BOOK REVIEWS

Joshua-Raghavar, A. *Leprosy in Malaysia; Past, Present and Future.* Rajagopalan, K., ed. Sungai Buluh, Selangor, West Malaysia: A. Joshua-Raghavar, 1983, 222 pp. plus appendices and glossary, softbound.

I must congratulate the author Mr. A. Joshua-Raghavar on what can only be regarded as a truly remarkable achievement. When we consider the innumerable odds against which he had to contend in compiling such a work I can come to no less a conclusion.

The author has been himself, for the greater part of his life, an unfortunate victim of the disease. Even his academic background or his experience as a journalist and writer do not detract from the fact that at the ripe old age of seventy-two, with his vision greatly impaired and impeded by other disabilities, he has launched out anew as an author. This gives some indication of his tremendous mental vigor, tenacity and his powers of adaptation to adverse circumstances.

His early academic achievements had already given promise of higher things, but the disease had put an end to one career. But the manner in which he had fought his way back to health, and mapped out a new course as a writer, was an early indication of his powers of adaptation and self-rehabilitation.

The book describes clearly the noteworthy changes that have occurred in the field of leprosy. Older methods of medical treatment that were less effective have given place to more efficient treatment. Much progress too has been made in the field of epidemiology, with more modern methods of control which are aimed at breaking down the older misguided ones, and replacing them with others resulting from more rational approaches.

The author has given quite a prominent place to the work done at Sungai Buluh. In his own words he has deservedly put "Sungai Buluh on the world map" as a research center that cooperated with other world leprosy research centers. Much of the preliminary clinical work including research methodology and drug trials was carried out in Sungai Buluh. Credit for those successful efforts should also be given to the British Medical Research Council which cooperated with the Malaysian Ministry of Health.—(*From* the Foreword by Dr. A. K. Sahan, Director General of Health)

Proceedings of the 5th International Workshop on Leprosy Control in Asia. Leprosy Control in Urban Community. Tokyo: Sasakawa Memorial Health Foundation, 1984, 189 pp., softbound.

Rapid urbanization is common in all the developing countries, especially in South East Asia, and this presents some difficulties for the control of leprosy within the context of the control of transmissible diseases in the urban environment. These are especially the migration and movement of populations, the desire to conceal leprosy, the reluctance of leprosy sufferers to register for diagnosis and treatment, the difficulty of the detection of early signs of leprosy and the lack of family and community solidarity.

We would urge upon all governments in South East Asia and all voluntary agencies concerned with leprosy that they should recognize the importance of tackling the leprosy problem in the urban environment more seriously. The magnitude of the problem in urban areas has to be fully comprehended and there is a very large number of patients living in crowded communities who are yet to be diagnosed and put on treatment for leprosy. In some situations the numbers of undiagnosed and untreated patients greatly exceed the number of those already registered and receiving treatment.

CASE FINDING

To promote case finding, adequate health education and information utilizing all available mass media and personal contact should be enlisted in order to increase the awareness of leprosy among the general population, and to motivate patients to make full use of the available facilities for the required length of time, with due regard to the necessity of avoiding any over-emphasis on leprosy or indicating its unique-

ness, for these could be counter-productive. In tracing cases suffering from leprosy, both active and passive methods of case detection should be employed, adapted to the social and cultural norms of the community and assuring the maximum confidentiality for the patients.

a. In general, mass surveys in the urban situation are unlikely to be productive except in slums and in areas of suspected high prevalence rates.

b. Family contacts of known cases constitute a high risk group. They should be examined at regular intervals.

c. Examination of easily accessible groups such as school children, workers in industrial establishments, recruits and members of the police and armed forces, and laborers in ports and docks should be undertaken. In all such exercises, the personnel of the general health service and primary health care services should be fully involved—they can be of very great help, not only in diagnosing cases of leprosy, but also in the tracing of defaulters. Due regard should be paid to local customs and modesty, and the preservation of confidentiality.

d. In areas of high and moderate endemicity, specialized units like urban leprosy control centers should function with additional input of trained personnel and logistic support.

e. The voluntary agencies that are running urban leprosy programs should be encouraged to coordinate their activities with the government programs, and inter-agency collaboration within the framework of the emphasis planned can be useful in large urban areas.

f. The medical profession, private practitioners and all other health workers should be involved. To make their participation effective, in-service training and orientation courses are useful. Undergraduate teaching for leprosy should take advantage of the present interest in various aspects of community health, immunology, microbiology, etc., and leprosy should be incorporated as an integral part of the teaching curriculum in all medical schools.

g. Community volunteers, informal teachers, social workers, opinion-formers, journalists, teachers and student-teachers should be informed about the full facts of leprosy and should be encouraged to play their part in promoting correct attitudes.

CASE HOLDING

Good personal care and genuine friendliness are essential features of case holding: help from physiotherapists and the provision of protective footwear, along with laboratory support of basic limb care, will meet the needs of the patients and will facilitate case holding. The importance of training paramedical staff in the detection of early deformity and the prevention of deformity must be emphasized. This implies good teamwork on the part of the doctor and his assistants. The better the standard of patient care, the fewer will be the problems of case holding. There should be provision for social and welfare support for indigent patients and their families, including food for patients and their families who would not profit from medication if they are not properly nourished. In fact, in the presence of malnutrition such medication may do damage to organs like the liver.

Facilities in hospitals for the treatment of complications and corrective surgery should be available. The importance of the examination of eyes cannot be overstressed. Since treatment of leprosy is spread over a certain length of time the "defaulter-retrieval system" should be a regular part of the activities of health workers. This should function in such a manner which will not cause prejudice to the patient or his family.

We urge all concerned with leprosy treatment to take advantage of the limited duration of treatment now recommended by WHO so that the advantages to the leprosy patients may be sufficiently publicized.

Case holding will be enhanced if leprosy is treated more and more in general hospitals and dispensaries, where the patients may feel that they are suffering from a disease which is in no way unique or different from other transmittable or slightly infectious illnesses. Health workers themselves must set an example by showing no discrimination to the patients or to families of patients. Periodical assessments with physical examinations will contribute to better case holding and will also create a sense of confidence in the minds of patients.

The importance of complete and accurate records should not need emphasizing.

The definition and preparation of a standard list of data to be provided so that an operational assessment of the case-finding and case-holding activities may eventually be made.

It is necessary to specify job descriptions of each category of health worker involved in urban leprosy control work so that standard data are collected and recorded for monitoring and evaluation of the programs.

Job security, leave benefits, and compensation for wage loss will also contribute to better case holding.—(*From* the Recommendations)