



MIASMA PHILATELIST

Quarterly Journal of Malaria Philatelists International

July-Sept., 1982

Vol. 3, No. 3

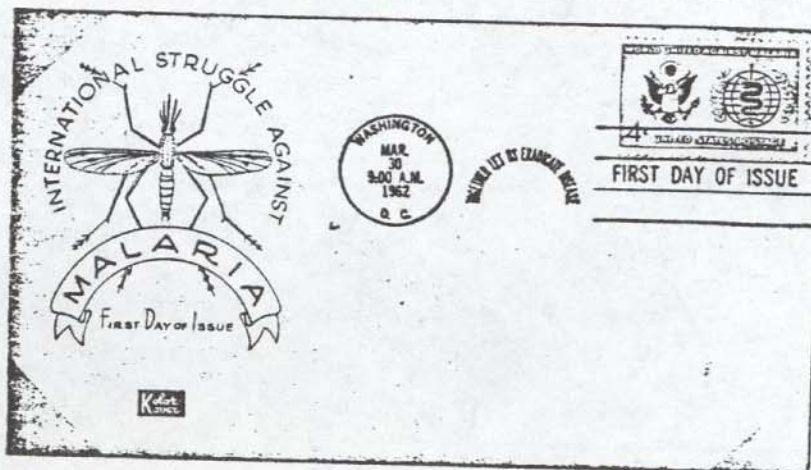
Issue Number 11

WIDE VARIETY OF US COVERS AVAILABLE FOR '62 ISSUE

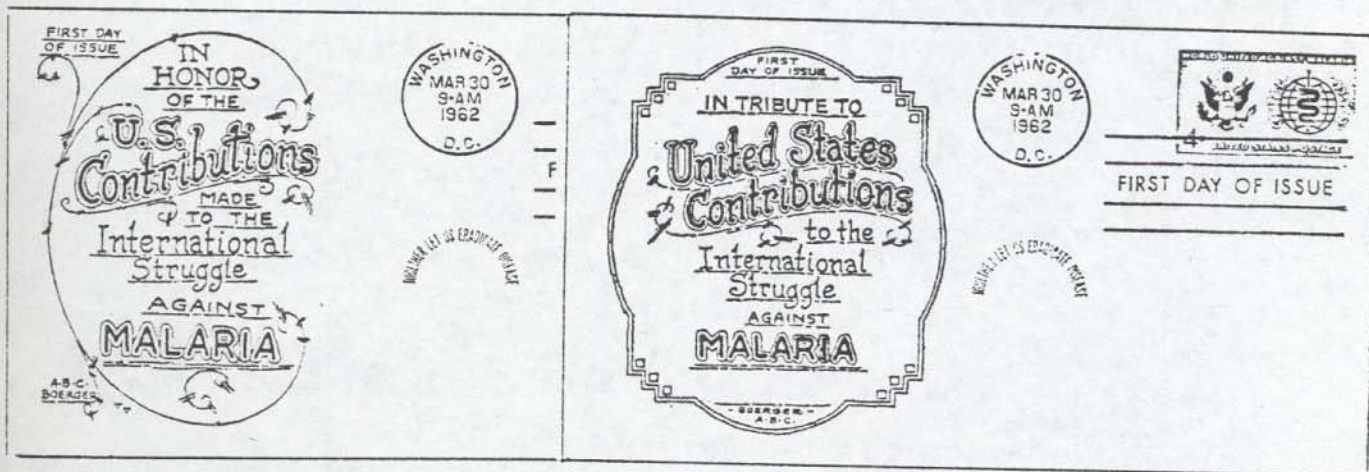
Much thanks to R. Ward, MPI president, for sharing the following with MP readers.

A wide variety of cachets have been used for the US antimalaria issue which was part of the 1962 World Health Organization's "World United Against Malaria" philatelic program.

Of course, the commonest ones are from the larger cachet issuers such as ArtCraft, Artmaster, The Aristocrats and Fleetwood. Following these are Glory, Cachet Craft, Fluegel and HF. Fairly difficult to locate is the C. Stephen Anderson cachet. But, the tough ones appear to be those from Von Ohlen, Kolor Kover and Boerger A-B-C. This writer is aware of at least two unattributed covers -- US emblem with WHO emblem and a crude Anopheles. Also, The American Society of Tropical Medicine and Hygiene provided first day service on the organization's stationery to all members (1,258). General cachets used in many countries were not included in this survey. Any additions, please notify the editor.



KOLOR KOVER cachet - Blue on manila envelope. Notice that the Washington, D.C. machine cancel has the slogan "Together Let Us Eradicate Disease" to the right of the city. The second device, with the slogan below the city, is shown on the Boerger A-B-C cachets illustrated below.



"U.S. Contributions against Malaria" in blue, rest of cachet is orange.

(more illustrations pages 4-7)

Second Boerger A-B-C cachet, frame and "first day of issue" and "Boerger A-B-C" purple, rest of cachet is black.

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 affiliate number 500 of the Society of Philatelic Americans
 study unit affiliate of the American Topical Association

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 collectors of philatelic material related to malaria.

Annual Dues are \$5 (U.S.A., Canada, Mexico), \$10 (all other nations).

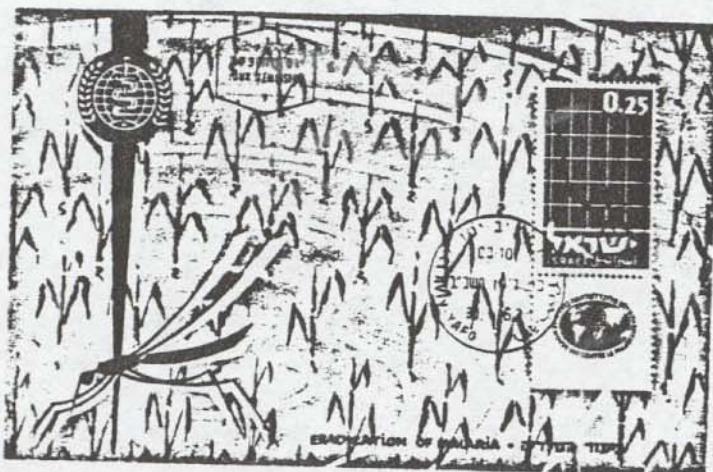
Editor - James Dellinger, 426 West Fremont, Elmhurst, IL 60126, U.S.A.
 silver-bronze award winner, TOPEX '81.

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MEMBERS UNCOVER TWO ISRAEL MAXI-CARDS; US FIRST DAY POSTCARD FOUND

Both J. Moohr and R. Ward reported the Israel maxi-card offered in the last issue
 was an additional "finding". Several readers reported on the MISCHA postcard.



Second Israel card also has "first day"
 cancel and imprint.

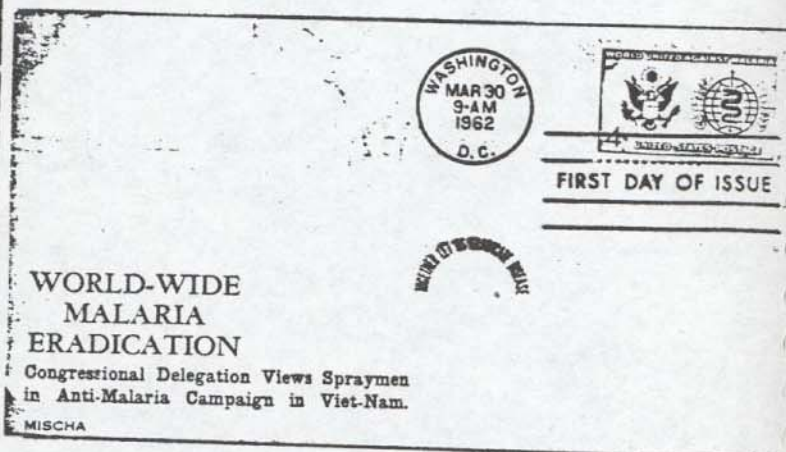


Photo on US card in light blue,
 inscription in black.

M P I MEMBER WINS GOLD WITH "MALARIA" EXHIBITION AT COMPEX

At COMPEX in Chicago over the Memorial Day weekend, MPI member John Moohr
 exhibited a 160 page selection from his malaria collection and was awarded a
 gold. John reported that the competition was strong and that he credits his win
 to constructing and entering his exhibit as a "philatelic" not "topical" one.

LET'S LOOK AT MALARIA AND THE BLOOD BANK

Once again, thanks to member R. Bindie for the following thought-provoking article. There are no doubt many other philatelic items that could be used to illustrate this interesting sub-topic.

Malaria presents special problems for Blood Bank physicians and technicians, for blood donors and for the patient receiving the blood transfusion. The malaria protozoa along with the Spirochete of syphilis and the virus of hepatitis is one of the most common infectious agents transmitted from person to person by blood transfusion. In addition, there are problems related to donor recruitment and there is an interesting association between the Duffy blood group system and malaria.

In the past, all people who had malaria were permanently disqualified as blood donors. However, in 1973, this requirement was relaxed by both the American Red Cross and the American Association of Blood Banks.

The American Association of Blood Banks is a non-profit scientific and administrative association of individuals and institutions engaged in the many facets of blood banking. The association offers a voluntary inspection and accreditation program and publishes performance standards and guidelines to insure the safety and efficiency of blood donation and transfusions. STANDARDS FOR BLOOD BANKS AND TRANSFUSION SERVICES is presently in its 10th edition (1981).

According to the current 10th edition of the Standards, travelers who have been in areas considered to be endemic for malaria by the Center for Disease Control of the United States Department of Health and Human Services may be accepted as regular blood donors six months after return provided they had been free of symptoms and had not taken antimalarial drugs. Prospective donors who have had malaria are deferred for three years, either after becoming asymptomatic, or after cessation of therapy. Donors who have taken antimalarial prophylaxis are deferred for three years after cessation of therapy or after departure from the area if they had been asymptomatic in the interim. Immigrants and visitors from endemic areas are accepted as blood donors three years after departure from the area if they had been asymptomatic. Exceptions to the policy are people who are proven carriers of malaria and those patients who are known to have quartan malaria (*Plasmodium malariae*); such persons are permanently excluded as blood donors.

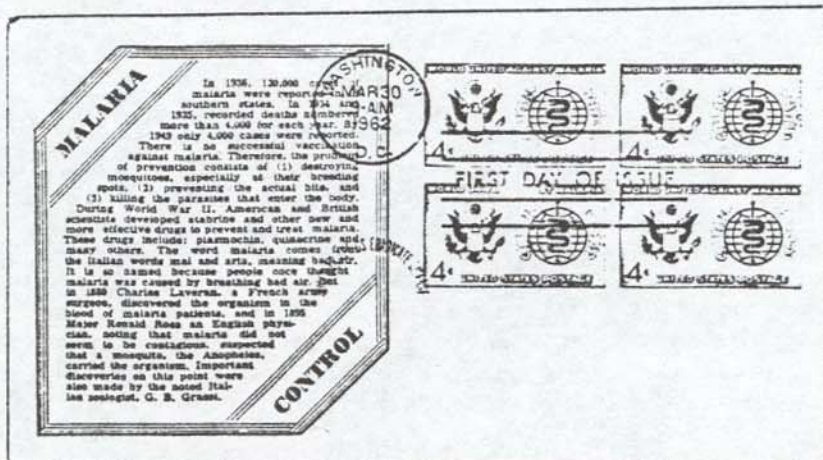
Problems with blood donors and patient recipients of blood transfusions depend somewhat on the location and prevalence of malaria in the population. In certain areas of the world, there is a high prevalence of malaria in the population; and most people have been exposed to or had malaria. Blood donors with a history of malaria must be used to avoid rejection of the majority of blood donors, creating a blood shortage. In such cases, antimalarial drugs can be used to treat the donor prior to donation and the recipient patient after receiving the blood transfusion. This method has proved effective in preventing transfusion associated malaria. Also in countries where malaria is endemic, the adult population develops immunity to malaria and the transmission of malaria through transfusion is not a serious hazard because the recipient patient will be equally immune to malaria. However, in such countries, according to Dr. Aba S. David West, care must be taken when blood is being transfused into non-immune persons, immunodeficient persons, or small children who have not yet developed full immunity to malaria. Neonates and infants are protected because passive immunity transfers from their mothers.

(continued on page 8)

(continued from page 1)

Von Ohlen Cachet, scarce - dark blue printing against a light blue background.

Block of four variety, plate number and other varieties exist for almost all cachets.



C. Stephen Anderson Cachet printed in bright blue.

ArtCraft Cachet - black. Serviced in Washington (first day city) with US and also US/UN issues. Combo-cover with only one cancel.



(continued from page 4)

THE AMERICAN SOCIETY
OF
TROPICAL MEDICINE AND HYGIENE
P. O. BOX 1083
COLUMBIA, SOUTH CAROLINA



FIRST DAY OF ISSUE



DR. RONALD A. FARD
DEPARTMENT OF ENTOMOLOGY
MAJOR REED ARMY
WASHINGTON 12, D. C.



INTERNATIONAL STAMP SHOW
STATION

American Society of Tropical Medicine
and Hygiene corner card - black.

COMMEMORATING
UNITED STATES
CONTRIBUTIONS TO THE
World Health Organization
IN THE GLOBAL STRUGGLE TO
ERADICATE MALARIA



FIRST DAY OF ISSUE



INTERPEX "unofficial" first day cover
thanks to someone's quick trip from
Washington. Issued by Civil War Phil-
atelic Society - Blue cachet, green
"first day of issue" handstamp.

Fleetwood Cachet - black.

Cachet Craft Cachet - rose-pink
background with legends and
illustrations in black.

MALARIA



FIRST DAY OF ISSUE



W. S. Zundel
712 Wood Street
Burlington, N.C.

(continued from page 5)

Glory Cachet hand colored with WHO emblem and legends in black.

Also used for first day of UN issues in 1962.



INTERPEX special WHO campaign "unofficial" first day cover.

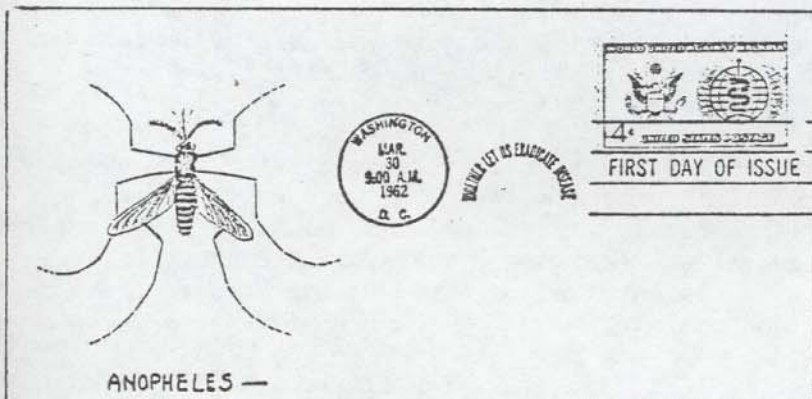
Fluegel Cachet - multicover. Considered scarce by some, but judged in moderate range by author.



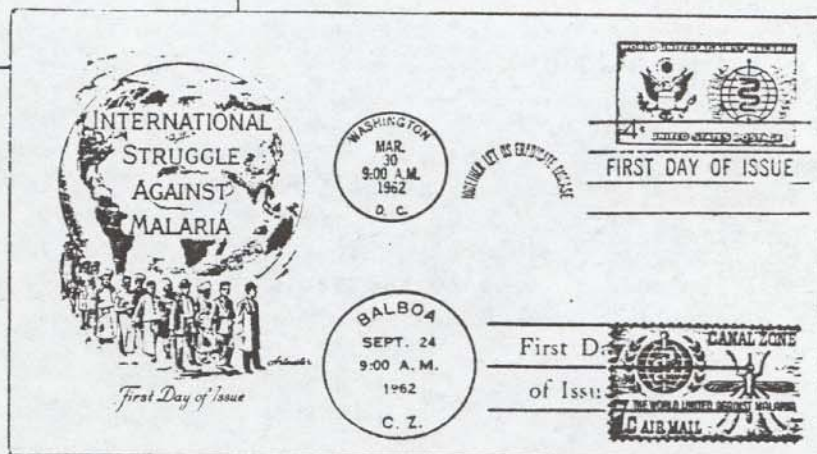
HF Cachet in brown.

(continued from page 6)

Unknown - gold eagle,
red WHO slogan, rest of
cachet in blue.



Unknown - cachet in black.



Artmaster Cachet - black, with
combination first day cancels
for U.S.A. and Canal Zone.



Aristocrats Cachet - black.

MALARIA AND THE BLOOD BANK (continued from page 3)

The problem of transfusion associated malaria is world wide. Physicians in non-malarious areas must constantly be aware of transmitting malaria by blood transfusion. The problem is especially common today because of the ease of world travel. The Center for Disease Control reported in its Malaria Surveillance Annual Summary for 1980 that was issued in January 1982 by the United States Department of Health and Human Services at the Center for Disease Control, Atlanta, Georgia, there were five transfusion related cases of malaria in the United States in 1980. The species involved were Plasmodium falciparum, Plasmodium vivax, and Plasmodium malariae. In the United States, donors with a previous history of malaria or a recent exposure due to travel in a malaria endemic area can be safely rejected without creating any special problem or donor shortage because the majority of blood donors in America have no history of malaria.

Malaria is readily transmitted by blood transfusion since the malaria parasite resides within the donor's red blood cells. Transmission of malaria as long as 19 years after the donor's last clinical attack has been recorded.

There is no practical routine laboratory method to detect Plasmodia in the donor's blood. Examination of blood smears is not practical and will only detect heavily infected donors. The diagnosis of transfusion related malaria should be considered in patients who develop spiking fever after receiving a transfusion containing red blood cells or even blood platelet concentrates or blood plasma because these components may contain a few red blood cells.

Transfusion induced malaria is a particularly dangerous complication in patients who already are sick and injured. It is often unexpected and remains undiagnosed for a period of time.

The incubation period following the transfusion varies widely and is reported to range from 6 to 106 days. Following a case of transfusion induced malaria, the implicated donor should be identified. This is usually possibly by testing for malaria antibodies in the donor's blood. Most implicated blood donors give no history of having had malaria and the majority of implicated donors have been accepted for donation shorter than the recommended time for blood donors following exposure.

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MALARIA AND THE BLOOD BANK (continued from page 8)

An obvious association between malaria and the Blood Bank is that a severe anemia can be produced by the malaria infection requiring blood transfusion in addition to antimalaria therapy.

There is an interesting relationship between malaria and the Duffy blood group that demonstrates what influence an infectious disease could have on a population through natural selection favoring a certain blood type. This relationship is concerned with the Duffy blood group and susceptibility to benign tertian or vivax malaria.

There are numerous blood group systems including the well-known major ABO and Rh systems. Blood groups consist of antigens (substances capable of inducing an antibody response) and are usually located on or in the red blood cell membrane. The Duffy blood group consists of two major antigens designated Fy^a and Fy^b . The system is named after a hemophiliac patient, Mr. Duffy, who formed anti- Fy^a antibodies following numerous blood transfusions because he lacked the Fy^a antigen.



Dr. Karl Landsteiner -
Discoverer of the ABO blood
groups, Austria 1968
(Scott 813)



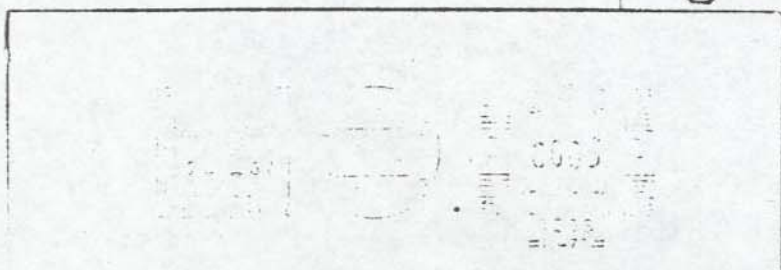
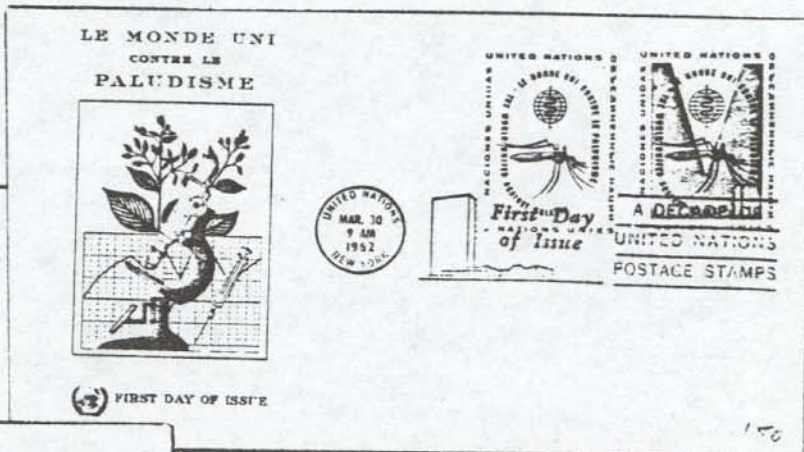
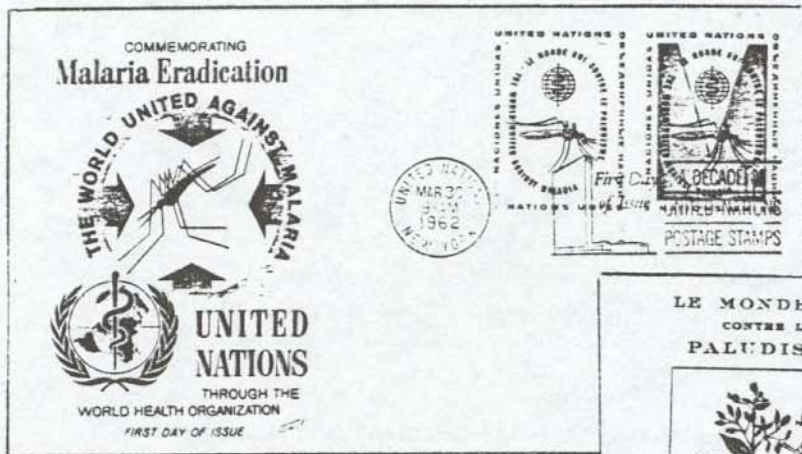
Salute to Blood Donors,
United States 1971
(Scott 1425)

The red blood cells or erythrocytes of the majority of Africans and American Negroes are Duffy blood group negative, that is they lack the Duffy blood group determinants Fy^a and Fy^b . This particular genotype, negative for Duffy blood designated $Fy^{a-} b-$ group, is extremely rare in other racial groups.

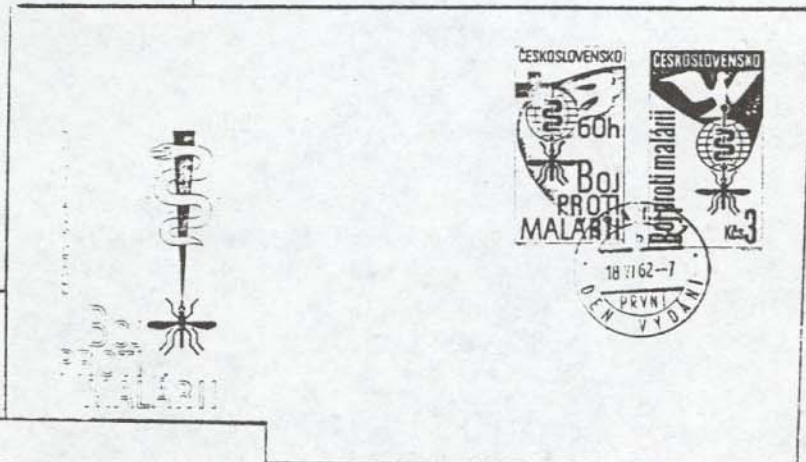
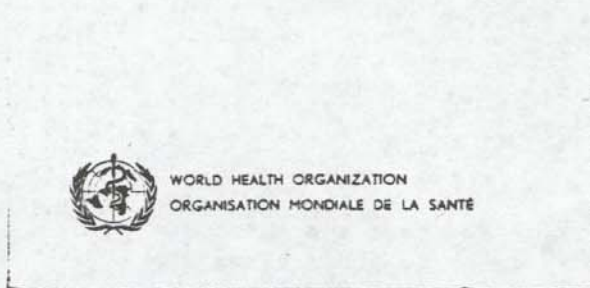
It has been known for many years that a high percentage of Africans and American Negroes are completely resistant to mosquito induced or blood transfusion induced infections by *Plasmodium vivax*.

It has been demonstrated on numerous occasions that the red blood cells of Duffy negative persons are completely resistant to malaria infection by *Plasmodium vivax*. Therefore, people with this particular type of blood group, negative for Duffy factors, have a natural selective advantage in an area that is endemic for malaria. According to Drs. L. W. Miller, et al. although *Plasmodium vivax* infection is rarely fatal, it may decrease survival in African children who are malnourished and suffer endemic diseases. Also, they state that as the frequency of Duffy negative gene increases in the population, the susceptible persons decrease below a critical number, and *Plasmodium vivax* may disappear from the region. It has also been suggested by these investigators that the Duffy negative phenotype may reduce the reproductive potential of *Plasmodium falciparum* and lower the mortality associated with this malignant form of malaria.

(continued on page 14)



Sale #12 Above and Left



Sale #13 Below and Right



XCHANGES / SALES AVAILABLE

Exchange and sale offers are listed free for members and at \$1 per 40 character line for non-members. For exchanges, please include corresponding want list item(s), name and address (no confidential exchange listings). For direct sales, include name and address. For confidential sales, send item(s) for listing under assigned number. A 10% handling fee will be deducted from all confidential sales. Payment or return will be made by 30 days after publication, unless continued listing is requested/paid for. Sales items may be listed with firm prices or at best offer (BO) above a listed price.

Sale #12

U.S. combo-cover FDC, plate bl-4 plus U.N. set, with INTERPEX & WHO cachet plus INTERPEX handstamp (violet)	\$4.00
U.S. combo-maxicard, U.S. single plus U.N. 4¢ single, WHO cachet, INTERPEX STATION show cancel	2.00
INTERPEX Banquet Menu	12.00
U.N. set, Fleetwood FDC, unaddressed	1.25
U.N. set, UN Geneva official cachet, pen addressed	1.00
U.N. meter cancel, Geneva	3.00
U.N. set, UN Geneva official cachet, unaddressed	1.50

Sale #13

Ghana FDC	\$2.50	Ghana set and SS FDCs	\$7.00
Nepal set of two FDC	2.50	Burundi FDC	2.50
Congo (Bel.) FDC	2.50	Cuba, Clara Maas FDC	3.25
Czech. FDC	1.50	Denmark 1960 WHO stamp, '62 anti-malaria cachet, malaria slogan cancel (cachet black and green)	2.50
Denmark WHO blue cachet, bilingual with malaria slogan cancel, set of two - Kobenhaven, Aldorg	4.00	Ethiopia FDC	3.00
Iran Min. of Health FDC	3.00	Italy Kimm cachet FDC	3.75
Italy Compit. cachet FDC	3.75	Italy Filig. cachet FDC	2.50
Laos multi-color WHO FDC	3.50	Liechtenstein FDC	2.50
Nicaragua 2 cover set FDCs	8.00	Philippines WHO cachet FDC	2.75
Philippines map cachet FDC	4.00	Portugal 20th Ann. WHO '68 FDC	2.50
Portugal '58 Congress of Tropical Medicine FDC	10.00	Russia 6k imperf FDC	3.75
Saudi Arabia set and SS FDCs	17.50	Russia set of 2 FDCs	5.00
Switz. FDC	4.50	Russia (3 above as set)	8.00
Ryukyu Sprager cachet FDC	4.25	Brazil '68 FDC commercial use with '62 malaria issue on back	1.50

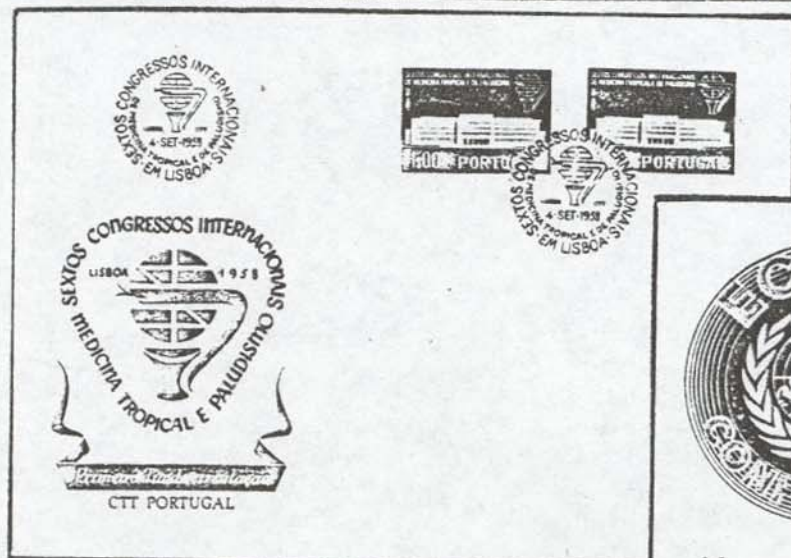
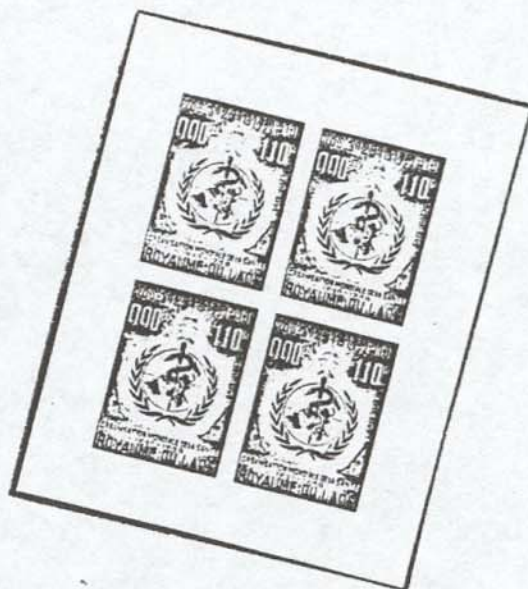
Sale #2 (illustrated - see page 12)

Nicaragua antimalaria overprints FDC	\$7.50	Portugal '58 Int. Congress FDC with special cancel	\$6.00
Mayla ECA cover, first day cancel	2.00	Haiti, regulars, airs, semis plus SS w/inscription	10.00
Laos 164-7 minisheets, WHO 20th Ann.	25.00		
Liberia 402, C139, SS	3.00		

Sale #3 (illustrated - see pages 12-13)

Bulgaria '62 official cachet, imperfs	\$3.00	Ivory Coast '62 PJ cachet FDC	\$1.50
Macao '62 CTT cachet FDC	3.00	Malaysia '62 globe cachet, Pitt St. cancel, registered commercial FDC	1.75
US '62 HF cachet, pen address FDC	.75	Switzerland '62 official cachet, World Health Day cancel FDC	1.50

(continued on page 15)



Sale #2 (page 11)
Above and Right



Sale #3 (page 11)
Below and Left

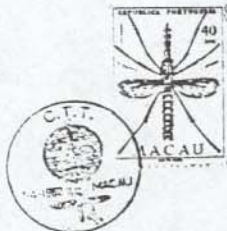


FIRST DAY OF ISSUE

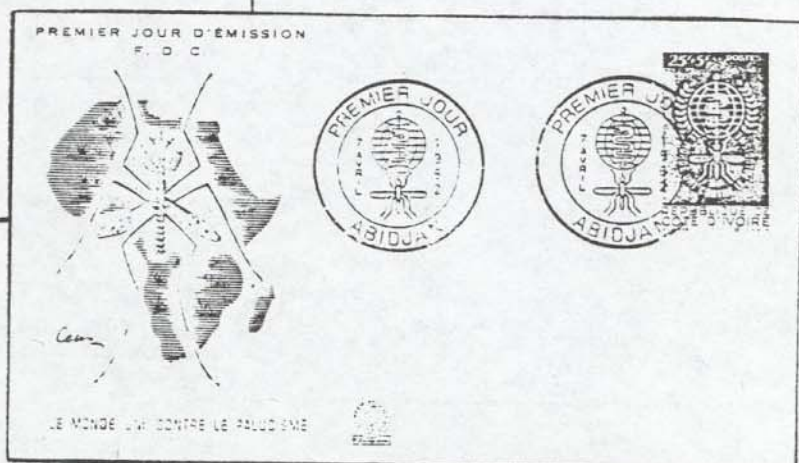
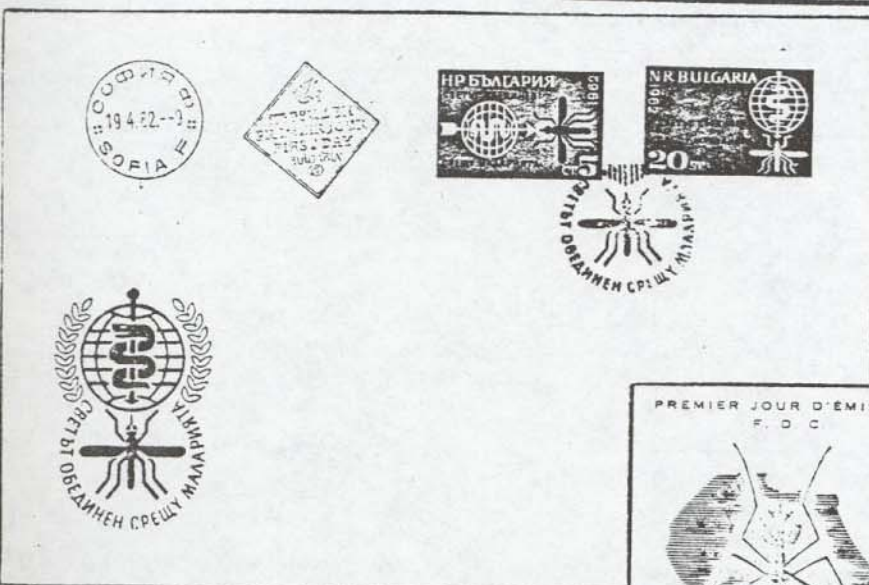
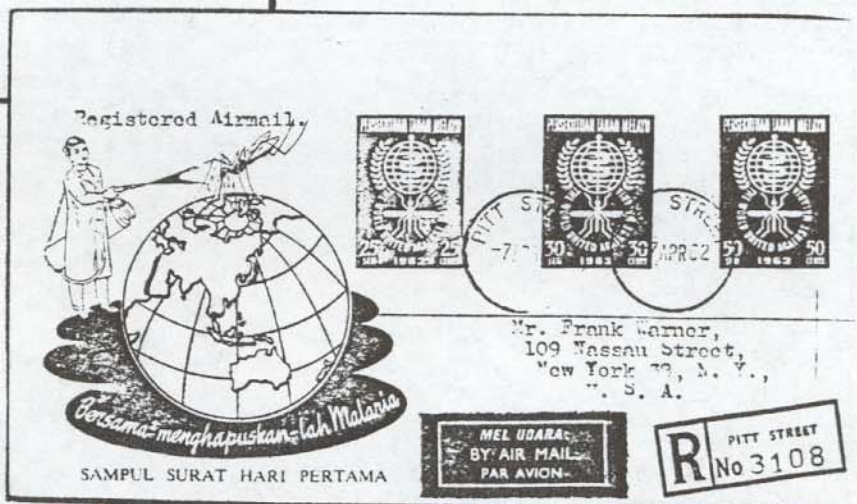
Clayton Andrews
1116 Ashland
Hammond, Ind.



ENVELOPE COMEMORATIVO
DA
"ERRADICAÇÃO DO PALUDISMO"
7-4-1962
世界卫生日纪念信封
一九六二年四月七日
Lao Long Nam Macau



Sale #3 (page 11)



MALARIA AND THE BLOOD BANK (continued from page 9)

The mechanism whereby the red cells lacking the Duffy blood groups are resistant to malaria could be related to parasite receptors on the surface of the red blood cells. It has been demonstrated that removal of the Duffy blood groups from the red cell surface blocks invasion of the red cells by experimentally induced *Plasmodium knowlesi*, a simian parasite that can also infect man.

Miller and his co-workers have shown that infection of red blood cells with malaria parasites are dependent on a specific membrane factor either dictated by or genetically associated with the Duffy blood group. The malaria parasite must enter the red blood cell of the host before it is able to undergo multiplication. Miller and his co-workers also intimated that the requirement of *Plasmodium vivax* for a specific membrane factor or receptor site raises the possibility of a new therapeutic approach and prevention of malaria, by removal of the Duffy blood group determinant from the red blood cells using proteolytic digestion or by receptor blockade with specific antiserum. This fascinating association between malaria and the Duffy blood group system has opened a new frontier in infectious disease research concerning intracellular parasitism and genetically determined specific receptors that are necessary for the parasitic invasion.

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About the author: Richard P. Bindie, M.D. is director of the department of Pathology at the Pottsville Hospital and Warne Clinic in Pottsville, Pennsylvania.

X-CHANGES & S-ALES (continued from page 11)

Sale #4

Denmark '60 #378, WHO cachet (1 of 150) FDC	\$9.00	Canada '62 slogan cancel cover	1.75
Canal Zone, Overseas cachet FDC	\$3.00	Malay mosquito on globe cachet FDC	2.00
Jordan WHO cachet FDC	2.50	Pakistan official cachet FDC	1.50
Nepal set of 2 Masters cachet FDCs	2.50	Chad PJ cachet FDC	3.25
Cent. African Rep. PJ cachet FDC	3.50	Rep. de Congo (Fr.) PJ cachet FDC	3.25
Comoro PAC cachet FDC	5.00	Fr. Polynesia slogan cancel on PJ cachet cover	3.00
Guatemala CC Jr. cachet FDC	4.50	Haiti WHO cachet w/regular & airs FDC	3.25
Haiti SS FDC, no cachet	5.95	Haiti '61 Bs and CBs FDC	11.75
Hungary FDC	2.00	Israel WHO cachet FDC	2.50
Ivory Coast PJ cachet FDC	3.00	Ivory Coast PAC cachet FDC	3.00
Liberia FDC, no cachet	3.25	Morocco PJ cachet FDC	2.75
Mauritania PAC cachet FDC	3.50	Mexico RA19, E7 cover	3.50
Mexico RA19 cover	2.00	Niger PAC cachet FDC	3.00
Philippines water buffalo cachet FDC 1.25	4.50	Poland PDO cachet FDC	1.75
Saudi Arabia Min. of Health FDC	4.00	Senegal PAC cachet FDC	3.00
Somalia WHO cachet FDC	4.50	Fr. Somaliland PAC cachet FDC	9.25
Togo Aircraft cachet FDC	2.75	Turkey WHO cachet FDC	2.25
Vatican Filig. cachet FDC	4.25	Vatican Roma cachet FDC	4.85
Vatican map cachet FDC	5.00	Yemen WHO cachet set of 3 (perf., imperf., SS) FDCs	21.50
Dom. Republic WHO cachet set of 6 FDC (all issues plus SS)	14.50	Dom. Republic Imperf SS commercial use	22.75

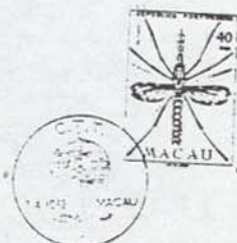
Sale #1 (illustrated below and on pages 16-18)

Nigeria error cachet FDC	\$2.75	Macao FDC	\$7.50
Mauritania FDC with official issue bulletin and promo. flyer inserts	12.00	Mongolia FDC (full set)	11.00
Jugoslavia FDC	3.50	Upper Volta FDC	3.00
Turkey Kamer cachet FDC	2.50	Paraguay #10 commercial use FDC	8.00
Papua NG #10 size FDC	8.50	Switzerland FDC	9.50
Germany Essen cancel cover	2.25	Turkey Stamp Trade cachet FDC	3.50
Turkey UNICIF cachet FDC	3.50	Bulgaria FDC	3.00
Turkey Malaria cachet FDC	2.50		

(continued on page 19)

WORLD HEALTH
ORGANISATIONCAMPAIGN
AGAINST MALARIA

7th APRIL, 1982

ENVELOPE COMEMORATIVO
DA
"ERRADICAÇÃO DO PALUDISMO"
7-4-1982澳門衛生局
一九八二年四月七日

CONTRIBUTION OF MALARIA ERADICATION TO SOCIAL AND ECONOMIC PROGRESS

MALARIA IS PRESENT in 140 countries and territories inhabited by over 1000 million people (see pages 4-9, Slaves of Fever). Such a state of affairs is recommendable neither from a humanitarian nor from an economic point of view. This disease—from any point of view an extremely costly one—is in fact a medical anachronism. The emerging nations at this time need all their energies for development, but there is malaria in their path, and the absence of malaria is a commercial

or by his family. Nor is spiritual assistance free, and money often goes to the priest or the sorcerer to pay for offerings or sacrifices, or to exorcise evil spirits. In popular belief still, fever and its delirium are caused by supernatural forces. The loss of income caused by malaria is serious, because the disease affects social groups who are not large, i.e. small farmers and workers. In these social groups the budget is usually barely enough for food (80 % of expenditure). When income is lost, the precarious balance of food, housing, and malnutrition is added to malaria. The family is then in a state of destitution.

As its name implies, malaria eradication is a total elimination of the disease. It is possible even in the most remote areas, and it would have a beneficial effect on the world without the work even of a single person, coming to an end. Furthermore, resistance of insects to modern insecticides gave rise to the fear that the disease would reoccupy territories from which it had been banished. From the financial point of view, the programme has the advantage of being self-financing: it is a plan of expenditure, rather than a plan of income, and it is for ever.

ERADICATION

the benefits of malaria eradication. It reduces death rates and reduces absenteeism. It increases output, enhances the health and facilitates the development of resources. It makes possible the settlement of new land to settlement. It encourages industry. It encourages investment. It puts a stop to deaths from malaria, the productive population of the world increase by an estimated 1,500,000. The number of people that fall ill with malaria has already dropped from 250 million in 1955 to 140 million today. The total disappearance of malaria will eradicate that what superficial observation might call the fatality of the campaign.



To join in this important international campaign the Ministry of Communications of the Islamic Republic of Mauritania has released three stamps of appropriate design.

The first of these is a Paris printed 25 fr postage stamp, which has added a plus 3 fr surtax which will go to the campaign. The other two are 100 fr and 200 fr airmail stamps with the design overprinted.

The wide use of these three anti-Malaria stamps on local and foreign mail will, it is hoped, increase world-wide publicity for the eradication of this most crippling disease which has afflicted all humanity throughout the ages.



H. A. SIEMON
144 HOWARD TERR.
LEONIA, N. J.

PREMIER JOUR D'ÉMISSION



NGUAKCHOTT R.P.
MAURITANIE



Par Avion
Dick Dudley
NAL Broadcast. Co.
Radio City Bldg. 270-A
New York, N.Y.

THE GOOD EARTH REVIVES

Bicinci Gün
F.D.C



Dünya Sîma Eradikasyonu
Anma Hatırası 7-4-1962 Ankara.

Kamer



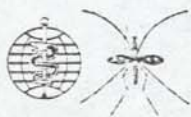
PAPUA
NEW G



Mr. James Hearne,

70+ South 4th Street

CENTRO FILATELICO DEL PARAGUAY



LUCHA CONTRA LA MALARIA
23-V-62
PRIMER DIA DE EMISION
FIRST DAY COVER



KAMPF GEGEN
DIE
Malaria





*Gift to L. F. Fildner
174 Bayview
Brooklyn 20*

UNICEF



ANNIVERSARY
11. 12. 1961
F. D. C.



First Day Cover
11.12.1961



Stamp - Trade Ltd.

ILK GÜN ZARFI
FIRST DAY COVER



Ankara, 7.4.1962

WORLD MALARIA ERADICATION



X-CHANGES & \$-ALES (continued from page 15)

SPECIAL SALE #20

The following offer of entires with Mexico RAs is from a member accumulation. All offerings are illustrated below and on the following pages.

ANY ONE (specify by illustration number or "any acceptable" \$2.50
 ANY TWO OR MORE (specify as above) @ \$2.00 each

SALE #20 #1 →

BRITISH CLUB.
 APARTADO 423
 MEXICO. D. F.

J.J. Sparks, Esq.

Apartado # 84

Puerto México, Ver.



tánico

CORREO AEREO CNA VIA AIR MAIL

SALE #20 #2 ↑

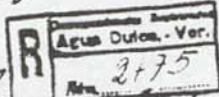
R. Canin.
 15 Avenida de Zaragoza #5
 Mexico D.F.



SALE #20 #3 →

Dr. Capitán
 Ignacio M. Pimentel
 P.O. Box No. 26
 Coahuila de Zaragoza, Ver.

From R. C. Layne.
 Ave Obrera no 45.
 Agua Dulce Ver.
 Via Coahuila de Zaragoza, Ver.



Consulado General Británico.
 Apartado 96 Bis.
 Mexico, D. F.

Adelapante

← SALE #20 #4

CENTRAL DE PUBLICACIONES, S. A.

AV. JUAREZ 4, EDIFICIO "LA NACIONAL"
MEXICO, D. F.

← SALE #20 #5

DP. JOHN J. SPARKS
Apartado Num. 84,
Coatzacoalcos. Ver.*R. Canion.
13 Carretera de Jariagoz N:5.
Mexico, D.F.*

#6 →

*San Capitán
Donaciano Pimentel.
Carretera N:26.
Coatzacoalcos, Ver.*Dr. J. J. Sparks,
Vice-Consulado Británico,
Apartado Postal 84,
Coatzacoalcos, Ver.

← SALE #20 #7

Consulado General Británico
Apartado 96 Bis
México, D. F.A. M. Walters,
San Borja 402,
Col. del Valle,
México, D. F.PERSONAL.Dr. J. J. Sparks,
Apartado Postal 84,
COATZACOALCOS, VER.

SALE #20 #8 →

BRITISH CLUB
APARTADO 423
MEXICO, D. F.

J.J. Sparks, Esq.

British Vice Consulate
Puerto México., Ver.

CORREO AEREO - VIA AIR MAIL

← SALE #20 #9

CORREO AEREO

Dr. J. J. Sparks,
Vice-Consulado Británico,
Apartado Postal 84,
Coatzacoalcos, Ver.CONSULADO GENERAL BRITANICO
Apartado 96-Bis.
MEXICO, D. F.

SALE #20 #10 →

R. Carison.
1^a Unidad de Fomento #5.
México, D.F.



SALE #20 #11

San Capitán
Ignacio M. Pimental.
Playon Sur No. 26,
Coatzacoalcas, Ver. \$3

SALE #20 #12

JESUS CHINAS COHON.
PEDRO MORENO #80-3.
México, D.F.

CORREO AEREO MEXICO 30 CENTS



Sr.
IGNACIO PIMENTA.
Playon Sur #26.
Coatzacoalcas, Ver.

AEREO.

A. M. Walters
San Borja 402
Col. del Valle
México, D. F.

PERSONAL.

Dr. J. J. Sparks,

Apartado No. 84,

COATZACOALCOS, VER.

CORREO AEREO - VIA AIR MAIL

SALE #20 #13

PERSONAL.

Dr. J. J. Sparks,

Apartado No. 84,

COATZACOALCOS, VER.

SALE #20 #14

NO SE ENTREGADA EN 5 DIAS
DEVUELVA SE A:
A. M. WALTERS
SAN JUAN DE LESTRAN No. 87-606
MEXICO, D. F.

Dr. J. J. Sparks,

Apartado # 84,

COATZACOALCOS, VER.

CORREO AEREO - VIA AIR MAIL

CORREO AEREO

Dr. J. J. Sparks,
Vice-Consul Británico,
Corregidora 45,
Coatzacoalcas, Ver.

SALE #20 #15

CONSULADO GENERAL BRITANICO

Apartado 96-Bis.
MEXICO, D. F.

SALE #20 #16

MIDWEST MEMBERS TO HOST DINNER MEETING

Wednesday, December 8, 1982, John Moohr and Jim Dellinger will host a dinner meeting for MPI members and guests who are from the Chicago area (or are in town that week).

Please contact John, 10821 Central Park Avenue, Chicago, IL 60655, before November 20 if you wish to attend and/or for full details. The meal charge will be \$5 or less if at least 10 MPI members/guests participate in this informal regional get-together. PUT THIS ON YOUR CALENDAR AND WRITE JOHN TODAY!

RUMOR OR FACT

QUESTIONS ON THE MALARIA TOPIC IN NEED OF ANSWERS

#6 Still open. Revenues for malaria fund, related drugs?? First response that seem to qualify is the Brazil Sanitation Department Revenue illustrated below -- with thanks to J. Moohr.



- #11 Part still open. Checklist(s) for biological, chemical (other than fish) mosquito control/abatement.
- #13 Still open. First day cities for India, Scott #365. Reported to date are Simla, Bombay, Calcutta, New Delhi -- more??
- #15 Still open. Background, catalog info. on Sept. 18, 1962 Naples, exhibition "sheet/label" for Europa with WHO antimalaria overprint and cancel.
- #18 Still open. Background, history on Mexico RAs. Following notes from S. Frommer cover the "how to identify" question. 14, 16 and 19 can be separated on the basis of watermarks -- no. 156, 272 and 279 respectively. Although number 156 is supposed to read "correos Mexico" all illustrations show only "orreo" no "c" or "s" and no "Mexico".
- #20 Does anyone have a checklist started/complete for cities using the '62 antimalaria slogan in Canada??

HAVE YOU PROMOTED MPI TO FELLOW COLLECTORS WITH INTEREST IN MALARIA OR RELATED TOPICS?? HAVE YOU GOT AN INTERESTING ITEM IN YOUR COLLECTION TO SHARE WITH MP READERS?? PARTICIPATING IN MPI IS WHAT MAKES IT FUN!