

Chariot



**The newsletter for the staff and students
of the London School of Hygiene
& Tropical Medicine**

From the editor

Welcome to *Chariot*!

Chariot will be published three to four times a year and will aim, as far as possible, to reflect the huge diversity and range of work going on at the School, while also providing a forum for staff and students seeking to exchange information, ideas and chat.

There are over 750 staff and students at the School, and it can be difficult to keep on top of what's happening where, who's responsible for what, who the recipients of the latest research grants and academic accolades are and what is new or in the pipeline.

Chariot will cover all this and more. It will include a regular news round up slot highlighting occasions when the School has hit the headlines, plus features, focus articles and interview slots.

Thanks to all of you for your enthusiasm, ideas, and the vast number of contributions to this edition. Do keep them coming!

Lindsay Wright, Press Officer
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Extension 2073.

School Conference to mark Smog anniversary draws 250 delegates from across the globe

The School's Environmental Epidemiology Unit hosted a hugely successful conference in December, to commemorate the 50th anniversary of London's Great Smog, which caused the deaths of up to 12,000 of the capital's citizens.

The Smog was one of the worst examples of air pollution ever and a watershed in the development of the public health agenda and air pollution policy. It led to the establishment of pressure groups dedicated to improving air quality and, ultimately, to the Clean Air Act.

Key figures including Roy Parker, Donald Acheson, Richard Scorer and Devra Davis gathered at SOAS to recall their own experiences of the Smog and discuss its impact and relevance.

The conference attracted media interest from as far away as the US and Germany and featured in every national paper, *BBC Breakfast News*, the *Today* programme and the *World Service*.



Barbara Sawyer, the School's longest serving employee, has worked in the School's insectaries since 1954. She received an MBE in the New Year's Honour's List.

Tony Fletcher, the conference's organiser, says: 'The event was a runaway success and attracted delegates from a wide range of disciplines and sectors. Air pollution is as topical today as it was 50 years ago and we hope this event helped contribute to the debate on how to avoid similar episodes around the globe in future'.

The School also hosted an exhibition in which artists Beth Harland, Richard Layzell, Caroline List, Chris Meigh-Andrews, Jacqueline Morreau, Mario Rossi and Mare Tralla exhibited new works inspired by the Great Smog.

*Special report on Smog Conference, pages 6-7.
Full list of recent staff publications on back page.*

The School in the news

Bigger babies face greater cancer risk

A team led by Valerie McCormack carried out a study (published in the *BMJ*) which revealed that girls who were bigger than average at birth were more prone to breast cancer before the age of 50, with those weighing 9lb three times more likely to develop the disease than those tipping the scales at 6.5lb.

She warned, however, that women should not be unduly alarmed: 'Breast cancer before the age of 50 is relatively rare. What the study tells us is that there are pre-natal origins involved in breast cancer which put some women at increased risk. It gives us more clues to finding the causes of the disease'. She also pointed out that heavier babies had greater protection against heart disease, 'and that is a far greater health problem for pre-menopausal women than breast cancer'.

Staff and students warn Commons of health costs of war on Iraq

Over 400 of the School's staff and students from 120 countries and hundreds of members of the charity Medact signed an Open Letter to Tony Blair opposing the use of military intervention in Iraq.

The letter, which drew attention to three important reports from

WHO, Medact and the UN focusing on the humanitarian impacts of international violence and conflict was discussed at an emergency meeting at the Commons on 14 January, hosted by Tam Dalyell MP. It was published in both the *Lancet* and the *British Medical Journal* and mentioned in both national and regional media.

The latest report from the UN, *Likely Humanitarian Scenarios*, predicts that 'as many as 500,000 people could require treatment to a greater or lesser degree as a result of direct injuries'. This is based on WHO estimates of 100,000 direct and 400,000 indirect casualties.

The Open Letter states: 'A war would have disastrous short-, medium- and long-term social and public health consequences, not just for Iraq but internationally. Health professionals worldwide care for the casualties of war and we accept this responsibility. However it is also our responsibility to argue for prevention of violence and peaceful resolution of conflict. Conflict is rooted in inequality and unjust governance. Military intervention in Iraq, when there remain so many peaceful routes to disarmament, risks escalating collective violence. The World Health Organisation argues that conflict can be averted only by more equitable forms of development, and by

accountable, ethical governance internationally. We strongly support this perspective and believe that further acts of violence can be prevented by international and local governance that shows itself to be peaceful and ethical'.

For further details about the School's anti-war group and activities, contact Carolyn Stephens on ext. 2308.

Urban rather than military planners responsible for any future war with Iraq

Ian Roberts, in an evening seminar at the School on 13 January, laid the blame for any future conflict between the US and Iraq not at the door of the military, but with the town planners who designed the towns and cities of America and created 'a nation of home-owning suburbanites' addicted to car ownership.

He says: 'Urban planners in the US have created a nation pathologically and economically addicted to a dwindling supply of artificially cheap oil, and their actions have not only brought the world to the brink of war but generated a social and public health crisis as well. Motor vehicles cause 3,000 deaths and 30,000 serious injuries on the world's roads every day, and car dependency has led to a pandemic of inactivity and obesity and a rise in life-threatening diseases

The School in the news

such as heart disease, osteoporosis and hypertension.

Ian Roberts believes immediate steps are needed to promote cycling and walking, and to bolster public transport if we are to avoid a succession of gasoline wars along the lines of that seen in Kuwait over a decade ago. 'The Bush administration is well aware that even a modest fall in oil production can lead to enormous increases in the price of gasoline so the motivation for securing control over Iraq's 112 million barrels of oil is obvious', he concludes.

What will EU enlargement mean for health?

Laura Macle hose and Martin McKee guest-edited a special edition of *Eurohealth* which looked at the implications for health and healthcare systems of EU enlargement.

The issue, *Health and EU Enlargement*, featured contributions from current EU member states and candidate countries and examined topics such as the possibility and implications of patients crossing borders, health and safety, fair trade, the movement of health professionals and tobacco control.

Traffic calming schemes save lives, advises Cochrane Collaboration

Ian Roberts has called for an expansion of traffic calming

schemes after the largest review to date of the evidence of their effectiveness revealed that they do, indeed, save lives.

The review was carried by the Cochrane Collaboration's Injuries Group and the full results can be found at:

www.cochrane-injuries.lshtm.ac.uk

Free smoke alarms a waste of time and money

Local authority schemes aimed at reducing fire-related deaths and injuries in poor urban households by providing and installing free smoke alarms are a waste of time and money, according to a School study.

When alarms distributed to over 2,000 local authority households in inner London were tested 15 months later, almost half were not working and 4 out of 10 were missing or had been disabled, chiefly because tenants had lost or removed the battery, or misplaced the alarm itself.

Ian Roberts, one of the study's authors, is calling on Government to give greater thought as to how the problem might be more effectively tackled.

What is prior publication?

A new policy statement explaining what is meant by 'prior publication' has just been published. It has been jointly written by the editors of the

Journal of Health Services Research and Policy, which has its editorial offices at the School and the editors of several other specialist journals. Download the statement from: www.academyhealth.org/publications/policy.pdf

ECOHOST talks tough on tobacco

Jeff Collin and Anna Gilmore of ECOHOST, writing in *Global Social Policy*, accused the tobacco industry of cynically exploiting the concept of corporate social responsibility (CSR) in order to regain legitimacy among shareholders, policymakers and the public, and to detract attention from the huge global health impact of their products which will, according to WHO, cause 10 million deaths worldwide by 2030.

They have also written to the German Ambassador in London to request that he put pressure on his government to rethink its stance on tobacco control and, in particular, the Framework Convention on Tobacco Control, the text of which was being finalised as *Chariot* went to press.

While the vast majority of countries support a strong convention, Germany has opposed certain measures, most notably a ban on tobacco advertising, thereby prevented the EU taking an adequate stand on the issue of tobacco control and, potentially, undermining the whole treaty.

Around the School

Fire safety guidelines

These are especially important in the light of the recent fire brigade strikes. Guidelines apply to all School buildings.

In case of fire

Sound the fire alarm by breaking your nearest break glass point and then notify the School switchboard by dialling 555 from the nearest internal telephone. Break glass points are located on the landings of every staircase.

Fire alarm

This is a prolonged ringing of an electrical bell throughout the building.

If the alarm sounds

- Close all the windows and doors in your area
- Turn off the gas supplies and portable electrical equipment
- Leave the building by the nearest available exit. Do not return to your office or locker under any circumstances
- Assemble in front of the building. Do not stand immediately outside the front door as you may block the entrance
- Await instructions

In the Keppel Street building, the alarm bells are tested every Wednesday at 12 noon. Take no action other than to report any audibility problems.

Death certification report finalised

Ever wanted to know how mortality data is collected and processed? Well, here's your chance!

A report to the Fundamental Review of Death Certification and the Coroner Services in England, Wales and Northern Ireland and funded by the Home Office has just been finalised.

Improving the health of the living? an investigation into death certification and coroners, by Aileen Clarke and Jean Gladwin in the Health Services Research Unit has implications for clinicians, coroners, public health workers, the ONS, the legal profession and the public.

The report will be available in full or in summary form in the near future. Further details will appear on the School's website.

School's David Baker to play key role in new Functional Genomics Development Initiative

David Baker is part of an international consortium of investigators, funded by £5.4 million from the Wellcome Trust, which will seek to unravel the secrets of the malaria parasite genome, with a view to speeding up new initiatives to combat malaria.

Come and find out more about the North Courtyard Project

A seminar to discuss the technical elements of the project will be held one lunchtime in March 2003 in the Manson Lecture theatre (details to follow - contact Claire O'Connor or check the School's intranet site). Ideas for the time capsule are still welcome.

For a more detailed update on what's happening with the North Courtyard Project, please see page 13.

School's Honorary Fellowships announced for 2003

Four new Honorary Fellows were announced at a Diploma Presentation Ceremony on Saturday 15 February at the Institute of Education, 20 Bedford Way, London WC1.

Dr Tore Godal, Director, Global Alliance for Vaccines and Immunization; Professor Sally McIntyre, Director, MRC Social and Public Health Sciences Unit; Professor Robin Weiss, Professor of Viral Oncology, University College, London; and Professor Amartya Sen, Master, Trinity College, Cambridge all received their awards at the ceremony, which was followed by lunch at the nearby London School of Hygiene & Tropical Medicine's Keppel Street building.

Around the School



Recent visitors to the School have included (left) Lord Sainsbury, seen here meeting the Dean, Nigel Crisp (bottom left) CEO of the NHS Executive, who gave the Dean's Lecture in January, and Prime Minister Mocumbi of Mozambique, (bottom right) seen here meeting the Dean.

Research projects continue on a wide range of topics including global climate change, trade, tobacco control and global governance. New projects include a Joint UK Global Health Programme with the Nuffield Trust and University of Aberystwyth focusing on health as a foreign policy and security issue.

Over the Summer, Andy Haines and Sari Kovats gave evidence to the House of Commons Select Committee on International Development's *Inquiry into climate change and sustainable development*, which has now issued its final report.

Recent publications include *Health policy in a globalising world* (Kelley Lee, Kent Buse and Suzanne Fustukian, eds., Cambridge University Press 2002) and *Health impacts of globalisation, towards global governance* (Kelley Lee ed., Palgrave Macmillan 2002).



Congratulations to Jeff Collin on being promoted to the post of Lecturer, and to Mike Ahern for promotion to Research Fellow. We would also like to welcome Lance Saker and Nadja Doyle, both of whom joined us last year as Visiting Research Fellow and Additional Secretary respectively.

For further information on any of the above, please pay a visit to the Centre's website at <http://www.lshtm.ac.uk/cgch>

News from the School's Centres

The Centre on Global Change and Health

The Centre has begun another busy academic year of research and teaching on the impacts of global change on health.

The Centre will offer the new 'Globalization and Health' study unit during Term 2 (D2) for MSc students. A new series of seminars began in October last year with Professor Jeffrey Sachs, who recently headed the WHO Commission on Macroeconomics and Health, speaking on 'Will the world scale up the investments in global health?'.

Smog conference special

The Big Smoke: 50 years on

by Suzanne Taylor

Almost fifty years to the day, the School's Environmental Epidemiology Unit held a conference to commemorate the lethal London Smog of 1952.

It was an auspicious time for such a meeting and the conference attracted over 250 participants. It aimed to reassess the historical context and the health impacts of the episode, to summarise current health impacts of pollution in large cities and to present future trends and policies on urban air pollution both for London, and for Europe generally.

The conference was organised jointly by Tony Fletcher of the Environmental Epidemiology Unit and Virginia Berridge of the History Group, with the help of a planning committee.

After a welcome by Andy Haines, the first morning session provided the historical background, and considered the health impacts. Professor Peter Brimblecombe of the University of East Anglia analysed why London suffered from so much lethal smog. Catherine Wills of Essex University examined the impact of the 'Clean Air Crusaders' including the National Smoke Abatement Society. Dr Stephen Mosley of the University of Birmingham



From left to right: Professor Roy Parker, Sir Donald Acheson, Professor Richard Scorer and Professor Peter Brimblecombe reminisce about their experience of the Smog at the Witness Seminar

showed that whilst domestic smoke came to be considered more harmful than industrial smoke, Victorian governments feared the public's response to any interference with freedom within the home.

Activists tried to impress on the public the need to reduce smoke outputs from the home, but householders failed to respond effectively.

Professor Ross Anderson of St George's Medical Hospital School explained that the main health problems lay with the respiratory and cardiovascular systems, and especially with elderly people with bronchitis. Intriguingly, children with asthma did not appear unduly troubled.

A packed lunchtime screening of the film *Killer Fog* was introduced by Dr Michael Clark of the Wellcome Trust.

The afternoon session focused on new agendas for air pollution after the 1950s. Dr Mark Jackson of Exeter University contrasted two quotes, one from 1955 that stressed the links between pollution and bronchitis and one from 2000, which attributed the deaths to asthma. He explored the reasons for this contrast, arguing that the Smog set in motion a series of events which served to change approaches to respiratory disease and to fashion new classificatory methods and a new appreciation of the links between pollution and health.

Smog conference special

Virginia Berridge presented on 'lifestyle versus environment' arguing that the air pollution issue was symbolic of a wider change within the focus of public health. Pollution by smokers came to the forefront and this was emblematic of the move to individually-oriented public health. Day One's final session focused on air pollution in London and across the world.

Professor Frank Kelly, of King's College, London highlighted the changing nature of air pollution, from the decrease in traditional pollutants like sulphur dioxide to increases in nitrogen dioxide, ozone, and PM10s, namely due to the growth in motor vehicle traffic. Dr Michael Krzyzanowski (WHO) spoke of the global health burden of air pollution. He summarised the World Health Report's section on air pollution which indicated that the burden fell predominately on developing countries. David Hutchinson of the GLA expanded on London's present air quality strategy. After concluding remarks by Tony Fletcher, guests attended a reception at the School in Keppel Street.

Day Two began with a Witness Seminar chaired by Professor Brimblecombe. Professor Roy Parker, Sir Donald Acheson and Professor Richard Scorer constituted the panel. Each spoke about their unique experiences during the Smog, triggering contributions from the audience, many of whom commented that they found the

witness testimony invaluable. The Witness Seminar will be transcribed for later publication on a public health website.

The afternoon sessions were more specialised and focused on the lessons of air pollution incidences and future prospects. Speakers included Professor Devra Davis of Carnegie Mellon University, USA, and Professor Michael Brauer of the University of British Columbia who read a paper on air pollution caused by vegetation fires, focusing on the 1997-8 Southeast Asian fires which were associated with decreased lung function and mortality. After the presentations, guests could visit the poster exhibition before attending the opening of an art exhibition in the Keppel Street bar, at which contemporary artists marked the anniversary of the Smog.

This successful conference commemorated the 1952 Smog but also highlighted the necessity of continuing to combat air pollution. It brought together perspectives from historians, epidemiologists, doctors and the general public. Its importance and present day relevance was highlighted by its truly international flavour, attracting participants from Canada, Germany, Greece, the Netherlands, and the USA, and press interest not only in the UK, with the conference organisers being interviewed for every national paper as well as on national TV and radio, but as far away as the US and Germany.

Fear of political embarrassment led to government cover up of link between air pollution and lung cancer

In a speech to delegates at the conference, Virginia Berridge outlined how governments from the late '50s onwards deliberately downplayed the threat to public health caused by air pollution, and sought to shift the blame firmly onto cigarette smoking instead.

Virginia Berridge researched papers relating to Cabinet Committee meetings in the late '50s looking into smoking, air pollution and lung cancer. She asserted that although there were clear political reasons for obscuring the link between air pollution and lung cancer, other factors, including a shifting public health agenda, which focused on an individual's responsibility for their health rather than environmental influences, were also key in ensuring that the issue of air pollution was 'damped down'.

Despite Dr Guy Scadding expressing a belief as early as 1953 that air pollution was as much a factor in lung cancer as smoking the MRC, in 1957, was persuaded by Government to modify a statement attributing up to 30% of lung cancer cases to air pollution to say that it played only 'a relatively minor role' in the development of the disease, Virginia Berridge said.

Unit focus

The Pathogen Molecular Biology Unit

Brendan Wren, who became the new Head of the Pathogen Molecular Biology Unit in September 2002, talks about a major research focus of the group

In common with other units in the School, PMBU wants to reduce the burden of infectious disease. Antibiotics are clearly not enough; with the rise in resistance we need intelligent counter measures, which can only come from a rounded understanding of the complex and dynamic ways in which pathogens modulate virulence and interact with the human host. At PMBU we are working towards that understanding.

Labs and bugs

The PMBU has over 80 members of staff from 13 laboratories who work under the umbrella of ITD, and in collaboration with numerous colleagues from many other Units and Departments. Our work focuses on a range of viruses, bacteria, parasites and vectors that play a role in debilitating or fatal human and animal diseases.

We currently have funding to investigate, amongst others, the malaria parasite (*Plasmodium* spp), chagas disease (*Trypanosoma cruzi*), African sleeping sickness (*Trypanosoma brucei*), amoebic dysentery (*Entamoeba*), the leishmania species, bacterial food-borne pathogens (*Campylobacter jejuni* and *Yersinia enterocolitica*), gastric ulcers and cancer (*Helicobacter pylori*), plague (*Yersinia pestis*), paddy field melioidosis (*Burkholderia pseudomallei*), tuberculosis (*Mycobacterium tuberculosis*), blue tongue virus and herpes viridae, a viral family linked to chicken pox, glandular fever and cold sores.

Two Bs or not two Bs?

If you've been eagle-eyed enough to notice a B missing from our name in posters and e-mails - this is not a typo! Late last year weighty negotiations took place at the heart of the Pathogen Molecular Biology and Biochemistry Unit (PMBBU), centred around an issue key to our very identity – the descriptive value of the unit's name.

Were two Bs in the title really necessary, we pondered.? Or would just one describe our work more succinctly? The streamlined approach won the day, so as of 2003 we're proud to be known simply as the Pathogen Molecular Biology Unit (PMBU).

Areas of research interest include:

- determining mechanisms of infection of globally important viral, bacterial and parasitic pathogens
- deciphering the genetic diversity of selected disease agents in natural populations and to determine their epidemiological impact
- studying immune evasion mechanisms of certain disease agents
- exploiting parasitic, bacterial and viral pathogens as model biological systems
- developing practical applications including improved diagnostic tests and the identification and characterisation of vaccine candidates and drug targets

Importance of genomics

This year marks the 50th anniversary since the structure of DNA, the molecule of life, was determined. Although the structure of DNA is the same in all living cells, the sequence order of its four bases is what differentiates all species, and determines their characteristics. Most of PMBU's research centres around the DNA makeup of globally important pathogens.

In recent years, our work has vastly benefited from the

Unit focus

availability of whole genome sequences, including those from numerous bacterial pathogens, the malaria parasite, the mosquito, mouse and human. This avalanche of new information is changing forever the way we undertake research and teaching.

The genome sequence of a pathogen provides us with the full 'parts list' of all the genes and gene products in the organism, including all virulence determinants and vaccine candidates.

But to understand how the organism runs, we need to work out the functions of each of those parts. This 'post-genome analysis' is what we do at PMBU, aided by high-throughput DNA analysis technologies such as microarrays (DNA chips that allow tens of thousands of DNA samples to be analysed in parallel) and proteome analysis (the study of all proteins in a cell).

We are fortunate that the School has invested in this technology through SRIF and Gates funding. The funds have enabled us to build a brand new genome resource facility, now operational on the second floor of the Keppel Street site, which has already vastly increased the amount and range of work we are able to do.



PMBU's contribution to genomics worldwide

Brendan Wren

Our members have been instrumental in planning and carrying out several genome projects. These have included *Campylobacter jejuni*, *Yersinia pestis*, *Yersinia enterocolitica*, *Clostridium difficile*, *Trypanosoma cruzi*, *Trypanosoma brucei* and *Entamoeba*. More recently, we have benefited from the current enthusiasm for post-genome analysis and have gained significant funding through the Wellcome Trust and the BBSRC functional genomics initiatives, which is enabling us to functionally dissect *Campylobacter*, *Plasmodium* and *Trypanosome* species, formidable tasks that we could barely have dreamed of before the genome sequences were available.

This is just the beginning. The Unit, alongside School colleagues who are involved in diverse and interdisciplinary research into infectious diseases, is particularly well placed to exploit the wealth of new genome information. The next 50 years hold great promise in infectious disease research and working towards the eradication of global killers.

If you would like to find out more about the PMBU, please visit the unit's web site at www.lshtm.ac.uk/pmbu/

International Centre for Eye Health

The International Centre for Eye Health

by Adrienne Burrough

We are a World Health Organisation Collaborating Centre for the Prevention of Blindness. Initially established in 1980 as part of the Institute of Ophthalmology under the leadership of Professor Allen Foster, we joined the London School of Hygiene & Tropical Medicine in 2002 as part of the Department of Infectious and Tropical Diseases in the Clinical Research Unit. We would like to thank the School for its warm welcome to us, and particularly Peter Smith, Hazel Dockrell, and David Mabey for their encouragement and support during our move to the School.

The main aim of the International Centre for Eye Health (ICEH) is to facilitate a reduction in blindness, particularly in the developing world. There are an estimated 50 million blind people in the world and at least 75% of these can have their sight restored, or are blind from preventable causes. The problem is increasing by 1-2 million people per year because of population ageing and growth.

In 1999 the International Agency for the Prevention of Blindness (IAPB) and the

World Health Organisation (WHO) jointly launched 'VISION 2020 – the Right to Sight'. The goal of VISION 2020 is to eliminate unnecessary blindness, promote good vision and thereby improve the quality of life of people with visual loss in the world.

To facilitate this global initiative the work of ICEH falls into the three main areas:

- a) research into prevention and treatment of the major causes of blindness;
- b) training in community eye health both in the UK and overseas;
- c) dissemination of information, through the Journal in CEH, a network of international resource centres and teaching materials.

a) **Research:**

Headed by Dr Clare Gilbert, and divided into three main areas according to VISION 2020 priorities:

- 1•Cataract and other eye diseases associated with ageing: studies include a cross-sectional survey of the prevalence and causes of visual loss (Pakistan; Bangladesh, Nigeria);

Work also includes an evaluation of systems for monitoring the outcome of cataract surgery in Africa and Asia;

Work on age-related visual loss includes systematic reviews of interventions and studies in the UK

to assess the role of macular pigment in age-related macular generation.

Work is also being done on cost-effectiveness studies of treatment for glaucoma in the UK.

2• **Trachoma and other ocular infections:**

The TIME group (Trachoma Initiative in Monitoring and Evaluation) has been established to develop and implement a common framework for monitoring and evaluation of trachoma control programmes in 8 countries. These programmes use the SAFE strategy (ie Surgery, Antibiotic, Facial Cleanliness and Environmental Change) to eliminate blinding trachoma. Programme evaluations by members of the TIME team are taking place between November 2002 and Jan 2004;

The team works with David Mabey and Robin Bailey on the effective use of azithromycin in the control of Trachoma (Wellcome);

Several studies on trachoma control including; mapping of trachoma – a detailed review of the literature and development of a global map for trachoma; outcome of trichiasis surgery; and impact of water availability and utilisation;

The team has undertaken several studies on trachoma control, including mapping of trachome - a detailed review of the literature

International Centre for Eye Health

and development of a global map for trachoma, outcome of trichiasis surgery, and impact of water availability and utilisation.

A clinical trial of anti-microbial agents for the management of corneal ulcers in Nepal, with evaluation of a clinical algorithm and PCR for rapid is planned.

3 • Visual loss in children:

Work includes a large, national study of the causes of blindness in children in Bangladesh, with emphasis on the causes and outcome of cataract surgery, a project to evaluate the most cost effective means of implementing school eye health programmes in Tanzania and evaluation of screening criteria for retinopathy of prematurity in Brazil.

Research funding comes from the International Trachoma Initiative, SightSavers, CBM, the Wellcome Trust, Guide Dogs for the Blind and other organisations supporting the prevention of blindness. Results are given to WHO and the NGOs contributing to the evidence base for policy making and programme development.

b) Training programmes:

The Masters in Community Eye Health (organised by Dr Daksha Patel) was launched in September 2002 and currently has 10 students from West Africa, India, Pakistan and

Australia. The course is designed for eye care personnel who have or could have leadership roles either within their governments or in the NGO sector. Nearly all students come from developing countries.

The centre also offers teaching units on eye diseases (which make up part of the MSc). These can be taken as short courses for interested applicants.

Short courses on VISION 2020 and on Tropical Ophthalmology are being planned for the summer and autumn.

Our training also includes overseas workshops. A series of 12-20 one-week courses in overseas countries are planned and undertaken each year as part of the VISION 2020 initiative. In 2002 more than 300 people (mainly eye specialists) attended these courses.

c) Resource Centre:

The International Resource Centre (IRC) managed by Ann Naughton develops educational resources and information services to support Vision 2020. Activities include publishing a Journal of Community Eye Health (Editor Dr Murray McGavin), which is distributed free of charge to 15,000 health workers across the world; (www.jceh.co.uk) and providing information services (Sue Stevens). The IRC holds a unique collection of materials on blindness prevention

and rehabilitation and the development of regional community eye health resource centres in Africa (3), Asia (2) and Latin America (1). These are co-ordinated by Ann and Sue.

At the end of September 2002 ICEH moved into new offices in 9 Bedford Square. In November the ICEH Advisory Group met, with representatives from the School, WHO and key donors, to finalise a working plan and budget for activities in 2003. We are now looking to develop links with other groups in the School who are interested in Eye Health, Disability and Improved Quality of Life, in an effort to facilitate the goals of VISION 2020.



Top - children from a village in Ghana ; bottom - children carry water to clean their faces, which has been shown to prevent trachoma. Pictures by John Buchan.

Articles

First impressions: the archives of the London School of Hygiene & Tropical Medicine

by Victoria Killick



An Archivist can consider themselves very fortunate to be the first professional to work in an institution which needs its archives organising. The opportunity to uncover hidden treasures and make these accessible to the institution and the research community far outweighs the daunting task of dealing with the dirt, dust and mould that has accumulated on the material over the years. I began this challenge in July 2002 and have, so far, enjoyed every day.

One of my first impressions of the School was of the interesting and diverse material that it has in its archives. Among its collections are the papers of Sir Ronald Ross, awarded the Nobel Prize for Medicine in 1902 for his proof of the mosquito transmission of malaria; plans and correspondence relating to the design and construction of the School in Keppel Street which was opened by The Prince of Wales in July 1929; the notebooks of Timothy Richards Lewis (1841-1886) surgeon and pathologist; correspondence and scripts for the BBC radio programme *Doctor in the House* and an extensive photograph collection including pictures of staff and students, images of the building and pictures of people suffering from tropical diseases. One of my favourite discoveries is the joint diary of the entomologist Geoffrey Douglas Hale Carpenter and his wife, Amy Frances Carpenter, recording their experiences of trips to Uganda for his research on sleeping sickness between 1913 and 1930. As well as entries documenting their day-to-day activities, there are photos, pressed flowers, press cuttings, concert programmes and their wedding invitation.

Some of the artefacts in the collections include a microscope used by Sir Ronald Ross and a mallet used by Neville Chamberlain to lay the foundation stone of the School

in 1923. Another artefact is the wooden box designed by Louis Westenra Sambon in 1900, in which malaria-infected mosquitoes were sent from Rome to Sir Patrick Manson in London. They went on to be used in his classical experiment in which two volunteers, on which they were allowed to feed, developed malaria.

However, much of the archive material has been inaccessible to the School and the research community due the lack of an accessible catalogue, the absence of information about the archives included in national finding aids such as the National Register of Archives and the unsuitable facilities available for researchers to study the material. To enhance accessibility, the School has purchased an archival database on which users will be able to search for catalogued material. This is currently only available on the Archivist's PC but there are plans to make it available in the library and eventually via the website. Staff and students interested in the archives are welcome to make an appointment to search the database. A brief list of the contents of the archives is available on the School's website as well as information on how to access the archives and a chronology of the School which should answer some of the more basic questions researchers may have on the School's history.

Articles

As well as sorting, appraising and cataloguing the material the archives already hold, I will be surveying the holdings of the rest of the School to ensure that relevant records transfer to the archives. There is a wealth of information being generated by individual units which needs to be recorded and stored for the benefit of the School and for future scholars.

It is encouraging for an Archivist to work in an organisation which values history. I am a member of the School's History Group and am working with the Professor of History on a number of initiatives to increase access to the archives, including students on the MSc Public Health course using archive material for their work in the History and Health study unit.

Future plans include looking into setting up new storage facilities, developing funding proposals to ensure the continued preservation of the archives, and setting up a records management service and online exhibitions to promote this fascinating collection to the wider world.

If you are interested in finding out more about the archives or have material that would contribute to the history of the institution, please contact:

Victoria Killick
020 7927 2966
victoria.killick@lshtm.ac.uk

North Courtyard update

by Claire O'Connor

We are nearly half way through the project. Work is progressing well and generally in accordance with the programme.

As you may have seen from the webcam, the main activity at the moment is the erection of the superstructure or the frame of the building itself. The shape is taking effect very quickly with the steel deck floors and floor slabs being completed as we move up the building.

The process of breaking into the existing building to create access corridors (from the ground to the third floor) to the new building is now complete. The brick cleaning and repairs have also finished and really improved the look of the Courtyard – if only we could see it properly; the scaffolding which obscures the view needs to remain in place for another 3 months to assist with the curtain walling, balustrading and mechanical and electrical services.

A new electrical supply is being installed. An electrical transformer will be housed within the basement and prolonged discussions with electrical supply company 24/7 finally led to an agreement to bring the power cables from the road through a Gower Street insectory and adjoining offices into the new space.

The constrained site and restricted access mean efficient and detailed planning is needed. The School has been ably served by Willmott Dixon Construction Manager Peter Brigden, who is based on site, and his Senior Site Manager Tony Dowling. They have the tough task of completing works on time and to budget and liaising with the School, subcontractors and consultants to ensure this happens. The previous project they worked on was the extension and part refurbishment of Greenwich Community College which involved similar constraints around noise and disruption to staff and students. They attend regular meetings to discuss construction methods, plan forthcoming work, implement specialist design packages and review internal procedures, operational problems, programme adjustments and site safety.

We are in discussion about some of the final fixtures and finishes at the moment, because although it seems a long way until completion in November 2003, many items such as lifts, the spiral staircase, balustrades and flooring have long manufacturing and ordering times. Over the next few months you will see the completion of the steel frame, metal deck and concrete slabs to the remaining floors, installation of the glazed roof and curtain walling system and the installation of the mechanical and electrical services.

Articles

How can NGOs prepare to help WMD victims?

The Conflict and Health Program at LSHTM and Merlin, a UK-based medical aid organisation, recently examined the ability of humanitarian organisations to respond to a crisis involving weapons of mass destruction (WMD), and found that there is urgent need to improve the public health response capacity of humanitarian organizations.

There is little doubt humanitarian assistance will be needed if there is war involving WMD, whether due to deliberate belligerent use, or accidental release through military strikes on stores or production plants. However, it is increasingly apparent that providing effective assistance to any populations affected, regardless of which side of the conflict they are on, would not currently be possible by humanitarian organisations in the UK or elsewhere.

Many NGOs are highly experienced in providing services to large and sudden numbers of displaced, but they are neither trained, equipped or staffed to deal with the issues of decontamination, unusual clinical diagnosis and treatment, hazard control, and the immense psychological needs that will accompany a chemical or biological event. This highly

specialist knowledge, training and equipment currently resides almost solely with the military. But humanitarian action relies on fundamental principles of neutrality, independence and impartiality which enables assistance to be given to civilians solely based on needs irrespective of where they are. To rely on military resources only would put this ability to reach all those who need help in jeopardy.

After detailed study of the options, members of the London School of Hygiene and Tropical Medicine and Merlin outline a series of critical steps to achieve an independent response capacity in the report entitled *Hope for the best...prepare for the worst: how humanitarian organisations can organise to respond to WMD*.

The first is to create a small multi-agency, multi-sector humanitarian assessment team, protected and equipped to function in high risk areas. Crucial to this is the development of a training relationship with the armed services prior to any conflict, on the clear understanding that the ultimate aim is to enable NGOs to act independently during a conflict.

All parties would also benefit from opening principled channels of communication during peace-time which improve understanding of respective roles and abilities.

The second step, equally important, is to put humanitarian frontline health staff through targeted training in the essential elements of early recognition, medical treatment and care of victims of WMD, and actions required to prevent further contamination. To reinforce this, operational guidelines, which adapt existing clinical information into an accessible form for humanitarian workers in the field, are essential.

Training staff and ensuring they have immediate on-site access to treatment protocols were key recommendations to emerge from examination of health facility response to the 1995 sarin nerve gas attack in Tokyo. It is sobering to note that, although Japanese health workers lacked treatment protocols and training in care of casualties caused by chemical weapons, they did have the back-up of a sophisticated hospital system with access to laboratories and a wide range of treatments. NGO field staff will have only themselves and whatever supplies they have to hand to rely on.

To ensure these supplies are both immediately available and appropriate, emergency drug and equipment kits need to be reviewed, adapted to include materials essential to the care of victims of chemical or biological warfare, and pre-positioned for rapid deployment. Current emergency drug kits do contain some of the drugs

Articles

required, but the quantities are likely to be insufficient; clinicians responding to the sarin attack, for example, needed to use up to 10 times the normal doses to save life. Decisions also need to be made regarding provision of skilled supportive care (eg oxygen and intubation) not usually available in relief settings, but which can be critical to survival particularly after exposure to chemical and toxin agents.

Even more than in other types of emergency, co-ordinated action will be the key to protecting and saving the lives of victims, host populations and relief workers in the wake of the use of WMD. On a technical level this means having common protocols for stringent collection of epidemiological information for effective early warning, but it also means humanitarian organisations must come together in planning. It is very unlikely that individual agencies will be able to provide effective humanitarian assistance in the worst case scenario.

These recommendations have particular resonance and urgency at the moment, but it is important to note that even if the current situation subsides, other events appear increasingly likely anywhere in the world.

It is hoped the report will be followed up by the establishment of a consortium of interested humanitarian agencies that will work on the development of a

truly independent and co-ordinated response. In order to do so, the agencies must widen their knowledge base about weapons of mass destruction, their effects and the options for humanitarian intervention, an activity in which the School could play an important role.

Authors

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For a more detailed discussion of the issues, please access *Hope for the best...prepare for the worst: how humanitarian organisations can organise to respond to weapons of mass destruction*, published by the LHSTM and Merlin on www.lshtm.ac.uk/hpu/docs/wmd.pdf or www.merlin.org.uk

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Tribute to Katie Foster

Katie Foster, who had to leave the School last year because of her worsening cystic fibrosis, died on 5th January 2003, at the too-young age of 35 years.

For many of us in the School, her presence and her liveliness had a huge positive effect on our lives.

Obituary

She joined the Health Services Research Unit in 1994 as a Course Organiser, and became Unit Administrator for the Medical Statistics Unit in 1998. She became a unifying focus for the Unit, and no-one had a bad word to say about her. Even in the face of her deteriorating health, she presented a cheerful sparkly image. She was keen to live as normal a life as was possible – as those of us who were at a Unit retreat discovered when she showed her competitive streak at croquet!

Many people said their farewells at a delightful send-off in the summer, which she enjoyed immensely. But she stayed in contact on the School network, and many people will have seen her in October when she came to an inaugural lecture with her own oxygen supply. She managed to make a joke out of it, at least for public consumption.

She was a talented flautist and pianist, and until a few years ago, used to play in a piano quartet. The *Schumann Quartet* was a favourite piece of hers and was chosen by the family to play at her funeral, which was attended by several members of HSRU, MSU, and EPH.

As someone wrote recently 'She was a simply lovely person. We couldn't have wished for a more delightful colleague. And though she'd hate it said, she was an inspiration to many of us'. We miss her.

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