

Domiciliary and Field Work

Pedobarograph to measure the pattern of foot pressure

The following is extracted from *Hospital Doctor*, 25 April 1985: 'Dr Janet Hughes of The Department of Rehabilitation, Northwick Park Hospital, Harrow, Middlesex, UK, has used the pedobarograph (first described by Elftmann in 1934) to study foot pressure. The apparatus measures the pattern of foot pressure on the ground using a thick sheet of glass which has a light source on either side and a layer of thin metal on top.

When the patient steps on its surface, light is reflected in proportion to the pressure applied.

High pressure 'hot spots' can be looked at objectively and instantly, and records of pre- and post-operative patterns kept using a polaroid camera.

This means that comparisons can be made between different surgical procedures applied to each problem.

Various insole materials can also be compared and the most appropriate can be supplied to the individual.

However, the latest advances have been made with the 'dynamic' recording of patients walking across the pedobarograph.

A computer-based image processing system, devised at the Royal Hallamshire Hospital, Sheffield, and now supplied to Northwick Park, allows the information recorded on videotape to be analysed.

The data can be presented as pressure versus time plots for any given area of the foot, or as 'isopressure contour plots'—rather like the weather map.

Using the technique, surgeons can decide on the most suitable operation.

Teaching and Learning Material; Leprosy Documentation Service, Amsterdam, 1985

The Leprosy Documentation service (INFOLEP) in Amsterdam has produced a compendium of teaching and learning material in leprosy in a ring binder, which includes detailed information on what has been produced from many different parts of the world. The introductory pages include an account of the ILA Workshop on teaching and training in New Delhi, 1984. The language headings include—Amharic, Arabic, Chinese, Dutch, English, French, German, Hausa, Hindi, Ilocano, Italian, Japanese, Korean, Marathi, Nepali, Portuguese, Russian, Samoan, Sesotho, Spanish, Swahili, Tagalog, Tamil, Telegu, Thai. Enquiries to Leprosy Documentation service (INFOLEP), *at their new address*: Wibautstraat 135, 1097 DN Amsterdam, the Netherlands.

Manual for Multiple Drug Therapy from Ethiopia; ALERT, 1985

We are most grateful to Dr Marijke Bexx-Bleumink, Director of ALERT Leprosy Control, PO Box 165, Addis Ababa, Ethiopia, for sending the latest edition of this excellent manual. The Foreword explains that this developed from the original version prepared in late 1983, in association with senior staff of the National Leprosy Control Programme and a short-term WHO consultant. From the experience gained in the 112 leprosy treatment centres during the period November 1983–November 1984, certain amendments were made and these are now included in the edition dated January 1985. The chapter headings include information and instruction on categories of patients; release from treatment before MDT is introduced; criteria for release from treatment of patients who have already been treated for many years; diagnosis and classification of new patients; registration of new and old patients for MDT; the multiple drug regimens; procedures during treatment; slit-skin smears; side-effects of the drugs and complications; duration of treatment; follow-up after release from treatment; re-treatment; reporting and evaluation of the completion of MDT. The whole work is extremely practical and has been very well thought out. This must be one of the best manuals for the implementation of MDT so far prepared and other control programmes could learn a great deal from it.

OXFAM: Guidelines for Tuberculosis Control Programmes in Developing Countries

This is an OXFAM Memorandum in their Practical Guide series, produced by the OXFAM Health Unit and written by Dr Paul Shears. It is a strongly bound paperback of 59 pages. The cost is £1.50 and it is obtainable from OXFAM, 274 Banbury Road, Oxford OX2 7DZ. Fifteen chapters cover all aspects of tuberculosis control and there are 7 appendices dealing with tuberculin surveys, sputum microscopy, drug dosages, drug adverse effects, drug resistance, measuring drug compliance. There is also a list of useful addresses and literature. This is an up-to-date and extremely valuable booklet with a great deal of practical information based on actual experience. It deserves a wide circulation.

Expanding cards for clinical features and multiple drug therapy in leprosy (India)

We are most grateful for 2 'expanding cards,' both from India and of very similar format, which will undoubtedly be of great value for diagnosis, classification and treatment of leprosy. The first on 'Clinical Features in Leprosy' is a diagnostic card, published by Hind Kusht Nivaran Sangh, 1, Red Cross Road, New Delhi, India 110001, which gives a written description of those forms of leprosy grouped by WHO as paucibacillary and multibacillary, together with colour prints to illustrate each type of leprosy, from Indeterminate, through the spectrum to Lepromatous. The second on 'Multi-Drug Therapy for Leprosy' is published by the Indian Association of Leprologists, Central JALMA Institute for Leprosy, Agra, UP, India, and has similar expanding cards showing the skin lesions and the chemotherapy for both pauci- and multibacillary leprosy. Pure neuritic leprosy is grouped with paucibacillary for this purpose. This card on MDT emphasises the 2 important differences with regard to MDT in India, as recommended by this Association, (1) in contrast to the strict WHO recommendations (*Chemotherapy of leprosy for control programmes*, Technical Report Series 675, WHO, Geneva, 1982)—namely that for multibacillary cases, the 3 drugs, dapsone, clofazimine and rifampicin are given at the outset as intensive therapy for 21 days, under supervision, and (2) that in the case of paucibacillary leprosy, the dual therapy with dapsone and rifampicin is continued for 6 months, or 'until clinical inactivity'.

These 2 excellent folding cards are almost completely complementary and could well be in the hands of all staff who have responsibility for MDT in India. They will be useful not only for health personnel but also for health education of patients and they both deserve a very wide distribution.

Orientation in Leprosy for Doctors: HKNS, India

This excellent booklet of 28 pp has been written by Dr and Mrs Thangaraj and Dr K C Das in India and is published by Hind Kusht Nivaran Sangh, 1, Red Cross Road, New Delhi 110001, India. Its aim is '... to give short orientation in leprosy to all medical doctors and to ensure their involvement in the National Leprosy Eradication Programme.' Following an introduction, there are sections on nerves affected by leprosy; clinical features of pauci- and multibacillary leprosy; differential diagnosis; reactions; neuritis; care of the feet and hands. The more intensive involvement of doctors and medical students in leprosy in India might well have an enormously beneficial effect in current attempts to find and treat the estimated 4 million cases in that country and we wish this booklet every possible success.

Leprosy can be cured; a challenge for CIBA-GEIGY

This company have kindly sent this booklet of 32 pp produced in Basle, May 1985 and available from CIBA-GEIGY Ltd, Pharma Division, PH9, CH-4002, Basle, Switzerland. It describes their past, present and intended future contribution to leprosy, including the production of dapsone, rifampicin and clofazimine and plans which are currently being made for the presentation of these 3 drugs in a 'bubble' or 'calendar' pack for the treatment of multibacillary forms of leprosy. There is a life-size illustration of the prototype of this pack on page 26, clearly showing the tablets and capsules to be administered under supervision monthly, and at home on a daily basis. The back cover carries an important message from Dr S K Noordeen, Chief Medical Officer, Leprosy, WHO:

'Through multidrug therapy (MDT) as recommended by WHO it is now possible to effectively deal with not only the ever increasing problem of drug resistance to dapsone but also to reduce the period of chemotherapy, thus encouraging patient compliance to treatment. There is ever yeason to hope that with the wider application of MDT the control of leprosy in the world could be greatly accelerated.'

Teaching and Learning Materials from the Leprosy Mission in India

Particularly for readers working in India, we draw attention to the availability of teaching and learning materials in leprosy from The Leprosy Mission (Southern Asia), CNI Bhavan, 3rd Floor, 16 Pandit Pant Marg, New Delhi 110001, India (Dr/Mrs E S Thangaraj). The list is very similar to that which has been in use by TLM in London for several years, but it should be noted that charges (in rupees) are made for every item. The many valuable items available are numbered on the front page indicating their suitability for health programme planners, health educators, shoe workshop managers, junior health workers, supervisors, multi-purpose workers, laboratory technicians, physiotherapy technicians, medical students, surgeons. Apply to TLM in India at the address above.

Queensland Department of Health, Visiting Medical Specialist—Leprosy

A medical practitioner registered in Queensland or eligible for such registration with specialist training in leprosy (Hansen's Disease) is required for two consecutive months annually to provide consultative services to the Health Department, visit other parts of Queensland in connection with the treatment of Hansen's Disease, conduct a weekly clinic at The Princess Alexandra Hospital, and provide training for medical staff in Hansen's Disease. Alternative arrangements for sessional work can be negotiated. \$81.35—\$117.90 per 3 hour session (depending on year of registration).

Please forward application to: The Director, Division of Specialized Health Services, Health and Welfare Building, 63-79 George Street, Brisbane, Australia, or telephone (07) 224 5665 and make an appointment to see Dr A.M. Patel.