

**REPLY TO: 'QUALITY CONTROL OF SKIN SMEAR SERVICES IN LEPROSY PROGRAMMES; PRELIMINARY EXPERIENCE WITH INTER-OBSERVER COMPARISON IN ROUTINE SERVICES'**

Sir,

We were interested to read this article (de Rijk *et al.*, *Lepr Rev* 1985, **56**, 177–191) and agree that quality control is an important element in attempting to improve the standard of work in leprosy control programmes. However, we venture to suggest that the approach described in the above article may be too complicated for most situations and that very few 'routine' laboratories will be able to follow the recommendations given.

The basic need in this context is to establish criteria for 'Good', 'Fair' and 'Poor' work which can be applied not only by a reference laboratory technician, but also by others who may be responsible for the running of the control programme.

In studying the procedures outlined in Dr de Rijk's article, we think it is very unlikely that laboratory personnel of adequate ability will in fact be available in most situations. Before such procedures are considered further we believe it is important to recognize, in all laboratories where slit-skin smears are examined for leprosy, that staff should be properly trained, systematically supervised and adequately paid. Furthermore, they should never be overburdened with excessive amounts of work; the examination of 15 different smear slides per day each carrying 3–4 smears on each slide, together with their careful reporting, is probably about as much as the average technician can cope with per day. It is also important to make sure that technicians are not asked to examine vast numbers of negative, or virtually negative slides for long periods of time. Our experience has indicated that sincerity, conscientiousness and real interest are essential ingredients to the achievement of good quality work. To achieve this and maintain it, day in day out, calls for proper guidance and encouragement by senior staff.

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