

Book Reviews

Teaching tools for health professionals. Luc Van Parijs and Betsy Abraham

This is a reinforced paperback of 275 pages, published by TALMILEP (Teaching and Learning Materials, International Federation of AntiLeprosy Associations), supported by the German Leprosy Relief Association (DAHW) and other ILEP members. The content is to some extent based on experience gained by LVP in the running of workshops on teaching methods and educational materials in various parts of Africa and Asia. The Foreword describes the main purpose of the book as being ‘. . . to provide busy health professionals with a guide to the selection and use of seven of the most widely available and effective tools for teaching. The book also provides an understanding of the principles of teaching and learning that are relevant for using these tools.’ The text is divided into 2 main sections. Section 1 on Teaching and Learning (‘Who is a teacher?’, ‘Teaching tools in teaching’ and ‘Teaching tools in learning’) helps the student to choose specific tools for specific tasks. Section 2 on Teaching Tools (chalk board or blackboard, flip-chart and flash cards, real objects and models, hand-outs, overhead projector, slides and video) describes, in considerable detail and with a wealth of practical advice, how the various tools may be most effectively used. There is an extensive and valuable list of references (pages 253–9), including relevant books and chapters in books. Both authors have extensive practical experience of their subject and this book should be of great value to all who have responsibility for teaching health professionals, not only in leprosy, but in a wide range of other subjects.

A. Colin McDougall

Published by TALMILEP, London, 275 pp.

Cascade of workshops on teaching methodology

The Report of the First Workshop held at Wardha, Maharashtra, India in February 1992, describes the main objectives and content of sessions on ‘. . . teaching methodology for trainers in leprosy training centres.’ The 17 participants were all closely involved in teaching or training activities in various parts of India. The meeting took place at the Gandhi Memorial Leprosy Foundation in Wardha, Maharashtra, and was sponsored by the German Leprosy Relief Association (DAHW, PO Box 110462, Wurzburg D-8700, Germany). The Report includes—a review of GMLF’s contribution to training activities in India; the current need for a revision of teaching methodology; aims of the workshop and a detailed description of the subject matter covered, including discussions, over a period of 6 days. The 23 appendices include a useful review of the scope of teaching aids (books, models, charts, blackboard, flannelgraph, video, etc.) in the teaching and learning process.

A. Colin McDougall

[Copies obtainable from: Secretary, GMLF, P.O. Hindinagar, Wardha 442-103, Maharashtra, India.]

Intrinsic minus hand. (patho)kinesiology, rehabilitation and reconstruction.
J W Brandsma (1993)

This book is the fruit of 15 years of practical experience of dealing with paralysis of the intrinsic muscles of the hand in patients with leprosy. There is a wealth of information based on careful observation, objective testing of muscles and ranges of movement. The full and accurate recording of findings and follow-up is excellent. As the author states, these findings can be applied equally well to other cases with differing aetiology.

The pros and cons of several reconstructive operations are discussed and pre and post-operative care is described. The approach is purely surgical, conservative treatment with well designed, lively or even fixed 'knuckle duster' splints with curved palmar bars are not considered. The great improvement in the function of the hand conferred by these splints encourages use and therefore maintains mobility when combined with passive exercises to prevent contractures of muscles and consequent stiffness of joints. The author stresses the need to prevent these complications which may be so severe in some cases that they militate against successful reconstruction.

The chapter on anatomy does not clearly indicate the important role of the ulnar intrinsics and all the lumbricals in extension of inter-phalangeal joints and stabilization of the extensors of the metacarpo-phalangeal joints of the fingers and of the slip of abductor pollicis brevis which serves the same purpose for extensores pollicis longus et brevis. It was surprising to see no reference to the classical papers of Stack and Napier. The pitfall of failure to recognize anomalous innervation is described, but no mention is made of the communications between the ulnar and median nerves that may also occur in the lower axilla, upper arm and even in the hand itself.

A detailed index at the end of the book would be helpful and sadly the use of eponyms is no longer fashionable. These criticisms are relatively minor and the book is recommended warmly to all who deal with patients suffering from leprosy or other conditions which paralyse the intrinsic muscles of the hand.

Ruth E. M. Bowden

A Doctoral Thesis presented successfully to the Rijks University of Utrecht CIP-Gegevens Koninklijke Bibliotheek den Haag, The Netherlands, pp. 181, 315 refs, 34 tables, 43 figs.

Histoid leprosy by Professor V. N. Sehgal (2nd edition, 1993) ISBN 81-7179-338-X

It is unusual to encounter an academic book where the author describes his own previous work as 'scintillating' and 'authoritative'. So does Professor Sehgal justify these epithets in the second edition of his monograph on the puzzling entity of histoid leprosy?

I find several aspects of this book unclear. On the definition of histoid leprosy, is it purely clinical (multiple discrete nodules), or does histopathology have an inclusive/exclusive role? Whilst we accept the dermatofibroma-type histology as exemplifying the lesion, another worker's concept of a spectrum of histoid lepromas is quoted without comment. The latter has a histology indistinguishable from [ordinary] lepromatous leprosy. This is hardly helpful to those seeking definitive criteria, for clinical or research purposes. Certainly in my experience clinicians often call all discrete multibacillary nodules 'histoids'. Should we go along with that irrespective of histology?

In an illustrative clinical case of histoid leprosy, I am puzzled by the ascription of a *downgrading* type I reaction in histoid leprosy in a patient on MDT. In another patient, the histological description of the necrotizing histoid does not describe the necrosis, which is a pity since it might illuminate the concept of augmented cell-mediated immunity (CMI), which is held to be the aetiology of histoids.

The histoid is said to be 'a young leproma in special reactional field'. Does that phrase actually mean anything? I find nothing in the evidence quoted—blood T-cell distributions, serum immunoglobulin levels, or histopathology—that supports the claim that histoids represent augmented CMI. What are the 'early T-cells' referred to here? Why do spindle-shaped macrophages with high bacillary loads *per se* indicate active local CMI? A histological analogy not referred to in the book is with the *M. avium-intracellulare* histoid-like lesions (i.e. dermatofibromatype) seen in immunocompromised patients. In those patients we know, from blood CD4 + T-cell data, that their cellular immunocompetence is effectively zero. In leprosy, I would not quibble with the evidence that many histoids represent regrowth of drug-resistant bacilli. But why the lesions develop as they do is still a mystery.

The clinical photographs of histoid leprosy here are variable; a few look like satellite weather maps. The histopathological photographs are very poor indeed, and electron micrographs are not included although EM appearances are said to show significant differences between histoids and lepromatous leprosy.

All in all, I doubt that anyone who has seen patients with histoid leprosy and read some of the original articles on the topic will come away much the wiser after reading the book.

S. B. Lucas