

## BOOK REVIEWS

**Guinto, R. S., et al.** *An Atlas of Leprosy*. Tokyo, Japan: Sasakawa Memorial Health Foundation, produced by ISS International, 1981, 36 pp.

This atlas consists of thirty-six 19 × 24 color photographs of skin lesions in leprosy. A very limited number of copies are now available at the Sasakawa Memorial Health Foundation offices in Tokyo, but a new, revised popular edition is under preparation for wider distribution later this year. The photographs and descriptions were made at the Leonard Wood Memorial-Eversley Childs Sanitarium Laboratory for Leprosy Research in Cebu, Philippines. The photographs are arranged according to the Ridley-Jopling classification system, mainly on clinical grounds. The descriptions consist of brief, one-sentence captions for the color photographs. Beginning with indeterminate lesions, the photographs illustrate the full Ridley-Jopling spectrum, from tuberculoid through polar lepromatous. Erythema nodosum lesions and histoid nodules complete the collection. The clinical material and description presented are excellent, and the photography superb. Dr. Guinto and his colleagues and the Sasakawa Memorial Health Foundation are to be congratulated on providing a concise clinical overview of virtually the entire spectrum of skin manifestations of the disease.—RCH

*Peripheral neuropathies. Report of a WHO Study Group.* Geneva: World Health Organization, 1980, 138 pp. Price: Sw. fr. 9.-.

Involvement of the peripheral nerves in disease states—a major cause of disabling morbidity—is common in all parts of the world. The putative etiological factors are diverse and complex in their modes of action and interaction, as well as in the nature of the biochemical and structural lesions produced. Even in a disease of the peripheral nerves such as leprosy, of which the pathogenesis is fairly well understood, treatment is still far from satisfactory and prevention as yet hardly feasible.

A Study Group on Peripheral Neuropathies was convened by WHO to examine

and shed further light on the following aspects of this group of disorders: 1) the basic structure and function of the motor neurons and their supporting structures in the peripheral processes; 2) the specific mode of action of probable etiological factors; 3) the risk factors, frequency and distribution, and pathogenesis of peripheral neuropathies; and 4) the best ways of preventing, controlling, and managing this group of diseases, as well as of alleviating the afflictions and enhancing the rehabilitation of millions of sufferers in all parts of the world.

The report opens with a detailed description of the cellular biology of peripheral nerves. A section deals with clinical aspects, classification, and approach to diagnosis. Infectious and immunological factors in peripheral neuropathies are examined—rabies, herpes zoster, leprosy, diphtheria, and acute infective polyneuritis (also known as Guillain-Barré syndrome) being singled out for attention. Also examined are the role of chronic undernutrition or malnutrition (ranging from dietary deficiencies in developing countries to the effects of chronic alcoholism and food fads in the developed world), the multifactorial etiology of tropical neuropathies, and various neurotoxic chemicals used in industry, agriculture, and medicine.

In a section devoted to metabolic and genetic neuropathies, discussion centers on diabetes mellitus, in which lesions of the nervous system constitute a most important group of complications. The report then reviews what is now known about neurological diseases associated with genetic defects. This is followed by a discussion of peripheral-nerve injuries and various approaches to treating them.

The report, which concludes with a series of recommendations stressing, in particular, the need for more knowledge in the field of peripheral neuropathies, is documented with a comprehensive reference list accompanied by a selected bibliography.—*(From WHO Chronicle 35 [1981] 193–194)*

*The Training and Support of Primary Health Care Workers* (Proceedings of the 1981 International Health Conference). Wash-

ington, D.C., U.S.A.: National Council for International Health, 1981, 319 pp.

In the past, the National Council for International Health (NCIH) has sponsored eight annual conferences to address major issues in improving worldwide health conditions, especially for the developing nations. These conferences have featured such topics as "Health and International Development," "The Private Sector in Primary Health Care," "The Health of the Family," "Child Health in the Changing World," and "International Health: Measuring Progress." The theme of the 1981 Conference was "The Training and Support of Primary Health Care Workers." "Training" was first proposed as a topic for the 1981 Conference by 70% of 1980 Conference participants. This large consensus, in view of the heterogeneous membership of NCIH, indicates that information sharing on training and support of primary health care workers is of broad interest to the international health community. The timeliness of the theme comes from its central importance to the number and diversity of organizations that are presently involved in primary health care programs at the grass roots level.

The concept of primary health care was officially adopted by the World Health Organization as its main strategy for achieving an acceptable level of health throughout the world in the foreseeable future. As defined by the WHO-UNICEF Conference at Alma-Ata, primary health care is a practical approach to making essential health care universally accessible to individuals and families in the community in an acceptable and affordable way, and with the full participation of community members (WHO-UNICEF. *Alma-Ata 1978 Primary Health Care*. Geneva: World Health Organization, 1978). Furthermore, primary health care is envisioned as an integral part of a country's health system and of the overall social and economic development of a country.

The hopes and burdens of implementing a primary health care strategy clearly rest upon the shoulders of a new breed of health personnel: the primary health care worker (PHCW). Of course, PHCWs do not work alone. They must have the confidence and direction of the people in the community, and the support of other levels in the health

system. Nevertheless, these community health workers are the key persons responsible for the delivery of certain essential promotive, preventive, curative and rehabilitative services. However, in the three years since the Alma-Ata Declaration, there has been growing concern among health professionals regarding the precise training and supervision that are necessary to fulfill the extremely varied expectations of PHCW job performance. As the implementors of the specific primary health care components enumerated at Alma-Ata, a village PHCW could conceivably be held responsible for patient care, vaccinations, pharmacy, health education, community sanitation, and agricultural improvement, as well as economic development—an astounding job description. The training of such workers with minimal time, funds and program support is an imposing prospect; especially since the form a PHC program takes will vary according to local political, economic, social, and cultural patterns.

But the task does not stop there. With the expansion of primary health care, there is a need to train people at all levels to further the effectiveness of the service organization in providing basic health care. There is need to strengthen the management and supervisory capabilities of all PHC personnel, and to develop workable support systems, including timely and adequate provision of appropriate drugs and supplies. Furthermore, there is the important task of creating a new partnership between the community and the health services structure.

NCIH members have been actively participating in the design and implementation of PHC programs. Private and voluntary organizations have had a particularly rich experience in developing PHC programs at the community level, and speak to critical issues in the training and support of PHCWs from a field perspective. Additional expertise may be found among individuals from other NCIH member groups, including universities, religious organizations, corporations, consulting firms, government agencies, professional and trade organizations. NCIH has sought to foster increased cooperation and interaction among the many U.S. individuals and organizations in-

volved in international primary health care efforts by providing a forum for information exchange on the varying policies and practices of training and support of PHCWs. Thus, with that purpose, the 1981 NCIH International Health Conference brought together from different organizations key people working in primary care, and gave them the opportunity to discuss what has worked and what has not in their practical experience, and to reflect on the policy implications distilled from those experiences.

Specifically, the conference participants examined these major issues:

1) What Primary Health Care Workers Are

What has been the experience with PHCW selection in different local contexts? In actual practice, how has the expansion of the roles of existing health workers been carried out? What are the strengths and weaknesses of existing alternate approaches to the training of trainers? In policy formulation, what is the scope of PHCW activities and accountability of the PHCW? How may traditional and modern health systems be integrated?

1) Strengthening Training of PHCWs

What are current practices in non-formal education and curriculum design, evaluation, and revision? What policies should be developed regarding standardized training materials, financing of training, and extension of training to national programs?

3) Increasing the Ability of PHCWs to Act Effectively

In practice, how are current efforts utilizing community resources and actual case-studies while providing continuing education for nurses? For policy considerations, how might surveys and surveillance tools be utilized? What is the role of NGOs? What are the priorities for future research and action?

4) Increasing Technical Support for PHCWs

What is the current research on the content and role of PHCW supervi-

sion? What are the most appropriate methods of in-service training, as well as education of health professionals, for producing PHCW supervisors? For policy considerations, what are the alternative methods of management training? How might communications strategies be utilized to supplement on-site supervision?

5) Review of Experiences with Different Forms of Program Support

In actual practice, what are the available choices of appropriate transport for delivery and support of PHC services. What are the alternatives to clinic-based family planning and nutrition programs? How does community organization contribute to better water and sanitation? For policy considerations, how might the supply and distribution of pharmaceuticals and vaccines be improved: What are the issues in the design, construction and use of facilities for PHCWs?

Conference speakers came from the medical, nursing, public health, nutrition, management, communications, architectural and economic professions, among others—a recognition of the intersectoral nature of primary health care. The NCIH increased the number of sessions available to participants from that of previous conference years in order to include a wide diversity of views regarding program purposes and strategies. The organization of the plenary and small group sessions reflected a greater representation of women, multi-nationals and developing country participants. The NCIH Conference tradition of information sharing and the exchange of program materials and resources was continued in the form of small group discussions plus a 1981 Conference innovation: an exhibit area, expanded to include an information exchange or “marketplace,” where 20 specific PHC projects and their activities were displayed.

The NCIH hopes that the publication of these proceedings will stimulate further policy and program development for the successful implementation of primary health care efforts throughout the world.—Introduction, *The Training and Support of Primary Health Care Workers*

*The Third International Workshop on Leprosy Control in Asia*. Tokyo, Japan: Sasakawa Memorial Health Foundation, 1981, 188 pp.

The Proceedings of the Third International Workshop on Leprosy Control in Asia, held in Taipei from 17–22 November 1980, is now ready and I take much pleasure, as the Chairman of Sasakawa Memorial Health Foundation, to present this to everyone who took part in this undertaking as well as to those who have an interest and willingness to join this cadre of medical specialists, health administrators, and all levels of leprosy workers in their fight against this formidable enemy of mankind—leprosy.

This workshop, co-sponsored by Taiwan Leprosy Relief Association and Sasakawa Memorial Health Foundation, was held under the main theme of "case-finding and case-holding methodologies in leprosy control," and was in a sense a follow-up and extension of the previous workshop held in Kathmandu on "community participation." Once again we were fortunate to have participation of both leprosy specialists, medical and administrative, and social scientists, and I believe, this again has con-

tributed much in analyzing individual leprosy problems as well as in identifying general rules and common grounds to enable a further step toward our ultimate goal. Leprosy control, by its particular nature with its diverse social implications, can best be pursued when there is close cooperation among workers of various disciplines. In this respect it is our hope that this workshop has made some useful contributions.

Taking this opportunity I would like to express my gratitude to Taiwan Leprosy Relief Association who, under the able leadership of Prof. Paul W. Han, President, acting as the Chairman of the Organizing Committee, shouldered the responsibility of organizing the Workshop. I should also like to extend my special appreciation to the National Health Administration and the Director General Dr. Chin Mau Wang, for the willing cooperation and support without which the Workshop would not have been such a success. My gratitude is also due to all the participants and the members of the Organizing Committee for their contributions which have made the Workshop a fruitful one.—Foreword by Dr. Morizo Ishidate