

Book Reviews

Guide to Leprosy and Leprosy Control, 2nd Edition, by P. Kapoor, 1977. Published by Dr J. M. Mehta, Poona District Leprosy Committee, 593/2, Rasta Peth, Poona–411 011, India. Price (paperback) Rs. 8.50.

This is a booklet of 106 pages, inexpensively yet strongly produced, small enough to go in the pocket, yet remarkably comprehensive in its content. There are 28 chapters (but regrettably no index) and for the most part the headings are clear and easy to follow. This book has obviously been written for people who need to get on with the job and to learn the essential steps for handling leprosy in the field. Forthright headings include “How to test for the presence of anaesthesia”, “How to take smears”, “When to refer a case?”, “Criteria for declaring a case cured”, “Measures to get leprosy patients in early stages”, and “How to communicate”. There are 21 figures, nearly all of clinical lesions, and their quality—understandably at this price—is variable. Figure 8, however, is an extremely good example of diffuse, widespread lepromatous leprosy in an Indian female patient aged about 20, which shows absolutely nothing wrong (apart from slight loss of eyebrow hair, which would pass unnoticed except to an experienced observer). There are estimated to be 3.2 million patients in India with leprosy and if many of them look as normal as this, they must indeed present a formidable problem in the early diagnosis of lepromatous leprosy. Chapter 13 on the “Treatment and Management of Leprosy” is disappointing in that it mentions only one drug, dapsone. Chapter 11 on “Reaction in Leprosy” does not give a good account of the fundamentally different immunological processes at work in lepromatous, as opposed to non-lepromatous reactions, and Chapter 14 on the “Treatment and Management of Reactions in Leprosy” does not read well; after A, B, C, there suddenly appears D, “Alternative Drugs Useful in Leprosy”, which includes INH, Thiosemicarbazone, Lamprone, Streptomycin injections and Rifampicin. This list is out of place; it should come under the treatment of the bacillary infection. Furthermore, the inclusion of Streptomycin, with its known toxicity and inconvenience, is surprising—and that of INH even more so. (There is no clear, confirmed evidence that isoniazid is active against *M. leprae* in man or in the experimental animal.) At the end of this same chapter (p. 54) there is another paragraph E, “Multitherapy” which similarly should not be considered under the heading of reactions, and its first sentence: “The present thinking is to use 3 or 4 anti-leprosy drugs simultaneously to avoid development of drug-resistant germs” is neither a universally accepted view, nor in accordance with recent WHO advice.

Although these are not minor criticisms, they do not detract from the overall excellence of this booklet; it is full of useful information. It should be of great value to doctors and field workers, in a country where there is clearly a leprosy problem of enormous extent.

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Lignes Directrices de Lutte Contre La Lèpre (A l'usage des auxiliaires médicaux). All African Leprosy and Rehabilitation Training Centre, P.O. Box 165, Addis Ababa, Ethiopia. August, 1975.

This 86-page document, typed on A4 size paper and paperbacked, is essentially a French translation of “*A Simple Guide to Leprosy*” which was prepared at ALERT some years ago, mainly under the stimulus of Dr Felton Ross, the then Director of Training.

There are 6 main sections which include “all that medical and paramedical personnel should know in order to diagnose and treat most leprosy patients in rural areas”.

The text contains a number of simple diagrams and drawings which admirably illustrate some of the more important points in the handling of patients, and these are particularly good on the subjects of deformity, disability and the care of the eyes, hands and feet.

Testing points in a guide of this kind are (1) the description of reactions and their treatment and (2) the recognition and treatment of dapsone resistance. The latter is well covered; there is a particularly important observation on page 68, under "How do you recognize dapsone resistance?" where attention is drawn to the appearance of "new nodules at unusual sites", amongst which are the abdomen, forearm and conjunctiva (the white of the eye). It should be more widely emphasized that these unusually distributed lesions, many of which have been illustrated in publications on histoid leprosy, may be good clinical indicators of dapsone resistance. The nature of reactions (as opposed to relapses) is well explained in Section 4, and the case for, and against antileprosy drugs (such as dapsone) being responsible for reversal reactions, is carefully presented. On page 64 it is recommended that all patients with acute neuritis during Type 1 (reversal) reaction should be referred to a dispensary or hospital as soon as possible. Under rural conditions it is advised that cortico-steroids should be used only "to help the patient en route to the hospital".

On the very last page, there is a "Post-Face" in which it is stated that it is envisaged that this translation should be used by those who have attended ALERT—a point which is so important that it should be at the beginning of the book, in capitals. In some ways, the whole business of leprosy control has become even more complex since these "Lignes Directrices" were written—specifically in the matter of the treatment of adverse reactions under simple out-patient conditions, hundreds of miles from the nearest referral centre, and in the detection and treatment of dapsone resistance. The testing point for all the information in this excellent document may still be ahead—its acceptance and practical application in the French-speaking areas of Africa.

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Leprosy in England—Yesterday and Today, by S. G. Browne. The Leprosy Study Centre, 57a Wimpole Street, London W1M 7DF.

This is a 48-page booklet, available from the above address, price 25p, plus 7 or 9p for U.K. postage, or 20p for airmail postage abroad. Dr Browne begins by describing the history of leprosy in the world, as a background to the origin, development, extent and eventual decline of the disease in England (and Scotland). The section on mediaeval leprosy is particularly interesting, as is also that headed "The Leprosy Campaign—in England and Abroad". The latter part of the book is devoted to a detailed description of the Hospital and Homes of St Giles at East Hanningfield in Essex which, since 1968, has been the only hospital in this country for in-patients suffering from leprosy. This is a fascinatingly written, and well illustrated account of leprosy in this country which will undoubtedly have a wide appeal to both medical and lay readers.

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