News and Notes

World Health Leaders to meet in London

Experts from over 40 countries will meet in the Royal Festival Hall, London, from September 2-7, 1979, for the 10th Conference of the International Union of Health Education (IUHE). The theme of the conference, expected to be the largest-ever global gathering of its kind, will be "Health Education in Action—Achievements and Priorities".

H.M. Queen Elizabeth II is patron of the event, which will be hosted jointly by the Health Education Council of England, Wales and Northern Ireland and the Scottish Health Education Unit.

The IUHE's objective is to help to achieve health through their own actions and efforts. Because approaches to this ideal vary widely from one country and one continent to another, the conference will review recent achievements in as many countries as possible and assess how they can be used as the basis of new initiatives.

There will be three group themes; public policy—the integration of health education in the national planning of member countries; health education in youth—parenthood, preschool training, primary and adolescent education;

and health education methods vis-a-vis specific problems such as particular diseases and harmful environments.

Speakers at the 10th International Health Education Conference will be drawn from all five continents and will include the Director-General of the World Health Organisation.

Full details of registration are obtainable from: Mr. Adrian Pollitt, The Conference Centre, 43 Charles Street, London WIX 7PB, England. A limited number of bursaries to cover all or part of the travel, accommodation and registration costs are available to applicants able to demonstrate a special need.

WONCA/AAFP meeting planned for New Orleans, U.S.A., in 1980

The first joint clinical Assembly of WONCA (World Organization of Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) and the American Academy of Family Physicians will be held in New Orleans, Louisiana, USA, October 4-9, 1980.

The six-day meeting, hosted by the American Academy, will feature joint lecture presentations, with instantaneous translation services for the convenience of international representatives. In addition, both WONCA and AAFP will hold separate business meetings as well as offering individually planned continuing education programs. This format assures participants a wide choice of clinical subjects.

Widely respected medical lecturers will cover subjects of international interest at the joint sessions. In addition to the lectures, other educational programmes will include clinical seminars, "live" teaching demonstrations, dialogue sessions with closed-circuit television, and continuing education courses (mini-lectures).

In addition to the medical meeting, the Academy is planning a wide variety of activities for spouses and children of participants. The tone of the meeting is expected to capture the flavour of "old New Orleans," including the famous Mardi Gras and world-renowned New Orleans Jazz.

For further information about the 1980 joint meeting of WONCA and AAFP, write to the Director of Planning, 1980 WONCA/AAFP Meeting, 1740 West 92nd Street, Kansas City, Missouri, USA, 64114.

Australian Research on Spine Injuries

An Australian hospital is treating cuadriplegics and paraplegics in a decompression chamber in an attempt to reverse paralysis in injuries where the spinal cord has been bruised.

Research on sheep has indicated that if more oxygen were supplied by means of the hyperbaric oxygen chamber within hours of the accident, the nerves could be saved and the paralysis reversed.

In the last 18 months nine paraplegics have been treated in the chamber with encouraging results.

Dr. John Yeo, who heads the Spinal Unit at Sydney's Royal North Shore Hospital, said, "We cannot be sure that the improvements would not have happened anyway.

"A bruised spinal cord has some chance of recovery, but my impression is that it has perhaps a better chance if the spinal nerves are given oxygen during the critical period while there is a lack of blood flow."

The Spinal Research Foundation, formed in December last year, is supporting this research into permanent paralysis, which they fear will affect 240 Australians, most of them young people, through sporting, motor vehicle and industrial accidents.

Dr. Yeo said 80 per cent of paraplegics remained with the same degree of paralysis they suffered at the time of the accident, even though the spinal cord was not severed.

Many suffered only bruising to the nerves of their spinal cord and the nerves were still intact.

"The unique and tragic problems of spinal cord bruising is that the nerves die, whereas peripheral nerves will recover."

In an accident involving injury to the spine the blood around the nerves of the spine became "stagnant", Dr. Yeo said. At that point the nerves were "tottering on the brink", the blood flow was often inadequate to maintain them and they died. This was why patients needed treatment as soon as possible after their accident.

Of the nine treated with encouraging results, all except one had been in the decompression chamber within 14 hours. About half of them had regained some movement in their limbs.

Dr. Yeo said that the chamber, mainly used to treat divers suffering from the bends (decompression sickness), had also been used in the United States in experiments to treat advanced senility resulting from a lack of blood flow to the brain.

It had also been used in the treatment of brain injury, cancer, anaemia, burns, gas gangrene and carbon monoxide poisoning by forcing oxygen under pressure through the tissues to the deprived area.

In selecting paralysed patients who can potentially benefit from the treatment, electric stimulation is used to assess whether the nerve have been irreversibly damaged or are impaired by spinal cord bruising.

Pakistan Medical Association, Rawalpindi-Islamabad, Branch.

The Annual General Elections of the Rawalpindi-Islamabad Branch of Pakistan Medical Association were held on 21st December 1978 and the following have been elected for the year 1979.

1. President
   Dr. Tariq M. Awan
2. Vice President
   Dr. Rana Riaz Ahmad
3. General Secretary
   Dr. Mohammad Afzal Ezaz
4. Joint Secretary
   Dr. Iftikhar A. Sheikh
5. Financial Secretary
   Dr. Nuruddin
6. Clinical Secretary
   Dr. Mohammad Iqbal
7. Chairman PMA House Committee
   Dr. M. Saeed Ahmad
8. Chairman PMA Khan Mohd Khan Charitable Drug Bank
   Dr. Col. Faqur Mohd Khan
9. Central Councillors
   1. Dr. A.H. Akhtar
   2. Dr. Mohammad Afzal Ezaz
   3. Dr. Khalid M. Awan
   4. Dr. M. Aslam Piracha
10. Provincial Councillors
    1. Dr. Khalid Mahmood
    2. Dr. Mohammod Ali Khan
    3. Dr. Maj. M. Fazlur Rehman
    4. Dr. Tariq M. Awan
11. Editor-in-Chief PMJ
    Dr. K.A.K. Akhatar
12. Managing Secretary P.M.J.
    Dr. Kh. A. Abbas
13. Chairman PMA Late Dr. Matin Saddiqui Benevolent Fund Board.
    Dr. M.M. Raza
14. Executive Committee
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    2. Dr. Rana Riaz Ahmad
    3. Dr. Faiz Akhtar Khan
    4. Dr. M. Tariq
    5. Dr. Iftikhat J. Khawja
    6. Dr. M. Aslam Piracha
    7. Dr. Din. Ara Qadri
    8. Dr. S. Sajjad Ahmad
    9. Dr. M. Afzal Minhas

New WHO Publication

IARC Monographs on the Evaluation of the Carcinogenic M-3+who Kemicals to Human Volume 16: Some Aromatic Amines and Related Nitro Compounds—Hair Dyes, Colouring Agents and Miscellaneous Industrial Chemicals, Lyon, International Agency for Research on Cancer, 1978, 400 pager. Price: Sw.fr. 50.-, US $20.00. Distributed for LARC by the World Health Organization.

This volume presents the views and expert opinion of an IARC Working Group that met in June 1977 to consider a number of aromatic amines and related nitro compounds for which carcinogenic effects or a suspicion of carcinogenicity had been reported. A large number of these compounds are colourants—used as hair dyes, as industrial dyes (e.g., in printing inks, stains, textiles, paper, leather, foods and cosmetics), as dye intermediates or intermediates in other chemical industries, or as additives in the manufacturer of plastics and rubber.

In many instances no evaluation of the pure compound was possible because the biological data were from experiments in which the chemical was administered as a constituent of a mixture, the exact composition of which was not known. Similarly, epidemiological studies on several occupations and industries in which exposure to some of the substances considered in this volume is likely were not reviewed since the exposure could not be ascribed specifically to the substances in question: workers in such occupations might have been exposed to other substances as well. Although the problem of mixed exposure also applied to beauticians, hairdressers and barbers, who are also exposed, for example, to aerosol propellants (e.g., vinyl chloride and fluorocarbons) studies on these occupations were reviewed since the specificity of exposure is somewhat greater. The Working Group concluded that the epidemiological evidence suggests an elevated risk for both users of hair dyes and those with occupational exposure to hair preparations. For users of hair dye, the results are equivocal, since only one site (breast) has been studied. For barbers and hairdressers with occupational exposure to hair-care products, including dyes, there is more

evidence for an increased risk of cancer at certain sites. However, further epidemiological studies, which should include workers employed in the production of hair dyes, are necessary before any firm conclusions can be drawn.

Of the eight hair dyes examined, one (2, 4-diaminotoluene) was considered carcinogenic in experimental animals; for the other seven, no evaluation of the carcinogenicity could be made as no data were available on the single entity 4-amino-2-nitrophenol; 2, 4-diaminoanisole sulfate; 1, 2-diamino-4-nitrobenzene; 1, 4-diamino-2-nitrobenzene; and 2, 5-diaminotoluene), or the studies were considered inadequate for evaluation (*meta*-and *para*-phenylenediamine). However, the Working Group was aware that studies were being conducted on some of these chemicals.

Of the nine colouring agents, eight were considered carcinogenic in experimental animals; benzyl violet 4B, blue VRS, brilliant blue FCF, fast green FCF, guinea green B, light green SF, rhodamine B, and rhodamine 6G; for acridine organg the data available were not sufficient to permit an evaluation.

Fifteen miscellaneous industrial chemicals were also discussed. Four were considered carcinogenic in experimental animals: *N*, *N*'-diacetylbenzidine; 3, 3'-dichloro-4, 4'-diaminodiphenyl ether; 5-nitroacenephthene; and 4, 4'-thiodianiline. Various limitations of the experimental results for the remaining 11 compounds precluded an evaluation of their carcinogenicity. However, for six of these compounds there was evidence suggestive of carcinogenicity: *para*-chloro-*ortho*-toluidine; 4, 4'-diaminodiphenyl ether; N-phenyl-e-naphthylamine; *ortho*-toluidine, 2, 4-xylidine; and 2, 5-xylidine.

Health manpower planning: priniples, methods, issues, edited by T.L. Hall and A. Mejia, Geneva, World Health Organization, 1978 (ISBN 92 4 154130 X). 313 pages. Price: Cloth-bound edition: Sw.fr. 50-., Paperbound edition: Sw.fr. 44.-. French and Spanish editions in preparation.

One of the greatest challenges in the health field today is that of making efficient, equitable, and economical use of the manpower available: the deployment of health workers is at least as important as their number.

Planning is one of the main elements in reshaping the health manpower complex to meet a nation's needs for health care. Unfortunately, attempts at health manpower planning in recent years, although numerous, have had little effect. This was largely because the methods used were often sporadic or inappropriate and because the planning was not done as part of integrated efforts to develop health services together with the requisite manpower as an essential element of socioeconomic development within the political framework of the country concerned.

It is the need to promote better conceived planning that has prompted the publication of *Health manpower planning: principles, methods, issues*. The purpose of the book is to bring together and analyse information on the various aspects of health manpower planning, to set out the principles of this planning as an integral part of overall health planning in the context of socioeconomic development, to highlight the more common difficulties experienced in the conduct of such planning, and to describe the component parts of the planning process as well as the techniques that can be used, including their potential benefits and limitations.

The opening chapters review the problem, describing the role of planning and the manpower and planning processes. Subjects dealt with in other chapters include the supply and demand factors, manpower production (with its implications for planners) and manpower distribution, the delivery of primary health care by non-physicians, planning aspects as they affect selected categories of personnel (nursing, midwifery, family planning, dental, and environmental health personnel), the international migration of professional health manpower, and the economic and political aspects of health manpower planning.

While this work does not claim to constitute the sum of the international experience and knowledge accumulated in the field of health manpower, it goes a long way towards synthetizing current thought on the question. It is directed primarily towards the needs of developing countries, but most of the principles and many of the techniques described are applicable in developed countries too.

It is hoped that, besides those directly concerned with health and health manpower planning, health administrators, educators, policy-makers, statisticians, persons serving on health advisory bodies and, in the case of some chapters, legislators and members of the informed public will find this book relevant to issues with which they are concerned.