APSR Newsletter

No. 2. July 31, 1988

Dear Colleagues:

It is our pleasure to send you the second APSR-Newsletter. Our 1st Congress of the Asian Pacific Society for Respirology is rapidly approaching. Preparations for the congress are moving smoothly. With excellent cooperations by colleagues in countries throughout the region, we are sure we will be able to have a fruitful and successful congress.

The first table shows the number of applicants who want to make presentations, registrants and accompanying persons as of July 7, 1988. Applicants who have not yet made their registration are asked to send their registration form to the secretariat for the 1st congress of APSR (see page 2) as soon as possible. The letters of acceptance of presentations and concerning subsidies notification has already been sent to respective applicant.

,	Country	No. of Applicants	No. of Registrants	No. of Accompanying Person
1.	Australia	8	7	
2.	Austria		1	1
3.	Canada	3	2	
4.	Beijing, China	22	8	
5.	F.R.G.	1	2	1
6.	Hong Kong	8	10	
7.	Indonesia	11	9	
8.	Italy	1	1	1
9.	New Zealand	1	.1	
.0.	Philippines	12	9	1
1.	Republic of Korea	16	14	1
2.	Singapore	7	1	
3.	Taipei, China	18	21	6
l 4 .	Thailand	11	10	2
l5.	U.K.	1	1	
6.	U.S.A.		1	
L7.	Japan	143	236	2
	Total	263	334	15

(at July 7, 1988)

The schedule of invited lectures, educational lecture and symposia are announced already in the second circular. The program for oral and poster communication has almost been finalized.



Ist Congress of The Asian Pacific Society of Respirology The second table shows the schedule for these communication with the date and name of the session. The number in parentheses gives the name of the country as shown in the first table and number of presentations from those countries.

Date	Name of the session			
Oct. 22, 1988	Oral presentation	Morningg Afternoon	 Clinical picture & pathophysiology of pulmonary tuberculosis (6-3, 10-1, 11-2, 14-2). Pathophysiology of bronchial asthma (1-2, 5-1, 10-1, 11-1, 12-2, 13-1, 14-1, 17-1). Clinical respiratory physiology (7-1, 11-1, 12-1, 13-2, 17-3). Pulmonary tuberculosis, diagnosis, treatment and clinical chest imaging (10-1, 11-1, 13-3, 14-2, 17-2). Bronchial Asthma (1-3, 7-1, 12-2, 13-1, 17-3). Impaired pulmonary physiology and its treatment (4-1, 14-2, 17-7). 	
	Poster presentation		 axhibition of the poster in the morning, short discussion sessions are planned on in separate rooms on every day of the congress.) 1. Interstitial lung diseases (13-1, 17-10). 2. Pulmonary circulation (4-1, 17-13). 3. Chronic obstructive lung diseases and bronchial asthma (4-3, 11-1, 17-8). 	
Oct. 23, 1988	Oral presentation	Morning Afternoon	 Pulmonary infections (6-1, 7-1, 11-1, 12-1, 17-3). Chronic obstructive lung diseases (4-3, 7-2, 11-1, 13-1, 17-3). Epidemiology of pulmonary diseases (1-1, 4-1, 6-2, 10-1, 13-1, 17-2). Treatment of bronchial asthma (1-1, 4-1, 7-1, 9-1, 10-2, 17-1). Chronic obstructive lung diseases and pulmonary Hypertension (4-3, 12-1, 13-1, 17-3). Interstitial lung diseases (1-1, 11-1, 17-6). 	
	Poster presentation		 Lung cancer, diagnosis and treatment (7-3, 10-4, 11-2, 17-6). Pathophysiology of bronchial asthma (6-1, 13-1, 17-12). Morphology, immunology of the diseased lungs & others (17-14). 	
Oct. 24, 1988	Oral presentation	Morning Afternoon	 Pathology of lung cancer (4-1, 6-1, 7-1, 11-1, 14-1, 17-2) Pulmonary circulation (3-2, 4-1, 14-2, 17-4). Acute lung injury and pleural effusion (4-2, 10-2, 11-1, 14-1, 17-3). Treatment of lung cancer (13-2, 17-4). Morphology of the diseased lungs (4-2, 13-1, 17-5). 	
	Poster presentation		 Clinical respiration physiology (4-1, 13-1, 17-12) Pulmonary tuberculosis: Diagnostic chest imaging: Bronchoscopy (7-1, 11-2, 13-2, 14-1, 17-9). Pulmonary infections (11-1, 17-6). 	

With the above program and with the degree of international participation it has generated in such a short period of time, the First Congress should be distinctly successful. It will also be an important event in the birth of a society, devoted to respirology in the Asian and Pacific areas, and which places particular emphasis on the role played by the up-and-coming generation of specialists in the area. We hope that the APSR will play a focal role in our geographical region in the generation of new knowledge and investigations concerning the respiratory systems.

We hope that all of you will encourage as many of your colleagues to join the APSR and if possible attend the Congress.

At present we are planning more activities and hope to increase the range of our publications.

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President of the 1st Congress of the APSR

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