

## REVIEWS

**Book Review**

*The Handbook of Diseases of the Skin*, 6th Edition, 1959, price 8s. 6d. net, H. O. MACKEY: London, Macmillan & Co., 263 pp., 203 illustrations black and white.

This *Handbook of the Diseases of the Skin* is meant for students as a practical guide to diseases of the skin and as such is very good value. It is interesting to note that it includes two pages for the description of leprosy, with six illustrations. This is in line with the natural position of leprosy as a section of dermatology, and will do something to bring to the mind of the student an awareness of this disease, which, because of the greater movements of the peoples of the world, can provide examples even in European practice. There are about 300 cases known in England at the present time. The description of leprosy given is necessarily brief and because of its impact on the student perhaps the author will not mind introducing a few corrections. On page 177 in the first paragraph, he states that it ends "usually with a fatal termination from involvement of the viscera or from intercurrent diseases". This is misleading; it would be better to say "usually not with a fatal termination from the leprosy *per se* but from intercurrent diseases". On page 178 in the description of nodular leprosy it is unwise to leave out the information that lepromatous leprosy can appear, and often does, not only in the face but in the whole body. A useful addition would be the sentence added to the first paragraph as follows: "Nodules, or raised macules, or diffuse infiltration, may appear symmetrically disposed over the whole body". In symptoms, first signs are given as a husky voice and nasal discharge. In fact, these are apt to be in the late stage and it would be truer to say that the first signs are usually seen in the appearance of raised macules, or nodules, or infiltration of the skin. Later the author states "the malarial type of fever with wasting and diarrhoea is common". It would be better to state for the student's information that there is a reactional form of leprosy associated with fever and arthralgias and neuritis and swelling of the existing lesions in lepromatous leprosy, and that there is also a reactional tuberculoid leprosy. On page 179 in the third line, the term 'leper claw' is better rendered as 'claw hand'. In diagnosis the author states that it is made by finding the bacilli, which is perfectly correct but he misses a very good opportunity as a dermatologist by failing to add "and by careful clinical observation of the lesions and of the associated interference with nerve sensation". In treatment of leprosy he states that "sulphone J-51 is a rapid non-toxic antibiotic", but the term 'antibiotic' is out of place as J-51 is a chemotherapeutic agent. Under treatment it would be useful to mention that the severe nerve pains of leprosy call for the

use of chlorpromazine in conjunction with analgesics such as aspirin and pethidine and that leprosy reactions which are so troublesome can be treated with the antimalarial drugs, such as chloroquine and mepacrine, and the corticosteroids are of great value.

*Transactions of the 7th International Congress of Leprology, Tokyo, November, 1959*, published by Tofu Kyokai, Tokyo, Japan, 1959, 518 pages, over 200 illustrations.

This very attractive clearly-printed volume is a worthy record of the unique 7th Congress. The papers are given in English, French and Spanish, and Japanese authors have very courteously given their papers in English. There is an interesting and valuable record of discussions, and indeed of all the extracurricular social activities of the Congress, visits to leprosaria, and research centres, etc. The Technical Resolutions of the Congress are presented on pp. 457-490. Heartly congratulations are due to the Tofu Kyokai on the production of these Transactions, and many will understand the amount of hard work behind it, and express their gratitude.

*Variacoes em Torno de um Mesmo Tema. (Various Addresses on the Same Theme.)* by Dr. Orestes Diniz, Director of the National Leprosy Service, Brazil, Rio de Janeiro, 1959, 195 pp.

These various speeches and papers of Dr. Orestes Diniz have been gathered together and are worthy of being studied carefully in full, as they show the bases of the present anti-leprosy campaign in Brazil and explain the programme and plan of the future work. There are 20 articles, beginning with *Leprosy Makes 5,000 New Victims Annually*, and including *How to Intensify the Antileprosy Campaign*, *The National Antileprosy Campaign*, *New Phase in the Fight against Leprosy in Brazil*, *Conquering the Leprosy Endemia by Chemotherapy*, *Organization of the Leprosy Control Programme and its Integration in the General Public Health Services*, *Prophylaxis of Leprosy in Brazil*, *Training of Personnel for the Work of the Antileprosy Campaign*, etc.

*Expert Committee on Leprosy, Second Report; WHO Technical Report Series, No. 189, Geneva, 1960, pp. 27.*

Five of the 29 members of the WHO Expert Advisory Panel met by arrangement of WHO in Geneva on 3rd to 8th August, 1959. These were Dr. J. A. Kinnear Brown, Dr. Orestes Diniz, Col. P. Laviron, Dr. H. W. Wade, and Dr. R. V. Wardekar. From the Secretariat were Dr. W. Bonne, Dr. J. M. M. Fernández, Dr. J. Gay Prieto, Dr. V. Martínez Domínguez. The Committee elected Dr. H. W. Wade as Chairman, Col. P. Laviron as Vice-Chairman and Dr. J. A. Kinnear Brown as Rapporteur (i.e., Recorder).

The Committee first considered the *Infectivity and Mode of Spread of Leprosy*. They thought that lepromatous cases are not the only source of infection; borderline, reactional tuberculoid, and some indeterminate cases have a certain degree of infectiousness. Truly polar tuberculoid cases are not normally infectious. Leprosy, even in the lepromatous form, does not seem to be able to infect the majority of individuals. The natural susceptibility of the host seems to play an important part. This is greatest in childhood, but in a few it does not diminish with age. Regarding the *Lepromin Reaction* the committee defined integral lepromin, bacillary lepromin, Dharmendra antigen, and leprolins. The latter elicit only the early reaction and do not themselves sensitize. For routine lepromin testing the Mitsuda-Hayashi type of lepromin is recommended, preferably using the technique introduced by Wade. Dilutions should be studied further including multipuncture tests with depot lepromin. A method of standardization is still being sought. Hanks' method of actual counting after declumping may well be the solution of the problem. In the reading of the reactions the question of the lower limit of positivity should be left open pending further histological studies of the reaction lesions.

*Leprosy Prevention:* the two chief methods suggested to protect contacts are BCG vaccination and prophylactic chemotherapy. Though the benefit of BCG is not as yet proved, it does no harm and there is no objection to its being used in leprosy campaigns. The Committee discussed the protocol of trials of BCG as a prophylactic against leprosy and gave a general outline of such an experiment. As regards prophylactic use of the sulphones the evidence so far is not convincing enough.

In *Leprosy Control* the Committee developed the ideas of preliminary investigation, case-finding programme, epidemiological survey, pilot project in a pilot area, and mass campaigns, with an attack phase, a consolidation phase, and an integration phase. They also discussed the personnel of leprosy campaigns and the assessment of results of leprosy campaigns. The question of personnel lies at the very heart of success in these campaigns.

In *Therapy* the Committee reaffirmed the value and dependability of the sulphones, considering that DDS is the best drug for mass campaigns, and mentioned rules for evaluation of progress during treatment, but did not outline the criteria of cure. Trials of new drugs should have a control group on a treatment of proved value, such as DDS. The Committee recommended that WHO assist in controlled chemotherapeutic investigations, which should be conducted simultaneously in several centres in various parts of the world, and that a protocol for trials should be prepared by WHO.

The Committee discussed the importance and principles of *rehabilitation* and gave a scheme of classification of deformity,

mostly in 5 grades, and asked for research in deformities and rehabilitation. Rehabilitation was considered a function of leprosy institutions.

*Teaching and Training in Leprosy and Health Education* were considered. Training of paramedical personnel was now of great importance, as these are the basic personnel of the mass campaign.

*Classification of leprosy* was thought to be in a stage of marking time until more facts are known. Lepromatous, tuberculoid, indeterminate, and borderline can be accepted for the time being.

*Revista de Leprologia; Fontilles, 4, 8; July-Dec., 1959, pp. 653-786.*

Volume IV of the Fontilles Review of Leprology contains 8 interesting articles.

Drs. J. Terencio and F. Contreras Rubio describe *a case of Laennec cirrhosis in a leprosy patient*, in which necropsy showed that the cause could not be attributed to leprosy. Alcohol, malaria, toxic action of the sulphones have been discarded as causes, but there may have been a possible virus origin, helped by nutritional deficiency. Drs. J. Terencio and J. Tarabini report on *the action of dexametasone in the treatment of leprosy reactions*. This synthetic steroid, which is 9-alpha-fluormethylprednisolone (Millicorten-Ciba) they gave in doses never exceeding 4 mgm. daily by mouth, and found it the best so far used, with absence of danger and without the relapses so common with other corticosteroids. The same two doctors also report on *histochemical investigations of the amorphous fundamental substance* in old cases, and Dr. Tarabini describes the *bacteriology of leprosy and visceral leprosy*. The two doctors again together report on a case of *the brown line in a leprosy patient*: this was a frontal dyschromia in a patient associated with schizophrenic attacks. Drs. F. Contreras, J. Terencio and J. Tarabini describe a case of *calcification of the cubital nerve*, and Drs. J. Terencio and J. Guillén of *paroxysmal haemoglobinuria in a leprosy patient*: there was a syphilitic history and a cure with penicillin.