COMMENT: LEPROSY CONTROL THROUGH GENERAL HEALTH SERVICES AND/OR COMBINED PROGRAMMES. P. FEENSTRA

Sir,

The analysis provided in the editorial 'Integration of leprosy control' by P. Feenstra (*Leprosy Review* **64,** Number 2, June 1993, pp. 89–96) was admirable. I have 2 observations:

* The reference to the prerequisite—cited twice in the article—for 'an adequately functioning general health service infrastructure' represents a very, very big 'if' in most leprosy-endemic countries;
* The integration of leprosy control activities into even an 'adequately functioning general health service infrastructure' is morally and ideologically sound, even laudable.

In practice, however, it is more often discovered that while general health workers in an integrated health service soon cope well with MDT administration and even the demands of data collection imposed by the 'specialized . . . planning and evaluation' services, what suffers is the active case searching, the interest specialized leprosy workers have in being dynamic in seeking early diagnosis. Ferreting out intradomiciliary contacts, promoting routine skin examination for

general clinic patients, advocating rural extension of skin examination into remote areas of infectious foci; these are all activities that are too infrequently pursued in an 'adequately functioning general health service infrastructure'.

The conclusion I sadly reach is that without these and other specialized activities, there is less early diagnosis and obviously more infection and deformities.

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