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3 October 1983

WORLDWIDE REPORT

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BRIEFS

LEPROSY IN DINAJPUR, RANGPUR--Thakurgaon, Aug 3--At least eighty thousand people of Dinajpur and Rangpur Districts are now suffering from leprosy, according to mobile unit of Medical Officers of Leprosy Treatment. Besides, there are several thousand undetected cases in the districts, it is also learnt. The worst affected areas are Parbatipur and Chirir Bandar thanas in Dinajpur district and Saidpur, Jaldhaka Domar and Nilphamari thanas in Rangpur district. There is a Leprosy Hospital in Nilphamari with only 20 beds. At Parbatipur and Saidpur, two voluntary overseas organisations are carrying the treatment of the local Leprosy patients. It is further learnt that a few years ago a plan was undertaken to establish a Leprosy Hospital at Saidpur. Building and quarters were constructed for the purpose, but for unknown reasons, the hospital was not opened. The Government should take an immediate step to open the proposed hospital. Another leprosy hospital should be established at Thakurgaon as early as possible. [Text] [Dhaka THE NEW NATION in English 6 Aug 83 p 2]

INTESTINAL DISEASE OUTBREAK--Intestinal diseases broke out in northern districts in an epidemic form. According to a report, about two lakh people have been suffering from the diseases in Northern five districts. The district-wise break up of the patients is 30,000 persons in Dinajpur district, 65,000 in Rangpur, 25,000 in Bogra, 35,000 in Pabna and 48,000 in Rajshahi district. People alleged that the curative and preventive measures taken up by the local Health Department are not satisfactory and the disease have been spreading to other places. The people of the aforesaid districts have urged upon the authorities concerned to take effective measures against the disease and to check further spread of the diseases. [Text] [Dhaka THE NEW NATION in English 6 Aug 83 p 2]

MYSTERY DISEASE REPORTED--Jessore, Aug 17--An unknown disease which has already claimed four lives in a suburban village during the last fortnight has created a panic in the area. The symptom of the disease is that the mouth dries up and the whole body goes into spasm as if in an epileptic fit--and within 30 minutes of that the afflicted is dead. The district civil surgeon said he had received information of the disease and would be going to the spot in a day or two. The four middle aged persons who died at Paniabahu village, three miles south of the town, are Juran Morol, Abdul Karim, Omar Ali and Asia Khatun. [Text] [Dhaka THE NEW NATION in English 18 Aug 83 p 8]

BACILLARY DYSENTERY DEATH--Sailkupa (Jessore) Aug 4--Faljan Bibi (50) of Hazramina under Sailkupa upazilla died of bacillary dysentery and other 13 persons of Mandaripara under the same upazilla were attacked during the last fortnight. Sporadic reports of bacillary dysentery and diarrhoea are reaching every day but proper record is not being made by the Thana Health Dept. When contacted the authority told this Correspondent that due to lack of health field workers proper medicare-could not be given. [Text] [Dhaka THE NEW NATION in English 8 Aug 83 p 2]

CSO: 5400/7154

BRIEFS

PUPIL VACCINATION MEASURES--Barbadian parents sending their four- and five-year-olds into school for the first time next month should make sure that the children are immunised against certain diseases. It is mandatory that children be immunised against diseases such as diphtheria, tetanus, measles and polio. During this month, all parents should be taking their children to various health centres for his medical treatment. A standard printed certificate is made for each child according to the 1970 health regulations. Some children might already have been immunised against these diseases during their preschool years when they were attending day care centres or nursery schools. Boosters may be necessary for those entering secondary school. These children who would have been last immunised when they were four and five years old should now have their medical treatment updated. Children may be treated at the Government medical health centres in their districts or they may attend the health clinic, Enmore or at Delamere Land, St. Michael. [Excerpt] [Bridgetown SUNDAY ADVOCATE in English 14 Aug 83 p 14]

CSO: 5400/7502

BRAZIL

BRIEFS

PARASITIC DISEASE INCIDENCE--During a roundtable discussion, Dr Rubens Campos, president of the Latin American Federation of Parasitologists, reported that there are about 110 million cases of parasitic diseases in Brazil. Dr Rubens Campos added that approximately 10 million Brazilians are afflicted by the Chagas disease and 50 million Brazilians by ascariasis. According to the Health Ministry, 12,000 people died of Chagas disease between 1979 and 1980. [Summary] [PY180117 Sao Paulo FOLHA DE SAO PAULO in Portuguese 6 Sep 83 p 17 PY]

CSO: 5400/2133

CENTER FOR TREATMENT OF BILHARZIA IN DANGER OF CLOSING

Cairo AL-AHALI in Arabic 8 Jun 83 p 7

[Article by Husayn 'Abd Rabbuh: "17 Million Egyptian Peasants Have Bilharzia; the Only Center for Bilharzia Is in Danger of Closing"]

[Text] The question now is no longer one of wholesale corruption in the University of al-Mansurah, nor is it one of forgery, embezzlement, bonuses and lack of protection for those who reject corruption. It is not that at all. As AL-AHALI published a few weeks ago the question now goes beyond the confines of the university and affects the future of millions of peasants who are being decimated by bilharzia, by diseases of the digestive system, by kidney diseases or by diseases of the urinary tract.

In whose interests did one of the highest scientific organizations in Egypt decide to shut down the only hospital of its kind in the country specializing in diseases of the digestive system?

In whose interests are obstacles stemming from narrow personal interests and whims being set up to impede the progress and the future of a hospital that is considered one of the most outstanding therapeutic and scientific institutions Egypt has known? That institution is considered the only one in Egypt for treating kidney diseases and diseases of the urinary tract. On whose behalf is this institution being managed?

In order to find out what the nature and implications of this destructive operation are, we will present the facts as they appear in documents and in the opinions of officials responsible for both experiments.

The First Story

A report by the World Health Organization states that 70 percent of Egyptian peasants have bilharzia. The report states that 20 to 50 percent of those Egyptians are likely to have diseases of the digestive system because of the fact that they have bilharzia. The most dangerous of these diseases are cirrhosis of the liver, esophagorrhagia, ulcers, prostate cancer, etc.

When we learn that departments for treating diseases of the digestive system in the colleges and hospitals of Egyptian universities have been shrinking from one

year to the next, and when we learn that these departments are now so few that one can count them on the fingers of one hand, the existence of one unit specializing in diseases of the digestive system in al-Mansurah University becomes a matter of exceptional importance.

This specialized unit was established in 1975 in the University of al-Mansurah. Because of al-Mansurah's location, the unit became the principal therapy center for 6 million residents of al-Daqahliyah and of the neighboring governorates of Damietta, Port Said and Kafr al-Shaykh as well as villages in al-Sharqiyah and al-Gharbiyah. Most residents of these areas are peasants, and 70 percent of them have bilharzia.

The unit was furnished with the most modern diagnostic and therapeutic devices, and it was funded by [appropriations] in the university budget, by foreign loans and by citizens' contributions. The value of the equipment and devices in the unit exceeded 3 million pounds.

Since 1975, 1,557 surgical procedures were performed at the unit.

The unit's medical staff participated in all local and international specialized conferences. The research [they contributed at those conferences] was outstanding.

Problems That Do Not Stop

Ever since the unit was established to develop the meaning of an outpatient clinic, the problems of the building have not stopped. Early in 1979 the roof of the operating room on the second floor collapsed, and work was suspended for 1 year.

In 1980 the roof on the third floor of the college and classroom [building] collapsed and was restored.

In January 1982 the roof on the first floor was about to collapse, and the whole building was in poor condition and likely to collapse suddenly. This was a threat to the lives of 120 physicians, nurses and employees. Dr Faruq 'Izzat, chief of the unit was notified officially last March 19 by a letter sent by the deputy director of the College of Medicine and the director general of the hospitals. Dr 'Izzat was informed about the report by the university's consultant architect on the condition of the building that is likely to collapse. He was told that management would assume no responsibility for any unexpected incident caused by anything mentioned in the architect's reports, and he was told that the physician who is the chairman of each department would be responsible for continued operations in those places. Dr 'Izzat was also told that the university would take measures to report to the public prosecutor's office about the condition of the building. The report would be against officials in this regard.

"However," as Dr Faruq 'Izzat says, "the problems did not stop there. After those who are responsible for the unit succeeded in contacting the ministries involved in this matter, the sum of 15 million pounds was allocated in the 5-Year Plan for the X-ray project, for the surgical procedures project and for the digestive system unit project. The allocation was made under the line item for replacement and renovation, and 400,000 pounds were allocated in the 1982-1983 budget to start

those projects since the architectural studies for replacing the unit's new building were completed. However, officials of the unit were surprised in February 1983 with a prevailing tendency on the university board, which had already approved that allocation, and on the board of directors of university hospitals. The two boards wanted the sum of money that was allocated to the unit for treating diseases of the digestive system to be used for construction of an emergency hospital. It was thought that there was no need for a hospital to treat diseases of the digestive system. This tendency was supported by officials in local government and by executive management.

At that meeting and at subsequent meetings Dr Faruq 'Izzat presented the point of view of workers in the unit for diseases of the digestive system.

"We are not opposed to the establishment of an emergency hospital, and we do not disagree about its importance. However, a new building must be built for the unit for diseases of the digestive system because it is needed and because the situation regarding the flow of patients is serious. It is true that the allocation in the plan was made for the unit, but the 15 million pounds would be enough for both purposes, particularly if we use with that allocation the French loan of 40 million francs that is being offered to the university. That loan includes the establishment of 10 operating rooms, a unit for sterilizing 1,000 beds daily, an intensive care unit, diagnostic X-ray [equipment] and therapeutic nuclear X-ray devices, etc."

Note: The operating room at University Hospital in al-Mansurah was shut down for 2 weeks because of contamination from sewage overflow. This was not the first time for this to happen. It happened the same week the French loan was cancelled.

Strife between Personal Interests

What was the result?

At the last meeting which included the governor, the secretary of the National Party, the chairman of the parliamentary group and remaining university officials, the board of directors of university hospitals turned down the request for a new building for the unit for [diseases of] the digestive system. In fact, the French loan was cancelled because each department in the University Hospital wanted to get its share of the loan outright so that it could administer those funds freely as it saw fit.

As the struggle over narrow personal interests gets more intense, as the buildings of the unit for diseases of the digestive system are about to collapse, as sick peasants succumb every night to hemorrhages, hemorrhoids and cirrhosis of the liver, special organizations and U.S. banks are coming up with offers to officials responsible for managing the unit for diseases of the digestive system to establish a private hospital anywhere within or outside the city limits of al-Mansurah. But decisions to tighten the siege around the unit are on the rise. A decision was issued by the administration of university hospitals asking the unit for diseases of the digestive system to turn over the services fund to administration.

Note: Proceeds of this fund come from citizens' contributions and from the set 20 percent determined by the board of directors of hospitals for surgical procedures

that are performed in hospitals. These funds are disbursed as incentives to nurses and employees at the unit. The funds are also used to subsidize meals and drugs and to provide clothing for patients who receive free medical care.

The Second Story

If bilharzia is the principal common component for diseases of the digestive system and for diseases of the kidney and the urinary tract, this grim picture of the future of the unit for diseases of the digestive system casts its dark shadows on the future of one of the most outstanding therapeutic and scientific achievements in Egypt. That achievement is the establishment of a center for diseases of the kidneys and of the urinary tract. Standing in the way of both experiments are the burueaucracy and the struggle between narrow and near-sighted interests. There are two observations that we ought to make at the outset.

First, there is the position of Dr Ghunaym, the architect of this therapeutic center. He is the prominent scientist whose personality and unique, individualistic position turned therapy [procedures] in Egypt into a story of hope springing in the hearts of thousands of poor people and peasants who have kidney disease. Dr Ghunaym refused to discuss what was personal. The second observation is that the scientific furnishings, the devices and the modern equipment found at the center, in patients' rooms and the evident cleanliness everywhere in the seven floors of the building, etc. attracted the attention of the French delegation that took part in the conference on kidney diseases which was held in Alexandria from 31 March to 2 April 1983. The French delegation said the center was an excellent facility whose scientific equipment was serving a therapeutic and scientific purpose. The French delegation said the center's equipment can be considered among the best in the world.

In fact, the Dutch company that oversaw the construction of the center published a brochure with pictures of the center. That brochure was to be distributed throughout the world [as an example of] one of its important accomplishments.

The Story of the Kidney Center

It was the Kidney and Urinary Tract Department at al-Mansurah University that provided training on artificial kidney machines and dialysis operations to most of those who received training. This was done from the early seventies to 1976 when faculty members succeeded in performing kidney transplant operations and dialysis procedures. The idea for establishing the center had grown from a belief that a specialized hospital was a vital necessity for any nation and any people.

The good scientific reputation that the department and its chairman earned played a role in overcoming many of the difficulties that impeded the establishment of the center in an honorable fashion. [The following] factors played a fundamental part in the establishment of the center which cost 12 million [pounds]:

--Contributions from residents of al-Daqahliyah; an annual sum of money was pledged by everyone who transferred [ownership of] one feddan of farm land.

--The conditions designated by the state, particularly after Dr Ghunaym was appointed adviser to the president.

--Foreign loans, very specifically the Dutch loan.

--Financial and administrative assistance and terms offered by mid-level officials in state and popular institutions.

The center consists of 7 floors and has a total area of 16,000 linear meters. It has 150 beds: 120 beds for patients staying in the hospital and 30 beds for dialysis patients.

The center consists of three departments: an educational department; a public services and an outpatient clinic; and in-house care for advanced cases.

The four operating rooms are centrally sterilized, and the entire center is centrally air-conditioned and equipped with an independent power unit that can supply the center with power in no more than 8 seconds in case of a power failure at the center.

The intensive care departments and the X-ray departments are complete, and the center has a computer for storing information and data about patients. The computer also has information about the most recent research as well as new information at similar centers in the world. This information is available to physicians.

There isn't a single foreigner operating these complicated and very modern devices. All the employees (420 workers) are Egyptians. What is striking is that most of the employees are women who graduated from higher and mid-level institutes of learning, and most of them come from the villages around al-Mansurah. [They were employed after] undergoing short periods of training.

The center is being prepared for its formal inauguration in 2 months after the finishing touches on the outside [of the building] are completed, and particularly after the yard around the building is planted.

The center has a unit for scientific research and experiments on animals for therapeutic and scientific purposes. Those who supervise this unit have this to say about it: "Quite simply we reject completely the prevalent notion that backward or developing countries like Egypt may not engage in scientific research or in research in basic sciences for the future, whether this research is clinical, that is applied, or experimental and performed on laboratory animals to develop knowledge. There is no distinction between physicians who treat people and physicians who work in research."

Results in Application

The establishment of the center had significant consequences. [The following] are among those consequences:

--The average stay for a patient, which was 36 days on the average, will be reduced to 14 days only as a result of integrating therapy at the center.

--The center's equipment can handle all kidney cases.

--Kidney transplant procedures which used to be done every 6 weeks can now be

performed every 2 weeks. However, the most significant result in that regard is the fact that the experience we had before the establishment of the center proved that in a country like Egypt, with Egypt's economic conditions, where most of the patients are poor and of moderate means, kidney transplants are the best way to treat kidney failure. This is because dialysis, a procedure which a patient goes through at least twice a week, costs the state 100 pounds a week. In private hospitals the procedure costs between 300 and 340 pounds a week. This procedure is repeated every week as long as the patient lives. Where the center stands, it is the state represented by the state medical commission that incurs the cost of 100 pounds. Kidney transplants, however, require that laws be issued to provide the healthy kidneys that are necessary for transplant procedures. These laws are not available at the present time.

--It is [now] possible to train a greater number of physicians in the Ministry of Health and in the various universities. In addition, fellow Arab physicians can also be trained. There can be an exchange of physicians with foreign centers in the universities of the world. Such exchanges took place on a limited scale before the center was established.

Two Obstacles

This center is now facing at its inception and early in its life two obstacles which have consequences and complications.

The first problem has to do with who will manage the center. The administration of university hospitals is now hoping to take over the center and to add it to all the loosely-run establishments it controls. Those who set up and built the center and made an outstanding effort to make it see the light of day are proposing an independent commission to manage the center. This commission would consist of faculty members in kidney diseases departments as well as popular representatives and representatives of university hospital management. The rationale for that proposal is that 20 percent of the center's service capacity will be devoted to patients who will pay set fees in accordance with the center's finance subsidy regulations. These fees will be used to pay for free therapy, to provide incentives for employees and to serve scientific purposes.

The second problem has to do with the fact that the proposed system for the center's operations requires that work hours at the center be continuous, from 9 a.m. to 5 p.m. daily. As far as workers and particularly physicians are concerned, this requires that the staff be employed full time at the center. This is a problem that has not yet been resolved for a large number of the center's medical staff. About this matter Dr Ghunaym says, "The only way for systems of medicine and therapy to make progress in our country is to have professors and teachers of medicine employed in Egyptian universities working full time as professors and teachers. But that means that we have to provide professors and teachers with the resources for a suitable, comfortable and secure life."

Note: The director of the Development Bank earns a monthly salary of 3,000 pounds, whereas Dr Ghunaym, the chairman of a department and the founder of the center earns a monthly salary of only 186 pounds. So far Dr Ghunaym refuses to start his private practice.

Questions

We have now reviewed both experiments--that of the unit for diseases of the digestive system which hardly began before it stumbled, despite the vital importance of this unit in the conditions of our country--and that of the center for kidney diseases, an experiment which is about to begin.

As we proclaim slogans demanding increases in production and as announcements are made that most of our wheat needs will be provided after 3 years, closing the gap in the grain crisis that people are facing, we [seem to be] ignoring the fact that without the farmer, production will not be increased, nor will the food gap be closed. This is because a farmer's life is being consumed by bilharzia and by other indigenous diseases in Egypt.

We are calling upon all sincere people to take action to save the experiment that is floundering. We are calling upon them once again to lend us a hand to protect the experiment that is about to begin so it would neither stop nor stumble in an endless cycle of struggles and narrow personal interests. We are asking people to help so that the lives of scores of thousands of farmers and poor workers who have been consumed by indigenous diseases would not end.

8592

CSO: 5400/4612

BRIEFS

WOMEN VACCINATED AGAINST TETANUS--The Ministry of Health has decided to begin a national campaign to vaccinate citizens against tetanus. Five million girls and women of child-bearing age, between the ages of 15 and 45, will be vaccinated before the end of this year. Vaccination procedures will begin early next month when half a million girls and women will be vaccinated. The purpose of this campaign is to eradicate tetanus and protect new-born infants from it. This statement was made by Dr al-Mu'tazz Billah Mubarak, undersecretary of the Ministry of Health. He is the official responsible for the basic health care sector. Dr Mubarak said that vaccination procedures will be performed at health units that are part of the rural health services project. He also took the first step to implement the basic health services program throughout the rural sector. [Text] [Cairo AL-AKHBAR in Arabic 27 May 83 pp 1,10] 8592

CSO: 5400/4612

DROPSY EPIDEMIC DISCUSSED IN LOK SABHA

Bombay THE TIMES OF INDIA in English 18 Aug 83 p 7

[Text] New Delhi, August 17 (PTI)--The health minister, Mr B. Shankaranand, joined the members in the Lok Sabha today in expressing concern over the adulteration of mustard oil causing dropsy epidemic, a toxic disease characterised by swelling of the extremities and palpitation and breathlessness.

Replying to a calling-attention motion on the reported dropsy epidemic in various parts of the country, particularly in the villages in Delhi's Palam area, he said the disease was usually caused by adulteration of mustard oil with argemone oil.

Mr Shankaranand disclosed that the total number of cases detected in Delhi so far was 213.

The motion was tabled by Mr Satyendra Narain Sinha (Janata) and others.

Mr Shankaranand said on August 5, the National Institute of Communicable Diseases was alerted by the zonal health officer about the outbreak of dropsy epidemic in Palam colony area in Delhi.

A team of the institute surveyed the affected areas from August 5 to 11 and visited the villages with a total population of 42,910. The total number of cases detected were 121, out of which three had died, he said.

Oil Adulterated

In addition, information received from the air force authorities indicate that 92 cases had been detected in air force lines. Further survey was in progress, the minister said.

Mr Shankaranand disclosed that all the cases detected by the National Institute of Communicable Diseases indicate history of use of mustard oil. In a majority of cases it was found that mustard oil was purchased in loose form. Six of the nine samples of mustard oil were found to be adulterated with argemone oil.

He listed the measures being undertaken to check the disease and steps to provide relief to the affected people and said the Delhi administration had drawn samples of mustard seed from Najafgarh grain market which had been sent for analysis. Samples of mustard oil were also being drawn from other areas of Delhi to ascertain the extent of adulteration.

The minister assured the house that the situation was being kept under close watch.

The health minister said in reply to Mr Sinha that cases of dropsy were also reported from Rajasthan and Gujarat. The National Institute of Communicable Diseases had already sent teams for investigation.

He agreed with Mr Sinha that the law to check adulteration should be more stringent and exemplary punishment awarded to culprits, who spinned easy money by this malpractice.

Mr Harish Rawat (Cong-I), suggested that a powerful drive should be launched against adulterators and co-operation of the state governments be sought for the purpose.

Mr Jagpal Singh (Lok Dal) wondered why not a single person had been arrested in cases of adulteration of mustard oil.

CSO: 5400/7151

BRIEFS

CHOLERA OR GASTROENTERITIS --Bombay, August 6--Rumours of an outbreak of a non-virulent form of cholera are sweeping the city, though the civic health authorities insist that it is only a seasonal spurt in gastro-enteritis. It is reported that some 20 patients from the Tilak Hospital at Sion were rushed to the Kasturba Hospital for Infectious Diseases on July 22, when they were suspected of having come down with non-virulent cholera. The chairman of the municipal health committee, Mr R.T. Kadam, said there was a controversy as to whether the disease was cholera or not. However, he admitted that a cholera inoculation campaign had been launched last week. No satisfactory reply was forthcoming for why the campaign had not been widely advertised. The civic executive health officer, Dr S.S. Sabnis, insisted that it was only a seasonal increase in gastro-enteritis and there was no cause for concern. Hundreds of patients with this "mystery" disease are in several hospitals across the city. [Text] [Bombay THE TIMES OF INDIA in English 7 Aug 83 p 9]

MALARIA IN BOMBAY--THANE, August 21: People in Thane-Belapur industrial zone and those in New Bombay area (Vashi, Tubhe etc.) are suffering from malaria on a large scale. This information was given to the members of the Thane zilla parishad, at its meeting on Friday. Mr. Vasant Mhatre, a member of the parishad from Belapur, raised the issue and told the members that each family in that belt had one or two persons suffering from malaria. [Excerpt] [Bombay THE TIMES OF INDIA in English 22 Aug 83 p 4]

GASTROENTERITIS DEATHS--JALPAIGURI (W.B), Aug 24 (PTI)--Four persons, including a woman, died of gastroenteritis while 300 others from different parts of the town were admitted to the Sadar hospital during the last few days, according to the district medical officer. Three of the dead belonged to the Harijan basti, while the woman was from Keranipara, the DMO said, adding that the disease was reported mostly from Indira Colony and the Pandapara area of the town. Arrangements were being made to ensure sufficient supply of saline and rehydration saline packets in the affected areas to cope with the situation, he said. [Text] [New Delhi PATRIOT in English 25 Aug 83 p 4]

CHOLERA IN RAE BARELI--Rae Bareli, Aug 13 (UNI)--Nine people, most of them children, have died of cholera in Rae Bareli district during the last ten days, Chief Medical Officer Subodh Mittal said yesterday. The epidemic had claimed five persons in Unchahar block while two each died in Singhpur and Salon blocks, he said. Dr Mittal said about 2,500 people had so far been vaccinated against cholera and 75 wells disinfected in the affected villages. [Text] [New Delhi PATRIOT in English 14 Aug 83 p 3]

CSO: 5400/7150

BRIEFS

INTESTINAL DISEASE IN JERUSALEM--The population of East Jerusalem suffers this season from twice as many cases of intestinal diseases and diarrhea. This does not represent a change from last year. This was reported by Dr Dov Tamir, the director of public health at the Jerusalem municipality. He estimates a few thousand patients. The municipality of Jerusalem decided this year to distribute a special leaflet in the eastern section of the city recommending a solution of salt and sugar (called ORS) for children who suffer from diarrhea. Dr Tamir added that this was done after the World Health Organization recommended the solution. It is sold in East Jerusalem for a few shekels. Dr Tamir said that personal hygiene information campaign was started in East Jerusalem, including special courses, video films and posters. The public health service hopes to make the public more aware of the subject through this campaign. [Text] [Tel Aviv HA'ARETZ in Hebrew 15 Aug 83 p 6] 9565

CSO: 5400/4532

BRIEFS

IMMUNIZATION CAMPAIGN--The Ministry of Health has stepped up its expanded programme of immunisation during this month to encourage more parents to have their children immunized before they return to school in September. Dr Deanna Ashley, Senior Medical Officer responsible for the Maternal and Child Health Programme in the Ministry of Health, speaking about the renewed pace of the programme, said that special effort was being made to get parents to immunize their children against polio, whooping cough, measles, diptheria, tuberculosis and rubella (German measles). She said that since January, public health nurses and community health aides had been participating in training programmes to update them about the immunisation process, to teach them new techniques in immunisation and the management of the cold chain. In addition, the Ministry had secured the necessary vaccines, drugs and equipment required to carry out mass immunisation. [Text] [Kingston THE DAILY GLEANER in English 13 Aug 83 p 26]

CSO: 5400/7501

MORE CHOLERA CASES IN TEMERLOH

Penang THE STAR in English 23 Aug 83 p 5

[Text]

KUANTAN, Mon. — The cholera situation in Temerloh has worsened with four more cases reported today. The latest cases were from Kuala Semantan, Kampung Baru Jengka, Kampung Tebal and Ladang Juntai.

State Deputy Director of Medical and Health Services Dr P.J. Jacob said today that the number of cholera cases in the district now stood at 15.

He said 119 cases and 328 carriers had been reported in the State since the epidemic broke out.

Thirteen confirmed cases and 11 carriers are being treated at the Mentakab district hospital while three carriers are being treated at the General Hospital here.

In Kuala Trengganu, the State Director of Medical and Health Department, Dr Che Rus Mohamed Noor, said his department would continue to take precautionary measures until the situation returned to normal.

In Kota Kinabalu, nine cholera cases and 14 carriers of the disease were detected in the Kota Belud district during the past one week, the State Medical Department said today.

They were from Kampung Gonok, Tampasuk, Kampung Kimo Kimo, Kampung Kota Bungan, Kampung Lubuau and Kampung Piasau, Medical Director Dr Mechiel K.C. Chan said.

However, he said, no deaths were reported during the period.

POOR WATER SUPPLY CAUSES CHOLERA

Penang THE STAR in English 26 Aug 83 p 10

[Text]

KUALA LUMPUR, Thurs. — Nearly half the country's population is not supplied piped water and only a third is provided with proper sanitation, the Consumers Association of Penang (CAP) said today.

"This is why the cholera situation in the country cannot be solved," its president, Encik S.M. Mohamed Idris, said.

The dependence on natural water resources and the lack of sanitation in rural areas had resulted in the cholera epidemics which so far claimed six lives this year, he added in a statement.

A CAP survey showed that the five-year Malaysia plans gave low priority to water supply projects in rural areas.

Priority had been given to hydro-electric power generation, irrigation, mining and industry instead, it added.

In 1980, only 60 per cent of the people in Peninsular Malaysia had drinking water. Of this, 90 per cent lived in the urban areas while less than 50 per cent of the rural population had piped water supply.

The survey also showed that in Sarawak, urban coverage was 93 per cent with rural coverage at only 25 per cent. In Sabah, it was 99 per cent for urban and 18 per cent for rural.

Despite this disparity, the Fourth Malaysia Plan only allocated 27 per cent of its allocation for water supply projects to the rural areas compared to 57 per cent to the urban sector, Encik Idris said.

"It is difficult to understand the rationale behind such planning," he said.

"Why is the urban sector given a larger allocation when more than 90 per cent of the urban sector is already covered with water?"

"It is obvious that the needs of the people are not considered in national development planning," he added.

He urged the Government to give priority to "fulfillment of basic needs of the people".

"The people should have access to adequate and clean water and sanitation to prevent any further cholera epidemic," he added.

CONCERN EXPRESSED OVER DEATHS FROM GASTROENTERITIS

Kathmandu THE RISING NEPAL in English 26 Aug 83 p 2

[Text]

The reported death of 106 persons due to gastro-enteritis in various parts of the Kingdom including 24 in Ramechhap, 71 in Gorkha and 11 in Salyan districts again brings to the fore the need for proper health education in the rural areas. Death by gastro-enteritis is, in fact, preventable. Gastro-enteritis is an infectious disease and as such has a tendency to spread and take on epidemic form. Unless properly cared for those falling victims to the disease might die. Taking into account the serious nature of the disease, His Majesty's Government through the local administration and rural health workers have already rushed necessary medical service to the affected areas to control the disease. The spread of the disease, therefore, can be expected to be checked. However, diseases such as gastro-enteritis which stem mostly from unhygienic living and from intake of stale and unhealthy food can be prevented only when the people themselves take the initiative and live in healthy environment and eat only fresh and wholesome food.

His Majesty's Government has opened a large number of health centres and health posts in rural areas as well as hospitals wherever possible. However, due to understandable constraints on resources, the health programmes of His Majesty's Government have not been as extensive as it could have been. Moreover, due to population pressure in the urban areas, better medical facilities have to be made available in these areas. In sum, therefore, the health posts and centres are not as effective

in controlling the outbreak of infectious diseases as they should be. In any case, many of such outbreaks take place in villages where there are no health posts. Hence, the need arises on the part of the better educated among the rural populace to create the necessary climate of awareness on the importance of hygienic living. As the spread of infectious diseases is also related to the quality or cleanliness of the water available, disinfecting potable water should also help to control such diseases. His Majesty's Government is already undertaking on its own and in cooperation with UN and other agencies, a large number of rural drinking water projects. This should help prevent the outbreak of infectious diseases. However, in places where there are no modern drinking water schemes, villagers could be asked to drink only boiled water. As health and hygiene go hand in hand, social workers who visit rural areas should enlist the cooperation of the local youth in creating the needed environment for healthy living. In the long run, this could turn out to be the most effective way to control the spread of diseases as gastro-enteritis.

CSO: 5400/4740

NORWAY

CONCERN OVER AIDS GROWS WITH INCREASE IN CASES

Three Known Cases Reported

Oslo ARBEIDERBLADET in Norwegian 17 Aug 83 p 12

[Article by Svein Dybing: "AIDS Spreading in Norway"]

[Text] Health authorities in this country are now observing an increase in the number of patients who show symptoms similar to AIDS. Unfortunately, we must reckon with others already having been infected and that sooner or later we shall have more new AIDS cases in Norway. We are in the process of establishing a separate section to combat this new disease, says Dr Stig Froland, specialist in infectious diseases and immunology at the National Hospital.

For the time being only three known cases have appeared in Norway. Of these one case is certain, one is probable and one possible.

Norwegian specialists are keeping themselves informed on AIDS development throughout the world. Most information on research and news comes from the United States.

Up until the middle of July of this year 1831 diagnosed cases of AIDS had been registered in the United States, one half of them during the past six months.

200 in Europe

WHO, the World Health Organization, reports 200 known cases in Europe. Denmark tops the statistics in Scandinavia with 10 cases, with four deaths.

In Great Britain 18 cases are known. There an unusual increase of patients with swollen lymph glands has been noted now visiting medical facilities.

"As has been stated, there has been a certain increase in this country as well," says Dr Froland. "We must anticipate more AIDS cases, but there will not be a matter of an explosion of AIDS as some have feared."

Heredity

"New information on AIDS appears constantly. Among other things, now it appears that being exposed to AIDS contagion does not in itself lead to the disease. One must be receptive to the disease in advance. Here, heredity may be a factor. An impaired immunity system may be another factor, such as we find, for example, among persons who take drugs by injection and among people with many sexual partners.

This means that many who show the first AIDS symptoms, such as swollen lymph glands of long duration, do not necessarily become seriously ill.

It may perhaps also be appropriate to de-emphasize the connection between homosexuality and AIDS. Homosexuals account for a diminishing number of AIDS patients. Nor does it look as if anal intercourse is as significant concerning infection as was once thought.

From Zaire

Neither do we believe that the disease appeared first in the United States in 1979. It is believed now that a Danish woman missionary who had served in Zaire died in Denmark of AIDS in 1977. And several Central African cases of AIDS are known, with no connection with drug injection or homosexuality.

Many specialists are now studying a virus as a possible cause of AIDS. This is the so-called HTLV virus found in leukemia (cancer of the blood) patients. This virus has now also been found in AIDS patients, says Dr Froland.

Should this virus prove to be the causative agent in AIDS it will be possible to find a vaccine against AIDS, and this should not necessarily require a long time.

In the meantime we must concentrate upon patients with AIDS-like early symptoms. Complicated and protracted work is needed for diagnosing AIDS, says Stig Froland.

Hepatitis-B Also a Homosexual Problem

Oslo AFTENPOSTEN in Norwegian 29 Aug 83 p 24

[Article by Ole Mathismoen: "Health Conditions among Homosexuals must Be Strengthened"]

[Text] "Fifty percent of all homosexual men are infected by the jaundice variety hepatitis-B. This is the case in both Sweden and internationally. Most of them are today well and immune to the disease, but some of them have chronic jaundice. This can interfere with the immunity defense, so that other diseases more easily get the upper hand," says the Norwegian physician Geo von Krogh, who works in the Soder Hospital in Stockholm.

On the basis of these frightening figures, he asserts that health conditions among homosexual men must be improved. One of the methods, thinks Krogh, could be that of vaccinating all homosexual men who are not infected against hepatitis-B. "Because studies among these men show that general health conditions are poorer than among others. This applies in particular to a small group of homosexuals, those who live in the so-called 'fast lane.' They have many partners and live a hard life. The infection spreads rapidly. Among other things, we believe that the feared disease AIDS attacks people with diminished immunity defenses, especially homosexual men," says von Krogh.

"I am not claiming that a hepatitis vaccine can stop the spread of AIDS. But it is a vaccine that over the long range can act as a preventive of hepatitis-B and thereby possibly prevent weakening of the body's defenses by this factor. We can prevent more homosexuals from getting hepatitis-B. Those vaccinated will avoid the fear of getting jaundice and the fear of diseases resulting from hepatitis-B," says von Krogh.

Expensive Vaccines

[Question] Vaccines against hepatitis-B are expensive. Will not such mass vaccination be disproportionately expensive?

[Answer] The vaccination itself will be expensive, of course, but over the long term society will benefit from it... Hepatitis-B is very contagious, and when people become ill the cost will be much higher.

Krogh points out that before such a round of vaccination is initiated homosexual men must be thoroughly examined. Krogh himself participates in such examinations at Soder Hospital in Stockholm. It is referred to as "Friendly Health" and is an offer to homosexuals of regular examinations and checkups. It is well known that venereal diseases among homosexual men are difficult to find because they can be present for long periods of time without symptoms.

36 Percent

In Norway, as well, homosexual men is a group exposed to hepatitis-B. But compared to the rest of the world it seems that fewer homosexuals are infected in this country. A study undertaken among 126 homosexual Norwegians showed that 36 percent of them suffer from or have had hepatitis-B, according to Dr George Pettersen of the Oslo Counseling Service for Homosexuals.

Pettersen supports Geo von Krogh's desire for improved health conditions among homosexual men. "The Health Directorate is working on a report which will provide guidelines for who is to be vaccinated against hepatitis-B. Homosexual men will be included, but it is not clear to what extent the vaccination will be undertaken and who is to pay for it," says Pettersen, adding that a health service for homosexual men similar to that Krogh is working on will be in place in Norway some time in September.

AIDS Information Campaign Started

Oslo AFTENPOSTEN in Norwegian 29 Aug 83 p 24

[Article: "Open Fight against AIDS: Information for Homosexuals"]

[Text] The fight against the feared disease AIDS is being escalated not only among physicians and experts. Homosexual organizations are becoming involved in the effort. They are making every effort to inform their members, in particular men likely to get the AIDS disease.

Recently, the first good brochure dealing with the disease appeared in the Swedish market. The National Association for Sexual Equality (FRSL) explains clearly and comprehensively what is known thus far about the disease. In addition to presenting a number of theories on the origin, causes and contagiousness, etc of AIDS, the brochure gives advice on how to avoid becoming infected. It is stressed in particular that homosexuals should not give blood, should limit the number of their sexual partners, and avoid chance sexual contacts in the United States and Haiti, where the danger of contagion is especially great.

Erik Garson, chairman of the Norwegian Association of 1948, states that similar brochures will appear in Norway very shortly.

"Ever since the AIDS became known in Scandinavia we have informed our members continuously. They receive updated information when something new comes in. We also have immediate plans for printing a brochure similar to that issued by the RFSL in Sweden," says Garson.

11,256

CSO: 5400/2580

PROBLEM OF UNEMPLOYMENT AMONG MEDICAL GRADUATES ANALYZED

Karachi AMN in Urdu 4 Aug 83 pp 2,3

[Article by Dr Amiruddin Quraishi: "Why?"]

[Text] Most people would be surprised to learn that at present there are thousands of unemployed doctors in Pakistan. Especially in Sind, unemployment among doctors has reached dangerous proportions. By an educated guess, there are 8,000 unemployed doctors in the country, 5,000 of them in Sind. This number of unemployed increases by 4,000 annually.

Medicine is one of the noblest professions in Pakistan. As long as there is a single human being on earth, there is need for a doctor. In addition, Pakistan is among those countries where there is a shortage of medical facilities. Every year, thousands perish in agony without medical assistance. What, then, are the causes of unemployment among doctors?

To assess unemployment among doctors we have to look at the recent past. Up to 1970 there were very few medical colleges and the graduates of these colleges numbered no more than a few hundred on an annual basis. When the popular government came to power, changes and improvements were implemented in various fields. To improve medical facilities, it opened new medical colleges and increased available openings in the existing colleges. In Sind, this number rose from 200 to 1,700 and nationally by 5,000.

These were worthwhile steps to improve medical facilities. Unfortunately, they were not accompanied by logical planning. Whereas the policy was intended to provide greater opportunity for people to become doctors, the large influx of new entrants lowered educational standards. The actual results of the policy became apparent when 5,000 new medical graduates started looking for internship positions. Presently, only one-third of the graduating doctors are able to find paid internship positions. Despite the high cost of living, they are paid 900 rupees per month for a 12- to 18-hour work day.

More important than the internship is the question of their livelihood. There was a time when there was a great shortage of doctors in the outlying districts. Pharmacists were being substituted for doctors. At present, however, there is not a single position available. The following illustrates the acute unemployment situation. Last year, to fill the 264 available positions, approximately

2,500 doctors took the Public Services Commission exam. To fill 25 positions as instructors, there were 500 candidates. For the 280 medical officer positions there were approximately 6,000 candidates. The army used to absorb a large number of doctors. But conditions imposed by the army make it virtually impossible for doctors to join. Now the army has its own medical college. The same thing is happening in private hospitals where an oversupply of doctors has reduced pay from 2,500 to 1,000 rupees.

As for working abroad, the Arab countries provide a large market for our talented people. But even these countries are not ready to accept Pakistani doctors. As far as private practice is concerned, it is attractive but a lack of capital and facilities pose great handicaps. Would you believe that in this age of inflation and high prices, doctors rendering service in the far flung districts receive only 1,300 rupees a month?

It takes a person 17 years to complete a medical education. Parents and the nation have invested a considerable sum in this education. If after this he can not obtain a job, it really becomes a matter of great concern.

Every year 4,000 doctors will be added to the ranks of the unemployed. This does not mean that there is no further need for doctors; even today there is need for doctors in cities and outlying areas.

The attitude of the administration concerning unemployment among doctors is very disappointing. The minister of health has declared that the government is not responsible for providing jobs for doctors. It is now customary for bureaucrats to repeat this and say that the doctors are not willing to work in the interior. In this connection, the various associations of doctors and the Sind branch of the Pakistani Medical Association have challenged the Sind government to identify even a single medical position vacancy.

There is great dissatisfaction among doctors over the unemployment. Doctors assert without hesitation that the government is blind to their problem. And this is true. Neither the federal government nor the Sind government has come up with a solution. Whenever there is discussion with the proper authorities, promises are made that are never kept. Some time ago, the minister of health announced that the government would send 500 doctors each year to Saudi Arabia but the year is about to end and so far nothing has happened.

The real solution is to provide better medical care to the masses. We belong to an unfortunate nation where the budget is overloaded with burdensome taxes and only a small fraction is allocated to health. In Sind, the amount is less than in Punjab. Unemployment among doctors is inextricably related to the problem of the masses. Free medical care is a right of the people of this country.

The more a government is people-oriented the more attention it will pay to the problems of its people. Health is an important concern of the people of Pakistan. It is, therefore, necessary that more hospitals be opened in the government sector, especially in rural areas. A larger number of hospitals will alleviate the unemployment problem. In addition, the admissions policy of medical colleges and the number of places available in them need to be reexamined.

12197

CSO: 5400/4739

TUBERCULOSIS PREVENTION PROGRAM OUTLINED

Lanzhou GANSU RIBAO in Chinese 20 Jun 83 p 4

[Article by Xing Shuatang [6717 1859 1016] and Xu Fuchun [1776 4395 2797]:
"Speed up the Pace of Tuberculosis Prevention"]

[Text] Tuberculosis is a contagious disease developed in the lungs through the infection of the respiratory tract caused by the tubercle bacillus. What is generally called tuberculosis usually refers to pulmonary tuberculosis.

Before the 1940's, there was no special cure for tuberculosis. Through the strengthening of the patient's organic immunity capabilities, the objective of treatment was realized although the effectiveness was low. Especially for patients with germs in their phlegm and holes in their lungs, the effectiveness was even lower and the mortality rate was very high. Beginning from the 1950's, various antituberculosis drugs appeared successively and the cure of tuberculosis entered the era of chemical treatment. Chemical treatment can control and destroy the tubercle bacillus, and after chemical treatment, a contagious patient can become noncontagious and it can also prevent the noncontagious patient from becoming contagious. Chemical treatment not only can increase the rate of recovery, it also has a good preventive function. Therefore, it was only after the treatment of tuberculosis entered the era of chemical treatment that the world formally considered the eradication of tuberculosis as an objective for the workers in tuberculosis prevention to strive for. At present, the WHO has proposed that by the year 2000, it is hoped that tuberculosis can be made to be no longer a major threat to human health.

To realize this objective requires finding a method for its cure and the implementation of measures for its prevention. Experiences in the prevention of tuberculosis both within and outside our country prove that in areas where a tuberculosis preventive network has been established, where professional personnel are provided, and where preventive measures are implemented, the rate of decline for epidemic tuberculosis is rapid. According to a typical investigation in the municipality of Lanzhou into the carrying out of nonhospitalization chemical treatment, after 3 years of treatment and management, at the time of the reevaluation and examination of treatment results in 1982, the number of patients with active tuberculosis has been greatly reduced; and the morbidity rate has declined 54 percent when compared

with that of 1979. The incidence of disease has also declined 70 percent from that of 1980. The result is evident. This fully shows that whether tuberculosis preventive work is being handled and managed makes a great deal of difference.

To do a good job of preventing tuberculosis in our province first requires carrying through the work organizationally so that it is being managed at the higher levels and administered at the lower levels. A three-tiered tuberculosis preventive network at the area, municipal and county levels, with professional personnel in charge at each level should be set up as quickly as possible. We should train the backbone of preventive work and organize scientific research cooperation. Besides carrying through organizationally, there are two key points which should be handled at present. First, we should do a good job of carrying out BCG vaccination, especially for newborn babies so that it can be institutionalized. BCG vaccination is an effective measure in modern tuberculosis preventive work. It can allow the human body to acquire a specific, excellent immunity capability for its cells. It can also prevent those who have contracted tubercle bacillus from developing the disease or from spreading it. The obstetrics departments of hospitals at all levels, maternity and child-care centers and midwifery stations should consider BCG vaccination for newborn babies as routine work. Additional vaccination at the first years of elementary and junior high schools, respectively, will prevent children and teenagers from developing tuberculosis. Second, to discover, treat and manage the source of infection. The source of infection refers to patients who spread the germs. When they cough, sneeze or talk in a crowd, sputum with tuberculosis germs will be expectorated, endangering others. The source of infection is the key link in the process of spreading tuberculosis. There would be no tuberculosis without a source of infection. The most basic measure in controlling the spread of tuberculosis is through the control of the source of infection. We have to voluntarily discover patients who are sources of infection and promptly give them correct chemical treatment, supervising them and insisting that they take their medication regularly to complete the full course of treatment so as to get rid of their contagious nature. Also, we should segregate patients to put an end to the spread of tuberculosis germs among others.

Tuberculosis is a disease which has a well-defined cause, a method for its cure and measures for its prevention. As long as we really do well the job of prevention, the objective of eradicating tuberculosis can be realized in the near future.

12380
CSO: 5400/4155

ANALYSIS OF BACILLARY DYSENTERY STUDY OF SICHUAN TROOPS

Beijing ZHONGHUA YUFANG YIXUE ZAZHI [CHINESE JOURNAL OF PREVENTIVE MEDICINE] in Chinese No 3, May 83 pp 188-189

[Article by Li Shichang (0491 0099 2490) and Jin Hua [6855 5478], Medical Research Institute, Chinese People's Liberation Army, Chengdu Unit]

[Text] The following is an analysis of data obtained from an epidemiological survey of bacillary dysentery among troops stationed in Sichuan, 1966-1980.

I. Epidemiological Analysis

1. Trends in prevalence. During the survey period 1966-1980, incidence fluctuated between 6.90 and 22.57 cases per thousand. Although there was some variation the general trend was downward. Consult the table below. Among officially recognized infectious diseases, bacillary dysentery ranked first in prevalence for 9 years, second for 6, and since 1978 it has consistently ranked first.

Incidence of Bacillary Dysentery among Troops Stationed in Sichuan 1966-1980 (percentage [sic])

<u>Year</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	
<u>Incidence</u>	21.73	22.57	12.33	14.39	17.80	16.60	16.50	
<u>Year</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>
<u>Incidence</u>	13.49	10.64	10.07	6.90	9.00	10.76	19.65	8.07

2. Epidemiological Characteristics

(1) Distinct seasonality. While the disease occurs year round, incidence gradually increases beginning in March and reaches a peak in July, August and September; in October it rapidly decreases. Peak months (June-October) account for 60.15 percent of the total annual incidence, with September having the highest rate in 13 of the years surveyed, August in 2. The leading month (September) can account for one-fifth of the total annual incidence.

(2) Most occurrences are fulminant. Of 35 epidemics, 23 (or 65.7 percent) were fulminant.

(3) Water-borne infections increased over time. Of 35 epidemics 9, or 25 percent, were transmitted via water. The annual distribution was: 1972, three cases; 1973, two; 1974, four. Although the frequency of epidemics involving concentrated water supply was low (two of nine), the danger was great. In the outbreak involving Regiment A in October 1972, 344 persons were stricken; in that involving Regiment B in August 1973, 262 persons came down with the disease. Although the number of persons infected through dispersed water supplies was low, the frequency of cases was higher (seven of nine). The danger of this medium, therefore, must not be underestimated.

3. Etiological Characteristics

(1) Changes in bacterial types. Prior to the 1960's Flexner's bacillus was predominant, from 1961 to 1965 the Shiga bacillus prevailed and from 1966 on Flexner's bacillus predominated once again. Of 456 Flexner's bacilla collected between 1961 and 1980, strains 3a (23.7 percent), 2a (21.8 percent) and 1a (14.5 percent) were most prevalent, followed by 1b (11.4 percent), variety y (5.5 percent) and 3c (5.3 percent). Other strains were very rare.

(2) Carriers. There was a relatively high rate of carriers among the personnel in production and construction units, ranging between 6.83 and 21.60 percent. Workers in training camps and military bases had relatively low rates between 1.63 and 8.40 percent. Kitchen staffs ranged between 1.78 and 15.1 percent. Of 523 bacteria isolated during surveys of carriers, Flexner's bacillus remained predominant (66.2 percent), followed by the Bashi [phonetic] bacillus at 10.9 percent, the Sonne bacillus at 10.3 percent, Schmitz's bacillus at 6.3 percent and the Shiga bacillus at 5.5 percent. But this distribution differs somewhat from the normal patterns for bacterial types.

II. Discussion

1. Any Bacilla dysenteriae carriers actually have minor (or atypical) or chronic cases of the disease. Such carriers are very difficult to discover, are major preserves and transmitters of pathogens and are the main factor contributing to the constant occurrence of the disease throughout the year. Thus treatment and control of carriers should be strengthened.

2. Patients must be promptly isolated and treated. According to incomplete statistics, over two-thirds of the patients are not isolated until 4 or more days after the onset of the disease. The main cause of this delay is atypical clinical symptoms, the absence of bloody stools. These cases have wide ranges of contact and greatly increase chances for transmission. Of 35 epidemics, 4 occurred because patients were not promptly isolated. Thus diagnostic technique must be improved and patients promptly isolated and treated.

3. Understanding the source of infection. Out of 28 epidemics for which sources were determined, 23 (or 82.1 percent) occurred endogenously. The majority of outbreaks transmitted through food were caused by kitchen staff suffering from atypical or chronic forms of the disease. Consequently, the emphasis on control of the sources of infection should be internal to the military unit, especially the kitchen staff.

DECLINE IN INCIDENCE OF CONTAGIOUS DISEASES IN HEBEI

Shijiazhuang HEBEI RIBAO in Chinese 19 Jun 83 p 4

[Article by Li Tengxiao [2621 7506 7179]: "Incidence of Various Contagious Diseases in Our Province Has Decreased by a Wide Margin"]

[Text] Measles, poliomyelitis, diphtheria, pertussis, epidemic cerebrospinal meningitis and encephalitis B are the major contagious diseases which seriously threaten children's health. Countless innocent and lovely children lose their lives to these diseases while some have become paralyzed, slow-witted, dumb, blind or crippled, leaving behind serious hereditary diseases. Since our province began to establish the card file of inoculations in 1972 and carried out a step-by-step plan for immunization, there has not been an occurrence of diphtheria since 1979. The incidence of pertussis per year has been reduced from more than 100,000 to about 5,000, while that of poliomyelitis has also been reduced from the original figure of 2,000 to about 100. The incidence of epidemic cerebrospinal meningitis per year has decreased from tens of thousands or even hundreds of thousands to fewer than 2,000, and that of encephalitis B has been reduced from nearly 10,000 to fewer than 500.

Everyone knows that measles had once been a widespread and serious contagious disease which no one could avoid. During the period of 1950 to 1965 when no vaccines were available, the incidence of measles per year in our province was 220,000, with the highest figure reaching 500,000 and the average number of deaths per year was 3,600. In 1966, the use of measles vaccine began and the incidence of measles and the mortality rate markedly declined. After 1979, the average incidence of the disease per year is fewer than 30. This alone has saved the province every year the expenses of nearly 4.7 million yuan for rearing, medical treatment and adult companionship.

From now on, our province will continue to handle well the immunization plan and strive to carry out the proposal of the WHO to have all children enjoy the protection of the four manufactured biological products (measles, poliomyelitis, pertussis and BCG vaccines), to control the six diseases (measles, poliomyelitis, pertussis, diphtheria, tetanus and tuberculosis) by 1990, and to eradicate all major contagious diseases by the year 2000 so as to realize the objective of making all young children healthy.

12380

CSO: 5400/4155

BRIEFS

HEPATITIS B EXAMINATION--The Organic Chemistry Institute of the Chinese Academy of Sciences at Chengdu and the Microbiology Scientific Research Department of the Sichuan Medical College, working closely together, have developed a new reagent for testing Hepatitis B Surface Antigen. Yesterday and today, well-known specialists and professors from the medical and chemical engineering circles evaluated the results and determined that the reagent has exceptional qualities and high sensitivity. It is low in cost and easy to use, and the test can be done quickly (10 minutes), using a small quantity of blood (a few drops of blood from the finger or ear). This is the first in the country. This research result is especially suitable for large-scale general examination and in emergency situation and will play a prominent role in the prevention of Hepatitis B in the vast rural areas. [Text] [Chengdu SICHUAN RIBAO in Chinese 25 May 83 p 1] 12380

CSO: 5400/4155

COST OF TUBERCULOSIS TREATMENT REPORTED

Lima LA PRENSA in Spanish 8 Aug 83 p 5

[Text] The government is investing about 85,000 sols in the treatment of every TB patient detected by means of the TB control program, authorized sources in that sector reported.

DS-023-SA, of 22 July, 1982, provided for the expenditure of 622,800,000 sols worth of antituberculosic medicines for the free treatment of 10,000 patients. These drugs were exempted from the public bidding which was held at the appropriate time and not awarded.

The medicines used to treat tuberculosis include streptomycin, isoniazid, rifampin and pyrazinimide. The treatment lasts 12 months.

Each patient receives a total of 98 grams of streptomycin, 534 isoniazid tablets, 100 rifampin capsules and 100 pyrazinimide tablets.

The treatment is supervised, for the patient is assigned the whole amount of medicines he needs for his treatment but has to go to the Health Center for a nurse to supply them to him and see that he takes them.

In order to receive free treatment, it is determined whether Koch's bacillus (*Mycobacterium tuberculosis*) is present in the person's sputum. The examination is made for respiratory symptomatics, that is, of anyone having a persistent cough for more than 3 weeks. Similar examinations are given to those who maintain contact with the patient.

Other means of detecting patients with tuberculosis include X-raying those requesting health certificates.

Evaluation of development of treatment is made by means of periodic examinations of the sputum and Roentgen-Photos. Roentgen-Photos are small sized X-rays, which are less expensive and have less radiation than standard X-rays.

The statistics of new TB patients per health district during the first quarter of 1983 are the following: Piura, 80; Chiclayo, 108; Cajamarca, 110; Trujillo, 64; Huaraz, 102; Lima, 1,091; Ica, 115; Tacna, 68; Puno, 161; Cuzco, 160; Ayacucho, 37; Huancayo, 179; Huanuco, 122; San Martin, 54; and Iquitos, 60, for a grand total of 2,740 patients.

12448

CSO: 5400/2127

RABIES VIEWED IN CONTEXT OF REDUCED PUBLIC SPENDING

Lima EL OBSERVADOR in Spanish 1 Aug 83 p 13

[Article by Antonio Meza Cuadra]

[Excerpts] Juan Salvatierra Oliva, a 13-year old boy, is the most recent rabies victim. His mother has still not recovered from the tragic accident that cut short the life of her husband. She is now at the Loayza Hospital awaiting the result of the study and treatment being performed on her since she is suspected of having contracted rabies. It still is not known whether in addition to the tragic accident that left her a widow, the loss of her son should be added not because fate willed his death, but as an expression of the insensitivity, unsuitability and stupidity of the prevailing economic and health policies.

This dramatic news causes us to initiate some reflections, criticisms and suggestions regarding the increasingly serious health problems in our country. The first thing we must point out is that the health policy of a government constitutes a form of expression of the class struggle being waged in society and therefore reflects or brings about the political process whereby the government begins shaping the economy, society and consequently, medical practice.

Economic Model and Health Policy

The economic model through which some neighboring countries have traveled painfully, with differences only in detail, is registered in the liberal thought of the 19th century and in monetarist neo-liberal thought.

An attempt is made to free the forces of the market place--supply and demand--regulation of the economy. From this point of view it is decided to make the economy of Peru competitive with the world economy. Tariffs are lowered, government participation in production is considered not only unnecessary but evil, public spending is judged to be the main guilty party for economic one-sidedness. Protective measures for national industry and the internal market are considered unnecessary and an attempt is made to improve and have comparative advantages on the international market, forgetting large-scale production and the protectionist measures capitalist countries grant their industries.

Health policy, with its specificities, responds to the general lines of the development and growth model imposed on the country. The reduction in public

funds spent on health is therefore not accidental. According to the dictates of fiscal austerity required by the IMF [International Monetary Fund], the reduction in public spending fundamentally affects social problems (health, education) in that it considers them to be unproductive. The Ministry of Health receives 4 percent of the general budget of the republic, under circumstances which the international organizations recommend should not be less than 15 percent. There is a decrease in human resources and materials for health and a tendency to restrict services.

Rabies and How to Handle It

In April, 1981, it was our job to report to Parliament the imminent outbreak of human rabies. The report and the proposals put forward had technical support. Right after several years during which not a single case of canine rabies had been recorded, during 1981 this disease broke out with increasing frequency. From the research carried out, we concluded that out of a total of 600,000 dogs in the country, only 9,000, that is, 1.5 percent, had been vaccinated, but that in order to prevent the risk of an epidemic, 60 percent, that is, 360,000 dogs, would have to be vaccinated.

Having made the report, we proposed solutions: declaring a rabies emergency in the city of Lima, wholesale vaccination, elimination of stray dogs and health education, among other proposals. As a solution to the problem, the minister then in office only made an ironic, though not very humorous, commentary: "Meza Cuadra is playing a dirty trick on me." There was almost no action; there were not enough vaccinations and most of all there was no serious, effective health education campaign.

If it will help somewhat, I invite the government authorities and particularly those in the ministry of health to think that the child Juan Salvatierra could easily have been one of our own children.

Dr Meza Cuadra is a representative from Lima.

12448

CSO: 5400/2127

MENINGITIS CASES REPORTED AT LURIGANCHO

Visitors Prohibited

Lima LA PRENSA in Spanish 19 Aug 83 p 4

[Excerpt] Due to a dangerous outbreak of infectious meningitis that threatened to escalate, a quarantine was imposed on section 11-B in Lurigancho Prison. This news was disclosed yesterday by Dr Ernesto Alayza Brundy, the minister of justice. Section 11-B houses 400 inmates.

As LA PRENSA stated yesterday, since the prison was put under quarantine, no visitors will be allowed in until further notice.

Dr Alayza stated that the infection is virtually under control since the medical services of the establishment "have proceeded to institute general measures and not only the treatment of the sick."

He added that the disease appeared a few days ago "but that a full investigation was not made." Later on, he said, due to the urgency of the case, research was performed that identified the illness as infectious meningitis.

Overcrowding, Poor Health Blamed

Lima LA PRENSA in Spanish 19 Aug 83 p 4

[Text] In Section 11-B of Lurigancho Prison which has been placed under quarantine, there have been four cases of an infectious disease. Of those infected, one has died, one has been hospitalized at Dos de Mayo Hospital, and the other two have been discharged.

The autopsy performed on Herminio Durand Polinar (45), deceased on 12 June, revealed "meningitis purulenta" (an infection of the meninges), a kind of tuberculosis.

Yesterday Pedro Campos Cuenca, (48), was hospitalized while Roberto Ramos Caballero and Eleuterio Rodriguez Mamani, (54), were discharged.

Dr Carlos Jara Gallegos, Director of Prison Health, explained that the disease is a generalized infection which presents the same clinical picture in all the cases found.

He stated that the clinical picture looks like arthritis and arthralgia (joint pain), though the fever is generally lower. He added that research is under way to evaluate the state of the 400 inmates in Section 11-B.

According to the results of the investigation, the most drastic measures will be adopted or the quarantine which prevents the inmates of the section from leaving or receiving visitors, will be lifted.

This research is being done by the whole medical team of the prison in cooperation with the Ministry of Health. The patients who returned to the prison after 2 days spent at the Dos de Mayo Hospital have been treated with penicillin.

Then the Head of Welfare at Lurigancho Prison, Dr Teodoro Palomino, stated that the germ causing the infection has been identified as "diplococcus intracelular," which is also called "meningococcus" and that the necessary measures have been taken.

The symptoms include headaches, involvement of the meninges and the blood vessels, he added.

He also explained that the illness begins like an ordinary cold or bronchitis; but then it advances and becomes more complicated. He noted that the cause is overcrowding and unsanitary conditions. The cases detected have occurred in isolation and an attempt is being made to control the situation with sulfa drugs (sulfonamides).

Moreover, Dr Jara said the quarantine might possibly be lifted in a week. He added that in the future all research and preventive medical control will be exercised by the Ministry of Health. From today on, he added, information will be released through official channels so as not to cause alarm.

In Section 11-B the inmates are classified as moderately dangerous, since they committed offenses against property, assault and battery, and others.

12448
CSO: 5400/2127

H-FEVER OUTBREAK IN ILOILO WORSENS

Manila BULLETIN TODAY in English 22 Aug 83 p 5

[Text] The outbreak of hemorrhagic fever (H-fever) in Iloilo province worsened last week, the Ministry of Health reported.

The number of H-fever cases increased by 68 cases, bringing the total number of cases reported in the past five weeks to 142. Four persons were confirmed dead.

Dr. Luis Montero, Region VI health director, reported that 132 cases were reported in Iloilo City. All four deaths occurred in that city.

The rest of Iloilo reported 10 cases of H-fever with no deaths.

Dr. Julio Valera, chief of the disease intelligence center (DIC) of the MOH, advised the public to empty all receptacles containing artificial water which may be the breeding places of mosquitoes carrying the H-fever virus.

Valera said that the residents must use mosquito nets, screens, or mosquito repellants.

H-fever is characterized by a sudden onset of fever, intense headache, joint and muscle pains, and skin rash.

The DIC chief also reported that the incidence of diarrhea remained high in Metro Manila, with 226 of the 255 cases admitted at the San Lazaro Hospital.

The level was nearing the five-year median of diarrhea cases--296.

Valera also reported 31 diarrhea cases from Jagma, Bohol, 16 from Dagupan City, and three from La Paz, Leyte.

Typhoid fever and whooping cough increased with 12 and four cases, respectively.

The incidence of typhoid fever was noted to be higher than the five-year median of nine. Cases came from Caloocan City, Quezon City, Pasay, Navotas, Makati, Valenzuela, Rizal, Bulacan, and Quezon.

CSO: 5400/4475

GASTROENTERITIS EPIDEMIC IN NORTHWESTERN LEYTE

Manila BULLETIN TODAY in English 17 Aug 83 pp 1, 12

[Text]

A gastroenteritis epidemic has broken out in northwestern Leyte, threatening some 40,000 industrial workers and their families living in Ormoc City and six towns.

Dr. Prudencio Ortiz, assistant health director of Region No. 8, reported to the Disease Intelligence Center yesterday that 869 cases with 20 deaths have been recorded in the last three months.

Dr. Ortiz attributed the epidemic to the lack of safe drinking water supply and provisions for the sanitary disposal of wastes.

Aside from Ormoc City, the six towns are Isabel, Merida, Palompon, Matag-ob, Tabango, and Villaba, according to Ortiz.

In the last few months, it was reported that the population in the out-

skirts of the Pasar industrial estate where a smelter plant is located, grew from 4,000 to 40,000 as families of the workers settled near the job site.

The overcrowded area, Ortiz said, does not have enough toilets facilities for the settlers, although the provincial health office has built a number of toilets recently.

The density of flies in the area has increased so much that health workers have resorted to spraying Malathion, a highly toxic insecticide.

However, the health workers are in a quandary as to whether to continue using this chemical since it can be dangerous to the people's health and the environment.

Drinking water has also become a big problem. There are plans to sanitize the contamin-

ated water supply in the towns outside the industrial estate where the settlers are concentrated.

However, some officials of the estate have reportedly refused to have the water chlorinated because it may damage the smelter plant's boilers.

This left health workers no other recourse but to chlorinate only the water within the industrial estate, leaving the towns outside the estate with unsafe drinking water, Ortiz said.

Ortiz said that the regional health office has distributed to the workers and their families medicines for sterilization to prevent more cases of gastroenteritis.

BRIEFS

DIARRHEA CASES RISE--THE MINISTRY of Health disease intelligence center reported yesterday a sharp rise in diarrhea cases, resulting in at least two deaths last week in the Visayas region, Metro Manila and its neighboring provinces. The fatalities were from San Carlos and La Carlota cities in Negros Occidental, which registered 92 cases and 25 cases, respectively. The San Lazaro Hospital in Manila admitted last week 284 victims of diarrhea, compared to the previous week's 255 cases. The DIC said the number is higher than the five-year median (average) of 291 cases. The other victims came from Metro Manila, 284 cases; neighboring towns and cities, 29; Dagupan city, 11 and Amulong, Cagayan, 3. The number of H-fever cases also increased based on records at the SLH, the health ministry said. There were eight cases admitted to the hospital during the same period, four cases more than the previous week and higher than the five-year median of seven. Metro Manila accounted for five cases--four from Manila, and one from Pasay city. The rest came from Bulacan. An undetermined number of H-fever victims were recorded in Iloilo City and Capiz. Sources, meanwhile, said the recent H-fever or dengue fever in Iloilo killed 17 persons. the DIC, however, recorded only four deaths and 70 taken ill when the epidemic hit Visayas early this month. [Manila PHILIPPINES DAILY EXPRESS in English 27 Aug 83 p 7]

CSO: 5400/4475

BRIEFS

TB FIGHT HAMPERED--EAST LONDON--Socioeconomic factors had created a vicious cycle which hampered the fight against tuberculosis, Professor L Smith, head of the department of forensic medicine at the University of Cape Town, said here. Professor Smith, who was delivering the eighth Basil Dormer Memorial lecture at the annual meeting of the South African National Tuberculosis Association yesterday, said TB was a social disease with medical aspects. The control of the social side had not been as effective as progress in the medical sphere. Poverty, malnutrition, poor education, stress factors, drug abuse, alcoholism and poor hygiene caused the vicious cycle and hampered the fight against TB. Referring to the effect of stress on the fight against bacterial and viral diseases, Professor Smith said stress was a sense of disharmony with the environment. "How can man offer resistance to bacteria when he is living in disharmony?" he asked. It was necessary to educate children to participate and co-operate in the fight against TB, as adults were poor receptors, Professor Smith said. [Text] [Johannesburg THE STAR in English 23 Aug 83 p 5M]

CHANGE IN MEASLES PATTERN--CONTRASTING with the trend since January, more measles cases among whites than coloureds or blacks were reported to the Port Elizabeth City Health Department this week. The Medical Officer of Health, Dr J N Sher, said 13 cases were reported this week--eight whites, four coloureds and one black. However, about four of the white cases were late notifications, he said. A two-month-old black baby died this week. This year 1 798 cases have been notified with 249 deaths reported. [Port Elizabeth EVENING POST in English 19 Aug 83 p 1]

MEASLES STILL HITS TRAINING DEPOTS--ABOUT 400 students at the Police College in Pretoria have been affected by German measles and at least 130 soldiers in the Voortrekkerhoogte area are down with the illness. Twenty-two fresh cases of German measles were reported at the Police College yesterday and 18 cases were reported on Saturday, a spokesman said. At least 75 soldiers have been confined to a special quarantine barracks at the Personnel Services School, with 68 suffering from German measles and the others with chicken pox and pink eye. At the Air Force Gymnasium, 48 men are down with German measles. Weekend passes and a parents' day, scheduled for Friday, have had to be cancelled because of the measles outbreak at the Police College. The commanding officer, Brigadier Frik Reyneke, said at the outbreak of the epidemic early last month that up to 70 cases a day had been reported. The number of cases

decreased to 13 a day until September 1. "During the past weekend, the number of cases increased again, and this morning, there were 22 reported cases," he said yesterday. Brig Reyneke said it had been necessary to place the college under quarantine. The movement of students in training had been restricted to prevent the disease spreading. [Text] [Johannesburg THE CITIZEN in English 6 Sep 83 p 5]

GULLS MAY SPREAD BILHARZIA--DURBAN--Two Durban scientists have uncovered evidence that birds might be responsible for the spread of bilharzia in Natal. Dr Chris Appleton and Miss Ingrid Eriksson, of the SA Medical Research Council in Durban, said seagulls could be the culprits. "Apparently, viable eggs of the parasite schistosoma mansoni, causing human intestinal bilharzia, were recovered from grey-headed gull droppings at the Umbogintwini Lagoon," Dr Appleton said. "The lagoon and the river are known to be faecally polluted and large quantities of organic sludge from a nearby sewerage works have been deposited in the mouth area, where the samples were collected. Seagulls are recognised scavengers and readily eat offal." Dr Appleton said the transport of eggs to rivers and other bodies of water by water birds could result in the active spread of the disease, but he emphasised that this was a hypothesis. He said parasites had also been found in spurwing and Egyptian geese at Barberspan, in the Western Transvaal. There were several possible explanations. [Text] [Johannesburg THE CITIZEN in English 15 Sep 83 p 14]

DROUGHT AGGRAVATES EYE DISEASES--Eye diseases and blindness were reaching crisis levels in rural areas due to the drought, says a South African National Council for the Blind field officer. Mr Johan van Zyl said the situation in areas such as Venda and Lebowa was fast reaching a crisis, making it difficult for the council to establish proper eyecare facilities. "In Lebowa three out of 100 people are affected. We pioneered mobile eye clinics in 1952 but after initial impressive progress our position is now static and inadequate. We won't meet our goals for adequate facilities by 1990," Mr van Zyl said. He said the council needed R1 million a year for the next three years to put it back on the track so a Fight for Sight fund has been launched. The council's three mobile units, each with four vehicles, were operating in an area twice the size of Germany and France. "The drought has compounded problems of inadequate facilities and there has been a sharp increase arising from malnutrition, dust and dryness. The effects on eyes are quick and often irreversible," Mr van Zyl said. [Text] [Johannesburg THE CITIZEN in English 8 Sep 83 p 4]

MEASLES OUTBREAK--AN outbreak of measles in Kimberley--affecting children under five years of age, in most cases--was reported by the health department of the municipality. 'There were 125 cases of measles reported in the city between June 1 and August 17', a municipal spokesman said yesterday. 'Of these cases, 58 affected children under the age of three, 19 affected children

under the age of five and 48 were reported in the age group of five years and above,' he said. Kimberley was considered a high risk area for measles infection and more than 3 000 children had been immunised in the city this year, the spokesman said. 'All children between the ages of six months and six years should be immunised,' he said. 'This should be done immediately, if a child has not yet been immunised.' The spokesman said all cases of measles in Kimberley had been recorded since 1977, as outbreaks in the city had been so severe. The present outbreak was not very much higher than the average, but had to receive attention, the spokesman said. [Text] [Kimberley DIAMOND FIELDS ADVERTISER in English 27 Aug 83 p 3]

CSO: 5400/345

TANZANIA

BRIEFS

DYSENTERY DEATHS, INCIDENCE--Mtwara--Two persons have died and six others admitted at the Ziwani Health Centre in Mtwara Rural after contracting dysentery, SHIHATA has reported. The Mtwara District Development Director, Ndugu Omari Said Kwileka said on Tuesday that the deceased were among ten victims from Makonjele village in Ziwani division. In the past two weeks, a total of 20 persons from Nanyamba division were reported to have contracted the disease as well. [Text] [Dar es Salaam DAILY NEWS in English 1 Sep 83 p 3]

CSO: 5400/339

INCIDENCE OF LIVER FLUKES IN NORTHEAST

Bangkok BANGKOK POST in English 20 Jul 83 p 2

[Text]

ABOUT 300 people turn up daily at the Hospital for Tropical Diseases for treatment of a parasitic disease of the liver caused by a type of flat worm called "fluke," a senior doctor said yesterday.

According to Associate Professor Santsiri Sornmanee, dean of the Faculty of Tropical Diseases, Mahidol University, about six million northeasterners are suffering from this disease.

He said that in the past it was believed that there was no cure for liver fluke disease. However, he said, after his faculty launched a research and study programme three years ago, a medicine has finally been found which

can effectively cure patients of this parasitic disease.

About 5,000-6,000 liver fluke patients have sought treatment at the faculty's hospital since the news of the discovery began to spread early this year, the doctor said.

However, the hospital does not have sufficient facilities to cope with the high number of patients, he said, adding that there are only two doctors to take care of the patients

at the hospital which was built solely for study and research purposes.

He said at the moment patients had to queue up overnight at the hospital to make sure that they would be admitted for treatment the next morning.

They normally would have to spend about 1,000 baht as travelling expenses to Bangkok, the doctor said, adding that most of them were from Udon Thani, Khon Kaen and Maha Sarakham.

According to Assoc Prof Santsiri, liver fluke disease is a major public health problem.

About six million people in the 17 northeastern provinces are suffering from this parasitic disease which causes weakness, possible cirrhosis and fatal liver cancer, he said.

He said a research conducted at eight villages in Nam Phong District in Khon Kaen revealed that 70 per cent of the population there have liver fluke disease. Patients usually contract this disease by eating raw or half-cooked fish and meat, he said.

However, he said, a patient can be cured after receiving only a single dose of the medicine discovered by the faculty which costs no more than 300 baht.

CSO: 5400/4477

VD STATISTICS REPORTED

Manila BULLETIN TODAY in English 11 Jul 83 pp 1, 12

[Text]

BANGKOK (Reuter)
— Thousands of Thais could become crippled or die from syphilis in the next decade, victims of the relentless spread of venereal disease in Thailand.

The Anti-Venereal Disease Society of Thailand says the number of syphilis victims has increased 50 times in the past 20 years. Every year syphilis directly causes more than 100 cases of physical handicap, mental disorder or death, it says.

Thailand has one of the world's highest rates of venereal disease. Unofficial estimates say three million people out of a population of 50 million are suffering from gonorrhoea, syphilis and other sexually transmitted illnesses.

Doctors say that most sufferers of syphilis, the most debilitating venereal disease, are unaware of the seriousness of their plight and do not seek medical help.

Although many victims still are in the early stage of syphilis and could therefore be cured, they face permanent damage or death without treatment.

The Anti-VD Society blames prostitutes, bar

girls, women working in massage parlors and homosexuals for the rapidly growing but little publicized problem of sexually transmitted illness.

According to official statistics, Bangkok has about 120 massage parlors, 95 registered girlie bars and night clubs and 50 sleazy tea houses where young girls sleep with customers. The capital also has several thousand prostitutes in brothels and third class hotels.

Recently, to meet a growing demand, private clinics specializing in VD treatment have sprouted in all parts of the city.

The clinics advertise prominently in classified sections of Bangkok's English language newspapers. One clinic offers patients free tests if the test results are negative.

Anti-VD Society President Somnuek Viboonyasek told Reuters that his privately funded organization would this month launch a campaign to educate Thais on the danger of venereal disease in an attempt to halt its spread.

"Bangkok didn't have any VD clinics five years ago. Now they line every street. It's probably easier to find one than to look for a coffee shop," Dr. Somnuek said.

Bangkok's nightlife attracts large numbers of foreign tourists to Thai-

land every year, but Dr. Somnuek warns that ab-out 70 per cent of prostitutes and 60 per cent of masseuses are afflicted with some kind of venereal disease. Many massage parlor owners have disputed his estimates.

The VD specialist told a press conference here recently that Thailand had nearly three million gonorrhoea victims. Out of these, 52 per cent suffered from what he called super-gonorrhoea, a new strain which is resistant to most antibiotics, he said.

Super-gonorrhoea was first discovered in 1976 in Britain and the United States and then spread to Asia. Though most Western countries have it well under control, the disease is still rampant in this region, Dr. Somnuek said.

Dr. Somnuek said the large number of super-gonorrhoea cases in Thailand meant that the country had the highest incidence of the disease in

Asia. In the Philippines, which came second, 30 per cent of all VD sufferers had super-gonorrhoea.

Doctors say the rapid spread of VD is aggravated because only one out of 10 victims seeks proper treatment from hospitals and qualified clinics. The overwhelming majority try to cure themselves by taking un-prescribed medicines bought from drug stores.

Doctor Navarat Krailert, a VD expert who gives advice on sex to the public through a popular newspaper column, said venereal disease has largely been spread by homosexuals, especially in Thailand which is relatively tolerant to them.

He said Thailand might have close to one million homosexuals, but there have been no reports that AIDS (acquired immune deficiency syndrome), an often fatal disease affecting mainly homosexuals in Europe and the US, has arrived here.

CSO: 5400/4477

THAILAND

BRIEFS

TB DEATH RATE--About 5,700 people died every year of tuberculosis, according to the Ministry of Health. Director General of the Department of Communicable Disease, Dr Nadda Sriyabhaya, said there are 679,000 tubercular patients, 150,000 of whom are in infectious stage. He said there are 41,000 TB patients a year who are in infectious stage. According to statistics, 15.2% of children below fourteen are easily infected with tuberculosis. [Text]
[Bangkok THE NATION REVIEW in English 24 Jul 83 p 3]

CSO: 5400/4477

BRIEFS

AIDS DIAGNOSES--TWO cases of the dreaded AIDS--Acquired Immune Deficiency Syndrome--have been diagnosed in Trinidad and Tobago--both being males. The Ministry of Health, in confirming this last night, said another serious disease--herpes--has not caused any deaths in the country. Six cases of infections attributable to a new virus called the human T-cell leukemia/lymphoma, are also being investigated at the Port of Spain General Hospital. Transmission of the virus which was discovered two years ago and is said to occur in certain areas in Japan and more recently identified in the Caribbean is not known. Investigation of this disease by scientists here and abroad was described as "the most important development in leukemia research for decades." The vast majority of AIDS occur among male homosexuals and intravenous drug abusers, and has been found in 20 countries including the United States and the Caribbean. Two other groups are linked with AIDS--Haitians and hemophiliacs. The Centre for Disease Control in Atlanta, Georgia has stated it has claimed 1,922 victims; male homosexuals account for 70 per cent of that figure; 743 of these have died. But the main vehicle is male homosexual sexual intercourse. Officials of the Ministry of Health could not be contacted yesterday but AIDS is known to be a source of tremendous psychological dilemma for homosexuals better known as "gays."

CSO: 5400/7504

BRIEFS

HEALTH COOPERATION WITH SAUDI ARABIA--At a meeting with a Saudi health delegation that is currently visiting our country, Mr Isma'il al-'Alafi, undersecretary of the Ministry of Health, explored what may be done to combat malaria and bilharzia. The Saudi health delegation is headed by Dr Jalal Mihdas, assistant undersecretary for preventive medicine and member of the Yemeni-Saudi Coordinating Committee for joint health cooperation between our country and the fraternal Kingdom of Saudi Arabia. Mr al-'Alafi agreed to the establishment of a number of anti-malaria and anti-bilharzia centers in our country at a cost of 15 million pounds. These funds will be provided by Saudi Arabia. Mr al-'Alafi also agreed to step up health guidance and education [programs] between the two fraternal countries. [Text] Sanaa AL-THAWRAH in Arabic 9 Jun 83 p 2] 8592

CSO: 5400/4612

BRIEFS

WOLLEGA CATTLE VACCINATED--NEKEMPT (ENA)--A total of 1,503,065 heads of cattle were vaccinated and given treatment against various types of diseases in Wollega region during the present Ethiopian calendar year. Of the said number of cattle 957,998 were vaccinated against rinderpest and pleuro-pneumonia, 325,000 against anthrax, 137,279 against various parasitic diseases and another 82,488 cattle received treatment against various other diseases. [Text] [Addis Ababa THE ETHIOPIAN HERALD in English 25 Aug 83 p 3]

CSO: 5400/344

BRIEFS

WIDESPREAD RABIES EPIDEMIC--The veterinarian services in the Agriculture Ministry warned yesterday against an unsupervised spread of rabies, saying it might spread all over the country. The veterinarian services are now treating the spread of rabies as a country-wide problem, and not as a regional problem. According to the veterinarian services, the number and widespread nature of the incidents reported so far point to an unprecedented spread of the disease. The public is warned to take all precautions, to vaccinate animals and report roaming animals and any incident of biting to the municipal veterinarian or the doctor on duty at the veterinary institute in Bet Dagan. [Aharon Pri'e1] [Text] [TA191230 Tel Aviv MA'ARIV in Hebrew 19 Sep 83 p 16]

CSO: 5400/4535

BRIEFS

RINDERPEST INOCULATIONS FOR CATTLE--The Benue Commissioner for animal and forest resources, Mr Felix Gbillah, said in Makurdi that more than 1.7 million heads of cattle had been vaccinated since the outbreak of rinderpest in March. Mr Gbillah said at the launching of the vaccination campaign against rinderpest that about 5,000 heads of cattle were affected by the disease in the state. He said that more than 2,000 heads of cattle had died of the disease, adding that the state government was doing everything possible to bring the situation under control. The commissioner appealed to the Federal Government to aid cattle owners in the state by providing drugs and equipment and to educate the people on how best to cater for their cattle. [Text] [Lagos DAILY TIMES in English 10 Aug 83 p 11]

CSO: 5400/329

TANZANIA

BRIEFS

TABORA REGION RINDERPEST QUARANTINE--Tabora--Tabora region has been placed under quarantine to protect it from rinderpest, the Regional Livestock Development Officer, Dr. Gasin Mruma has announced. In a notice issued here yesterday, Dr. Mruma said that no livestock or its products is allowed in or out of the region without permit. All auctions have also been closed until further notice. He directed livestock keepers to vaccinate all cattle against rinderpest. The region expects to vaccinate 1.2 million head of cattle. [Text] [Dar es Salaam DAILY NEWS in English 26 Aug 83 p 3]

CSO: 5400/339

ZAMBIA

BRIEFS

RINDERPEST VACCINATION CAMPAIGN--The department of veterinary and tsetse control will soon start vaccinating cattle against rinderpest disease in Isoka and Mbala districts including parts of Kasama, Chinsali and Mporokoso following reports of an outbreak of the killer disease in neighbouring Tanzania. Isoka district livestock officer Mr Elias Silomba explained yesterday that a buffer zone would be created after vaccinating the animals. [Excerpt] [Lusaka SUNDAY TIMES in English 28 Aug 83 p 1]

CSO: 5400/330

BRIEFS

END TO FRUIT FLY BLOCKADE--VICTORIA'S \$450,000-a-year border blockade against fruit fly has been exposed as a waste of money and abandoned. The Victorian Minister for Agriculture, Mr Kent, announced yesterday that the road block operations would be closed permanently. The road blocks were introduced in Victoria in 1956, 14 posts being established in the north and north-west. The number of road blocks were gradually increased over the years and cost millions of dollars. However, in May 1980, the then Liberal Minister for Agriculture, Mr Chandler, ordered that all but four of the stations be removed for a trial period. Mr Kent said Department of Agriculture records for 1979-80, the latest costing figures available, showed that the roadblocks cost nearly \$450,000 a year. And during the three-year trial period without them, the incidence of fruit fly had been no worse than before. "In fact the incidence of fruit fly last summer was the lowest in many years," he said. "Only one fly was detected in north and north-western Victoria in the past 12 months-- at Kyabram last September." However, the department would reinforce its preventative baiting program. "My department will now be strengthening its network of fruit-fly lures throughout northern Victoria and metropolitan Melbourne," Mr Kent said. "This will provide an early warning system to enable the department to take prompt action to control any outbreak before it becomes a serious problem." [Sydney THE WEEKEND AUSTRALIAN in English 13-14 Aug 83 p 3]

CSO: 5400/7503

BRIEFS

COFFEE BEAN BORER--The Salvadoran Coffee Research Institute (ISIC) has reported a new outbreak of the coffee borer in Santa Ana Department. It reports the discovery of isolated nuclei in 575 acres [manzanas], of varying degrees of intensity, on 14 farms in Santa Ana and San Sebastian Salitrillo townships in the Department of Santa Ana. Marco Antonio Escobar De La Cotera, director of ISIC, reports that the affected area was discovered through specimens taken by 67 technicians of the institute between the 11th and the 29th of last July. Specimens were taken in the Departments of Santa Ana, Sonsonate, and La Libertad, where 10,542 manzanas representing 254 farms were inspected. The specimens were taken for the purpose of learning whether the coffee borer had spread to other areas. Originally, the pest was detected in the district of El Pate in Chulchuapa township. Thus it has been established that it has now invaded farms in Santa Ana and San Sebastian Salitrillo. ISIC had to call a halt to other projects in order to collect these specimens because it does not have the special resources needed for this kind of activity. The Office of Agricultural Defense (MAC) [Ministry of Agriculture and Animal Husbandry] assisted in the project and provided 8 pest and disease control inspectors. In view of this situation Escobar called on coffee producers to remain alert and to contribute, along with ISIC, to the destruction of the disease. To accomplish this, it is necessary to take specimens from the coffee plants around the limits of the farms, housing areas, storage facilities, and much frequented areas. The fruit must be examined for the characteristic damage left by the insect, a perforation on the cicatrix commonly known as the umbilical. In the coffee processing plants the inspections should be directed to the shells or skins since fruit that has been infected yields dried-up beans. All this effort will help coffee cultivation to remain profitable. [Text] [San Salvador DIARIO LATINO in Spanish 13 Aug 83 p 4] 9015

CSO: 5400/2119

PESTS CAUSE SERIOUS DAMAGE TO CROPS ANNUALLY

Addis Ababa THE ETHIOPIAN HERALD in English 28 Aug 83 pp 1, 5

[Text]

Vertebrate pests, mainly rodents such as rats and mice and birds, annually cause heavy damage to cereal crops estimated at several million birr in different parts of Ethiopia.

This was disclosed by Comrade Dr. Hailu Kassa, head of the Vertebrate Pest Management section in the Ministry of Agriculture, during an interview with the Herald. He said the estimated damage caused by rodents alone in this country to cereal crops during pre-harvest and post-harvest season comes to 10 per cent of the total national output. Comrade Hailu said estimates made in 99 districts of the administrative regions in three months of 1983 showed that rodents were responsible for a loss of 1.2 million birr in the fields alone. The loss after storage is given as 300,000 birr for three months of the current year.

The department head stressed that the annual average loss could run into many million birr. He said birds are regarded as the second type of vertebrate pests that are a great danger to cereal crops. He mentioned in this connection the *Quelea quelea* as the most troublesome of migratory pests. Comrade Dr. Hailu related that before the introduction of a control scheme against this same bird species, the an-

nual loss sustained by the country in sorghum crops alone was estimated at six million birr. He noted, however, that after a control system came into being the damage to crops has dropped considerably. Figures released in this connection show that annual losses stood at 400,000 birr, 600,000, 1,000,000 and 800,000 birr in 1978, 1979, 1980 and 1981 respectively. He said some of the figures appear inflated and this is due to the increase in production.

Speaking about rodents, Comrade Dr. Hailu said up to now 10 families and 57 species of rodents are known in Ethiopia. He said of the 57 species 15 have been classified as the most dangerous. The Muridae family, which covers rats and mice was described as the most dangerous. This family is in turn sub-divided into 36 species, it was learnt.

As Dr. Hailu put it, besides causing damage to cereal crops, rodents are reservoirs of different types of communicable diseases, such as plague, typhus, salmonellosis or food poisoning, leptodpirosis and rat-bite fever. Rodents are also suspected as carriers of schistosomiasis and rabies. He further stated that rodents are causing massive damage in urban areas by

invading building and structures, making holes and even gnawing electric wires that eventually start fires. He said for that matter they are economically dangerous and are at the same time a menace once they get inside the house.

From the agricultural point of view, rodents are causing serious damage to all kinds of crops. These include maize, wheat, barley, millet, sorghum and *teff*. Rodents are destroying crops from time of planting up to the consumption stage. They are also harmful to all types of fruits and vegetables.

On the bird side, the *Quelea quelea* is regarded as the most harmful of all migratory pests and that was what necessitated the setting up of a study project in Ethiopia in 1975. The actual control programme got underway in 1977 with the assistance of the United Nations Development Programme (UNDP). The control operations have proved successful. Each year the control operations start in September and last till October, which is the time when sorghum is vulnerable to damage.

The control operation, which is primarily aimed at reduction of *quelea* population is done by means of aerial spraying. This is done in co-operation with the Desert Locust Control Organization for Eastern Africa (DLCO-EA). In Ethiopia, *queleas* are widely scattered in regions lying along the Rift Valley as well as major lowlands in Eritrea, Illubabor, the Ogaden and southern Ethiopia.

COLORADO BEETLES FOUND IN RAILROAD CARS SENT TO FINLAND

Helsinki UUSI SUOMI in Finnish 19 Aug 83 p 5

[Article: "Colorado Beetles Found in Kuusankoski"]

[Text] Colorado beetles have been found once again in Finland, this time from a Soviet railroad car being loaded in Kuusankoski. Employees of the Kymi Company's Voikkaa Plant found 10 Colorado beetles from a railroad car being loaded with paper. The car coming from Moscow had previously been used to transport potatoes since there were still remnants of potatoes in the railroad car.

Local officials of the Finnish State Railways immediately reported the finding of the insects to the Kuusankoski Agricultural Board. The officials of the agricultural board took a few of the insects alive and immediately destroyed the remaining insects. On Tuesday evening the Kymi Company disinfected the railroad car with steam.

The agricultural board also inspected other cars coming from Moscow, but nothing was found to cause any alarm.

According to Agronomist Jukka Lantta of the Kouvola Agricultural District, the finding of insects by the Kymi Company is no cause for extraordinary surveillance and precautionary measures.

"It is impossible to attempt to inspect the vicinity and the length of the railway leading to Moscow, and there are no potato fields, which could be infected by this destructive potato insect, in the vicinity of the site where the insects were found on Tuesday," stated Lantta.

"The weather in the beginning of the week was rainy and cool, which kept the beetles inside the railroad car. They become more active in warmer weather."

According to Lantta, in Finland strict supervision is carried out and there is trust in the fact that officials are provided with information when something is found. Thus, to date, it has been possible to prevent the spread of Colorado beetles in our country quite effectively.

Hibernation Being Studied

The Colorado beetle is a destructive insect capable of destroying potato crops, which until now has entered Finland primarily from ships and trucks coming from Eastern bloc countries. According to current information, the beetle is not capable of hibernating in our country due to severe frosts.

The Colorado beetle reached potato fields in Finland for the first time this spring when beetle larvae were found from a field in Jaala in Pohjois-Kymenlaakso. The siting was, however, in a small area only, and the larvae were destroyed by spraying with an insecticide.

10576

CSO: 5400/2577

BRIEF

POSSIBLE PLANT DISEASE CURE -- Israeli scientists have discovered in nature a special fungus which is effective in destroying diseases and pests in agriculture. The fungus constitutes a possible solution of biological pest control, without the need of chemicals some of which are poisonous and dangerous to the health of man and the environment. The research discoveries of the Israeli scientists, who are part of the Department for Plant Disease and Microbiology of the Faculty of Agriculture of the University at Rehovoth, constitute a scientific breakthrough. The department head, Prof Ilan Hat, told MA'ARIV that the biological suppression is based on "tricodermic" characteristics of the fungus found in the ground and able to attack other funguses, which cause a long series of diseases to the roots of the plant. According to the report of the American Department of Agriculture, the damage caused each year in the U.S. as a result of plant diseases caused solely by fungi totals 4.1 billion dollars. The discoveries by the scientists of the faculty for agriculture are arousing great interest among scientists at research institutes throughout the world, who are involved in developing biological methods of disease suppression in agriculture. [Text] [Tel Aviv MA'ARIV in Hebrew 5 Aug 83 p 5] 7075

CSO: 5400/4531

CORN BORERS DESTROY MINDANAO CORN

Manila BULLETIN TODAY in English 18 Aug 83 pp 1, 8

[Text]

UPI, Maguindanao — A wasp-like insect known as trichograma will be pitted against another insect — the deadly corn borer — in a last-ditch effort to check the growing corn borer infestation in Central Mindanao.

Agriculture Assistant Secretary and Plant Industry Director Domingo Panganiiban said yesterday a special laboratory will be set up in Cotabato City to propagate mil-

lions of trichograma for use in cornborer-infested areas.

In a meeting with Maguindanao farmers, Panganiiban said the application of any kind of insecticide is useless in containing corn borers since the worms have already burrowed deep inside the corn stalks.

The trichograma is a natural predator of corn borers and has been proven effective in checking the infestation in Cagayan Valley.

Some 3,600 hectares of fully grown corn with an estimated yield of 300,000 cavans have already been destroyed by corn borers, reports said.

The menace may spread further especially during this period when farmers are preparing for a bumper corn harvest.

During his meeting with farmers, Panganiiban learned that middlemen have been exploiting farmers by buying at ₱1.10 per kilo or 30 centavos government support price for corn.

Corn trading was reportedly being controlled by a group of Filipino-Chinese businessmen.

National Food Authority Region XII Director Tony Celino promised farmers that the food agency will establish buying stations in several Central Mindanao towns to curtail the unfair pricing imposed by middlemen. (Vet Vitug)

CSO: 5400/4472

AGRICULTURE MINISTRY REPORTS MINDANAO CORN CROP INFESTED

Manila PHILIPPINES DAILY EXPRESS in English 17 Aug 83 p 2

[Text] Cotabato City, Aug 16--More than 7,000 hectares of corn crops in Sulgan Kudarat and Maguindanao are infested either by army worms, locusts or corn borers, Regional Director Domingo de Guzman of the agriculture ministry said today.

As a result, corn harvest late this month and early next month will be reduced by about 20 percent as a result of the infestation, De Guzman said.

On top of these, 2,054 hectares of white corn in Maguindanao have been under water since rains started last April, reports said.

Central Mindanao, however, is expected to enjoy a bumper harvest of yellow corn, De Guzman said. Average yield per hectare is estimated at four tons.--
Rose de la Cruz

In Manila, the National Food Authority said it is buying 45,000 metric tons of hybrid corn worth P63 million from Maisagana farmers participating in a special credit scheme launched last year by Planters Products, Inc.

The NFA and PPI formalized yesterday a market tie-up giving NFA exclusive buying rights over the projected harvests of 5,000 farmers in six provinces covered by the Maisagana program.

The NFA agreed to buy all the corn crops to help farmers repay their loans to the PPI. The PPI has set aside P25 million in special loans to corn farmers.

The six provinces are Cagayan, Isabela, North and South Cotabato, Sultan Kudarat and Maguindanao.

Under the agreement the NFA will also make available to corn farmers, shellers and drying facilities at buying stations to be designated by the food agency when the corn procurement program starts next month.

NFA buying stations will accept corn deliveries of farmers and pay the PPI the basic cost of the delivered produce equivalent to the amount of loan plus interest given to Maisagana farmers.

The food agency will buy the corn crops at the government support price of P1.40 per kilo.

CSO: 5400/4472

ARMY WORMS ATTACK ZAMBOANGA CORN FIELDS

Manila BULLETIN TODAY in English 27 Aug 83 pp 1, 10

[Text] ZAMBOANGA CITY--Armyworms have attacked thousands of hectares of corn fields worth millions of pesos in Zamboanga del Sur for the past few weeks, it was learned here yesterday.

Earlier, armyworms also attacked over 10,000 hectares of corn fields in the Muslim provinces of Maguindanao, South Cotabato and North Cotabato, destroying some ₱15 million worth of corn plants about to be harvested.

Nicolas T. Padao Jr., Ministry of Agriculture provincial program officer said the infested corn plants in Zamboanga del Sur were mostly found in the high-land municipalities of Mutia, Sergio Osmena, Punot, Talimpisan, Roxas and Sirawai.

He said the affected corn plants, scheduled to be harvested next month, are mostly covered by the government's Masaganang Maisan program and the Planters Products financing scheme.

Padao said pest control officers have been immediately fielded to the affected communities even as farmers in other areas have been warned of the infestation.

Ministry of Agriculture field officials attributed the armyworm infestation to the long drought which hit many parts of the southern Philippines a few months ago.

The armyworms, they said, came out of the soil dried up by the drought.

The infestation, it is feared, is expected to adversely affect the corn production in Mindanao this crop year.

CSO: 5400/4475

LOCUSTS, ARMY WORMS ATTACK MASBATE CROPS

Manila BULLETIN TODAY in English 1 Sep 83 pp 1, 17

[Text] LEGAZPI CITY--Locusts and armyworms are reportedly damaging farmlands in seven municipalities in the island province of Masbate in the Bicol region.

Provincial agriculture officer Bernardo Magallanes said surveillance and warning systems inspection showed that 80 hectares of ricelands in seven barangays were destroyed by the infestation.

Affected are the municipalities of Aroroy, Mandaon, Uson, Cauayan, Dimasalang, Milagros, and Palanas.

The pests are reportedly spreading fast to other areas in the province.

Masbate Gov. Emilio Espinosa Jr., was reported to have sent spraying equipment and chemicals to be used against the pests.

Magallanes has reportedly informed the Manila agriculture office asking for assistance.

CSO: 5400/4475

BRIEFS

LOCUSTS DESTROY DAVAO FARMLANDS--TAGUM, Davao del Norte--Locusts have destroyed some 300 hectares of farmlands in five municipalities here. The farmlands, including over 100 hectares planted to corn, are located in Asuncion, Panago, Nabunturan, Compostela, and Moncayo towns. Panago Association of Barangay Captains President Roque R. Dujali said locusts infested 60 hectares of corn in barangay Little Panay. Dujali said it took only two days for the deadly insects to destroy the corn farm. In Nabunturan and Compostela towns, some 150 hectares of ricelands were also infested by locusts. The locusts reportedly eat any green-colored plants in the area and are moving toward a vast area of corn and ricelands, the reports said. In Asuncion and Moncayo towns, locusts infestation reportedly continue to spread despite preventive measures initiated by the Ministry of Agriculture, destroying about 20 hectares of cornlands. [Manila BULLETIN TODAY in English 29 Aug 83 p 5]

CSO: 5400/4475

BRIEFS

NORTH CAPE INVADER PLANT--AN invader plant which is a problem in the Northern Cape, will be the subject of an extensive research programme by the Free State region of the Department of Agriculture. The Free State region intends to start the programme by the end of the year. Very little work has been done on the diredoring (*Rhigozum Trichotomum*), which is causing problems on 2,5-million hectares of land in South Africa--especially in the Northern Cape. According to Mr Arno Moore, pasture scientist of the Free State region, the invader plants which have a negative effect on agriculture in the Free State are the Swarthaak (*Acadia Mellifera*), and the Sandgeelhout (*Terminalia Sericea*). The diredoring research programme will include a study of the recurrding development of the plant, to enable the department to identify different growth stages and the seasonal growing cycle. It will also include studies of the plant's reproduction cycle, the rate of invasion after clearing, the effects of diredoring encroachment, the feeding value of the plant and different forms of control. [Text] [Kimberley DIAMOND FIELDS ADVERTISER in English 31 Aug 83 p 4]

CSO: 5400/343

BRIEFS

INSECTS INFECT SRV CROPS--It is noteworthy that pests and diseases have appeared and are currently developing vigorously. As many as 270,000 hectares of rice in various provinces have been infected with harmful insects, including Ha Nam Ninh with more than 80,000 hectares, Thanh Hoa with more than 40,000 hectares, Nghe Tinh with more than 30,000 hectares, and Thai Binh and Hai Hung with more than 20,000 hectares each. Because of an insecticide shortage, localities must make thrifty and proper use of the amount available. [Excerpt] [OW120839 Hanoi Domestic Service in Vietnamese 1100 GMT 10 Sep 83]

CSO: 5400/4481

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