

Book Reviews

A Hand Book on Leprosy, by M K Bala-krishna Menon, 1979. Published by The Tripunithura Welfare Committee, Tripunithura—682301, Ernakulam District, Kerala, South India. Price Rs. 10.00.

After a description of leprosy and an explanation of the importance of early diagnosis, the student is instructed in taking a history, examining a patient, and in recording the clinical findings. There follow sections on classification, chemotherapy (with dapsone), the two different types of reaction, prevention of traumatic damage to insensitive skin, and the basic principles of treating muscular weakness and plantar ulceration.

This small paperback of 63 pages, with 13 Tables and line drawings, is a good introduction to the complex subject of leprosy – a Primer rather than a Hand Book – and will prove of real value to medical auxiliaries involved in leprosy control if combined with teaching sessions which will amplify the printed word, cover a number of omissions (inevitable in such a small book), and clarify problems.

W H JOPLING

DHARMENDRA. Some facts about leprosy by Hind Kusht Nivaran Sangh, Fourth Edn., 1979.

This small book written by the doyen of Indian leprologists has now undergone another of its frequent reprints and revisions, a tribute to its continuing popularity. It is intended for the health education of the general public but also seeks to influence the response of patients

to all aspects of treatment. Written in non-technical language one would expect this text to have engaged particularly the interest of literate patients and that perhaps its length and illustrations may reduce its appeal to the general public. The present trend in the Indian sub-continent, as elsewhere in the developing countries, is for the establishment of primary health care services, which suggests that this book could be of especial value to those involved in influencing others at village level, e.g., village leaders, teachers, locally employed and voluntary health workers. The clear and helpful description of the disease, its distribution and manifestations should alert the reader or teacher to the possibility of the disease among the community and to its recognition. Wise guidance is given on the measures that should be taken to reduce the spread of the disease. Great emphasis is given to the need for comprehensive treatment so that disabilities are prevented.

Since the inception of outpatient control methods in India, case finding has depended heavily in the last two decades on population surveys to offset the reluctance of patients to seek aid voluntarily. Unfortunately poor coverage of the village populations in many areas has meant a large number of undetected cases which has retarded effective control. It is hoped that one of the results of primary health care development will be a fuller co-operation of the community in the detection of cases and in the support of the services for patients. Indeed, not the least important of the lessons this little book seeks to impart is the invaluable role that local communities can play in dealing with the

problems that patients have to face. Once people have comprehended the true nature of the disease they should certainly be able through their local endeavours to complement the tightly stretched resources of the Government health services.

W H JOPLING

Department of Health – Northern Territory of Australia: Leprosy Policy, 1979.

This statement of leprosy control policy in the Northern Territory comprises also an account of the organizational plan and of the operational methods in use in this vast area. A brief historical note is given of the leprosy endemic among the aboriginal population which suggests that there has been a smouldering infection starting originally in the northern half and with a slow peripheral spread. The disease is believed to have been introduced in the Territory about a hundred years ago and by 1970 more than eighty tribal groups had been affected. The spread to the southern half has occurred in recent times.

There is evidence of an encouraging decline of the disease particularly in the north but continued vigilance is strongly advocated during the present consolidation phase having regard to the known secondary sulphone resistance among long-standing lepromatous cases (3%) and the recent recording of the first diagnosed case of primary sulphone resistance. Data covering the last 25 years is of considerable interest. Grouped under five-year periods the average annual detection rate is shown to have fallen from 2.7 (1951–56) to 0.4 per thousand (1971–76) the critical reduction being in the quinquennium 1966–71. These results are supported by the prevalence figures over the same period, in which the rate has fallen from 44 to 26 per thousand. More significantly, since the area of operations has presumably changed to some extent over the period, is that only 14 of the 685 patients in 1976 were regarded as active. The specification of active cases in presenting prevalence

data is to be commended. However it is not clear what proportion of the total registered cases now graded as inactive were initially of the infectious forms and thus present some small risk of relapse.

A useful assessment is made of the prevalence of disabilities. While the figures do not indicate the number or percentage of the patients who would be classified as Grades II or III in the WHO Classification of Disabilities evidence is given of the real improvement that has occurred from the earlier decade (1951–60) to the succeeding one (1961–70) by comparing the percentages of neuropathic lesions of the upper limbs (57 to 37%), lower limbs (48 to 28%) and eyes (9 to 6%). Specific chemotherapy instituted for the first time in the late forties or early fifties is likely to have been the major factor in this change reinforced by earlier detection of cases.

The observation that 'in recent years a growing number of seemingly self-healing cases affecting a single or at least a few peripheral nerves have been diagnosed in the north' is of considerable interest in the context of a waning endemic.

Operationally, the maintenance of regular and adequate treatment poses a difficult problem as in many other parts of the world and the use of acedapone has been found to be the only practical method for use in the remote parts of the bush. For the induction and stabilization of combined therapy for lepromatous cases a period at the East Arm Hospital, Darwin, is often found necessary. This hospital represents a vital arm of the service since it provides in addition to a diagnostic service, treatment for complications and deformities, training facilities for medical and paramedical personnel and a research capability. With a specialist staff to provide the higher technical management and support of the field supervisory staff, the policy of leaving the day-to-day treatment in the hands of the aboriginal health workers as an integral part of their general duties is found to be the most practical and effective arrangement for control. As the surveillance and treatment of known cases is supplemented by

a five yearly screening process for leprosy, as part of a general health monitoring of the rural population, complete control should eventually be possible.

W H JOPLING

CRC Handbook Series in Zoonoses, by James H. Steele, Editor in Chief, United States Public Health Service, School of Public Health, University of Texas at Houston, USA. Section A: Bacterial,

Rickettsial, and Mycotic Diseases. Vol. 1. CRC Press, Inc, Boca Raton, Florida 33431.

Pages 447 to 462 contain a section on Leprosy (Hansen's Disease) by W F Kirchheimer covering all aspects of the disease, but giving a particularly good account of the development and current use of the armadillo in experimental leprosy. As one would expect from this author, the sections on epidemiology and transmission, including the possible role of biting arthropods, are also extremely well written.

A C McDOUGALL