

Editorial

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Editorial

When the last special issue of *Acta Tropica*, devoted to filariasis and mainly laboratory work, was published in 1981, the Editorial Board decided to devote the next to field work on schistosomiasis. The initial idea was to invite field workers to contribute to an enlargement of this number as in the case of the filariasis issue, but for financial reasons this was not possible and the reader will no doubt note that all the essays of this schistosomiasis issue, except two, originate from, or have been written in cooperation with, the Swiss Tropical Institute. From 1975 to 1982, 306 papers have been published concerning research conducted with the financial support of the schistosomiasis component of TDR. Of these, only 30 were devoted to field work, in comparison with 128 on immunology, for example.

Some readers will rightly think that several papers published in this edition are very detailed. The precise information they include may only be of value to a limited number of scientists, but at least they are likely to be utilized. Can authors who have worked for 3 or 4 years in the field, and often under difficult circumstances, be expected to summarize their studies in 10 pages, while research workers in laboratories have the possibility to publish 5–10 essays on experimental topics within the same period?

The overt reluctance towards field work has several explanations. The studies are conducted over a long period of time and often in difficult circumstances; they have relatively little scientific output in relation to the time and money invested; research workers adequately prepared to work in the field are scarce, since the poor career prospects make it difficult to offer them security in their position. Furthermore, while a laboratory study can be thoroughly planned, a field study always faces innumerable and sometimes unforeseeable problems that interfere with its progress and alter its results. Scientific minds often have no difficulty in criticizing a study or even in condemning its results, but is it really an exceptional case if, for example, the populations of Tanzania and Liberia are not motivated to participate in rigorous random samplings or in the collection of urine samples in the middle of the day? Due to lack of standardization and longitudinal studies, field research workers are still far from having solved all the problems in the domain of epidemiology and control of schistosomiasis, and equally far from fully utilizing modern technology; but, for their part, the immunologists have certainly received more from the schistosome model than they have contributed to knowledge of this parasitosis. Thanks to the relatively small number of field research workers and the WHO's efforts at coordination, a long stride has nevertheless been taken in these last 10 years

in the field of schistosomiasis control. However, much remains to be done until these results can be applied on a large scale and the populations concerned become aware of the effects. In our opinion these steps can only be taken if a bridge is built between scientists and health planners. The scientists should put more emphasis on the application of their endeavours and take more interest in the population involved; the health planners should attach much more importance to epidemiology in the training of their staff and in career structures, and, finally, both should make an effort to integrate applied research into health services.

The essay by M. AUDIBERT et al. demonstrates how non-standardized surveys may falsify the facts about schistosomiasis in a certain area and in what way they may be a pretext for neglecting – with a clear conscience – measures of control in an irrigation scheme project. A. ZUMSTEIN, working with a small team and within a limited area in Tanzania, and E. DENNIS et al. with a large project at district level in Liberia, provide useful information on schistosomiasis epidemiology in zones that are still insufficiently investigated; they well show the heterogeneity of the prevalence rates in correlation with the distribution of intermediate hosts of urinary schistosomiasis. M. TANNER et al. combine the results obtained in Tanzania and Liberia and demonstrate the value of chemical reagent strips in identifying *Schistosoma haematobium* infections. Referring to their results, B. HOLZER et al. conduct a critical discussion on the value and feasibility of morbidity studies for schistosomiasis; their study shows that the morbidity rate in Central Liberia is not as high as the frequency of intestinal and urinary schistosomiasis would suggest. If this study is confirmed it would considerably lower the rank of schistosomiasis in the scale of public health priorities in this region. In a preliminary study D. STÜRCHLER et al. consider the hypothesis that vitamin A could influence host-parasite interactions in schistosomiasis. B. SALADIN et al. present detailed conclusions on a pilot control trial of schistosomiasis in Central Liberia using different schistosomicides on the whole of target populations, whether infected or not, in combination with the focal application of molluscicides. The results of this pilot project are not very encouraging but this is mainly explained by migration of the populations. Finally, H. MADSEN reports encouraging results on *Helisoma duryi* used as a biological control measure in an irrigation scheme.

This special edition largely consists of studies by the Swiss Tropical Institute in Tanzania and Liberia; to the authors of these essays and to the populations involved, all due credit must be given for their cooperation. I gratefully acknowledge financial support from the R. Geigy Foundation, Ciba-Geigy Ltd., and Bayer Ltd., which permitted a considerable enlargement of this issue of *Acta Tropica*. I would also like to thank Mrs. L. SAURENHAUS and Dr. U. BREITENSTEIN for their invaluable help with the printing of these essays.

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