REVIEWS

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"*Studies in the Histology of Early Lesions in Leprosy*" by V. R. Khanolkar. This monograph focuses attention on the need for the basic study of early lesions in leprosy. Some, on reading this contribution, will exclaim in the words of Anatole France quoted by the author. "There are some that will say that . . . this is not the true doctrine. There are others who will say I have said nothing more than what everyone already knows." This quotation is a

mirror into the mind of a patient worker, who, viewing the history of a subject, gathers up from the past and adds his own carefully documented research work, and produces a contribution of outstanding merit.

In a short monograph profusely and beautifully illustrated, Dr. Khanolkar sets forth to show that there is good evidence to indicate that the entrance of M.leprae into the body is through the skin, and that the organism has a predilection for subcutaneous nerve tissue, particularly in the early stages of life when there is a continuous process of degeneration and regeneration, and when the areas of skin are subjected to minute injury and friction. Leprosy is neural in its inception and the M.leprae first appear in clinical lesions in the small nerve plexuses in the skin and travel up the finest nerve twigs in an ascending infection.

It is impossible to give an adequate summary of this work, and those interested are strongly advised to read the whole article. This carefully reasoned out hypothesis, which Dr. Khanolkar has set forth, is substantiated by patient and meticulous study of sections from early lesions. The silent phase of the disease—that is before actual clinical symptoms manifest themselves—is lucidly explained and illustrated by beautiful drawings. The reason why certain lesions become tuberculoid and others leproma is logically set forth, and indicates that a classification of leprosy is not only possible, but this must—as in the Havana and South American classifications —be based on the study of the immunology of the disease, and due stress is placed on the lepromin test. As has been suspected by certain workers, Khanolkar shows that leprosy starts as a local invasion of the skin, and that its development in the body depends on (a) the bacilli being able to burst out from the subcutaneous nerves and nerve plexuses of the skin, and, (b) on the ability or inability of the tissues to respond to the presence of the M.leprae by a vigorous reaction. The argument is built up powerfully and logically and explains the reasons for the clinical types of leprosy.

In this study the evidence that the bacilli can remain in the granular form in the nerves causes one to be cautious lest sulphone therapy is discontinued too soon and patients undergo unnecessary relapses.

This monograph has crystalised our knowledge of early histopathological conditions in the skin, and is a landmark in leprosy research. Dr. V. R. Khanolkar deserves congratulations on the painstaking manner in which he has collected data and on the excellence of his technique. This contribution marks a step in the advance and understanding of leprosy as important as any during the last two or three decades. R.G.C.