, 8805, 8806, 8808,

8810, 8812, 8814, 8815, 8817, 8818, 8820, 8821, 8822, 8823, 8824, 8825, 8826, 8827, 8829, 8830, 8832, 8833, 8834, 8835, 8836, 8837, 8842, 8860, 8864, 8866, 8872, 8883, 8886, 8954, 8993, 9036
 Organization, Child Health Services, 8427
 Organization, Clinic, 8661
 Organization, Dental Services, 8450, 8488, 8510, 8793
 Organization, Disease Control, 8423, 8441, 8456, 8457, 8468, 8473, 8507, 8512, 8562, 8568, 8574, 8575, 8578, 8617, 8784, 8786, 8804, 8810, 8827, 8829, 9036
 Organization, Emergency Health Services, 8760
 Organization, Family Planning Programme, 8783, 8830, 8836
 Organization, Health Centre, 8660
 Organization, Health Education, 8511, 8675, 8687
 Organization, Health Manpower, 8414, 8535
 Organization, Health Services, *See also: Health Services*; 8403, 8408, 8424, 8425, 8426, 8433, 8434, 8438, 8444, 8448, 8449, 8452, 8453, 8454, 8455, 8459, 8464, 8467, 8469, 8470, 8472, 8476, 8477, 8485, 8487, 8513, 8522, 8526, 8530, 8533, 8535, 8536, 8540, 8544, 8546, 8557, 8580, 8585, 8630, 8651, 8653, 8724, 8737, 8770, 8787, 8788, 8800, 8805, 8806, 8814, 8816, 8817, 8818, 8822, 8823, 8824, 8825, 8826, 8832, 8833, 8837, 8860, 8864, 8866, 8886, 8993
 Organization, Hospital, 8739
 Organization, Mass Campaign, 8423, 8640, 8804
 Organization, Maternal Child Health Services, 8443, 8448, 8466, 8478, 8812, 8835
 Organization, Mental Health Services, 8428, 8430, 8431, 8436, 8439, 8445, 8446, 8447, 8451, 8460, 8474, 8644, 8646, 8652, 8657, 8658, 8803, 8820, 8872, 8883
 Organization, Nutrition Programme, 8437, 8475, 8519, 8802, 8808, 8954
 Organization, Project, 8429
 Organization, Rehabilitation Services, 8432
 Organization, Training, 8708
 Organization, Tuberculosis Programme, 8441, 8827, 8834
 Organization, Vaccination Programme, 8781, 8821
 Outpatient Care, *See also: Clinic, Outpatient*; 8429, 8435, 8438, 8441, 8650, 8651, 8652, 8657, 8658, 8787, 8814, 8820, 8827

P

PAHO, 8458, 8465, 8467, 8506, 8659, 8690
 Parasitic Diseases, *See also: Ascariasis; Filariasis; Guinea Worm; Hookworm; Infectious Diseases; Leishmaniasis; Onchocerciasis; Schistosomiasis; Trypanosomiasis*; 8578, 8584, 8608, 8611, 8636, 8638, 8666, 8753, 8756, 8881, 8891, 8897, 8922, 8925, 8926, 8927, 8935, 8957, 8988, 9060, 9066, 9071
 Parturition, *See also: Obstetrics; Pregnancy*; 8525, 8548, 8634, 8680, 8983, 8990, 9018, 9025, 9042, 9079, 9083
 Pediatrics, *See also: Child Health*; 8411, 8478, 8524, 8588, 8661, 8680
 Periodical, *See also: Mass Media*; 8405, 8407, 8548, 8689

Pertussis, *See also: Infectious Diseases*; 8612, 8781, 8821
 Pest Control, *See also: Disease Control*; 8569, 8570, 8578, 8591, 8601, 8623, 8632, 8633, 8640, 8675, 8692, 8829, 8938, 8946, 8978, 9008, 9041, 9051, 9098, 9100
 Pharmacology, 8401, 8620
 Pharmacy, *See also: Drugs*; 8647, 8859
 Physical Examination, *See also: Evaluation, Health*; 8463, 8759
 Physician, *See also: Health Manpower*; 8401, 8410, 8411, 8414, 8426, 8434, 8453, 8493, 8509, 8515, 8516, 8637, 8661, 8663, 8693, 8707, 8708, 8709, 8710, 8711, 8712, 8713, 8714, 8715, 8716, 8717, 8718, 8719, 8720, 8721, 8749, 8771, 8773, 8774, 8775, 8778, 8798, 8799, 8803, 8823, 8844, 8845, 8846, 8847, 8849, 8850, 8852, 8854, 8859, 8865, 8916, 8962
 Physiotherapy, *See also: Rehabilitation Services*; 8758
 Pilot Project, *See also: Government Project*; 8429, 8430, 8494, 8645, 8648, 8655, 8669, 8684, 8717, 8719, 8732, 8733, 8736, 8742, 8803, 8811, 8820, 8828, 8838, 8839, 8872, 8938, 8978
 Planning, *See: specific service or activity*; 8408, 8410, 8411, 8413, 8414, 8415, 8417, 8418, 8419, 8420, 8421, 8422, 8427, 8428, 8429, 8430, 8436, 8441, 8442, 8443, 8459, 8460, 8462, 8466, 8469, 8470, 8473, 8474, 8475, 8477, 8481, 8482, 8483, 8484, 8485, 8486, 8487, 8488, 8489, 8490, 8491, 8492, 8493, 8494, 8495, 8496, 8497, 8499, 8500, 8501, 8502, 8503, 8504, 8506, 8507, 8508, 8509, 8510, 8511, 8512, 8513, 8514, 8515, 8517, 8521, 8529, 8539, 8540, 8544, 8549, 8550, 8552, 8553, 8554, 8555, 8556, 8558, 8559, 8560, 8561, 8562, 8563, 8565, 8566, 8567, 8568, 8569, 8570, 8572, 8573, 8574, 8575, 8576, 8577, 8578, 8579, 8581, 8582, 8585, 8587, 8588, 8589, 8591, 8592, 8593, 8596, 8597, 8599, 8600, 8601, 8602, 8603, 8604, 8605, 8606, 8608, 8609, 8610, 8612, 8613, 8614, 8615, 8618, 8620, 8621, 8623, 8624, 8625, 8628, 8630, 8632, 8633, 8635, 8638, 8639, 8641, 8645, 8658, 8688, 8708, 8710, 8715, 8716, 8735, 8742, 8747, 8748, 8749, 8760, 8768, 8770, 8773, 8780, 8799, 8805, 8809, 8825, 8834, 8840, 8841, 8842, 8843, 8871, 8878, 8884, 8885, 8886, 8913, 8917, 8932, 8960, 8972, 8977, 9008, 9019, 9041, 9046, 9050, 9051, 9076, 9084
 Planning, Dental Manpower, 9050
 Planning, Dental Services, 8488, 8497, 8510, 8554, 9050
 Planning, Development, *See also: Community Development; Economic Development; Government Policy; Rural Development; Social Development; Socioeconomic Development*; 8443, 8462, 8486, 8487, 8494, 8495, 8496, 8504, 8582, 8615, 8708, 8799
 Planning, Disease Control, 8441, 8473, 8495, 8497, 8507, 8509, 8512, 8552, 8553, 8555, 8556, 8558, 8559, 8562, 8565, 8566, 8568, 8570, 8573, 8574, 8575, 8576, 8577, 8578, 8579, 8581, 8585, 8587, 8588, 8589, 8591, 8593, 8596, 8601, 8602, 8603, 8605, 8608, 8609, 8610, 8613, 8614, 8618, 8620, 8623, 8624, 8628, 8632, 8635, 8638, 8639, 8753, 8917, 8932, 8960, 8972, 9008, 9041, 9051, 9084
 Planning, Emergency Health Services, 8760

Planning, Health Education, 8511, 8688, 8809
 Planning, Health Manpower, 8417, 8419, 8485
 Planning, Health Services, *See also: Health Services; National Health Plan*; 8408, 8418, 8424, 8459, 8469, 8470, 8477, 8481, 8482, 8483, 8485, 8486, 8487, 8491, 8493, 8494, 8496, 8500, 8501, 8502, 8504, 8509, 8513, 8514, 8539, 8540, 8544, 8550, 8597, 8799, 8825, 8840, 8841, 8884, 8885, 8913, 9046
 Planning, Maternal Child Health Services, 8427, 8443, 8492, 8561
 Planning, Mental Health Manpower, 8428
 Planning, Mental Health Services, 8430, 8431, 8436, 8460, 8474, 8645, 8658
 Planning, National, *See also: National Health Plan; National Plan*; 8443, 8486, 8489, 8493, 8501, 8512, 8513, 8567, 8582, 8593, 8628
 Planning, Nutrition, 8582, 8630
 Planning, Nutrition Education, 8572, 8977
 Planning, Nutrition Programme, 8475, 8509, 8549, 8567, 8592, 8621, 8871, 9019, 9076
 Planning, Project, 8429, 8742, 8842
 Planning, Rehabilitation, 8606
 Planning, Rehabilitation Services, 8563, 8599
 Planning, Sanitation Services, 8503
 Planning, Survey, 8884
 Planning, Training, 8408, 8410, 8411, 8413, 8414, 8415, 8421, 8422, 8431, 8442, 8509, 8710, 8715, 8716, 8735, 8747, 8748, 8749, 8770, 8773, 8805
 Planning, Tuberculosis Programme, 8441, 8575, 8593, 8604, 8780, 8834
 Planning, Vaccination Programme, 8517, 8552, 8555, 8560, 8612, 8625, 8635
 Planning, Waste Disposal, 8569
 Planning, Water Supply, 8569
 Poisoning, *See also: Emergency Medical Care*; 8440, 8561, 8753, 8757, 8806
 Poliomyelitis, *See also: Infectious Diseases*; 8659, 8758, 8781, 8976, 9024, 9084
 Political Aspect, *See also: Government Policy*; 8436, 8452, 8454, 8493, 8498, 8504, 8566, 8800, 8806, 8839
 Population, *See also: Demography*; 8483, 8493, 8963
 Population Increase, *See also: Demography*; 8493, 8498
 Postpartum Care, *See also: Maternal Child Health*; 8525, 8680
 Poverty, *See also: Slums*; 8566, 8576, 8615, 8871, 8896, 8934, 8986, 9009
 Pregnancy, *See also: Antenatal Care; Obstetrics; Parturition*; 8437, 8525, 8527, 8548, 8561, 8565, 8680, 8705, 8875, 8876, 8896, 8936, 8953, 8983, 8996, 9014, 9018, 9025, 9040, 9042, 9079, 9080, 9083
 Preventive Medicine, 8447, 8454, 8479, 8497, 8505, 8556, 8597, 8602, 8628, 8629, 8655, 8669, 8678, 8680, 8688, 8735, 8768, 8769, 8782, 8787, 8811, 8987
 Primary Care, 8408, 8418, 8424, 8426, 8429, 8436, 8459, 8460, 8462, 8466, 8469, 8470, 8471, 8477, 8485, 8487, 8494, 8499, 8502, 8507, 8520, 8526, 8530, 8541, 8634, 8709, 8715, 8720, 8721, 8728, 8732, 8736, 8744, 8750, 8782, 8805, 8813, 8822, 8828, 8832, 8833, 8839, 8849, 8884
 Prosthesis, *See also: Equipment; Rehabilitation Services; Rehabilitation*; 8702
 Psychiatrist, *See also: Mental Health Manpower*; 8722
 Psychiatry, *See also: Mental Health Services*; 8401,

8403, 8431, 8436, 8446, 8460, 8474, 8542, 8576, 8645, 8650, 8883
 Psychological Aspect, 8532, 8539, 8543, 8545, 8739, 8861
 Psychology, 8436

Q

Questionnaire, *See also: Survey*; 8515, 8561, 8563, 8589, 8770, 8790, 8842, 8846, 8847, 8857, 8862, 8865, 8877, 8880, 8915, 8977, 9030

R

Rabies, *See also: Infectious Diseases*; 8649, 8688, 8927
 Radiology, *See also: Health Services*; 8410, 8984, 9087
 Refugees, 8418, 8419, 8444, 8462, 8637, 8760, 9015
 Rehabilitation, *See also: Disabled; Prosthesis*; 8432, 8462, 8479, 8505, 8563, 8655, 8702, 8758
 Rehabilitation Services, *See also: Health Services; Occupational Therapy; Physiotherapy; Prosthesis*; 8432, 8479, 8505, 8563, 8599, 8606, 8655
 Research, *See also: Methodology, Research; Statistical Analysis; Survey*; 8426, 8436, 8438, 8440, 8461, 8465, 8472, 8485, 8490, 8498, 8500, 8506, 8508, 8529, 8557, 8564, 8571, 8581, 8584, 8591, 8592, 8611, 8620, 8621, 8622, 8625, 8632, 8633, 8701, 8711, 8717, 8769, 8788, 8790, 8879, 8943, 9063, 9088, 9098
 Research Centre, *See also: Laboratory*; 8553, 8683, 8783
 Research, Disease Control, 8438, 8581, 8584, 8591, 8620, 8622, 8632, 8878, 9088, 9096
 Research, Health Education, 8683
 Research, Health Services, 8426, 8465, 8472, 8485, 8490, 8506, 8564
 Research, Nutrition, 8592, 8621, 9063
 Respiratory Diseases, *See also: Infectious Diseases*; 8642, 8761, 8769, 8856, 8891, 8895, 8908, 8931, 8932, 8983, 8985, 9021, 9042
 Rural Area, 8404, 8424, 8470, 8477, 8515, 8516, 8539, 8550, 8566, 8569, 8644, 8657, 8693, 8694, 8716, 8737, 8770, 8787, 8799, 8813, 8823, 8825, 8832, 8844, 8845, 8846, 8849, 8852, 8853, 8875, 8887, 8908, 8913, 8931, 8961, 8966, 8967, 8972, 8984, 8986, 9010, 9022, 9070, 9077
 Rural Development, *See also: Planning, Development*; 8462
 Rural Health Post, *See also: Health Centre*; 8651, 8799
 Rural Health Promoter, *See also: Auxiliary Health Worker*; 8684
 Rural Medical Aid, *See also: Auxiliary Health Worker*; 8448

S

Sanitary Facilities, *See also: Construction, Sanitary Facilities; Sanitation*; 8503, 8676, 8692, 8696, 8752
 Sanitation, *See also: Environmental Health; Hygiene; Sanitary Facilities; Waste Disposal*; 8566, 8585, 8589, 8653, 8696, 8767, 9052
 Sanitation Manpower, *See also: Health Manpower*; 8696

Sanitation Services, *See also: Health Services*; 8503, 8696, 8811

Scabies, *See also: Skin Diseases*; 9023, 9058, 9077

Schistosomiasis, *See also: Parasitic Diseases*; 8495, 8547, 8584, 8603, 8613, 8617, 8623, 8639, 8756, 8911, 8925, 8926, 8938, 8957, 8960, 8978, 8988, 8989, 8995, 8998, 8999, 9012, 9029, 9036, 9048, 9089, 9098

School, *See also: Education; Training Centre; University*; 8488, 8563, 8564, 8686, 8708, 8778, 8844, 8888, 8915

School Health, *See also: Children; Students; Teacher*; 8405, 8463, 8464, 8478, 8667, 8670, 8675, 8681, 8683, 8685, 8686, 8688, 8796, 8809, 8890, 8918, 9023

School, Dental, 8488, 8748

School, Medical, 8708, 8778, 8844

School, Public Health, 8564

Screening, *See also: Diagnosis*; 8463, 8507, 8549, 8577, 8593, 8617, 8723, 8735, 8754, 8768, 8791, 8794, 8828, 8857, 8965, 8982, 8984, 9075

Self-care, 8471, 8669, 8885, 9047, 9065

Sexually Transmissible Diseases, *See also: Infectious Diseases; Yaws*; 8538, 8568, 8577, 8610, 8614, 8837, 8968, 9075, 9091, 9092, 9093, 9096

Skin Diseases, *See also: Dermatology; Infectious Diseases; Scabies; Yaws*; 8573, 8586, 8591, 8601, 8607, 8627, 8753, 8761, 8895, 8898, 8908, 9034, 9077

Slums, *See also: Living Conditions; Poverty; Urbanization*; 8429, 8599, 8660, 8667, 8745, 9076

Smallpox, *See also: Infectious Diseases*; 8423, 8594, 8691, 8804, 8815, 8979, 8990

Social and Cultural Anthropology, *See also: Culture*; 8483, 8540, 8886

Social Aspect, 8411, 8431, 8452, 8453, 8492, 8503, 8557, 8566, 8644, 8646, 8708, 8770, 8775, 8799, 8806, 8839, 8860, 8871, 8875, 8883, 8896, 8975, 9003, 9044, 9099

Social Change, *See also: Social Development; Urbanization*; 8537, 8843, 8861, 8869, 8879, 9044

Social Development, *See also: Planning; Development; Social Change*; 8600, 9086

Social Participation, *See also: Community Development*; 8418, 8443, 8444, 8446, 8453, 8454, 8469, 8471, 8476, 8482, 8485, 8496, 8499, 8519, 8549, 8644, 8651, 8667, 8669, 8676, 8695, 8696, 8709, 8734, 8796, 8807, 8811, 8816, 8817, 8822, 8835, 8839

Social Sciences, 8483, 8564

Social Security, *See also: Health Insurance*; 8568

Social Services, *See also: Child Care*; 8464, 8997

Socioeconomic Aspect, 8403, 8524, 8573, 8636, 8680, 8688, 8838, 8840, 8862, 8873, 8880, 8891, 8902, 8914, 8922, 8942, 8954, 8955, 8982, 8991, 8997, 9003, 9009, 9030, 9052, 9054, 9073, 9076, 9085

Socioeconomic Development, *See also: Economic Development; Planning; Development*; 8633

Statistical Analysis, *See also: Research; Statistical Data*; 8500, 8603, 8769, 8780, 8789, 8801, 8847, 8848, 8891, 8894, 8907, 8913, 8930, 8932, 8944, 8963, 8990, 9004, 9024, 9030, 9042, 9052, 9086

Statistical Data, *See also: Demography; Morbidity; Mortality; Statistical Analysis; Survey*; 8427, 8438, 8443, 8445, 8446, 8451, 8463, 8468, 8474, 8477, 8481, 8491, 8495, 8500, 8504, 8507, 8515, 8516, 8527, 8539, 8547, 8557, 8569, 8572, 8574, 8575, 8599, 8606, 8607, 8610, 8613, 8614, 8618, 8621, 8642, 8644, 8646, 8653, 8664, 8667, 8674, 8679, 8703, 8707, 8720, 8722, 8723, 8725, 8729, 8748, 8769, 8770, 8772, 8773, 8775, 8776, 8779, 8780, 8782, 8783, 8784, 8789, 8797, 8801, 8802, 8807, 8810, 8814, 8815, 8818, 8820, 8821, 8824, 8826, 8828, 8829, 8831, 8834, 8835, 8836, 8844, 8845, 8846, 8847, 8848, 8849, 8850, 8851, 8852, 8853, 8854, 8856, 8857, 8859, 8861, 8862, 8864, 8867, 8868, 8869, 8871, 8875, 8876, 8879, 8881, 8882, 8883, 8885, 8888, 8889, 8890, 8891, 8892, 8893, 8894, 8895, 8896, 8897, 8898, 8899, 8901, 8902, 8903, 8905, 8906, 8907, 8908, 8909, 8911, 8912, 8913, 8914, 8915, 8916, 8917, 8918, 8919, 8921, 8922, 8924, 8925, 8926, 8928, 8929, 8930, 8932, 8933, 8934, 8935, 8936, 8939, 8940, 8942, 8943, 8944, 8945, 8946, 8947, 8948, 8949, 8950, 8951, 8952, 8953, 8954, 8955, 8956, 8958, 8959, 8960, 8961, 8962, 8964, 8965, 8966, 8968, 8969, 8970, 8971, 8973, 8974, 8975, 8976, 8977, 8978, 8980, 8982, 8985, 8988, 8989, 8990, 8991, 8992, 8993, 8994, 8996, 8997, 8998, 8999, 9000, 9001, 9002, 9003, 9004, 9005, 9006, 9009, 9010, 9012, 9013, 9014, 9015, 9016, 9017, 9018, 9019, 9020, 9021, 9021, 9022, 9023, 9024, 9025, 9026, 9027, 9028, 9029, 9030, 9031, 9032, 9033, 9034, 9036, 9037, 9038, 9039, 9040, 9041, 9042, 9043, 9045, 9046, 9047, 9048, 9049, 9052, 9053, 9054, 9055, 9056, 9057, 9058, 9059, 9060, 9061, 9062, 9063, 9065, 9066, 9067, 9068, 9069, 9070, 9071, 9072, 9073, 9075, 9076, 9077, 9078, 9079, 9080, 9081, 9083, 9084, 9085, 9086, 9087, 9089, 9091, 9092, 9093, 9094, 9097, 9098, 9099, 9100

Student Selection, 8496, 8499, 8724, 8726, 8729, 8731, 8732, 8733, 8741, 8746, 8747

Students, *See also: Education; School Health*; 8463, 8464, 8516, 8667, 8668, 8683, 8686, 8888, 8890, 8915, 8917, 8957, 8968, 8977

Supervision, 8408, 8496, 8713, 8732, 8733, 8746, 8813, 8832

Supervision, Auxiliary, 8408, 8496, 8732, 8733, 8746

Surgery, *See also: Anaesthesia*; 8401, 8538, 8619, 8637, 8710, 8792, 9053

Survey, *See also: Attitudes; Data Collection; Demography; Epidemiology; Evaluation; Questionnaire; Research; Statistical Data*; 8430, 8441, 8443, 8516, 8525, 8538, 8555, 8561, 8572, 8573, 8577, 8586, 8591, 8597, 8599, 8603, 8605, 8613, 8626, 8646, 8647, 8650, 8656, 8768, 8770, 8778, 8779, 8783, 8785, 8789, 8790, 8791, 8792, 8810, 8815, 8824, 8825, 8829, 8834, 8842, 8845, 8846, 8847, 8849, 8851, 8852, 8856, 8857, 8857, 8861, 8862, 8864, 8865, 8867, 8869, 8871, 8875, 8876, 8877, 8880, 8881, 8884, 8885, 8887, 8888, 8890, 8892, 8893, 8895, 8896, 8897, 8898, 8899, 8901, 8902, 8903, 8906, 8908, 8909, 8912, 8913, 8914, 8915, 8916, 8917, 8920, 8921, 8922, 8925, 8926, 8929, 8930, 8931, 8933, 8934, 8935, 8936, 8939, 8940, 8942, 8947, 8950, 8951, 8953, 8954, 8955, 8957, 8958, 8960, 8961, 8962, 8965, 8966, 8967, 8968, 8969, 8970, 8971, 8972, 8974, 8975, 8977, 8980, 8981, 8982, 8986, 8988, 8989, 8991, 8992, 8993, 8994,

8996, 8997, 8998, 9000, 9002, 9003, 9010, 9014, 9016, 9017, 9018, 9019, 9020, 9021, 9022, 9023, 9024, 9025, 9026, 9030, 9031, 9034, 9035, 9039, 9040, 9043, 9045, 9046, 9047, 9048, 9049, 9050, 9054, 9055, 9058, 9059, 9061, 9065, 9066, 9067, 9069, 9070, 9071, 9073, 9076, 9078, 9079, 9083, 9085, 9086, 9089, 9091

T

Teacher, *See also: Education; Health Manpower; School Health*; 8412, 8421, 8686, 8717, 8729, 8747, 8750, 8764

Teaching Aid, *See also: Audiovisual Aid; Handbook; Teaching Method; Textbook; Training Manual*; 8405, 8415, 8559, 8671, 8672, 8674, 8681, 8683, 8750, 8757, 8762, 8763, 8796

Teaching Aid, Disease Control, 8559

Teaching Aid, Health Education, 8405, 8674, 8763

Teaching Aid, Nutrition, 8672, 8681

Teaching Method, *See also: Teaching Aid*; 8405, 8408, 8671, 8672, 8676, 8684, 8708, 8709, 8711, 8716, 8719, 8720, 8727, 8729, 8731, 8740, 8749, 8750, 8771, 8916

Tetanus, *See also: Infectious Diseases*; 8552, 8625, 8626, 8705, 8781, 8782, 8821, 8894, 8931

Textbook, *See also: Teaching Aid*; 8401, 8415

Trachoma, *See also: Eye Diseases*; 8933, 8999, 9046, 9069

Tradition, *See also: Culture*; 8525, 8537, 8542, 8836, 8874, 8876, 8931, 8948, 9020

Traditional Birth Attendant, *See also: Auxiliary Health Worker; Dai; Dukun; Hilot; Midwife; Traditional Practitioner*; 8406, 8522, 8523, 8525, 8534, 8561, 8704, 8746, 8747, 8776, 8782, 8813, 9079

Traditional Medicine, *See also: Acupuncture; Culture; History of Health Services; Medicinal Plant; Traditional Practitioner*; 8403, 8420, 8427, 8428, 8433, 8446, 8453, 8479, 8523, 8526, 8527, 8528, 8530, 8531, 8532, 8533, 8535, 8536, 8538, 8540, 8541, 8544, 8545, 8546, 8557, 8718, 8800, 8806, 8807, 8823, 8825, 8860, 8862, 8864, 8865, 8866, 8867, 8870, 8872, 8877, 8878, 8879, 8880, 8882, 8883, 8886, 8887, 8895, 8993, 9047

Traditional Practitioner, *See also: Traditional Birth Attendant; Traditional Medicine*; 8445, 8523, 8526, 8528, 8530, 8532, 8533, 8534, 8535, 8536, 8538, 8540, 8541, 8543, 8544, 8650, 8776, 8823, 8860, 8862, 8864, 8865, 8866, 8872, 8877, 8880, 8881, 8882, 8883, 8886, 8887, 8895

Training, *See also: Continuing Education*; 8406, 8408, 8409, 8410, 8411, 8412, 8413, 8414, 8415, 8417, 8420, 8421, 8422, 8426, 8430, 8431, 8434, 8442, 8450, 8454, 8458, 8465, 8482, 8492, 8496, 8509, 8518, 8530, 8553, 8557, 8561, 8661, 8671, 8674, 8683, 8693, 8695, 8696, 8707, 8708, 8709, 8710, 8711, 8712, 8713, 8714, 8715, 8716, 8717, 8718, 8719, 8720, 8721, 8724, 8725, 8726, 8727, 8729, 8731, 8732, 8733, 8735, 8736, 8737, 8738, 8740, 8741, 8743, 8746, 8747, 8748, 8749, 8750, 8770, 8771, 8773, 8777, 8778, 8788, 8793, 8799, 8803, 8805, 8813, 8850, 8853, 8916

Training Centre, *See also: Education; School; University*; 8683, 8726

Training Course, *See also: Curriculum of specific health worker*; 8408, 8412, 8695, 8716, 8718, 8726, 8729, 8733, 8741, 8750, 8813, 8853

Training Manual, *See also: Teaching Aid*; 8683, 8755, 8762, 8764

Training Manual, Community Health Worker, 8764

Training Manual, First Aid, 8762

Training, Administrator, 8415, 8442, 8458, 8465

Training, Anaesthetist Auxiliary, 8518

Training, Auxiliary, 8410, 8413, 8420, 8454, 8674, 8721, 8726, 8729, 8805

Training, Community Health Aide, 8727, 8733

Training, Community Health Worker, 8408, 8421, 8496, 8671, 8725, 8731, 8732, 8736, 8777

Training, Dental Health Nurse, 8741

Training, Dental Manpower, 8409

Training, Dentist, 8450, 8748, 8793

Training, Health Educator, 8771

Training, Health Educator Auxiliary, 8683

Training, Health Extension Officer, 8713, 8724

Training, Health Manpower, 8408, 8412, 8414, 8422, 8482, 8553, 8696, 8726, 8799

Training, Medical Assistant, 8417

Training, Medical Technologist, 8749

Training, Mental Health Manpower, 8430, 8431, 8712

Training, Midwife, 8737, 8747

Training, Nurse, 8661, 8693, 8737, 8738, 8740, 8743, 8799, 8853

Training, Nurse Practitioner, 8417

Training, Ophthalmic Medical Assistant, 8735

Training, Physician, 8410, 8411, 8426, 8434, 8509, 8661, 8693, 8707, 8708, 8709, 8711, 8713, 8714, 8715, 8716, 8717, 8718, 8719, 8720, 8721, 8749, 8771, 8778, 8799, 8803, 8850, 8852, 8916

Training, Sanitation Manpower, 8696

Training, Teacher, 8412, 8717, 8747, 8750

Training, Traditional Birth Attendant, 8406, 8561, 8746, 8747, 8770, 8813

Training, Traditional Practitioner, 8530, 8533

Transport, 8402, 8422, 8615, 8620, 8760, 8762, 8812, 8822, 8832, 8924

Tribes, *See also: Minority Groups; Yoruba; Zulu*; 8537, 8540, 8543, 8545, 8548, 8601, 8677, 8776, 8806, 8818, 8860, 8868, 8876, 8884, 8886, 8912

Tropical Area, 8551, 8565, 8576, 8581, 8584, 8594, 8605, 8759

Tropical Medicine, 8814

Trypanosomiasis, *See also: Parasitic Diseases*; 8547, 8584, 8611, 8754, 8788, 8943, 8946, 9051, 9068

Tubal Ligation, *See also: Birth Control*; 8792

Tuberculosis, *See also: Infectious Diseases; Tuberculosis Programme*; 8441, 8560, 8575, 8584, 8635, 8663, 8723, 8761, 8780, 8781, 8784, 8785, 8788, 8791, 8810, 8819, 8827, 8834, 8893, 8919, 8924, 8969, 8984, 8985, 8990, 9053, 9062, 9081, 9084, 9088, 9097

Tuberculosis Programme, *See also: BCG Vaccination; Tuberculosis*; 8441, 8464, 8560, 8575, 8593, 8604, 8723, 8780, 8782, 8784, 8810, 8827, 8834, 9097

Typhoid Fever, *See also: Infectious Diseases*; 8547, 8574, 8587, 8753, 8761, 8781, 8889, 9007, 9082

U

UNICEF, *See also: International Organization*; 8595, 8659
 University, *See also: School; Training Centre*; 8427, 8564, 8656, 8657, 8661, 8667, 8711, 8717, 8726, 8922
 Urban Area, 8404, 8539, 8550, 8589, 8599, 8652, 8660, 8823, 8844, 8845, 8849, 8862, 8875, 8880, 8882, 8887, 8904, 8954, 8961, 8967, 8986, 9003, 9022, 9077
 Urbanization, *See also: Cultural Change; Migration; Social Change; Slums*; 8539, 8615, 8879, 8898
 Utilization Rate, 8446, 8528, 8535, 8787, 8792, 8816, 8818, 8822, 8823, 8825, 8834, 8856, 8859, 8860, 8861, 8866, 8867, 8873, 8880, 8882, 8887, 8895, 8896, 8899, 8952, 8962, 8993, 9003, 9015, 9030, 9044, 9047, 9065, 9067, 9079, 9083, 9099
 Utilization, Clinic, 9099
 Utilization, Dental Services, 8873, 9044
 Utilization, Health Centre, 9015
 Utilization, Health Services, 8528, 8535, 8787, 8816, 8818, 8822, 8823, 8825, 8834, 8856, 8860, 8866, 8887, 8895, 8899, 8952, 8993, 9003, 9047, 9065, 9079
 Utilization, Hospital, 9079
 Utilization, Maternal Child Health Services, 9030, 9067, 9083
 Utilization, Nursing Services, 8859
 Utilization, Traditional Medicine, 8880, 8882

V

Vaccination, *See also: BCG Vaccination; Immunization; Vaccination Programme*; 8422, 8423, 8517, 8552, 8587, 8612, 8622, 8625, 8649, 8659, 8691, 8821, 8900, 8973, 8987, 9082, 9095
 Vaccination Programme, *See also: Cold Chain; Immunization; Vaccination*; 8422, 8423, 8464, 8517, 8552, 8555, 8560, 8563, 8587, 8612, 8625, 8635, 8654, 8659, 8781, 8821, 8855, 8900, 8924, 8979, 8980, 9024, 9082, 9084, 9088, 9095
 Village, *See also: Community*; 8401, 8402, 8421, 8443, 8445, 8494, 8499, 8525, 8555, 8574, 8644, 8650, 8655, 8674, 8676, 8677, 8684, 8730, 8731, 8734, 8752, 8777, 8782, 8783, 8807, 8817, 8822, 8824, 8825, 8829, 8832, 8836, 8838, 8839, 8857, 8863, 8884, 8897, 8899, 8912, 8916, 8925, 8938, 8956, 8960, 8962, 8964, 8969, 8980, 8993, 9000, 9001, 9006, 9023, 9026, 9031, 9034, 9036, 9039, 9045, 9049, 9058, 9060, 9074, 9085, 9094

Vitamin Deficiency, *See also: Nutrition; Xerophthalmia*; 8407, 8573, 8628, 8933, 8994, 9027, 9039
 Voluntary Organization, *See also: International Organization*; 8444, 8448, 8455, 8681, 8877
 Volunteer, *See also: Health Manpower; Missionary*; 8455, 8659, 8728, 8734, 8749, 8777, 8824

W

Wage Structure, *See also: Health Economics*; 8859
 Waste Disposal, *See also: Sanitation*; 8503, 8569, 8589, 8615, 8638, 8696, 8807, 9057
 Water Supply, *See also: Construction, Water Supply; Environmental Health; Water Treatment*; 8402, 8495, 8507, 8566, 8569, 8589, 8615, 8638, 8676, 8696, 8752, 8811, 8838, 8960, 8964, 8988, 8998, 9007, 9029, 9045, 9048, 9052, 9057
 Water Treatment, *See also: Environmental Health; Water Supply*; 8569, 8615, 8695, 8696
 WHO, *See also: International Organization*; 8410, 8412, 8422, 8459, 8470, 8479, 8489, 8494, 8501, 8506, 8521, 8529, 8547, 8554, 8557, 8560, 8595, 8597, 8630, 8631, 8634, 8635, 8636, 8706, 8736, 8764, 8765, 8766, 8767, 8768, 8769, 8855, 9087
 Women, *See also: Culture*; 8437, 8525, 8527, 8542, 8572, 8592, 8619, 8634, 8641, 8669, 8672, 8674, 8677, 8681, 8704, 8705, 8728, 8738, 8772, 8826, 8828, 8861, 8868, 8869, 8875, 8876, 8896, 8899, 8909, 8931, 8951, 8958, 8970, 8974, 8986, 8991, 8996, 8997, 9000, 9014, 9018, 9020, 9025, 9040, 9049, 9067, 9073, 9079, 9083, 9085

X

X-ray Unit, 8410
 Xerophthalmia, *See also: Eye Diseases; Vitamin Deficiency*; 8628, 8994

Y

Yaws, *See also: Sexually Transmissible Diseases; Skin Diseases*; 8788, 9091, 9092
 Yellow Fever, *See also: Infectious Diseases*; 8594, 8611, 8753, 8999
 Yoruba, *See also: Tribes*; 8877

Z

Zulu, *See also: Tribes*; 9048

Geographic Index

(figures refer to abstract numbers)

A

Afghanistan, 8834, 8858
 Africa, *See also: regional name(s), e.g., East Africa and specific country name(s)*; 8401, 8403, 8413, 8420, 8431, 8474, 8526, 8536, 8539, 8544, 8546, 8548, 8552, 8556, 8557, 8584, 8594, 8602, 8604, 8607, 8608, 8610, 8638, 8673, 8752, 8756, 8758, 8805, 8886
 Algeria, 8784, 8785, 8900, 8919, 8947, 9007
 Argentina, 8425, 8680, 8819
 Australia, 8515, 8669, 8716, 8794, 8941, 8952, 9044, 9069

B

Bangladesh, 8485, 8525, 8553, 8555, 8674, 8684, 8755, 8783, 8804, 8811, 8815, 8824, 8930, 8931, 8979, 8986, 8987, 9002, 9016, 9057, 9070
 Benin, 9054
 Bolivia, 8856, 8858, 8860, 8967, 9066
 Botswana, 8695, 8696, 8831, 8946
 Brazil, 8435, 8519, 8564, 8639, 8652, 8653, 8660, 8667, 8675, 8686, 8711, 8717, 8719, 8827, 8828, 8840, 8883, 8904, 8943, 8948, 8954, 8968, 8995, 8999, 9004, 9036, 9040, 9051, 9052
 Burma, 8786

C

Cameroon, 8673, 8886, 8940, 8951, 8976, 9034
 Canada, 8405, 8502, 8621, 8657, 8693, 8795, 8796, 9004, 9063
 Caribbean, *See also: Latin America, West Indies, and specific country name(s)*; 8458, 8582, 8690
 Central Africa, 8548
 Central African Republic, 8878
 Central America, *See also: specific country name(s)*; 8545, 8621
 Chile, 8629, 8721, 8789, 8803, 8808, 8848, 8902, 8905, 9003, 9097
 China PR, 8432, 8438, 8439, 8446, 8447, 8450, 8451, 8452, 8498, 8523, 8531, 8535, 8640, 8718, 8748, 8793, 8800, 8820, 8843, 8906, 8923
 China R, 8887, 9004
 Colombia, 8430, 8490, 8508, 8527, 8589, 8621, 8944, 8964, 9004, 9063, 9080
 Congo, 8842, 8878, 9046, 9096
 Costa Rica, 8651, 8678, 8858, 8961, 9028
 Cuba, 8436, 8437, 8440, 8472, 8486, 8500, 8617, 8790, 8800, 8837
 Czechoslovakia, 8928

D

Dominica, 8574

E

East Africa, *See also: specific country name(s)*; 8426, 8548, 8709
 Ecuador, 8972
 Egypt, 8534, 8623, 8648, 8773, 8802, 8891, 8903, 8938, 8958, 9082
 El Salvador, 8621
 Ethiopia, 8598, 8695, 8696, 8953, 8988, 9005, 9029
 Europe, *See also: specific country name(s)*; 8559

F

Fiji, 9004
 France, 8456, 8457
 French Guiana, 8611

G

Gabon, 8619, 9017
 Gambia, 8477, 8672
 Ghana, 8476, 8491, 8504, 8676, 8814, 8822, 8910, 9072, 9073
 Guadeloupe, 8456, 8457
 Guatemala, 8524, 8528, 8592, 8600, 8672, 8735, 8858, 8913, 9001, 9049, 9063, 9076, 9094
 Guinea, 8989

H

Haiti, 8782, 8970
 Honduras, 8937
 Hong Kong, 8505, 8745, 8780

I

India, 8404, 8416, 8429, 8430, 8455, 8468, 8492, 8494, 8509, 8514, 8523, 8530, 8533, 8562, 8598, 8599, 8626, 8643, 8668, 8702, 8704, 8705, 8723, 8734, 8735, 8738, 8770, 8777, 8778, 8781, 8791, 8806, 8810, 8817, 8823, 8826, 8829, 8835, 8857, 8858, 8875, 8880, 8895, 8896, 8908, 8914, 8915, 8922, 8922, 8945, 8949, 8955, 8965, 8966, 8969, 8980, 8985, 8990, 9004, 9006, 9010, 9026, 9031, 9038, 9039, 9041, 9043, 9058, 9064, 9067, 9074, 9088, 9099
 Indochina, 8637
 Indonesia, 8596, 8786, 8807, 8838, 8839, 8858, 8917, 8973, 8991, 9013, 9050, 9056, 9061

Iran, 8725, 8861
Iraq, 8591, 8779, 8899, 8911
Israel, 8645, 8662, 8873
Ivory Coast, 8586, 8878, 8939, 8993, 9012

J

Jamaica, 8733, 8743, 8772, 8949
Japan, 8459, 8778, 9004

K

Kampuchea, 8444, 8786
Kenya, 8426, 8433, 8543, 8664, 8695, 8696, 8709, 8710,
8735, 8864, 8868, 9047, 9065, 9079
Korea R, 8778, 9025
Kuwait, 8898

L

Laos PDR, 8786, 9015
Latin America, *See also: regional name(s), e.g., Central America and specific country name(s);* 8415, 8458,
8461, 8465, 8506, 8545, 8549, 8568, 8600, 8621,
8684, 8690, 8801, 8905
Lesotho, 8695, 8696
Liberia, 8935, 9060

M

Madagascar, 8878
Malawi, 8561, 8695, 8696
Malaysia, 8577, 8615, 8641, 8687, 8778, 8786, 8865,
8866, 8907, 8932, 9053, 9055, 9071, 9084
Mali, 8624, 8625, 8878, 8994
Mauritania, 8524
Mexico, 8411, 8434, 8511, 8621, 8670, 8684, 8688,
8727, 8763, 8797, 8833, 8858, 8885, 8909, 8927,
8963, 8975, 8982, 8997, 9068
Mongolia PR, 8580
Mozambique, 8414, 8454, 8654, 8695, 8696

N

Nepal, 8597, 8671, 8912, 8921
Netherlands, 9063
New Zealand, 8493, 9004
Nicaragua, 8598, 8659, 8746, 8813
Niger, 8537, 8858
Nigeria, 8409, 8445, 8481, 8488, 8538, 8547, 8572,
8605, 8613, 8642, 8644, 8646, 8647, 8650, 8671,
8684, 8731, 8751, 8771, 8776, 8812, 8825, 8836,
8869, 8876, 8877, 8889, 8890, 8893, 8894, 8897,
8916, 8936, 8957, 8981, 9011, 9018, 9019, 9020,
9021, 9022, 9023
North America, 8545

O

Oceania, 8681, 8722, 9000, 9093
Oman, 8663

P

Pacific Islands USA, 9093

Pakistan, 8778, 9100
Panama, 8621, 8715
Papua New Guinea, 8482, 8681, 8713, 8724, 8740, 8774,
8845, 8870, 8892, 8901, 8992, 9032, 9091
Paraguay, 8800
Peru, 8453, 8469, 8814, 8858, 8862, 8912, 8942, 9004,
9030
Philippines, 8590, 8598, 8655, 8726, 8742, 8744, 8778,
8786, 8799, 8821, 8888, 8925, 8926, 8974, 8977,
9004, 9089, 9090
Portugal, 8784, 8785
Puerto Rico, 8720, 8872, 8978

R

Romania, 8784, 8785
Rwanda, 8950, 9077, 9078

S

Saudi Arabia, 8542, 8998
Senegal, 8430, 8714, 8816, 8832, 8842, 8858, 8878, 8994
Seychelles, 8579
Sierra Leone, 8443, 8841
Singapore, 8463, 8464, 8466, 8507, 8541, 8614, 8679,
8685, 8786, 8867, 8879, 8907, 8918, 8996, 9004
Somalia, 8705, 8971, 9098
South Africa, 8424, 8441, 8566, 8658, 8677, 8920, 8959,
9009, 9033, 9035, 9037, 9048
South Pacific, *See also: specific country name(s);* 8590,
8681, 9092
Southeast Asia, 8786
Sri Lanka, 8513, 8707, 8728, 8736, 8778, 8881, 9081
Sudan, 8430, 8732, 8798, 8960, 9008
Surinam, 8741
Swaziland, 8695, 8696, 9075
Switzerland, 8814

T

Taiwan, 9063
Tanzania, 8426, 8448, 8604, 8692, 8695, 8696, 8709,
8805, 9083
Thailand, 8419, 8444, 8475, 8637, 8749, 8778, 8786,
8792, 8800, 8851, 8858, 8884, 8929, 9015, 9042,
9045, 9062
Togo, 8585, 9059
Tunisia, 8703, 8830
Turkey, 8737, 8956

U

Uganda, 8426, 8709
UK, 8407, 8459, 8750
Upper Volta, 8994, 9072
Uruguay, 8473
USA, 8417, 8459, 8516, 8550, 8621, 8701, 8717, 8729,
8763, 8775, 8787, 8800, 8818, 8844, 8846, 8847,
8849, 8852, 8853, 8854, 8859, 8872, 8882, 8885,
8938, 8978, 9004, 9063, 9093
USSR, 8470, 8478, 8666, 8739, 8983, 8984

V

Venezuela, 8540

Vietnam, 8786, 8928

Y

Yemen, 8593, 8708, 8747
Yugoslavia, 8850

W

West Africa, *See also: specific country name(s);* 8504, 8863, 9072
Western Pacific, *See also: specific country name(s);* 9004

Z

Zaire, 8532, 8573, 8598, 8661, 8683, 8788, 9095
Zambia, 8695, 8696, 8871, 8933, 9014, 9085
Zimbabwe, 8427, 8462, 8601, 8627, 8874, 8934

