

Book Reviews

***Essential surgery in leprosy: Techniques for District Hospitals.* H. Srinivasan and D. D. Palande, World Health Organization 1997**

After reading this excellent handbook, most doctors who have worked in remote places, leprosy or not, would readily extend its title to *Essential Surgery in Leprosy—and in many other conditions*. It is more than just a handbook, but rather a fundamental basic text, and a genuine refresher course to lighten, and enlighten, the endless weary delays which are inevitable in a surgical life. A slim volume, A4 size, 136 pages, well bound on good quality paper, to keep on the shelf in theatre—easy to read and difficult to steal.

The book has relevance and value beyond the field of leprosy, and will be of continuing interest to district hospital doctors and health officers in Africa and other similarly underfunded parts of the world. Few are ‘qualified surgeons’, to whom the text is primarily addressed, and few have had much formal training nor ‘considerable experience in its practice’. It has become increasingly difficult, and in some countries quite impossible, for surgeons ‘to be trained in these procedures in a specialist institution’.

The section on the anatomy, pathology and surgery of the infections of the hand and fingers, could not be more clearly presented, and will be of value to doctors faced with neglected, delayed, inadequately treated sepsis in the hand. The descriptions and line diagrams are more realistic than those in the orthodox textbooks of surgical anatomy. There are clearly-illustrated descriptions of the safe drainage of distal pulp infections, paronychia, and sepsis in the digital synovial sheaths, the web and palmar spaces—all common conditions, and all commonly neglected and badly managed.

The descriptions of exploration and decompression of nerves in the wrist, elbow and ankle are sufficiently detailed and clearly illustrated to be a safe guide for the many rural surgeons working on their own, with no referral centre, or whose referral centre is run down, underfunded and understaffed. The authors give a polite warning that such procedures are not for ‘the hurried or the ham-handed’.

Tarsorrhaphy is indicated in many clinical situations in addition to lagophthalmos, and is often put off too long in the confusion of priorities in a general surgical ward, or a burns unit, on the assumption that this is a specialized difficult procedure. The description here should encourage the fearful.

For foot-drop, in addition to a step-by-step guide to the two-tailed tibialis posterior transfer operation, there is a timely note on the indications, and contraindications, for this procedure, and with emphasis on pre-operative exercising of tibialis posterior, to ensure the cooperation and understanding of the patient in what is being planned.

It is refreshing to read, incidentally in the section on tendon surgery, that ‘there is no need for routine, antibiotic therapy post-operatively’, when even in grossly underfunded rural hospitals antibiotics are prescribed heedlessly and inappropriately, for any surgery.

There is a clear account of the pathology of partial and complete claw hand, the innervation of the intrinsic muscles, the inter-relationships of the metacarpophalangeal and proximal interphalangeal joints, and the procedures designed to improve function in the hand.

Four of such procedures are described in detail: transfer of the superficial flexor tendon from one finger of the extensor expansion of all four: transfer of the superficial flexor tendon from one finger to the flexor pulleys of all four: capsulorrhaphy and pulley advancement: diversion of the extensor tendon to the flexor aspect of the metacarpophalangeal joint, mainly to improve the appearance of the hand. All

these procedures are accompanied by precise advice on pre-operative assessment, the type of anaesthesia, axillary nerve block, the indications, or not, for the use of a tourniquet, and the optimal post-operative position for the hand, so often forgotten, or delegated. The importance of getting the full cooperation of the patient is emphasised throughout.

The authors conclude, optimistically, that 'the procedures described here are well within your capability, provided you are sufficiently motivated, reasonably skilful, and familiar with the basic principles of surgery'.

The well intended offer by WHO to provide this book free of charge to any applicant from a rural hospital, may prove too difficult to put into effective practice, but might be helped if it were publicised widely—in *Tropical Doctor*, the *BMJ*, and through the missions, and the aid groups like *Medicins Sans Frontieres* with interests in rural surgery. Sadly however, the main obstacle to any hope for the worthy aims of this book, is economic. The poor countries get poorer, health services deteriorate, surgery more than most. Rural hospitals have now to charge fees, which in subsistence farming communities, just cannot be paid, resulting in the woeful spectacle of empty beds, and half empty wards. Still, this book will raise surgical standards and surgical morale, where they are most needed and will be most appreciated.

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WHO, Geneva Switzerland, 1997, 136 pp.

A guide to eliminating leprosy as a public health problem

This is a well-produced booklet. Its pages with clear print swivel neatly on the spring spine. It is intended 'to enable every health worker in endemic countries to contribute to the historic task of reaching all leprosy patients with multidrug therapy (MDT) and attain the goal of eliminating leprosy as a public health problem'. The sections on diagnosis, the organization and delivery of MDT, and prevention of disability, including the management of reactions, are clear and practical and will be helpful to all leprosy workers.

My problem with the book is that it comes swathed in WHO propaganda about the elimination of leprosy. WHO is very keen to 'eliminate' leprosy by the year 2000, i.e. to reduce prevalence to less than one case per 10,000 of the population. This goal is being achieved in part by redefining leprosy patients as those that have not completed a course of MDT and by measuring the prevalence of so defined cases, rather than the incidence of the disease. Whilst MDT is a very effective antibacterial combination against *Mycobacterium leprae*, it is noteworthy that so far there has been little impact on the incidence of the disease in countries where MDT has been implemented. Statements that the 'number of new cases detected each year is about half a million' says nothing of change; and what is meant by the statement that 'MDT has dramatically changed the leprosy profile in all endemic areas'? The treatment of leprosy goes far beyond mere dishing out MDT tablets, as this guide recognizes, but to pretend that once a patient has completed a course of MDT he 'should no longer be regarded as a case of leprosy, even if some sequelae remain' and should therefore be removed from the register is to neglect the importance of late onset nerve damage which is such an important cause of disability. Leprosy is a disease, not an infection. This kind of creative accounting is worrying.

While it may be true that MDT 'rapidly cures patients', MDT does nothing to eliminate the silent reservoir of infection in the community, and many would disagree that leprosy is 'acquired through prolonged exposure'. So the word 'eliminate' is misleading, however defined.

If this little guide succeeds in encouraging and training leprosy workers to do a better job, it will have served a useful purpose; but if it misleads them into believing that MDT will on its own get rid of the problem of leprosy it may lead to disappointment and disillusionment.

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