

Teaching Materials and Services

***Handbook of Leprosy* by W H Jopling 3rd edition; ELBS**

We have on several occasions drawn attention to the English Language Book Society, which makes available selected books for purchase in many developing countries, at remarkably low prices. The third edition of W H Jopling's *Handbook of Leprosy* is available at only £4.50. Apply to any reputable bookseller, the British Council office in your area, or to William Heinemann Ltd, 23 Bedford Square, London WC1B 3HH.

OXFAM–LEPRA packs of teaching–learning materials

About 20 packs remain; then the service will close. Apply OXFAM, 274 Banbury Road, Oxford OX2 7DZ, England.

***Contact*; story telling for health teaching**

Contact is a bimonthly publication of the Christian Medical Commission, a sub-unit of the World Council of Churches. It is published in English, French, Spanish and Portuguese, with a present circulation in excess of 26,000. The December 1987 issue dealt with the value of story telling for health teaching. Each issue also carries valuable information on teaching and learning materials and training courses.

Effective teaching; Dundee, Scotland

Although too late for this number of our Journal, it is worth recording that a course on Effective Teaching has just been held in the Centre for Medical Education, Ninewells Hospital and Medical School, Dundee DD1 9SY, Scotland, UK—and is likely to be repeated in future years. This Centre continually holds courses of instruction on medical teaching and is probably one of the most active in Europe in this field. Much of the content is relevant for those working in Third World countries.

Community Based Rehabilitation; a course in London

The Tropical Child Health Unit, Institute of Child Health, University of London, 30 Guildford Street, London WC1N 1EH, runs a course leading to a diploma for teachers and planners of Community Based Rehabilitation in Developing Countries. Further details from the Course Principal at the above address.

Education for Health

From a recent issue: 'Village education helps to change attitudes towards leprosy in India,

Despite a great deal of knowledge about leprosy, there are still instances when people with the disease are treated as outcasts in India. To improve the situation, the Gandhi Memorial Leprosy Foundation has been recruiting village representatives to influence their communities.

The foundation's director, S P Tare, reports a number of cases where the approach is seen to be working.

In one village, leprosy patients were barred from bathing in the public pond. Students from the local high school, who had heard lectures organized by the foundation, took the lead in persuading other villagers that there would be no danger if everyone used the pond for bathing.

By appointing contact persons, and taking care to identify people to whom other villagers turn for guidance, attitudes are gradually being changed, says Mr Tare, adding: "It is only by involving the people in health education that the social stigma of leprosy can be removed."

Meanwhile, a health education manual has been produced for those involved in leprosy work. The manual, published by the International Federation of Leprosy Associations, is designed to help health workers communicate more effectively in different areas of leprosy control, such as treatment sessions, school surveys, village health talks, and motivating local authorities to support leprosy patients.

The purpose is to help health workers learn to understand the point of view of patients and communities, and to develop skills in communication.

The federation is based at 234 Blythe Road, London W14 OHJ, England.

Apply Education for Health, WHO, Avenue Appia 1211, Geneva, Switzerland.

Rapid diagnosis of infectious diseases

In a recent issue of the *Bulletin of the World Health Organisation*, 1988; **66**, (1), 115–21, the News and Activities section carries the following information on rapid diagnosis of infectious diseases and production of immunological reagents:

'The general objectives of the WHO Programme on Rapid Diagnosis of Infectious Diseases and Production of Immunological Reagents, which was reorganized in 1985, are to develop countries' capabilities to produce immunodiagnostic reagents and to strengthen the institutional framework for effective support of clinical diagnosis and epidemiological surveillance of infectious diseases. The programme is oriented to developing countries, and activity concentrates on the rapid identification of viral, bacterial, parasitic, and rickettsial diseases at various levels from local laboratories to national reference diagnostic centres. Several diagnostic techniques are now available and others appear promising, but their implementation demands the availability of high quality reagents. The production, control, and distribution of such reagents is therefore also a very important part of the programme, whose principal components are described below.

Introduction of simple diagnostic methods to laboratory practice

Following are the principal techniques recommended by WHO for routine use in diagnostic laboratories.

The *agglutination test*, which is effective in identifying various microorganisms, is very simple and inexpensive. In the slide or tube form, the test has found application in the diagnosis of *Salmonella*, *Shigella*, *Brucella*, and *Neisseria meningitidis* sero-groups. The simplicity of the test makes it a suitable model system for the development of other diagnostic tests; indeed, any new, more complex method would only be recommended for practical use if it offered some definite advantage over the agglutination test, such as greater sensitivity.

Another widely used diagnostic test recommended by WHO is *passive agglutination*, in which the antigen or antibody is precoated on a carrier material. Traditionally, microorganisms or red blood cells have been used as the carrier but, recently, various materials, e.g., the surfaces of particles of bentonite, microscopic fibres of regenerated cellulose, the internal pore surface of microscopic agar-gel beads, polyacrylamide gel, and polystyrene beads, have been proposed for this purpose. Various indicators, such as radioisotopes, fluorochromes, and enzyme substrates, may be used to quantify the results of the test.

ELISA (enzyme-linked immunosorbent assay) is a versatile method for the diagnosis of a wide range of infectious diseases. ELISA methods can be used to detect antigens in tissues and cells and also to identify IgM antibodies—thereby permitting the rapid identification of diseases. Usually, a spectrophotometer is required to quantitatively read the results; however, with the recent introduction of dot-immunobinding assays, results can be read without any equipment. This innovation has led to the development of assays for the simple, rapid, sensitive detection of antibodies against a wide range of infectious agents.

The *immunofluorescence* test can be used in local diagnostic laboratories, although a fluorescence microscope is required to read the results. Indirect immunofluorescence is one of the best methods currently available for the rapid diagnosis of many organisms, and, in the case of acute respiratory viral infections, virus antigens in pharyngeal aspirates can be identified in 30 minutes to 2 hours. To encourage laboratory workers to use the ELISA and immunofluorescence tests, WHO has produced bench manuals on both of these methods, and standard conjugates of anti-immunoglobulins labelled with horseradish peroxidase or fluorochromes are also available. Single copies of the manuals and samples of the standard conjugates are available upon request from: Chief, Microbiology and Immunology Support Services, World Health Organization, 1211 Geneva 27, Switzerland.

Medical schools in Africa

We are grateful to the Information Service in the Programme of Health Manpower Development, WHO, for a complete list of medical schools in Africa. We publish here a selection, from countries where leprosy is still a significant problem, in view of the importance of ensuring that medical students receive proper instruction during their training.

Angola:

Faculdade de Medicina, Caixa Postal No. 116, Luanda.

Benin:

Faculté des Sciences de la Santé, Université nationale du Bénin, B.P. 188, Cotonou.

Burkina Faso:

Ecole supérieure des Sciences de la Santé, B.P. 7021 Ouagadougou.

Cameroon:

Centre universitaire des Sciences de la Santé, Université fédérale du Caméroun, B.P. 1364, Yaounde.

Central African Republic:

Faculté des Sciences de la Santé, Université de Bangui, B.P. 1383, Bangui.

Congo:

Institut supérieur des Sciences de la Santé, (INSSA), Brazzaville.

Côte d'Ivoire:

Faculté de Médecine, Université d'Abidjan B.P. V 166, Abidjan.

Ethiopia: Faculty of Medicine, Addis Ababa University, PO Box 1176, Addis Ababa.

Gondar College of Medical Sciences, Addis Ababa University, Gondar.

Jimma Health Science Institute, Jimma, Kaffa.

Gabon:

Centre universitaire des Sciences de la Santé (CUSS), B.P. 4.009 Libreville.

Ghana:

University of Ghana Medical School, PO Box 4236, Accra.

School of Medical Sciences, University of Science and Technology, University Post Office, Kumasi.

Guinea:

Faculté de Médecine, Institut polytechnique "Gamel Abdel Nasser," Conakry.

Kenya:

College of Health Sciences, University of Nairobi, Box 30195, Nairobi.

Liberia:

A.M. Dogliotti College of Medicine, University of Liberia, Box 1018, Monrovia.

Madagascar:

Faculté de Médecine, Etablissement d'Enseignement supérieur des Sciences de la Santé, Université de Madagascar, B.P. 375. Antananarivo.

Faculté de Médecine, Etablissement d'Enseignement supérieur des Sciences de la Santé, Université de Madagascar, Ambodrona, Mahajanga.

Mali:

Ecole nationale de Médecine et de Pharmacie du Mali au Point 'G', B.P. 1805, Bamako.

Mozambique:

Faculdade de Medicina, Universidade Eduardo Mondlane, Av. Dr Salvador Allende, Caixa Postal 257, Maputo.

Niger:

Faculté des Sciences de la Santé, Université de Niamey, B.P. 237, Niamey.

Nigeria:

University of Benin, College of Medical Sciences, P.M.B. 1154, Benin City, Bendel State.

College of Medical Sciences, University of Calabar, Calabar, Cross River State.

College of Medicine, University of Nigeria, Enugu, Anambra State.

College of Medicine, University of Ibadan, Ibadan, Oyo State.

Faculty of Health Sciences, University of Ife, Ile-Ife, Oyo State.

Faculty of Health Sciences, University of Ilorin, Ilorin, Kwara State.

Faculty of Medical Sciences, University of Jos, P.M.B. 2084, JOS, Plateau State.

Faculty of Medicine, Bayero University, Kano, Kano State.

College of Medicine, University of Lagos, P.M.B. 12003, Idi-Araba, Lagos, Lagos State.

College of Medical Sciences, University of Maiduguri, Maiduguri, Borno State.

College of Health Sciences, University of Port Harcourt, Port Harcourt, Rivers State.

College of Health Sciences, University of Sokoto, Sokoto, Sokoto State.

Faculty of Medicine, Ahmadu Bello University, Zaria, Kaduna State.

Rwanda:

Faculté de Médecine, Université nationale de Rwanda, B.P. 30, Butare.

Senegal:

Faculté de Médecine et de Pharmacie, Université de Dakar, Dakar.

Somalia:

Faculty of Medicine, National University of Somalia, PO Box 15, Mogadishu.

Sudan:

College of Medicine, University of Juba, PO Box 82, Juba.
Faculty of Medicine, University of Khartoum, PO Box 102, Khartoum.
Faculty of Medicine, University of Gezira, Wad Medani.

Togo:

Faculté de Médecine, Université de Bénin, B.P. 1515. Lome.

Uganda:

Medical School, Makerere University, PO Box 7072, Kampala.

United Republic of Tanzania:

Faculty of Medicine, University of Dar es Salaam, PO Box 65001, Dar es Salaam.

Zaire:

Faculté de Médecine, Université de Kinshasa, B.P. 834. Kinshasa XI.
Faculté de Médecine, Université de Kisangani, B.P. 2012, Kisangani.
Faculté de Médecine, Université de Lubumbashi, B.P. 1825, Lubumbashi.

Zambia:

School of Medicine, University of Zambia, PO Box 50110, Lusaka.

Zimbabwe:

The Godfrey Huggins School of Medicine, University of Zimbabwe, PO Box A 178, Avondale, Harare.

Interactive video: medical student teaching, Bristol, UK

Dr Adrian Longstaffe, Director, Interactive Video Unit, Department of Pathology, The Medical School, Bristol, UK has produced a tutorial for the teaching of pathology to medical (and veterinary) students and the following is from the early paragraphs of his descriptive brochure:

Shortly after deciding to implement a computer-assisted learning (CAL) programme, the organizers became aware of a CAL initiative by Dr Pat Harkin at Leeds University. This consisted of a BBC based microcomputer system with tutorials illustrated by colour transparencies displayed on random access carousel projectors under computer control. At the same time, at Leicester University, Dr Jane Mercer was coordinating a multidisciplinary project to produce a pathology videodisc.

With all this developmental work already in progress, it became obvious that the time was right to build on this experience by implementing a major IV learning system at Bristol. This was to be used as a working unit for the medical, veterinary and dental undergraduate students and at the same time was to be available as a base for further development of IV both within the University and within other UK pathology departments.

A project proposal was submitted to the Computers in Teaching Initiative (CTI) of the University Grants Committee (UGC) which resulted in an award in November 1986. Following a further grant from the University of Bristol early in 1987, the first stages of the project were put in motion.

Phase one of the project consists of workstations made up of BBC Master microcomputers controlling Philips VP831 videodisc players through a software ROM called Videostar. The signals are mixed by a Cox genlock board and an Abbey Audio overlay unit before being displayed on a Philips CM 8533 medium resolution colour monitor. The workstations in the Medical School are networked with Econet to a 20 Mbyte hard disc and have a single 5.25" floppy disc drive.

Pathology teaching is an ideal subject for use with videodisc as it can be taught using still pictures for which the videodisc has an extremely high capacity and short access time. (Up to 54,000 stills per side maximum search time 5 seconds.)

In collaboration with Dr Jane Mercer and the Department of Pathology at Leicester University, the first of a series of collaborative videodiscs was produced in the early months of 1987. Entitled *U.K. PATH I*, it contains 10,600 still pictures of gross and microscopic specimens of diseased tissues together with 1000 stills of normal undiseased tissue. This disc will be the first of a series, with regular updates produced very few years.

Criteria to determine the exact end of MDT in leprosy

The proceedings of a workshop held in Würzburg on the occasion of the inauguration of the Armauer-Hansen Institute are now available from: Armauer-Hansen Institut, Hermann-Schnell-Str. 7, D-8700 Würzburg, PO Box 348, West Germany. We are grateful to the Director, Dr Susanne Pritze for drawing our attention to this interesting publication; copies are available on application to the above address.

Leprosy for medical practitioners and paramedical workers: Ciba-Geigy

The third, revised edition of this excellent booklet, written by R H Thangaraj and S J Yawalkar, published by Ciba-Geigy in 1988, is now available and copies may be obtained from the company, CH 4002, Basle, Switzerland.