

Book Reviews

Handbook of Leprosy, 2nd Edition, by W. H. Jopling, 1978. Published by William Heinemann Medical Books Ltd, London. Price £3.75.

Dr Jopling's book, first published in 1971, is an authoritative account of a disease that is no longer confined to endemic areas. There was, at that time, no shortage of literature on the subject but there was no up to date monograph suitable for student, general physician and leprosy paramedical worker to turn to. *Handbook of Leprosy* filled this need and has continued to do so.

Since 1971 there have been great advances in leprosy research and Dr Jopling has again brought those findings of clinical significance together in a revised second edition of his excellent book.

The colour plates have remained essentially unchanged but most have been reproduced with greater magnification and therefore better definition. The illustrations have been indexed and expanded and some have been changed to give better examples of the features described.

There is a new chapter on Immunological aspects of the disease which has, thanks to WHO support and stimulation, been the area of greatest development in the past few years. The chapter is remarkable in that the fundamentals of immunology and their application to leprosy are put across in such a manner as to enable the reader to understand the most dramatic and difficult side of leprosy management; that of reactional states. A new table compliments this chapter but will be of little practical help to the majority of leprosy workers as the tests described are mainly research tools and the significance of results obtained when they are applied is still debated in the literature.

Therapeutic advances and setbacks have emerged and these are documented in an expanded and very thorough chapter on management. Dapsone continues to take its place as the treatment of choice and Dr Jopling devotes much of the chapter to this drug and its various formulations. The emergence of dapsone resistance in lepromatous patients is discussed in detail along with suggestions as to how it can be dealt with.

The use of Thalidomide in the management of Type II reactions is discussed and readers are informed how they can obtain supplies of this drug. By inference, Dr Jopling obviously prefers this drug to Prednisolone for controlling Type II reactions because of the lower incidence of side-effects, but regretfully many doctors are still reluctant, and with good reason, to dispense Thalidomide when they cannot be certain it will not fall into the wrong hands.

With his characteristic attention to detail, Dr Jopling documents details of management of iritis, rhinitis, neuritis and chronic leg ulceration, all of which, if not attended to with competence and vigour, result in great morbidity.

To ensure that cases of leprosy are not missed in these times of human migration and jet travel, this small, inexpensive, well illustrated and extensively referenced book should be read by all doctors. For leprosy field workers, this second edition will, I am certain, be warmly and gratefully received.

D. S. JOLLIFFE

Physical Therapy in Leprosy for Paramedicals, by Ellen Davis Kelly. American Leprosy Missions, 1262 Broad Street, Bloomfield, New Jersey 07003.

The value of physical therapy in the prevention and correction of the crippling effects of leprosy has long been under-emphasized. Now, a new book by Ellen Davis Kelly, Ph.D. will bring this form of treatment to many more leprosy patients.

Entitled *Physical Therapy in Leprosy for Paramedicals*, the 235-page paperback is designed to train paramedical workers in the field of physical therapy as it applies to the leprosy patient.

At the present time, there are very few physical therapists in the countries where leprosy is endemic and of these, only a small number treat leprosy patients. Dr W. Felton Ross, Medical Director of American Leprosy Missions, suggests that "Access to appropriate physical therapy should be an inalienable right for every leprosy patient who needs it. This may seem to be an unattainable goal, but it is a goal which this very practical handbook will bring closer to reality."

The instructional material is organized in three levels. The first is a basic summary of the signs and symptoms of leprosy and, in particular, those effects of the disease which lend themselves to treatment by physical methods. Level II covers the physical therapy techniques used by paramedicals assisting in clinics and hospitals when patients do not need surgery or when no reconstructive surgery is available. It also explores methods for supervising field staff members who should be teaching simple techniques to their patients. Finally, Level III covers pre- and post-operative physical therapy and the anatomy and physiology necessary to understand it.

Eminently qualified to write this outstanding new manual, Dr Kelly has had over forty years of experience in teacher education in health and physical education. Since 1972, she has been deeply involved in leprosy work. She has visited leprosy programmes throughout Asia and has taught paramedical personnel at the Africa Leprosy and Rehabilitation Training Center in Ethiopia and the Schieffelin Leprosy Research and Training Center in India. Furthermore, she has assisted resident staff members, developed teaching materials, and designed courses for doctors, nurses, and rural area supervisors.

American Leprosy Missions, the oldest service agency in the United States aiding the world's leprosy victims, is proud to have taken part in the production of *Physical Therapy in Leprosy for Paramedicals*. Copies of the manual will be available by about 1 October and will be distributed on a restricted basis at no charge. Write to: *American Leprosy Missions, 1262 Broad Street, Bloomfield, New Jersey 07003*.

Pathology of Tropical and Extraordinary Diseases, edited by Chapman H. Binford and Daniel H. Connor, Armed Forces Institute of Pathology, Washington, 1976, pp xxiii + 696. Price Vol. I \$15.00, Vol. II \$20.00.

These two volumes are intended as the successor to *Pathology of Tropical Diseases — An Atlas*, by Ash and Spitz. They do indeed retain the style and framework of that veteran of 1945, which has become a collector's item. The difference is that the new version is just twice the size of the old one, and against 90 diseases it describes 218. It is interesting that 56 of these have been recorded in man for the first time since 1945. The 44 contributors all write from first hand experience of their subject. Very many are members of the AFIP and they are a tremendous testimony to the strength of that institution and its interest in tropical pathology. In a work of such uniformly high standard as this it would be invidious to single out either authors or chapters, but the most frequent contributors are Dr Daniel H. Connor, Dr Wayne M. Meyers and the parasitologist Mr Ronald C. Neafee.

The subject matter consists of the recognized tropical and parasitic diseases, and the exotica which often receive scant attention in standard text-books. Several are too recent yet to have found their way there. The mycoses, viral diseases and some tumours prevalent in the tropics are all included, but not the diseases such as tuberculosis which are well described in text-books of pathology. The descriptions provide a general and clinical account of each disease and its aetiological agent, besides its pathology. A short bibliography is appended to each chapter. If the aim was to supplement other readily available sources it might be asked whether it would not have been better to break with the tradition of 30 years ago, and devote more space to pathology, since the rest of the subject matter is so well covered in text-books of parasitology and tropical medicine. A work that extended to the full the experience of this team of authors and the unrivalled resources of the AFIP would indeed have been monumental, though the book as conceived will be of more general interest, and it is still immensely informative. It provides in particular the most valuable and authoritative accounts of many recently described or little known diseases with a tropical bias.

What dispels criticism is the wealth of superb illustrations, mainly pathological but also clinical and parasitological. Although the term Atlas has been dropped from the title (or put in small print), the number and the quality of photographs would have amply justified it. From the point of view of clarity, size and colour rendering they are truly excellent, and instructional value

apart, some are beautiful (some of the clinical subject matter is also appallingly ugly). The care with which the text and figures have been assembled to produce a unified work is impressive, and the two editors will have earned the gratitude of the many who will want to buy this book. Its success is certain. It is intended primarily for pathologists but not only for them. It should appeal to almost everyone with a serious concern for tropical diseases.

The two volumes are offered at a bargain price which can only have been made possible through the grants made towards its production. They are bound in semi-stiff plastic, and regrettably the review copy of one had already shed its cover on receipt. The book is destined for a long life and deserves a hard wearing binding. The book may be ordered direct from Armed Forces Institute of Pathology, GPO Sales Office (Room G-134), Washington DC 20306. For those who want to order volumes separately, Volume I covers the diseases of viruses, rickettsiae, bacteria and protozoa; Volume II helminths, fungi, arthropods and miscellaneous conditions.

D. S. RIDLEY

The Medieval Leper and His Northern Heirs, by Peter Richards, 1977. D. S. Brewer Ltd, Cambridge (UK) and Rowman & Littlefield, New Jersey (USA). Price £6.

After approving the exclusion of the obnoxious word "leper" from modern-day usage, the author gives valid reasons for retaining the word when writing about the history of medieval leprosy. The story opens with a description of leprosy in the Aland archipelago (a group of islands lying between Sweden and Finland) and the opening of a leprosy hospital on Gloskär island in 1653; the high death rate and the "utter destitution" which prevailed led to its closure in 1672 and the transfer of the 23 surviving inmates to a larger establishment on the south-west coast of Finland where conditions were only slightly better. Conditions in English leprosy hospitals two centuries or more earlier were favourable in comparison, and the reader is given a good description of many of these hospitals and the life inside them, together with many sidelights such as the story of Nicholas Harris, footpostman of Totnes, Devon, who in 1620 was accused of being a leper and who travelled to the Royal College of Physicians in London to be examined and to obtain a certificate that he was healthy. Did you know that the last case of endemic leprosy in Britain was John Berns, a Shetland Islander admitted to the Royal Infirmary, Edinburgh, in 1798?

The basis for segregating a leper from the community, whether in England or in Scandinavia, was essentially religious, formalized in Levitical law, and the afflicted person was required to cut himself off from society. As very few could afford home isolation, most were forced to seek shelter and support in an institution. Containing infection was not the problem.

Leprosy declined in England in the 15th century, and a century later in Denmark and southern Sweden, but in Finland, Iceland, Norway, northern Sweden, and the eastern shores of the Baltic, the disease persisted well into the 19th century. A census of leprosy in Norway in the mid-19th century showed an incidence of 2 per 1000, but as the disease was almost entirely confined to the west coast, here the incidence in some communities was as high as 20 to 25 per 1000. Between 1861 and 1908 more than 600 cases were notified in Sweden, and in Iceland 236 cases were known in 1896 — an incidence of 3 per 1000. In all these countries new leprosy hospitals were built after the middle of the 19th century and existing ones were enlarged. In Norway at this time, a country very conscious of its leprosy problem and one which possessed the world's leading leprologists, laws were passed making admission to hospital compulsory; yet at the same time the inmates were not segregated from healthy persons. For example, St George's Hospital, Bergen (where Hansen worked), had many visitors, and inmates freely sold their wares in the open market. Readers will puzzle over this apparent paradox: why compel patients to enter hospital and then not to isolate them? The author confirms that it was not fear of infection which was the motive for making admission to hospital compulsory, but tantalizingly does not explain the reason. The prime aim and object was to ensure *sexual segregation*, and Irgens confirms this in *Int. J. Lepr.* (1973), 41, 189. To enforce sexual segregation in 19th century Norway was rational prior to Hansen's discovery of the leprosy bacillus in 1873 as leprosy was at that time considered to be a hereditary disease, therefore admission to hospital separated husbands from wives and stopped further breeding; there was no objection to casual contact between diseased and healthy persons by day so long as the former were accounted for and locked up at night! One further question arises. Why did the same policy

persist after 1873 when the idea of infection was gaining ground? The reason was the belief (which still dies hard) that prolonged and intimate contact was necessary for the spread of leprosy, hence the objective was to separate diseased persons from their families.

Readers who doubt that those who were labelled lepers in the Middle Ages actually suffered from the disease we know as leprosy will, after reading this book, have their doubts dispelled by the reproductions of drawings made of real-life patients, and by the description of Møller-Christensen's excavations in the 1950's of the burial ground of a medieval leprosy hospital in Naestved, Denmark, which revealed skeletons with indisputable changes of leprosy.

In these pages, profusely illustrated, is a fascinating story of leprosy in Britain and Scandinavia up to the end of the 19th century, and the author is to be congratulated on producing such a well documented literary gem.

W. H. JOPLING