

Reviews.

“TROPICAL MEDICINE,” by Sir LEONARD ROGERS and Sir JOHN W. D. MEGAW. (J. & A. Churchill, Ltd. 15/-).

A second edition in five years indicates that this book has met a definite need. We are certain that the new edition will be as popular as the previous one, for we are not aware of any other book which so well describes the various tropical conditions at so reasonable a price. No worker in the Tropics should be without a copy of this book.

In the Malarial section we are particularly pleased to notice that the indications for treatment are especially well given and with a complete lack of dogmatism. It is natural to find that the diseases which occur in India are, generally speaking, more thoroughly described than those occurring in other parts of the Tropics, for these two distinguished workers have spent the best part of their lives elucidating tropical problems in that country.

We are more particularly interested in the leprosy section, and consider that the account is sufficiently complete for the average worker to be able to grasp the disease intelligently. It is to be expected that this section should be efficiently done, for the author has had wide experience of the disease, and has made considerable contributions to the solution of the problem.

We note that the depigmented patches of leprosy are described as white. This, generally speaking, is not the case, and the description as it is tends to make the reader confuse leprosy with leucoderma. Again, we believe that many hypopigmented patches are not anaesthetic to light touch. If anaesthesia is stressed as essential before a diagnosis is made very early lesions may be missed.

We would congratulate the authors on the production of a book on tropical medicine at a reasonable price and not too cumbersome, and wish this second edition all the success that it deserves. R.G.C.

“INTERNATIONAL JOURNAL OF LEPROSY.” Vol. 2, No. 1 January—March, 1934.

This number comes up to the standard of previous numbers, and we would take note of one or two of the more important articles.

Prof. Marchoux describes a case of infection with leprosy as the result of a needle wound, which pricked an assistant while operating on a leprotic nodule from the arm of a patient. This would serve to remind workers in leprosy that while the danger of infection is minimum, it does occur on occasion.

Dr. Wade contributes the first of a series of articles on tuberculoid

changes in leprosy. This is a most important contribution, and has raised considerable interest amongst the workers in leprosy. Because of the importance of this contribution we reproduce the summary and conclusions.

1. A variety of tuberculoid leprosy seen in South Africa, which in certain respects differs from the usual, is discussed on the basis of thirteen of the sixteen cases from which biopsy specimens were obtained for histological examination, and more than twenty-five others examined less carefully. Cases of this variety are distinguished from others by South African leprologists, but not on the basis that is indicated by their histological characteristics.

2. The well-established terms "tuberculoid," as applied to a non-specific histological picture, and "tuberculoid leprosy," signifying a distinct and clinically recognisable variety of the disease, are held to be appropriate and useful.

3. A tentative clinical picture of the lesions under discussion is set up. The outstanding peculiarity of the condition is an unusual tendency to a rough, pebbled or "granular" surface, and striking linear lesions are also seen. The relatively slight sensory disturbance common in these cases is correlated with a slight degree of nerve involvement in the sections studied.

4. The essential microscopic unit lesion, called the "tuberculoid," does not differ in these cases from the typical in material from other sources, having the essential epithelioid focus accompanied by more or less round-cell infiltration, with Langhans' giant cells present inconstantly and in varying numbers, and rarely any necrosis whatever and little tendency to scar-formation. Activity is apparently associated with abundance of epithelioid tissue and giant cells. An interesting fibroblast-like variety of epithelioid cell is apparently associated with special indolence and persistence of the lesions.

5. Bacteriological smears from the cases here dealt with in detail, and sections stained for bacilli by the author's method, showed no acid-fast bacilli, which is typical of the ordinary forms and phrases of the tuberculoid lesion. With a single exception the bacteriologically positive cases, not dealt with in the present report, showed unusual features.

6. The sections permit observation of the extension of the process into the normal skin. In the zone which clinically shows only slight erythema there is slight to moderate perivascular round-cell infiltration in the papillary layer, indicating extension of the process along the vascular plexus. Ordinarily there is little further change until the full-blown granuloma develops, though sometimes there is a transition stage. In certain evidently early lesions the deeper layers are apparently invaded by extension downward; in others, more advanced or chronic, the manner of invasion of the deeper tissue is not evident.

7. Resolution, at least where especially prompt as in certain of the specimens examined, may be very complete. Ordinarily, there is comparatively little fibrosis, though it is sometimes sufficient to be clinically evident. Non-resolution, with plaque formation, and recurrence are conditions that call for special study.

8. Several questions that can be elucidated only by workers actually dealing with such cases are suggested. Certain others, especially that of lepra reaction in such lesions, will be considered in later articles of the present series.

Dr. Lowe contributes an article on the sex incidence in leprosy. In a comparison between sex incidences in leprosy and tuberculosis certain resemblances are pointed out which suggest a similarity between these two diseases.

The possible causes of the difference in the sex incidence of leprosy are considered to be (a) environmental, (b) physiological. The environmental factor is probably the chief factor. In many countries men are more exposed to infection and to conditions which predispose to leprosy.

Environment, however, does not seem to explain fully the difference in incidence in some countries, and it is considered possible that physiological differences may be associated with the difference in susceptibility.

The bearing of these findings on the epidemiology of leprosy is briefly discussed. It is considered that they indicate the importance of sources of infection outside the house and family.

Interesting articles on leprosy in Malaya and Afghanistan are contributed by Dr. Ryrie and Dr. Lichtwardt.

As is customary, the more important articles which have appeared in other periodicals have been reprinted.

R.G.C.