

Domiciliary and Field Work

Books for Health Workers; AMREF, Nairobi, Kenya

This 89 pp manual, approximately A4 size, describes the selection and use of books for health workers, based on a vast experience in the writing, printing and distribution of such material in East Africa. Under 'How this book came to be written', the opening paragraphs read as follows: 'The selection and provision of appropriate learning materials—making them known and useful and affordable to those who need them—is clearly a fundamental requirement in the training of all cadres of health workers. Without learning materials, the health worker embarks on a difficult career handicapped from the outset. And yet, despite the acknowledged need for relevant, usable books and other materials, there is an acute shortage of these resources throughout East Africa, and indeed throughout the whole developing world.'

Following a workshop in the AMREF headquarters in 1976, participants' . . . noted that there are 4 types of problem associated with books for health workers in the developing world: 1. To begin with, an appropriate book may not exist at all. 2. If the appropriate book does exist, it may not be known to the person who needs it. 3. If the book is known, it may not be available at a price and in a currency that the student can pay. 4. Finally even if the book exists and is known and is available, the student may not know how to study from books.

Accordingly, Workshop participants undertook to accomplish the following objectives: 1. To define remaining gaps in available books and determine which gaps need to be filled most urgently. 2. To prepare a list of recommended books, so that students and teachers can be apprised of what *is* available. 3. To explore ways of producing relevant, low-cost books locally. 4. To discuss how books can be used most effectively.'

The present book (1984) comprises a list of recommended and available books by subject, but it includes books for the medical, nursing and environmental health cadres, books for dental, laboratory, pharmaceutical, physiotherapy and radiographic cadres as well. Apart from a comprehensive list of titles and authors, this publication is a model of assessment technique for books in this context. It also contains: 1, addresses of publishers and distributors, 2, a section on 'Writing of health learning materials', 3, 'How a book is produced', 4, 'How to use books effectively', 5, 'How to run a school library', and book assessment form. Apply: African Medical and Research Foundation (AMREF), PO Box 30125, Nairobi, Kenya.

Supplies of microcellular rubber from Karigiri, South India

The Director of the Schieffelin Leprosy Research and Training Centre has drawn our attention to the availability of stocks of MCR at Karigiri:

Microcellular rubber 15° shore is a material identified many years ago by Dr P Brand as probably the most efficient, practical and economical substitute, for the subcutaneous fat of the sole of the foot.

Since then it has been in regular use all round the world for the insoles of ulcer preventive footwear for leprosy patients.

Karigiri has produced the material in its own mill since 1962 and has supplied it to institutions both in India and abroad for many years. The plant has recently been improved and hence production has increased.

We commend our product to you as standard, of high quality and available from immediate stock.

Sizes: 1 cm thickness 45 cm × 30 cm (for shoes) Rs 27/-; 0.3 cm thickness 45 cm × 30 cm (for padding tool and lining sockets) Rs 14/-.

Address: Schieffelin Leprosy Research and Training Centre, Karigiri, SLR Sanatorium, PO PIN: 632 106, Vellore, S India.

Portable McArthur microscope in plastic

The Eritrean Relief Association, a British Registered Charity, inaugurated an extensive public health programme in 1981 as part of its attempt to provide a framework for longer term development in its programme area, where the population have been afflicted by war for over 20 years and for the last 5 years by a severe drought. In May 1982, a decision was taken in the Eritrean Public Health Programme (EPHP), that a considerable input of microscopes and microscopy skills would be required, in order to change disease patterns in the areas of Eritrea where the programme was operative. A large number of instruments were reviewed, and the McArthur design was chosen as the most suitable.

Technical data on the basic instrument. The miniature microscope is equipped with three high quality objective lenses (10 ×, 40 × and 100 × oil immersion) and a 10 × monocular eyepiece—allowing a maximum magnification of approximately 1000 times. It has a flat metalized milar mirror and single-lens moulded aspheric condenser with an iris diaphragm. Fine adjustment is added to its automatic focus mechanism (automatic by virtue of the inverted specimen always being a fixed distance from the lens), while firm stops allow easy alignment of the lenses which are seated in a spring-loaded slide. A simple stage is fitted and a small mechanical stage is under development. Two high quality mirrors in a moulded light tube bend the light path through 180 degrees, which reduces the size of the instrument to 4 × 2.5 × 2 in. The plastic parts are moulded in light grey copolymer acetal resin which is very durable, and resistant to heat and most chemicals. The instrument weighs 200 g. The basic instrument is supplied with a 'lying drop' slide, the special slide used for examining fluids.

This plastic microscope has the same magnification as the ordinary hospital bench instrument and the same abilities for diagnosis, but it has the advantage that it can be carried in a little case on the belt or even in the pocket. The WHO's Laboratory

Technology recently coordinated an 8 country laboratory evaluation of the optical quality and handling of the instrument.

All enquiries and orders can be made to Dr N Andersson, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1; or, EPHP, BCM Box 865, London WC1V 6XX, UK.

Zenith binocular microscope

The following is extracted from 'Laboratory equipment—where are the tools to do the work?' Monica Cheesbrough. *Brit Med J* (1984) **288**, 30 June:

'A low priced, ruggedly built range of microscopes is the Zenith range, available from Primary Health Equipment Ltd. The binocular quadruple nosepiece model is shown in figure 1. It is equipped with a mechanical stage, condenser and iris, and range of optics to give magnifications up to $\times 1350$. It costs £247 complete with case and three objectives. Available accessories include a dark ground condenser (price £19), a lamp unit for mains electricity supply, a $60\times$ oil immersion lens, and other optics. Monocular instruments are also available from £150, complete with optics, mechanical stage, mirror, and case'

Primary Health Equipment Ltd, Machno, Church Street, Stilton, near Peterborough, Cambs PE7 3RF, UK, was formed and is managed by Mr Alan Riley, a qualified design engineer and member of the consultative group for appropriate technology in the field of health laboratory technology.

Correspondence course for leprosy technicians, Marie Adelaide Leprosy Centre, Karachi

Dr Ruth Pfau, Adviser on Leprosy to the Ministry of Health in Pakistan, has recently started a correspondence course for leprosy technicians in Pakistan. The course consists of six lectures spread over a period of one year. The first subject is the treatment of leprosy. The object is to keep paramedical staff abreast of new developments and to reinforce and broaden knowledge gained at annual workshops. The information issued on Multiple Drug Therapy covers the selection of patients, classification, precautions before starting drug treatment, health education, side-effects, procedure after stopping MDT, referral to hospital, and record keeping. There is also a questionnaire.

[Although carried out within one country, this approach amounts to 'distance learning'. David Morley and Felicity Savage-King have recently drawn attention to the enormous (untapped) potential of this approach. ('Appropriate teaching aids': *Brit Med J*, **289**, 20 October 1984, pp 1057-8.) To quote from their closing paragraph, such an approach '... could train the whole health team and provide a continuing training programme for health workers who have had practical experience of the problems that they are expected to deal with and need some feedback. Above all, distance learning is a way to get ideas about how to improve health outside academic institutions and in the community.' Editor].

Damien Foundation, India, organizes workshops

As a part of their in-service training policy, the Damien Foundation, India, has organized three workshops. Two of these workshops were meant for leprosy workers employed either in the Damien Foundation Leprosy Control Programmes or in private programmes sponsored by the Damien Foundation, one for Government non-medical supervisors. The objectives of these workshops, which lasted six days each, were threefold: to acquaint the leprosy workers with multidrug therapy—its scope and dangers, and with other specialized care needed by leprosy patients; to help leprosy workers realize the complexity of village communities and the need to integrate leprosy control with other problems of the community; and to help leprosy workers realize the need to function as a team, in which each member having its own function works with all the others to realize a common goal.

The three workshops were held in SBD Hospital, Kanpur. Altogether 63 workers participated in these workshops. Forty-two, of them came from eight private centres belonging to five different States (Bihar—Rajasthan—Gujurat—Uttar Pradesh—Maharashtra). Each of these centres were asked to send the medical officer, their physiotherapist and one paramedical worker for the first workshop, and their non-medical supervisor, laboratory technician and one paramedical worker for the second one.

The first workshop was held from October 15 to 20 and the second one from October 29 to November 3 1984. The third workshop was held from November 26 to December 1 and was attended by 21 Government non-medical supervisors belonging to 5 districts of UP State (Kanpur—Varanasi—Lucknow—Jaundpur—Unnao).

The six days of the workshop were spent in discussions on subjects chosen by the participants which are important to them in their daily work.

Some of the patients of Kanpur contributed to the success of the workshops by agreeing to be examined by the participants and allowing their disease management to be discussed by all.

Mr P Antony, physiotherapist from Hemerijckx Government Leprosy Centre, Polambakkam (TN), spent a few days with each group of participants of the first two workshops. During the first workshop he demonstrated how to apply plaster of Paris and dress different types of ulcers. In the second workshop, practical demonstration could not be done, due to the sad demise of Ms Indira Gandhi and consequent difficulties in our country. But time was spent discussing these subjects. In the third workshop, Mr Bagwandas, physiotherapist attached to SBD Hospital, Kanpur, gave demonstrations of plaster of Paris, dressings and exercises.

The need for better Health Education Programmes in the areas around the centres was deeply felt by all the participants. In the second workshop the possibility of each centre having a Health Education Team, composed of a few workers from the Centre, was discussed and found practical. One of the Centres (Kanpur), as an outcome of the workshop, organized their Health Education Team and held an exhibition on leprosy in a local fair on the 13 November.

The Damien Foundation, India, plans to have one more workshop in Kanpur in the near future. It is intended for UP Government Leprosy Control Doctors.

The Damien Foundation, India, is particularly grateful to all the workers of SBD Hospital who worked hard to make these workshops a success.

(Source: Simone Liègeois, Consultant, Damien Foundation, Andal Apartments, AL-189 1st Street, 12th Main Road, Annanagar (West), Madras 600-040, India.)

Gandhi Memorial Leprosy Foundation, India

We are most grateful to Mr S P Tare, the Director of GMLF (Hindinagar, Wardha 442103, Maharashtra, India) for sending a copy of the 1983–84 Report of this Foundation. This includes sections on—leprosy control units; health education units; leprosy referral centre and hospital; training centre; WHO workshop on health education; other activities and visitors. As the Preface says '... GMLF has pioneered a number of experiments in its existence for 33 years now, and some of the concepts introduced by the Foundation have now become components of the National Leprosy Eradication Programme.'

Medical student education in leprosy: Indian Association of Leprologists

The 13th Biennial Conference of the Indian Association of Leprologists was held in Bombay in November 1983 and the facilities offered by the medical colleges in the city (Grant Medical College and TN Medical College in particular) were largely responsible for the success of this Conference. The object of exposing medical students and staff to recent advances in leprosy was amply fulfilled by holding the Conference in the auditorium of the TN Medical College.

The Organizing Committee of the 13th Biennial Conference decided to donate a set of books and journals on leprosy to all medical colleges in the city so as to expose both undergraduate and postgraduate medical students continuously to recent developments in the field of leprosy. This function was arranged in collaboration with LTM Medical College, Sion, with the help of the Dean, Dr N A Dhabolkar, and Dr (Mrs) Gopa Kothari, Professor and Head of the Department of Preventive and Social Medicine, on 11 October 84, in the college premises. Mr D K Afzulpurkar Additional Municipal Commissioner was the Chief Guest, who handed over the donation to the Deans of the different colleges.

On this occasion the Bombay Leprosy Project screened a few video cassettes on leprosy to mark the beginning of a massive programme contemplated by the Project to continuously expose the medical fraternity to the subject of leprosy through attractive audiovisual equipment, kindly donated by LEpra. Mr Afzulpurkar inaugurated this programme by switching on the audiovisual equipment. Dr R Ganapati, Vice-president of the Indian Association of Leprologists, requested the Deans of all medical colleges to make use of this equipment for the benefit of their students by sending them in small batches to the Project Office, by prior arrangement. Dr M V Yellapurkar, Vice-Chairman of the Conference stressed the need for removal of the social stigma and fear about leprosy—prevalent even amongst the medical profession.

Dr Gopa Kothari while proposing a vote of thanks welcomed this new approach and suggested that leprosy teaching should be included in the medical curriculum from the pre-clinical stage.

Karigiri Video: Medical Teaching Programmes, South India

This programme, which is producing informative videotapes, will soon cease to have outside funding and so is hoping to become self-sufficient from the sale of tapes. To date the following videotapes (available in VHS or Betamax format of the PAL system) have been produced:

Painless feet, Dr E. P. Fritschi: Progressive destruction of the feet is one of the commonest and most crippling complications of leprosy. This video describes how this can happen, and how one can protect the ulcer prone foot using very simple methods to avoid both internal and external pressures on the foot. 16 min/Rs. 800/- (plus post & packing); £60; US\$75 (postage paid). Also available in French/Spanish.

Mice against leprosy, Dr Joel Almeida: Leprosy research was transformed by the discovery that mice could be infected with *Mycobacterium leprae*. This video, which is aimed at physicians, demonstrates some of the more important uses of mice in leprosy research and treatment. The tape is accompanied by a multiple choice questionnaire. 9½ min/Rs. 500/- (plus post & packing); £38; US\$48 (postage paid). Also available in Spanish.

Healing while walking, Dr E. P. Fritschi: Only a small minority of leprosy patients can afford to spend 6 weeks in a hospital bed. This video shows 3 applications of plaster-casts for different types of ulcers on the feet that provide local rest while the patient remains ambulatory. The plasters applied are: a full length below knee plaster, a window plaster and a double rocker moulded shoe. The video follows the treatment from the time of diagnosis to recovery; and it shows some of the complications which can occur during that period. 45 min/Rs. 850/- (plus post & packing); £60; US\$75 (postage paid).

Keep blinking, Dr N. Suryawanshi. One of the complications of leprosy is damage to the zygomatic branch of the facial nerve. This leads to paralysis of the orbicularis oculi muscle causing inability to blink. This condition, lagophthalmos, can result in blindness if left untreated. The video demonstrates the medical and surgical treatment of lagophthalmos. 20 min/Rs. 750/- (plus post & packing); £55; US\$70 (postage paid).

Slide-audio cassette programmes:

An introduction to leprosy control, Dr K. Jesudasan. This programme is an introduction to the field of leprosy control for medical students as well as general audiences. It provides the basic information about what causes the disease and how it can be treated and controlled.

The presentation shows what is actually being done to control the disease in the highly endemic area of southern India, with emphasis on the work of the Paramedic, and the importance of early detection. 20 min/78 slides/Rs. 475 (plus post & packing); £38; US\$48 (postage paid).

Leprosy: the great imitator, Dr S. Arunthathi. In endemic areas, purely cutaneous diseases will tend to be mistaken for leprosy. The reason for these mistaken diagnoses is that leprosy can imitate many diseases both clinically and histopathologically. The conditions which always should be considered in a differential diagnosis of leprosy are shown. 45 min/150 slides/Rs 850 (plus post & packing); £65; US\$80 (postage paid).

For further information contact: Sanjay Agrawal, Director/Cameraman, Karigiri Video, Schieffelin Leprosy Research and Training Centre, Karigiri 632 106 Tamil Nadu, India. Orders from within India will be sent by VPP (payment on delivery). For foreign orders the payment should be made in advance by money order or demand draft at any Indian bank in Madras or Vellore, North Arcot District in favour of 'SLR & TC, Karigiri'.