

Book Reviews

Skin Biopsy in Leprosy by Dennis R. Ridley, 1977. Documenta Geigy, CIBA-GEIGY Ltd, Switzerland.

We should be grateful to CIBA-GEIGY not only for their interest in antileprosy drugs such as thiambutosine, clofazimine and rifampicin, but also for the production of 2 extremely valuable booklets. The first was the now familiar green paperback *Leprosy* by Dr S. G. Browne of the Leprosy Study Centre, London (1970), which is available in several languages and has recently been reprinted, and the second is this booklet of similar format by Dr Dennis Ridley of the Hospital for Tropical Diseases, London, devoted to the histological interpretation and clinical application of skin biopsy in leprosy. In the foreword, Dr M. F. R. Waters pays tribute to the value of the system which Dr Ridley has developed through the years, in association with Dr William Jopling at HTD in London. "A Classification of Leprosy for Research Purposes" was published in *Leprosy Review* **33** (1962), and "Classification of Leprosy According to Immunity" in the *International Journal of Leprosy* **34** (1966), and those interested in this subject may find it profitable to re-read these papers, together with the author's more recent "Histological Classification and the Immunological Spectrum of Leprosy" in *Bulletin of the World Health Organization* **51** (1974).

Skin Biopsy in Leprosy has 57 pages, a full index, comprehensive references under each main section and 73 illustrations, nearly all of them in colour. For the most part, the latter are of high quality and the use of photographs at low power magnification is particularly valuable. A minor point of criticism is that the density and clarity of bacillary staining (for instance, Figs 23, 24, 30 and 61) do not reproduce at all well. Laboratory methods are fully described and there is a separate section on numerical indices. The other subject headings include: the pathogenesis of a skin lesion, the examination and interpretation of a skin section, diagnosis and differential diagnosis, relapse, classification and the spectrum, and reactions. To those still puzzled by some aspects of the histopathology of leprosy, there are 2 areas of particular interest in the text. The first, mainly on pages 18 and 19, concerns the concept of activity, regression and cell turnover, all of importance in view of the increasing prevalence of relapse in this disease. The second deals with the numbers of lymphocytes in the various types of leprosy, mainly on page 39, where it is stated that these cells are in fact most numerous in Borderline-Lepromatous (BL) leprosy and that they show "very little correlation with the lymphocyte transformation test, and not much with the rate of decline under treatment in the absence of upgrading". Their influence and significance in leprosy tissues are undoubtedly much more complex than we previously thought, and the interested reader will find the subject more fully discussed in Dr Ridley's WHO article quoted above.

The author is to be congratulated on the production of a most valuable booklet. Together with a number of short publications on leprosy of similar length and format which have appeared in recent years, it will rapidly prove far more useful than some of the larger and more expensively produced textbooks. It is available on request from CIBA-GEIGY Ltd, Basle, Switzerland or from GEIGY Pharmaceuticals, Hurdfield Industrial Estate, Macclesfield, Cheshire SK10 2LY.

A. C. McDOUGALL

Doctors and Healers, by Alexander Dorozynski, 1975. IDRC (International Development Research Centre) 043e.

This is a 63-page paperback booklet, profusely illustrated, written by an experienced medical and scientific author who was the founding member, and later the publisher of *Médecine Mondiale*, a European news magazine for physicians. It deals with a disquieting subject, namely

the gap between medical knowledge and available resources, and their effective application to those people who most need them. There are sections on the distribution (and mal-distribution) of doctors in the world, the cost of medical education, the principal causes of death in children, birth control, the drain of doctors from underdeveloped to developed countries, and the experience of China in creating its barefoot doctor service. Although the views are officially those of the author only, there is a foreword by the Director of the Health Sciences Division of IDRC, in which it is clear that the book is published with the main intention of supporting "innovative programmes designed to provide practical approaches to the provision of health care services". *Doctors and Healers* could profitably be read in conjunction with another booklet of similar size, *Tropical Diseases*, which is produced by WHO with the support of IDRC, and deals with some of the problems to be tackled in WHO's Special Programme for Research and Training in Tropical Diseases. Mr Dorozynski's booklet makes uncomfortable yet compelling reading; it should in fact be read by all those interested in improving the application of medical knowledge to the prevention and treatment of disease in developing countries. The current WHO figures for leprosy (11 to 12 million estimated; 3 million known to local authorities, of whom only a fraction attend with any degree of regularity; 8 to 9 million not registered and thus totally untreated) are one part of the implementation gap about which this book is written. It is available on request from IDRC, Box 8500, Ottawa, Canada, K1G 3H9 or 18 Grosvenor Street, London W1X 9FD.

A. C. McDOUGALL

Leprosy Reactional States and their Treatment, by D. S. Jolliffe, 1977. *British Journal of Dermatology* 97, 345-352.

This Review article, from the Department of Dermatology at the Royal Free Hospital in London, is well worth careful reading, not only by dermatologists who have responsibility for patients in various types of reaction, but also by those working in leprosy. Dr Jolliffe begins by summarizing our present concept of the disease spectrum and then describes the clinical manifestation of the 2 types of reaction in considerable detail, emphasizing the fundamentally different processes involved. He uses the Type 1 and Type 2 terminology originally suggested by Jopling in 1959 and further developed by the same author in correspondence to the *Leprosy Review* in 1970 (41, 62-63), linking Type 1 (Lepra) reaction with changes in cell-mediated immunity, and Type 2 (ENL) reaction with the formation of immune complexes. Under treatment, the general principles are outlined, followed by sections on the indications and dosage of drugs for both types of reaction, again based on their differing aetiology.

The adaptation of all this valuable (and very well referenced) information to the patient in the field is a matter of urgent concern to those who have anything to do with leprosy control programmes. Perhaps the most difficult point concerns the continuation of dapsone (or other anti-bacillary drugs) in normal doses in the presence of either type of reaction. Under "General Principles", and referring to dapsone, the author writes: "Despite previous thoughts on the subject, there is in 1977 ample evidence that there is never any indication to stop such therapy or to reduce the dosage to below 1 to 2 mg/kg/day during reactional states" (the reference he gives, Waters and Helmy, 1974, refers to lepromatous leprosy), and in the next paragraph (and the summary) he implies that dapsone should also be continued in unchanged dosage during reversal (Type 1) reactions. In view of the opinion, strongly held by many experienced leprologists, that reversal reactions are not infrequently precipitated by the use of anti-leprosy drugs (usually dapsone), some may feel hesitant about the application of this advice at the cutting edge of leprosy control, where it is the field worker and not the leprologist who is being asked to recognize and treat adverse reactions in leprosy. Steroids are clearly effective in Type 1 reactions, but as Dr Jolliffe rightly points out: "As the natural history of these reactions can span weeks and months so also must the steroid cover be continued with all the risks involved". He recommends clofazimine (B663, Lamprene) as an alternative in this situation, but draws attention to its slow onset of therapeutic effect and to the occurrence of side-effects. Without doubt, the most serious of these concern the accumulation of crystals in the intestine and lymph nodes and many leprologists who have experience of this drug may feel that the stated maximum daily dose of 500 mg is too high and that even at a daily dose of 300 mg it would be wise to include a warning that clofazimine should be used for only a limited period of time for this purpose.

These are minor points. This admirable account of a difficult subject will be of great value to doctors in clinical medicine and dermatology. It should also provide food for thought for those who have to draw up guidelines for the application of these measures to leprosy control in the field. Some may wonder, particularly in the case of thalidomide and the steroids, how this can be accomplished, with safety.

A. C. McDOUGALL

(In order to draw attention to this very important article, it is reviewed here rather than in the next Section. Ed.)