

Teaching Materials and Services

Schieffelin Leprosy Research & Training Centre, Courses 1998*

I Courses Recognized by The Government of India

	Courses	Qualifications	Duration	Commencing Date
1	Medical Officer	Medical Personnel engaged in Leprosy work	6 weeks	Jan. 19–Feb. 28 Jul 27–Sep. 05
2	Non Medical Supervisor	Qualified Para Medical Workers with a minimum of 5 years experience	3 months	Apr. 01–Jun. 30
3	Physiotherapy Technician	+2 passed or P.U.C. (with science subjects)	12 months	Jul. 01–Jun. 30
4	Laboratory Technician	+2 passed. Science graduates preferred	12 months	Jul. 01–Jun. 30
5	Smear Technician	+2 passed (with science subjects)	3 months	Jan. 12–Apr. 11 Sep. 07–Dec. 05
6	Para Medical Worker	+2 passed. Graduates preferred	6 months	Jul. 01–Dec. 31
7	Shoe-Maker	V-standard with knowledge of English preferred	6 months	Jan. 02–Jun. 30 Jul. 01–Dec. 31
8	Diploma in Prosthetic & Orthotic Engineering	+2 passed. Graduates preferred (with science subjects)	30 months	Jul. 01–Dec. 31 (2000)
9	Ophthalmic aspects in leprosy	Medical Personnel	1 week	Mar. 02–07 Sep. 07–12
10	Eye care in Leprosy	Non Medical Personnel	1 week	Sep. 14–19

II Other Courses Offered by the Institution

	Courses	Qualifications	Duration	Commencing Date
1	Training of Trainers	Personnel involved in teaching	2 weeks	Mar. 16–21
2	Medical Records Technologist (CMAI)	+2 passed	15 months	Jul. 01–Oct. 31
3	Community Based Rehabilitation Worker		12 months	Jul. 01–Jun. 30
4	Refresher Course in Skin Smear	Trained Laboratory Technician	2 weeks	Apr. 20–May 02 Aug. 17–29

* Similar courses are run every year.

	Courses	Qualifications	Duration	Commencing Date
5	Condensed Course in Leprosy	Medical Personnel Non-Medical Personnel	1 week 1 week	Nov. 02-07 Nov. 23-28
6	Research Methods in Leprosy		1 week	Nov. 09-14
7	Programme Management issues in Leprosy Control	Project Officers & Supervisory level in Leprosy Control Project	1 week	Nov. 23-28

3, 6, 7—New courses

III In-Service Training

	Courses	Qualifications	Duration	Commencing Date
1	In-service training in Medical Surgery, Surgery rehabilitation, Pathology, Laboratory Technology, Ophthalmology & Epidemiology and Leprosy Control	For qualified Medical personnel/ Health professionals	3 months	By arrangement
2	Medical Students Course	Clinical Medical Students	1 week	By arrangement
3	Medical Record Keepers	+2 passed with proficiency in typing and good English	2 months	By arrangement
4	Basics of Physiotherapy in Leprosy	Under graduates in Physiotherapy	1 week	By arrangement
5	Basics of Occupational therapy in Leprosy	Undergraduates in Occupational therapy	1 week	By arrangement
6	Psycho-social aspects in Leprosy	Medical/Non-Medical Personnel working in leprosy field	1 week	By arrangement
7	Ophthalmic Nursing Care	Nursing Technician students/ Staff Nurse	2 weeks	By arrangement

Courses:- English fluency essential. Recognized by WHO and Indian Government (all Paramedical & Technical courses are fully recognised by the Indian Government).

Contact: Mr T Jayarajan, Registrar, Schieffelin Leprosy Research & Training Centre, Karigiri-632 106, Vellore District, Tamil Nadu, India.

Telephone: 91-(0)416-74227, 74229, 74251, 74221 (Director) Fax: 91-(0)416-74274, 25035, 32103, 32788.

Training Programme for 1998 in Tuberculosis and Leprosy, ALERT

ALERT'S Training Philosophy

Our courses are all modular and seek to reflect the change in leprosy work by being combined with tuberculosis. Management and supervision of programmes are emphasized. Our teaching philosophy is learner centred; all the courses use participatory methods with opportunity to practice in the 240 bed hospital and the field programme. Group work and problem solving exercises are also used. Self study facilities are available using the video, slide and textbook libraries.

In-service training

ALERT offers excellent in-service training opportunities in physiotherapy, surgery, laboratory, dermatology, ophthalmology, etc. The duration and content of the in-service training period will be arranged according to the experience and the interest of the individual trainee. Students attending courses may opt to stay on for in-service training after the course has finished.

*International Courses offered in 1998**

January 12–February 20

Prevention and management of disabilities

Target group: physiotherapists, occupational therapists, podiatrists as well as experienced leprosy workers involved in POD. Emphasis on both the patient (early detection of nerve damage, health promotion, problem solving) and the programme (POD management, home based care and rehabilitation).

March 9–March 20

Introduction to leprosy for physicians

Highly recommended for those participants in the following 'Management of Combined Programmes' course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own.

March 23–April 24

Management of combined leprosy and TB control programmes for physicians

Target group: experienced physicians responsible for managing a leprosy and TB control programme at the regional level or above. Emphasis on programme management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of resources, training, health promotion and POD. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding 'Introduction to Leprosy' course.

May 11–May 27

Essentials of leprosy and TB for administrative and programme support staff

Target group: non-medical managers and administrative staff working in leprosy and TB programmes and donor agencies. Objectives: to gain a better understanding of the two diseases, to be able to communicate more effectively with the medical staff, and to contribute more efficiently in decision making and priority setting.

September 21–October 30

Essentials of leprosy and TB for physicians

Target group: physicians with limited experience in either leprosy or TB. Emphasis on clinical aspects of leprosy and TB, individual patient care and its application in the context of a combined programme, with an introduction to managerial issues, paying special attention to health promotion, POD and supervision.

November 2–November 13

Introduction to leprosy for senior field staff

Highly recommended for those participants in the following 'Management of Combined Programmes' course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own.

November 16–December 11

Management of combined leprosy and TB control programmes for senior field staff

Target group: experienced nurses, paramedical workers and supervisors responsible for leprosy and TB control at the district (or equivalent) level. Emphasis on planning, implementation, supervision and evaluation of control activities, with special attention to POD, health promotion and support functions. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding 'Introduction to Leprosy' course.

* Similar courses are held every year.

Training fees

Basic training fees amount to US\$ 460 per week. This covers tuition, full board and lodging, laundry facilities, airport service, weekend transportation and Ethiopian Birr 30 per day pocket money. Field trips are an additional US\$ 25 per day. This covers transportation, facilitation and living expenses. Special rates are available for long-term in-service trainees. Please note that ALERT does not provide any sponsorship.

Visa formalities

As soon as you are accepted for the course, we will send you a letter of acceptance which you may use to obtain the visa for Ethiopia. Because administrative formalities can be time consuming, we advise you to apply as early as possible.

If your country has no Ethiopian embassy, please send your full name, passport number and nationality to ALERT at least three weeks before you are due to leave. We will then fax your entry permit number. You need this to get on the plane. At Addis Ababa airport immigration, you will be issued with an entry visa which you will have to pay for personally in hard currency. You should bring US\$ 25 for this.

Upon departure, you need US\$ 20 to pay for your airport tax.

Health

ALERT does not provide health insurance. Please make sure that you are suitably insured before coming to Ethiopia.

You need a valid yellow fever vaccination certificate. Malaria prophylaxis is recommended. Although there is no malaria at ALERT, you may be exposed during field visits.

If you are interested in any of these training opportunities, you need to send an application form (available upon request from the Training Division of ALERT) to the address given on the back of this leaflet. Applications should ideally be submitted 3 months before the starting date of the course.

For further information please contact: The Training Division, ALERT, P.O. Box 165, ADDIS ABABA, ETHIOPIA Tel: +(251) 1 711524 or +(251) 1712792; Fax: +(251) 171 1199 or +(251) 1711390; email: AHRI@TELECOM.NET.ET.

Health information for the developing world

Writing in the *British Medical Journal*, 309, 8 October 1994, Rajendra Kale examines the inherent problems of transferring information effectively from one part of the world to another. The *summary* reads as follows:

Doctors and other health professionals in developing countries are missing out on relevant information about health. A lot of the information they need is available in the developed countries, and those who have it are happy to share it with them. But transporting information, like food or medicines, from one part of the world to another is not an easy task nor is it the complete answer to the information drought. It is one thing to ferry books and journals from Europe to Africa and another to make relevant information available to the right person at the right time at an affordable cost.

The article addresses the questions 'What is wanted?', 'What is happening now?', 'What can librarians do?', 'What problems do commercial publishers face?', 'How can the distribution of information be improved?' and 'What is the role of electronic publishing and distribution?'

Key messages are interspersed in the text:

Sending appropriate information:

- Ask people what material they want, and let them know what material is available
- Use core library catalogues that have been identified by the WHO and others
- Encourage recipients to be constructively critical. They may be afraid to criticise the quality of material for fear of being thought rude or that donations may stop
- Establish personal contacts and use carefully phrased evaluation forms
- Include international reply coupons to pay for the return of evaluation forms
- Consider offering training in critical appraisal to donors and recipients

Donation and distribution schemes:

Info-med project is run by the Health Foundation of New York and is based in Ghana and Zambia. It prepares and distributes to doctors a quarterly digest based on information contained in bibliographic and full text databases that are accessed on CD-ROM.

African Index Medicus was created by the Association for Health Information in Libraries in Africa with technical support from the WHO. It believes that giving visibility to locally published material prevents redundant research and duplication of materials for training.

African Books Collective has 42 African publishers as members and a stock of 1200 different journals and books.

Swedish Agency for Research and Co-operation has active library support programmes in Eritrea, Ethiopia, Tanzania, Mozambique, and Zimbabwe.

American Association for the Advancement of Science supplies up to 191 different publications to 250 institutions in 38 countries.

East and central Europe journal donation project offers 600 different journals to its regional network of 200 libraries.

Intra-African book support scheme, launched in 1991, ensures that books from the African Books Collective reach 12 main academic libraries in Africa.

African Publishers Network, established in 1992 and comprising publishers throughout Africa, supports and promotes indigenous publishers.

International campus book link, run by Book Aid International, is entirely led by recipients. This means that it will not send out a journal unless it is asked for by a recipient.

Barriers faced by publishers in developing countries

- Language is a major barrier in countries outside the new Commonwealth
- The cost of subscribing to journals from the developed countries is too expensive for almost all health professionals from developing countries. Funds generated from advertising are inadequate to support publishing in developing countries
- Distribution systems in developing countries are inefficient compared with those in the developed world
- Information about the market for books and journals is inadequate because of poor market research
- In some countries doctors are unwilling to pay for information and expect it to be supplied free, whereas in others information sent free is not valued highly
- Publishers' costs need to be recovered even if profit is not a consideration

Useful Addresses:

Appropriate Health Resources and Technologies Action Group, Three Castles House, 1 London Bridge Road, London SE1 9SG

Association for Health Information and Libraries in Africa, WHO Regional Office for Africa, Library, BP6 Brazzaville, Congo

Bireme Centre for Health Information, Rua Bolucatu 862, Vila Clementino, CEP 04023-901, São Paulo—SP, Brazil

Book Aid International, 39–41 Coldharbour Lane, London SE5 9NR

ExtraMED, Informania Limited, PO Box 1359, London W5 3ZP

International Network for the Availability of Scientific Publications, PO Box 2564, London W5 1ZD

East and central Europe journal donation project, New School for Social Research, 65 Fifth Avenue, New York, NY 10003, USA

World Health Organisation, Office of Publications and Library, CH 1211 Geneva 27, Switzerland

The author's current address is 'Laxmi-Kunj', 37 Shanwar Pune 411 030, India.

Leprosy Elimination Campaigns (LEC) and Special Action Projects for the Elimination of Leprosy (SAPEL)

The Action Programme for the Elimination of Leprosy has recently published a booklet of above title (WHO/LEP/97.3) recording questions and answers on LEC and SAPEL. The following are typical examples:

Q.2

What are the essential elements of LEC?

A: *LEC is a combination of three elements, namely: capacity building measures for local health workers to improve MDT services; increasing community participation to strengthen elimination activities at the peripheral levels; and diagnosing and curing patients, particularly 'cases of consequence'.*

Q.3

What do you mean by leprosy of consequence?

A: *Leprosy of consequence is a term used to denote cases with more than five skin lesions and skin-smear positive cases (where facilities are available and reliable). These cases are regarded to be of consequence because they are acting as a source of infection in the community and are likely to be suffering from disability/impairment or have a high potential to become disabled in the future.*

Q.18

What is SAPEL?

A: *SAPEL is an initiative aimed at providing MDT services to patients living in special difficult-to-access areas or situations or to those belonging to neglected population groups. These underserved groups have been neglected so far mainly because of the limited resources available and the difficulties foreseen in reaching them in a cost-effective manner. Now that the accessible areas have been reached, some resources can be made available to address this problem or, where this is not the case, additional assistance sought. The most important thing is for the elimination programme to reach everyone who needs MDT services.*

Note: for more details please refer to the document on 'Special Action Projects for the Elimination of Leprosy'.

Q.19

What are the essential elements of SAPEL?

A: *The essential elements of SAPEL are, firstly, to find cases living in difficult situations who are in need of treatment and, secondly, to cure them. Innovative and practical strategies involving mainly operational solutions will be used in order to provide MDT to these patients. Since the project operates in situations where the health infrastructure is weak or does not exist, the strategies used should promote self-reliance and self-help, and must involve the community so that the activities began under SAPEL can be sustained.*

Summary. Essential differences between LEC and SAPEL

Aims: LEC aims to detect 'hidden' (back-log) cases present in an area and to strengthen on-going activities. SAPEL is aimed at providing MDT services to patients who for various reasons are not yet reached by routine services.

Area: LEC is to be conducted in high endemic areas where a large pool of undetected cases exists in spite of the availability of a reasonably adequate health infrastructure. SAPEL is focused on reaching patients living in difficult areas or under 'special' situations where MDT services and even general health services are non-existent.

Activities: LEC activities are basically routine programme activities which are being intensified for a short period. On the other hand, SAPEL activities are innovative because routine activities are not feasible or practical.

Duration: LEC is for a limited period, on average 3 months, whereas SAPEL could last for up to 12 months.

Local resources: LEC will make use of all existing health personnel, either specialized or integrated, who are available in the area. SAPEL will identify community-resource persons to support and maintain MDT services in a given area.

Additional resources: Additional financial support for LEC will be minimal, due to the short duration and the presence of an existing health infrastructure. External resources needed for SAPEL could be larger in relation to the number of patients reached, due to lack of health infrastructure and difficult logistics. Additional trained personnel from outside the area will be needed to support and supervise SAPEL activities.

Nongovernmental organizations: WHO 'Liaison'. Office of Library + Health Literature Services

The following information about international Nongovernmental Organizations (NGO's) is reproduced from the August 1996 issue of *Liaison*, Office of Library + Health Literature Services, WHO, 1211 Geneva 27, Switzerland:

Sources

IRED (Innovations et réseaux pour le Développement)

IRED represents a network of some 1000 NGOs working at grassroots level in development, women's

groups and organizations for action in urban surroundings. It has regional centres in Niger, Zimbabwe, Sri Lanka, Colombia and Italy; national representatives manuals, directories and their bulletin **IRED Forum** are published in English, French and Spanish. The special issue no. 50–51, 1994, is particularly useful as it gives a full overview of the history, goals and strategies of IRED as well as lists of its members and publications. IRED's aim is to help local NGOs to manage and organise their activities, create or join local networks, as well as providing the necessary documentation, training and tools to do so. *For further information, contact IRED, 3 rue Varembé, 1211 Geneva 20, Switzerland or 64 Horton Place, Colombo 7, Sri Lanka.*

ODI (Overseas Development Institute)

Briefing Paper, 1995, no. 4 is entitled 'NGOs and Official Donors'. This four sheet paper gives an excellent picture of the ways in which NGOs interact with official donors and discusses possible new directions in their relationship. *Published by the ODI, Regent's College, Inner Circle, Regent's Park, London NW1 4NS, UK. e-mail: odi@odi.org.uk or Internet on <http://www.oneworld.org/odi>.*

United Nations Non-Governmental Liaison Service (NGLS)

Established in 1975, the NGLS is a voluntarily funded, inter-agency unit of the UN system which seeks to promote enhanced dialogue and cooperation between the UN system and the broad development NGO community. It works with NGOs in developing countries, with North-South NGO networks and increasingly with southern NGOs seeking access to UN system events, processes and resources. They publish a regular newsletter entitled 'Go-Between' and several useful books, including '@ ease with e-mail: a handbook on using electronic mail for NGOs in developing countries', the 'NGLS Handbook' and 'Economic and social development in the UN system: a guide for NGOs'. *For further information contact UN-NGLS, Palais des Nations, 1211 Geneva 10, Switzerland.*

Afri-CAN: Africa Community Action Network for Health

A new initiative launched with the support of the International Federation of Red Cross and Red Crescent Societies and the World Council of Churches for networking NGOs working in the area of community-based health care. Groups on training, advocacy, resource mobilization and monitoring and evaluation are important elements for the development of the network. *For further information, contact Dr Dan Kaseje, IFRC, PO Box 372, 1211 Geneva, Switzerland.*

Directory of Nongovernmental Organizations in Official Relations with the World Health Organization

This is a valuable source of information on some 180 international health-related NGOs which meet the criteria for the admission to official relations with WHO. The type of information found under each entry relates to the NGO's history, objectives and aims, structure and policy, finance, membership, activities, publications, etc. Examples of NGOs included are: *Medicus Mundi Internationalis*, the International Hospital Federation, the International Conference of Deans of French Language Faculties of Medicine, Network of Community-Oriented Educational Institutions for Health Sciences, AMREF, etc.

The printed edition of the Directory, published in 1990 (WHO document ECO/NGO/1990), is now superseded by an updated version on the Internet on WHO's home page (<http://www.who.ch>). The printed version of this update is in preparation. *For further information, contact the Division for Interagency Affairs, WHO, 1211 Geneva 27, Switzerland.*

Reseau d'Information Tiers-Monde des Centres de Documentation pour le Developpement (RITIMO)

This network links 36 documentation centres in France with collections of material on all aspects of

development, including health. It has a database of some 26,000 references to periodical articles, grey literature, theses, mission reports, etc., mainly in French but also Arabic, English, Portuguese, Spanish, etc. The primary documents are available in RITIMO documentation centres. *For further information, contact RITIMO at 14, rue de Nanteuil, 75015 Paris, France.*

Newsletters

Contact

Published six times a year in English, French, Spanish and Portuguese (circulation: 15,000), it deals with varied aspects of community health, health promotion and integrated development; each issue has a specific theme and lists useful contacts and publications. *Contact: Churches' Action for Health, World Council of Churches, PO Box 2100 1211 Geneva 2, Switzerland.*

The Health Exchange

A bi-monthly magazine which explores issues, ideas and practical approaches to health improvement in developing countries and provides a forum for health workers to share viewpoints in this area. *Contact: International Health Exchange, 8-10 Dryden St, London WC2E 9NA, UK).*

HAI News (Health for all now)

Reports on developments in the international campaign for more rational and fairer health and drug policies worldwide. It is the communication tool of Health Action International, an informal network of NGOs and individuals striving for 'health for all now'. *Contact: HAI Clearinghouse, CIROAP, PO Box 1045, 10830 Penang, Malaysia.*

Inter-African Committee on Traditional Practices affecting the health of women and children. Newsletter

The network affiliates NGOs in 26 African and three Western countries. The Committee is sponsored by a wide variety of international donors such as the Dutch government, DANIDA, UK/ODA, UNICEF, OAU and many others.

Développement et Santé: revue international de perfectionnement médical et sanitaire

This periodical was started in 1975 by the NGOs Frères des hommes and Medicus Mundi to fill a gap in francophone information available to health personnel in Africa. It is intended for health workers working at district level and in community services. *For further information, contact Développement et Santé at 15, rue de l'Ecole de Médecine, 75006 Paris, France.*

Quarterly newsletter of Action in International Medicine

AIM is an international consortium of some 100 health and health-related professional organisations and spans 35 countries. It strives towards the establishment of locally appropriate and intercommunicating health services and sets out to champion the cause of district health systems in developing countries. Examples of member institutions include the Academia de Medicina del Paraguay, Academy of Medicine of Malaysia, Polish Academy of Sciences, Institute of Medicine, Tribhuvan University, Nepal. The newsletter covers activities at country level and the links being created between them. *For further information, contact AIM, 125, High Holborn, London WC1V 6QA, UK.*

Ecoforum

Published bimonthly by the Environmental Liaison Centre International (ELCI) in Nairobi, it enables NGOs to share information and strategies relating to environment and sustainable development issues, and facilitates networking. Arabic, French and Spanish editions are also available.

Comtaps

Published in Portuguese by the Associacao Brasileira de Tecnologia Alternative na Promocao da Saude (Caixa Postal 20396, 04034 Sao Paulo, Brazil) it is aimed at health workers and NGOs, covering issues of interest in Latin America.

NB Many newsletters published by NGOs for NGOs appear in several language editions, often English, French and Spanish; sometimes also in Arabic, Chinese and Portuguese.

The World Guide 1997–98; *New Internationalist*, UK

The publishers description runs as follows:

The World Guide, published regularly since 1979, has earned its place among the essential reference volumes that no outward-looking home, school or library can be without. It is highly informative, with easy-access A–Z listing of all countries and a wealth of development information unavailable elsewhere. *The World Guide* is researched and edited by the Third World Institute in Uruguay in collaboration with a range of development and campaigning organizations throughout the South.

Their view of the world carries the distinctive stamp of an institute operating in the South able to view the West and its Euro-centric perspective of the world in a refreshing and often challenging way. This book prioritises the facts and issues that are central to the lives of people in Africa, Asia, the Middle East, Latin America and the Caribbean. It gives you everything you will find in a conventional reference work, plus a whole lot more.

The World Guide contains more than 600 pages of global information with over 250 maps, 650 diagrams, 10,000 references and an easy-to use index. It divides into 85 pages on special development themes accompanied by 520 pages with country-specific information.

Up-to-date information is available on 217 countries, arranged alphabetically for easy reference, with supporting charts, statistics and maps. Profile of each country including its environment, history, politics, economics and social setting. A large fold-out colour world map 420 mm × 270 mm (16'' × 10 1/2'') plus a map per country.

Special development themes include:

- ◆ Demography ◆ Labour ◆ Childhood ◆ Habitat ◆ Food production
- ◆ Overseas Aid ◆ Debt ◆ Communications ◆ Refugees
- ◆ Social Development ◆ Health ◆ Deforestation ◆ Education ◆ Women
- ◆ Trade ◆ Arms ◆ Indigenous people ◆ Global Warming ◆ Water
- ◆ Transnational Corporations

Confession

The World Guide 1997/98 is explicitly biased:

- ✓ in favour of the poor ✓ in favour of women ✓ in favour of social and political liberty
- ✓ in favour of the environment
- × against militarism × against external financial controls × against hamburgers and disposable chopsticks ...

Also available on CD-ROM. The UK paperback version of the book costs £27.94; CD-ROM £52.45. Further details, including prices for purchasers in the European Community and elsewhere: *New Internationalist*, PO Box 79, Hertford, SG14 1AQ, United Kingdom.

The Cochrane Library

The *Cochrane Library* is a regularly updated electronic library designed to give you the evidence you need for informed healthcare decision making. Launched in April 1995 under the name *The Cochrane Database of Systematic Reviews* it has now been renamed to reflect the inclusion of further important related databases, making it the most comprehensive source of evidence for all those with an interest in evidence based health care.

The Cochrane Library now contains four databases:

The Cochrane Database of Systematic Reviews (CDSR)

The York Database of Abstracts of Reviews of Effectiveness (DARE)

The Cochrane Controlled Trials Register (CCTR)
complete register only available on CD ROM

The Cochrane Review Methodology Database (CRMD)

Now updated every quarter, each database provides a mine of information to assist in the health care decision making process.

A new simplified interface allows users to enter a search term and with one key-stroke retrieve all reviews on that topic, plus the most complete list of trials available on any database.

The Cochrane Library is available in two formats:

CD ROM for Windows
3½ inch disk for Windows

Annual subscription (four issues): Personal £95.00 plus £16.53 VAT:

Institutional £120.00 plus £21.00 VAT

Non EC customers please add £15.00 postage and insurance

SYSTEM REQUIREMENTS The following specifications are required to run *The Cochrane Library*: PC with 386SX processor or higher, both with 4 MB RM minimum and a hard disk with at least 15 MB of free space.

Further information: BMJ Publishing Group, PO Box 295, London WC1H 9TE Fax: 0171-383-6662

Leprosy Control in Myanmar, 1948–1973

This booklet describes the intensive leprosy control activities during the first twenty-five years of independence, when Myanmar was confronted with one of the worst leprosy problems in South-East Asia.

Copies are available free from: B. Zuiderhoek, Medical Officer, Leprosy, Fideliolaan 103, 1183 PP Amstelveen, The Netherlands.

Treatment of Neuritis in Leprosy, A. Salafia and G. Chauhan

Neuritis is the most challenging problem in leprosy. The authors of this book with their wide experience extending over many years and hundreds of operated cases, illustrate the normal anatomy of the nerves,

the mechanism of nerve oedema and damage; the contributory factors, ischemia, compression and stretching.

The medical treatment and its limitations are highlighted; so is the surgical treatment.

Microsurgical techniques are illustrated for each of the commonly affected nerves. Surgery is emphasized because, in the authors view, it is far superior to medical treatment in many ways. The protocol suggested for the treatment of neuritis gives the right place to drugs and surgery.

It has 48 colour plates (most intra-operational) and copies can be obtained from Dr A. Salafia: Head of the Reconstructive Surgery at Vimala Dermat. Centre, Bombay. Cost USA \$ 25/- inclusive of Seamaile: USA \$ 28 by Airmail. Kindly sent a Bank Draft to Banca Commerciale Italiana of Ragusa (Italy) to account n. 98.99.4640.157 or ask your Bank to send the money to: CIN: F, ABI: 02002, CAB: 1700, Account N. 98.99.4640.157.

Kindly send/fax of the counterfoil of the remittance, and the book will be posted to you.

Phone: 00.91.22.6264702—Fax: 00.91.22.6261988 (Attention Dr Salafia) Res.: 203/B, Denzil Apts., Cross Road No. 3, Lokhandwala Complex, Andheri (W), Bombay—400 053, India.