

Book Reviews

An Epidemiological Review of Pune Urban Leprosy Investigation Centre.

This book reviews 17 years of the operation of the Pune Urban Leprosy Investigation Centre Project, launched in 1974 by the Poona District Leprosy Committee, aiming at 'wiping out the problem of leprosy in urban Pune'. The book first describes the background and objectives of the project, which intends to deliver an integrated 'package' of services, including early detection and treatment of cases, prevention of debilitation and health education programmes to an urban population, with priority on schools and slum areas. It then describes the project itself, the population and geographical characteristics, and the type of treatment delivered to patients.

The review of data collected during the 17 years of programme operation is divided into 2 parts: pre-MDT period (1974–83) and post-MDT period (1984–91).

For the first period, estimates of prevalence and incidence rates are calculated for each year. Case-detection rates are calculated since inception of the programme, with a breakdown by area (schools, slums), age (children/adults), type of detection (survey, voluntary reporting, contact) and type of leprosy (lepromatous/non-lepromatous). The number and percentage of cases with disability amongst registered cases are given for each year per age and leprosy type.

The post-MDT period is characterized by the adoption of MDT regimens given to *all* leprosy patients, stopping active case-finding surveys (in slums and schools) and a change in follow-up procedures. The number of cases are broken down for each year by age, sex, leprosy type (MB/PB) and mode of detection. The disability rates are calculated among new cases by age and leprosy type. Information is also given on the number of cases on MDT, number of cases released from treatment, number of relapses and number lost to follow-up.

The rest of the book describes mainly specific activities such as health education (type, content, beneficiaries), rehabilitation, training activities and a cooperative rehabilitation model. Finally, lessons learnt from these 17 years of operation are outlined, giving rise to future projects.

Numerous data have thus been collected over a period in this programme, covering various fields. Assembled here, they are interesting as they allow comparison over a period and give indications on trends, which is important and useful when assessing a control programme. For the pre-MDT period, the authors are aware of the limits and constraints of the data they present (especially concerning population data) and mention the difficulty of drawing definite conclusions out of them. It could have been interesting though to examine and compare pre- and post-MDT data. Also, a map of the area would have been useful to understand the facts and results of this project.

As a whole, with this comprehensive review of data for the last 17 years, this document gives extensive and valuable information on a longstanding urban leprosy control programme, which is very useful to assess trends in leprosy control over the years as well as to analyse the impact of treatment and rehabilitation of leprosy in an urban community.

J. M. Mehta, M. P. Dandare and D. G. Jogaikar

Poona District Leprosy Committee, 1992.

Pioneering Steps in Leprosy Control, by Bombay Leprosy Project, 1976–1991. (Booklet, 10 pp, 2 Figures.)

The comprehensive leprosy control work of this project during the past 15 years is reviewed. The field studies on the prevalence of leprosy in metropolitan slum areas, among patients in the wards of general hospitals and in self-settled leprosy colonies were the first of their kind and serve as important models for similar situations.

Studies related to treatment, especially on MDT, have greatly influenced the strategy adopted in India at the national level.

The involvement of local medical colleges and general hospitals in leprosy control has been actively encouraged and this has led, on the one hand, to improved teaching of leprosy to medical students and, on the other, to the acceptance of leprosy patients at skin and STD clinics. Both these measures have constituted important steps towards the integration of leprosy control into the general health services.

The care and prevention of deformity has been an important aspect of the work and field studies on the use of prefabricated splints for the hand and epoxy resin 'grip-aids' have yielded valuable results. Municipal, government and private hospitals have been enlisted to provide facilities for reconstructive surgery for leprosy patients and an integrated rehabilitation training programme has been established.

Bombay Leprosy Project—'As Others See'. (Booklet, 28 pp.)

This is a companion booklet to the above and is a collection of impressions recorded by visitors to the project and compiled by the Director, Dr R. Ganapati. It is noteworthy that this project has attracted visitors not only from India but also from other parts of the world and it is to be hoped that both these small publications will encourage many more workers, especially those dealing with the control of leprosy in an urban setting, to see for themselves what can be done and the practical methods of doing it. This review would be incomplete without noting the very fine tribute paid to the leprosy voluntary agencies which have given financial support and encouragement to the project and its staff.

H. W. Wheate

Proceedings of the National Workshop on Foot Care in Leprosy, Bombay, 7–8 April 1990.

This Workshop was organized by the Bombay Leprosy Project and sponsored by the Danish International Development Agency. Its objective, set out at the outset, was to reduce and prevent disability due to foot problems. The opening papers emphasized that the care of the insensitve foot needs to be constant and continuous and can therefore be carried out only by the patients themselves, who must be given the appropriate instructions. A total of 11 short papers, all relevant and of high quality, were presented and discussed. A review of the biomechanics of the normal foot is clear and concise. Neuritis and its medical and surgical management are discussed and good results of posterior tibial nerve decompression are presented. The deformities of the foot other than plantar ulceration and their management are described. That protective footwear should be both effective and acceptable is exemplified by the report of a new type of mass (factory) produced plastic sandal. The rehabilitation measures to achieve maximum restoration of function are well covered. There are brief papers on disability prevention through community participation and on disability and stigma. A short report on the effectiveness of simple orthoses made of thermoplastic material is of practical interest and the final papers deal with the surgical management of plantar ulcers and a field approach to foot care, the latter naturally oriented to the conditions of rural India. The programme concludes with a number of practical recommendations on both strategy and research.

This booklet should be studied by all who are treating leprosy out-patients whether in hospital or in the field.

H. W. Wheate