

## Leprosy Control and Field Work

### ***A practical guide to the diagnosis and treatment of leprosy in the basic health unit; Wheate and Pearson, Third edition 1985***

It is a pleasure to see that the third edition of this extremely popular booklet by Dr Harold Wheate and Dr John Pearson has now been published by the German Leprosy Relief Association in Würzburg. The previous editions, developed from the combined experience of the 2 authors in Malaysia, Africa and Ethiopia over a period of many years, had an enormous distribution to most parts of the world. It is in fact probably not an exaggeration to say that if one had to consider a single item of teaching-learning material from all that is now available, this little booklet of 28 pages may have been the most successful for its intended purpose. In his foreword, Dr Felton Ross draws attention to the skilful way in which the authors have achieved the presentation of knowledge about a difficult subject whilst at the same time avoiding complicated detail. The text has been translated into Portuguese, Arabic, Marathi and Indonesian, but we understand that it is not available in either French or Spanish (if this is confirmed, it is surely a matter which should be given priority consideration by ILEP or some similar body). There are 2 tiny misprints; on page 6, under 2, the word 'Severe' should read 'Several'. On page 10, in the flow chart, there should be a vertical bar underneath 'No loss of sensation to cottonwool touch'. To those who are involved in the application of MDT, particularly to large numbers of paucibacillary patients, the note at the top of page 25 is of considerable interest:

'Explain that weak muscles may well become stronger and loss of sensation improve even after the disease is cured and treatment has been stopped. Continued treatment of cured cases does not encourage recovery of nerve damage. This is particularly important for paucibacillary patients who have received treatment for only six months; their nerve function will often continue to improve, for a year or more after anti-leprosy treatment has been stopped.'

We would appreciate correspondence to this Journal, from those with experience of 6/12 MDT for paucibacillary leprosy, especially in India, on the matter of continued improvement of nerve function *after* stopping treatment. *Editor.*

### **PILLSAFE; plastic containers for daily administration of tablets or capsules**

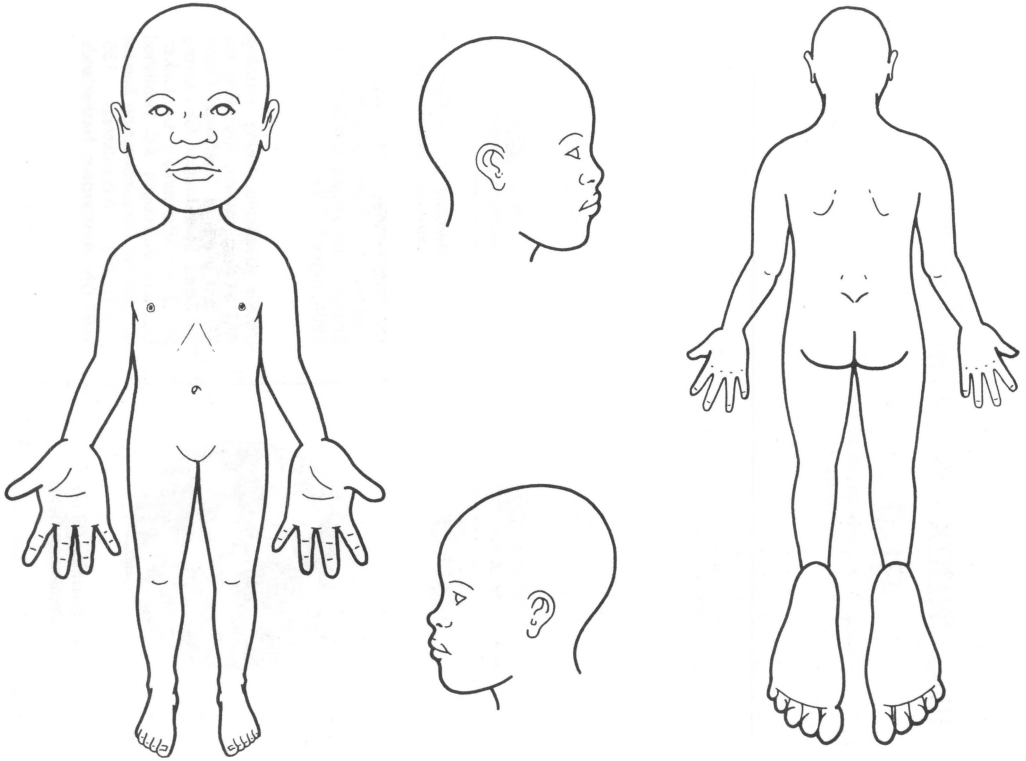
Our attention has been drawn to the availability of a plastic container, designed for blind or partially sighted people, carrying Braille to indicate the days of the week. It consists of a row of 7 compartments, each with a 'snap' lid, one for each day of the week. Each compartment is big enough to admit a finger and to contain a tablet or capsule, (or indeed several if these are prescribed). They are produced at low cost in 2 colours (yellow and blue) by PILLSAFE, PO Box 54, Banbury, Oxon, UK. To our knowledge they have had no application (or trial) outside this country in third world situations, but in certain situations it would not be unreasonable to consider the use of 4 such units, carrying 28 tablets or capsules, for the self-administration of drugs for the treatment of leprosy or tuberculosis. As with all such devices, this would of course not assure the actual ingestion of medication by the patients, but it would at least preserve the drugs efficiently and could serve as a valuable 'calendar' and a means of checking the regular extraction of tablets or capsules by the patient.

### ***Multidrug therapy; a working guide. The Leprosy Mission, Southern Asia, 1983***

This is a strongly-bound book of 88pp, 18 × 24 cm, written by Dr E S Thangaraj of the Leprosy Mission, Southern Asia, 4th Floor, Sheela House, 73–74 Nehru Place, New Delhi 110 019, India. It is sub-titled 'Working guide; guidelines for adaptation' and was developed specifically for the training and re-training of workers in leprosy for the new approaches needed in the implementation of multiple drug therapy. There are 35 subject headings covering every aspect of the subject for this purpose. This is an outstandingly useful and practical book which should be of the greatest value, not only in India but in many other parts of South East Asia, and it could, with some modification, serve as a basis for similar guides in other parts of the world.

### **Outline body diagrams for the charting of lesions and deformities**

Although every control programme has its own diagram for this purpose, often well adapted to local facial type and body configuration, we take this opportunity to publish one which has been in use with LEPROA in Malawi



Body diagram for lesions, slit-skin smears or biopsies.

for a number of years and which was recently re-drawn by a professional artist in Oxford. It has been revised and modified on several occasions and we now publish it in the hope that it may be of value to others who have not yet developed a compact and satisfactory format for this purpose.

#### **Mini-leprosy guide, 1986, National Leprosy Organisation, India**

We are grateful to Mr Tare, Director of the Gandhi Memorial Leprosy Foundation in Wardha, Maharashtra, India, for sending a copy of the NLO Diary for 1986, which combines a diary with many pages of information about leprosy and the NLO itself. As in past years, the first 30 pages contain a great deal of information on the clinical signs and classification of leprosy and the closing pages cover many aspects of the work of the Indian National Leprosy Eradication Programme, NLO, GMLF and WHO. There is also a valuable list of health education material on leprosy available from GMLF (P.O. Hindinagar, Wardha 442 103, Maharashtra, India).

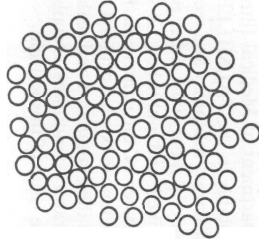
#### **Leprosy smears; bacteriological index (BI) chart**

The chart illustrated opposite has been developed by the Department of Medical Illustration in Oxford and revised on the basis of advice kindly offered by colleagues, notably in the TALMILEP section of ILEP. It is intended for laboratory workers who have to examine slit-skin smears in leprosy and record the bacteriological index, which is critically important to the proper classification of patients into either pauci- or multibacillary groups for MDT. The classic BI figure, as originally described and published, is stated in the top line. Underneath each diagram, an indication is given of the number of oil immersion fields which should be examined before arriving at a figure for the BI. This chart can of course be photocopied onto paper, but it is our strong recommendation that it should be copied onto card and then laminated and sealed in plastic. This gives the chart a much greater chance of survival under tropical laboratory conditions. Details of the availability and possible distribution of this chart may be published in a future issue of this journal.

## LEPROSY SMEARS : BACTERIOLOGICAL INDEX - 'BI' (Ziehl-Neelsen stain)

**BI=0**

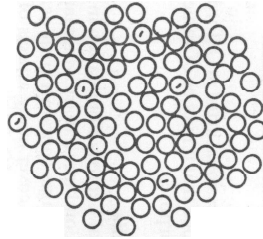
No bacilli in 100 oil immersion fields



Examine 100 oil immersion fields

**BI=1**

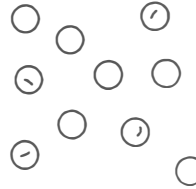
1-10 bacilli, on average, in 100 oil immersion fields



Examine 100 oil immersion fields

**BI=2**

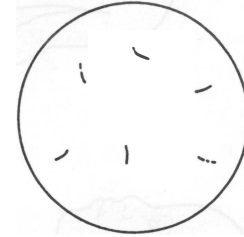
1-10 bacilli, on average, in 10 oil immersion fields



Examine 100 oil immersion fields

**BI=3**

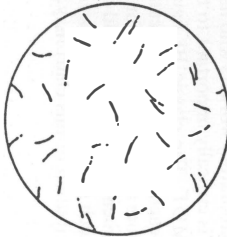
1-10 bacilli in an average oil immersion field



Examine 25 oil immersion fields

**BI=4**

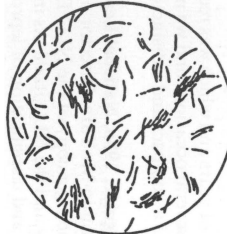
10-100 bacilli in an average oil immersion field



Examine 25 oil immersion fields

**BI=5**

100-1000 bacilli in an average oil immersion field



Examine 25 oil immersion fields

**BI=6**

1000 or more bacilli in an average oil immersion field



Examine 25 oil immersion fields

Original reference to the Bacterial (or Bacteriological) Index: Ridley DS, Bacterial Indices. In Cochrane, RG and Davey, TF (Editors), 'Leprosy in Theory and Practice' Bristol; John Wright and Sons Ltd, 1964, pages 620-22.

Details of taking, fixing, staining, and reading smears, including the BI, are given in 'Technical Guide for Smear Examination for Leprosy by Direct Microscopy' by Leiker, DL, and McDougall, AC. Published by Leprosy Documentation Service (INFOLEP), Wibautstraat 135, 1097 DN, Amsterdam, Netherlands.