

Domiciliary and Field Work

Low cost printing for development

These 4 booklets (104 pp combined, A4 size) cover in a clear and concise way many aspects of printing and design showing how communities or individuals can set up their own printshops. Topics covered are: Booklet 1, background, alternatives, planning, choosing a print method, design (ideas, approaches and techniques), and finishing. Booklet 2, block printing, stencil duplicating, screen printing, Hecot jelly pads, spirit duplicating, and photocopying. Booklet 3, Dealing with the printer, colour, imposition, offset lithography printing, letterpress printing, and glossary. Booklet 4, Have your own printshop, Is there a need for a printshop? setting up, what you will need, running a printshop, and paper.

The Introduction reads: 'Low cost printing is easy to do. It is done by using simple and appropriate printing methods. You can use these methods yourself. Do-it-yourself printing saves the expense of going to a commercial printer. Producing only a few copies is possible with these processes. This reduces the overall cost, and makes possible local small scale publishing.'

All aspects of printing relevant to the Third World are covered. This is a pilot edition and Booklet 4 ends with a feedback section asking for your comments, questions, and ideas of improvement to make the next edition better.

The producers are also interested in hearing about you, again with the idea of making the content more relevant to local needs.

Published by CENDIT, Centre for Development of Instructional Technology, D1 SoamiNagar, New Delhi 110017, India and Jonathan Zeitlyn, 51 Chetwynd Road, London NW5, United Kingdom, with assistance from FAO—Action for Development/Freedom from Hunger Campaign, PO Box 3059, New Delhi, 110003, India. Further information can be obtained from these addresses.

OXFAM-LEPRA, Oxford, UK. A mini-pack of teaching materials on leprosy

Following the development and distribution of a larger pack of teaching–training materials on leprosy during the past 2 or 3 years, OXFAM in cooperation with LEPRA have assembled 100 packs containing only 8 items, as follows:

- 1 *Chemotherapy of Leprosy for Control Programmes* (1983). Technical Report Series 675, 1211 Geneva 27, Switzerland.
- 2 *OXFAM Memorandum on the Implementation of Multiple Drug Therapy (MDT) for Leprosy* (1984). The Health Unit, OXFAM, 274 Banbury Road, Oxford OX2 7DZ, UK.
- 3 *Leprosy* (1979) by Bryceson and Pfaltzgraff. Published by Churchill Livingstone, Edinburgh, UK.
- 4 *The Diagnosis and Management of Early Leprosy* (1983) by Browne. Published by the Leprosy Mission International, London, UK.
- 5 *Better Care in Leprosy* (1978). Published by the Voluntary Health Association of India, New Delhi, India.
- 6 *Insensitive Feet* (1981) by Paul Brand. Published by the Leprosy Mission International, London, UK.
- 7 *Technical Guide for Smear Examination for Leprosy by Direct Microscopy* (1983) by Leiker and McDougall. Published by the Leprosy Documentation Service (INFOLEP), Amsterdam, the Netherlands.
- 8 *Atlas of Leprosy* (1983). Published by the Sasakawa Memorial Health Foundation, Tokyo, Japan.

Intended mainly for: Medical students, medical officers (with or without experience of leprosy), leprosy control officers, nurses, tutors and other potential teachers.

In view of the high cost of postage by air or surface mail, OXFAM strongly recommends 'personal' delivery. Copies may be obtained by calling at OXFAM in Oxford during normal working hours or by writing to The Health Unit, OXFAM, 274 Banbury Road, Oxford OX2 7DZ, UK. Delivery, especially for bulk orders, may also be possible through embassies and consulates in London and by liaison with ILEP, the International Federation of Anti-Leprosy Associations, 234 Blythe Road, London W14 (Tel. 01–602 6925) which holds twice-yearly meetings, often abroad. Cost £10 (USA \$15).

Penlight for testing thermal sensitivity in leprosy

Dr H Sansarricq, formerly Chief Medical Officer, Leprosy, WHO, Geneva, has kindly supplied the following information about a device which may be of value in the early diagnosis of leprosy.

'Testing of thermal sensitivity during clinical examination for leprosy has usually been done by the use of 2 test tubes; one with warm water and the other with cold water. The limitations of the method were the varying temperatures of the warm water and also the difficulty of obtaining hot water during village work.

A new invention may solve the above problems. The device consists of an electronic head which fits into the body of a SONCA PENLIGHT. It is powered by 2 penlight batteries and the tip heats up to a factory preset temperature. Present prototypes have some set at 40°C and others at 45°C. The other end of the body serves as the cool probe and testing is easily done by alternating the warm and cool ends as the examiner desires. The penlight body is insulated against the body-heat of the operator.'

The device, developed by Mr M O'Regan who was a Technical Officer with the Leprosy Unit, World Health Organization (WHO), Geneva and Mr Bent Stumpe, an electronics engineer with the European Centre for Nuclear Research (CERN),

(continued on p. 166)

Schieffelin Leprosy Research and Training Centre, Karigiri—Courses 1985–1986

Courses	Qualification	Duration	Commencing date	
			1985	1986
Medical officers				
a Condensed course in leprosy	Doctors and senior medical personnel	1 week	14–19 Jan. 8–13 April 2–7 Sept.	6–11 Jan. 7–12 April 8–13 Sept.
b Medical students course	Undergraduates	1 week	(Dates fixed acc. to college holidays)	
c Medical officers course	Medical personnel engaged in leprosy work	6 weeks	4–16 Feb.–Mar. 1–9 July–Aug.	3–14 Feb.–Mar. 7–15 July–Aug.
d Special course for ophthalmology teachers		3 days	(Proposed)	
e Ophthalmic aspect in leprosy	Qualified medical personnel (included in 6 weeks course)	3 days	(Proposed)	
Other categories				
a Non-medical supervisors' course	Fully qualified paramedical workers with a minimum of 3 years experience	4 months	3 June	9 June
b Orientation course in leprosy	For paramedical personnel (nurses, physios, OT & administrators) 1 week CONDENSED COURSE + 3 weeks in-service training	1 month	14–19 Jan. 8–13 April 2–7 Sept.	6–11 Jan. 7–12 April 8–13 Sept.
c Paramedical workers course	+ 2 passed, graduates preferred	6 months	11 Sept.	10 Sept.
d Advanced course in leprosy control	Selected, experienced non-med. supervisors	12 months	By arrangement	
e PMW refresher course	Qualified PMWs	1 month	3 June	9 June
f Physiotherapy technicians course	+ 2 passed or PUC preferred	9 months	12 June	11 June
g Laboratory tech. course	+ 2 passed, Science graduates preferred	12 months	8 July	7 July
Inservice training				
a Prosthetic tech.	+ 2 passed or PUC preferred	18 months	21 Jan. 10 July	20 Jan. 16 July
b Shoemakers' course	V standard with knowledge of English preferred	6 months	Jan. and July	Jan. and July

c	Smear technicians course	+ 2 passed (reg. qualified lab. techs refresher)	3 months	7 Jan. 3 June 2 Sept.	20 Jan. 11 June 15 Sept.
d	Medical record keepers	+ 2 passed with proficiency in typing and good English	2 months	By arrangement	
e	Inservice training in Medicine, surgery, pathology, lab. technology and lep. control	For qualified medical personnel	9 months	By arrangement	

Schedule of fees

S. No.	Course	Tuition (Rs.)	Registration (Rs.)	Medical (Rs.)	Library (Rs.)	Establishment (p.m.) (Rs.)
Medical						
1.	Condensed course in leprosy	100	15			
2.	Medical officers' course	300	15			
3.	Medical students' course	free	free			
4.	Orientation course	200				
5.	In-service training	150/pm				
6.	Electives	300/fs	(full session)			
Non-medical						
7.	Non-medical supervisors	300	10	25	5	30
8.	Paramedical workers	300	10	25	5	30
9.	PMW refresher course	100	10	25	5	30
10.	Physiotherapy tech. course	450	10	25	5	30
11.	Laboratory tech. course	500	10	25	5	30
12.	Prosthetic tech. course	300	10	25	5	30
13.	Orthopaedic shoemakers'	100	10	25		30
14.	Smear technicians course	200	10	25	5	30
15.	Medical record keepers	100	10	25		30
16.	In-service training	100/pm				

Note: '+ 2' signifies 12 years of schooling equivalent to 'A' levels.

Note: NOT APPLICABLE to INDIAN Government Candidates. 50% concession (Tuition) to all TLM and ALM candidates.

All correspondence to the Training Officer, SLR and TC, SLRS PO, via Katpadi 632 106, North Arcot District, S. India.

Geneva, was funded by the Appropriate Technology Unit and the Leprosy Unit of the WHO. Twenty prototypes have been manufactured by Speyside Electronics of Scotland. Field tests of the device are planned following a protocol prepared by Dr Srinivasan, Central Leprosy Teaching and Research Institute, Chingleput, India.

Primary eye care

Primary eye care comprises a simple but comprehensive set of preventive and curative actions, which can be carried out by primary health workers, by specialized auxiliary personnel or by other interested persons.

The clinical activities involved in primary eye care consist of basic ways of dealing with the 3 major eye symptoms presented by patients: inflamed ('red') eyes, loss of vision, and pain in the eye. At the primary level the health worker can manage these problems either by definitive treatment, by referral after immediate treatment or by referral alone. General guidelines for this action have been developed, but they must be adapted to conditions in the communities served.

In addition, the primary health care worker should carry out promotive and preventive activities, focusing on essential education and community participation with regard to the prevention of visual loss.

Only a few medicaments and other materials are necessary for primary eye care. At the very least, an antibiotic eye ointment (usually a tetracycline) is needed, but other drugs that may be useful are vitamin A capsules, a second antibiotic ointment and zinc sulphate drops (for mild irritations). Bandages, sticking plaster (tape) and eye shields are very useful for primary workers, and optional equipment may include a simple chart to measure visual acuity and a hand torch.

The most important factor necessary to initiate primary eye care is the training of primary health workers to recognize eye conditions and to take appropriate action to deal with the problem. Training manuals for primary health workers should therefore include material on primary eye care. Primary eye care must be supported by reinforcing training and by adequate referral services at the secondary level.

From: *Strategies for the prevention of blindness. A primary health care approach*. Geneva, World Health Organization, 1984, pp. 14–15.

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].

OXFAM, Oxford; *Questions and answers on the implementation of multidrug therapy (MDT) for leprosy*

This is a 32-page booklet, A5 size, in question and answer form, produced by OXFAM as Number 3 in its 'Practical Guide' series. Starting with 'What is MDT?' and ending with 'Will the implementation of MDT lead to the control, and perhaps even to the eradication of leprosy?', 15 questions, all of a practical nature, are posed, and an attempt made to answer them in the light of existing knowledge about a fast-expanding subject. Price: £1.50 per copy, with a 25% discount on orders of more than 10, plus postage charges on bulk orders. Enquiries: OXFAM, Health Unit, 274 Banbury Road, Oxford OX2 7DZ.

Technical Guide for Smear Examination for Leprosy by Direct Microscopy

Published by the Leprosy Documentation Service (INFOLEP) at the Royal Tropical Institute, Mauritskade 61a, 1092 AD Amsterdam, the Netherlands, this 34-page paperback booklet covers 11 main aspects of smear examination. It was produced with the support of the Netherlands Leprosy Relief Association and the Ordre Militaire et Hospitalier de Saint Lazare de Jerusalem in the Netherlands.

The main headings include—introduction; technique of smear-taking; technique of staining; examination by microscopy. Five thousand copies have been printed in English and arrangements are being made for its translation and printing in French, Spanish and Portuguese.